



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION / BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE
CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

IDENTIFYING INFORMATION

MOTHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
FATHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER

**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY
(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.**

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

**COMMENTS ON CHILD'S DEVELOPMENT
(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)**

RELATED CHILD

YES NO HOW IS CHILD RELATED TO CHILD CARE PROVIDER?

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CACFP REQUIREMENT	CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND:		WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.
	<input type="checkbox"/> FULL TIME OR <input type="checkbox"/> PART TIME				
	MONDAY	<input type="checkbox"/>	AM PM	AM PM	
	TUESDAY	<input type="checkbox"/>	AM PM	AM PM	
	WEDNESDAY	<input type="checkbox"/>	AM PM	AM PM	
	THURSDAY	<input type="checkbox"/>	AM PM	AM PM	
	FRIDAY	<input type="checkbox"/>	AM PM	AM PM	
	SATURDAY	<input type="checkbox"/>	AM PM	AM PM	
	SUNDAY	<input type="checkbox"/>	AM PM	AM PM	

CACFP REQUIREMENT	CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY			
	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> MORNING SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> AFTERNOON SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK <input type="checkbox"/> NONE			
	CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY			
	<input type="checkbox"/> NEW YEAR'S DAY (JANUARY)	<input type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	<input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)	<input type="checkbox"/> EASTER (MARCH/APRIL)
<input type="checkbox"/> MEMORIAL DAY (MAY)	<input type="checkbox"/> INDEPENDENCE DAY (JULY)	<input type="checkbox"/> LABOR DAY (SEPTEMBER)	<input type="checkbox"/> COLUMBUS DAY (OCTOBER)	
<input type="checkbox"/> VETERANS DAY (NOVEMBER)	<input type="checkbox"/> ELECTION DAY (NOVEMBER)	<input type="checkbox"/> THANKSGIVING (NOVEMBER)	<input type="checkbox"/> CHRISTMAS DAY (DECEMBER)	
AUTHORIZATION FOR EMERGENCY MEDICAL CARE				
I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.				
IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE				
DAY CARE PROVIDER OR HOME PROVIDER				
TO CONTACT THE FOLLOWING:				
PHYSICIAN OR CLINIC				
NAME			TELEPHONE NUMBER	
PREFERRED HOSPITAL				
NAME			TELEPHONE NUMBER	
ACKNOWLEDGEMENTS				
A	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.		PARENT/GUARDIAN INITIALS	
B	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.		PARENT/GUARDIAN INITIALS	
C	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR, AND INDIVIDUAL NEEDS.		PARENT/GUARDIAN INITIALS	
D	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.		PARENT/GUARDIAN INITIALS	
E	I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS.		PARENT/GUARDIAN INITIALS	
F	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.		PARENT/GUARDIAN INITIALS	
G	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.		PARENT/GUARDIAN INITIALS	
H	I HAVE BEEN INFORMED AND HAVE RECEIVED A COPY OF THE FACILITY'S SAFE SLEEP POLICY WHEN ENROLLING A CHILD LESS THAN ONE (1) YEAR OF AGE.		PARENT/GUARDIAN INITIALS	
I	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.		PARENT/GUARDIAN INITIALS	
PARENT'S/GUARDIAN'S SIGNATURE			DATE	
CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	

PLA Picture Release

Child's Name _____

We like to document our day in photographs. The pictures we take of your child may be used in newsletters, the daily blog, on our website, on our Facebook page, in the classroom, for advertising purposes etc... any picture that is posted on-line or for the public will never include your child's name. Please choose an option below:

Yes _____ I give PLA Academy permission to photograph my child and use the pictures as described above.

No _____ I do not give permission for my child to be photographed.

List any exceptions below if applicable, sign and date.

Parent/Guardian Signature

Date

Emergency Medical Treatment

Child's Name _____

Consent is given for emergency treatment, First Aid or CPR and notification of the physician on record if needed. Ambulance will be called if necessary. Parents/guardians will be contacted immediately, if you cannot be reached your emergency contact will be called.

Yes _____ I give permission for the emergency procedure described above to be followed.

No _____ I do not give permission for the emergency procedures described above to be followed. Instead I would like this to happen:

Parent/Guardian Signature

Date

Tuition

A.M. Preschool 8:30-11:30

Breakfast

2 Days	\$115.00
3 Days	\$165.00
4 Days	\$215.00
5 Days	\$260.00

To Add Lunch \$20.00/month (8:30-12:15)

P.M. Preschool 11:30-4:00

Lunch/Snack

2 Days	\$135.00
3 Days	\$185.00
4 Days	\$235.00
5 Days	\$280.00

All Day Preschool 8:30-4:00

Breakfast/Lunch/Snack

2 Days	\$200.00
3 Days	\$300.00
4 Days	\$380.00
5 Days	\$475.00

Extended Childcare \$4.00 per hour/\$2.00 per $\frac{1}{2}$ hour

7:30-8:30 4:00-5:30

Extra Day (preapproved) \$15.00 Half Day \$25.00 Full Day

Return Check Charge \$25.00

Late Payment after the 15th \$25.00

Late Pickup Fee \$1.00/minute after 5:35 if not contacted

10% Multi Child Discount on 2nd child, does not include extended care hours

Tuition Agreement:

By signing below, you agree to the terms listed on previous page. Any changes to days/times needed must be made in writing. There are no deductions for child absences or days PLA Academy is closed we do however base our tuition on a 4-week month to help offset some of our scheduled days off. Snow days will be made up at the end of the school year. Monthly payments are due by the 5th of each month. You will pay the base amount at the first of the month and any additional charges will be on the next month's statement. If payment is not received by the 15th you will be charged a late fee on the following months statement (in less arrangements have been made). If payment is more than 30 days late with no arrangements made your child will not be allowed to continue care at PLA. If you need to remove your child from our care two weeks' notice is required in writing.

Days/Times Needed:

Parent Signature _____ Date _____

Staff Signature _____ Date _____

Office Use:

Child's Name: _____

Date of Birth: _____

Multi-Child Discount?

Tuition Fee - \$

One Time Registration Fee - \$50.00

Total Due for Enrollment-\$

Date Paid

PLA Academy Enrollment Questionnaire:

Child's Name: _____ Birthday: _____ Age: _____

Parent's Names: _____

Siblings? Names/Ages: _____

Pets? _____

Please list your child's preschool or daycare experience - Name of facility dates attended:

Has anyone else cared for your child?

Give any helpful information about daily routines (naps, potty training, etc.)

Any known allergies? How are they handled?

Does your child like to try new things?

Please, list five adjectives that describe your child: _____

Does your child have any hobbies, sports, or special interests?

Describe your child's peer relationship: _____

List three activities your child enjoys doing: _____

Please, list any fears your child has: (Thunder, Bugs, The Dark, Characters, Monsters, etc.)

Why did you choose PLA? Did someone recommend us?

What expectations/goals do you have for your child from preschool?

Do you have any concerns about your child's development? List any special services that your child is currently receiving, if any. (Speech, OT, PT etc.)

In the space below, please provide any additional information you think we should know about your child: _____

It is very important to have open communication. If something happens at school that might make their evening more difficult (short nap, didn't eat well, etc.) Or if something great happened that they might find exciting to share with you we will tell you that, too! Please, do the same for us. If they had a bad morning, or something exciting happened we want to know about it! Just remember we are a team and we get through hard times together and celebrate good times together! Thank You for trusting PLA with your most precious gifts we are excited to have you as part of the PLA Family!

Cell Numbers: Mom _____ Dad _____ Do you text? _____

Can you receive pictures through text? _____

E-mail Address: Mom _____ Dad _____

Home phone number: _____

Parent Signature: _____ Date: _____

Play Learn Achieve Academy

Schedule

7:30-8:30	Extended Care - Free Choice
8:30-9:00	Free Choice
9:00-9:05	Wash Hands/Bathroom
9:05-9:35	Breakfast
9:35-9:45	Music and Movement
9:45-10:00	Circle Time - Attendance, Pledge of Allegiance, Calendar Math, Weather, Songs, Book
10:00-10:15	Table Time - Literacy/Fine Motor/Math/Science Large Group
10:15-11:00	Child Guided Learning Centers - Small Groups
11:00-11:35	Gross Motor Playground/Motor Room
11:30	Morning Dismissal
11:35-11:40	Wash Hands/Bathroom
11:40-12:10	Lunch
12:10-12:20	Restroom Break for everyone-prepare for nap/rest time
12:20-3:00	Nap/Quiet Room Activities for early risers/non-sleepers
3:00-3:05	Wash Hands/Bathroom
3:05-3:35	Snack
3:35-4:30	Gross Motor Playground/Motor Room
4:00	P.M./All Day Preschool Dismissal
4:30-5:00	Extended Care -Table Activity - Child Choice
5:00-5:30	Extended Care - Free Choice

Individual bathroom breaks occur as needed throughout the day

PLA School Calendar 2017-2018

August 21	First Day of Preschool	
September 4	Labor Day	Closed
October 27	No School	Closed
November 22, 23, 24	Thanksgiving Break	Closed
December 21-Jan 2	Christmas Break	Closed
January 15	Martin Luther King Jr Day	Closed
February 19	Presidents Day	Closed
March 8	Teacher Workshop Conference	Closed
March 28-April 2	Spring Break	Closed
May 22	Last Day of Preschool	
May 28	Memorial Day	Closed
May 29	Teacher Work Day	Closed
June 4	First Day of Summer School	
July 4	Independence Day	Closed
July 23-Aug 3	Summer Break/Teacher Work Week	Closed

If Camdenton Schools are closed due to inclement weather PLA will also be closed

Make-Up Schedule for Snow Days

1 st Day Jan. 15	5 th Day May 25
2 nd Day Feb. 19	6 th Day March 28
3 rd Day May 23	7 th Day March 29
4 th Day May 24	8 th Day May 29

School Supplies



4 Glue Sticks

White Liquid School Glue

Crayola Crayons

Pencils - My First Pencil (Big Round) for 2 year olds

*Spiral Notebook

Crayola Washable Markers

Watercolor Paint

2 Boxes Kleenex

4 Rolls Paper Towels

3 Clorox Wipes

2 packs Baby Wipes for faces and hands

Family Photo (snap shot to hang on the back door) you can email it

*Backpack or bag for carrying home notes and art

Blanket/Pillow/Stuffed Friend to leave here if napping

*Extra Change of Clothes - Season Appropriate (in a big baggie)

Diapers/Pull-Ups/Wipes for Diapering if needed

*Mark with your child's name