

# 2016-2017 Enrollment Packet

## Enrollment Guidelines

1. The Odessa R-VII Child Care Center will be open August 08-May 19<sup>th</sup>, 2017.
2. Full Time enrollment is available for ages 6 weeks- school entry. No part time or drop in care is available.
3. To ensure a place for your child, please turn in completed enrollment form and enrollment fee of \$25.00 to the director, Wendy Reynolds, by **Friday, April 29th, 2016**.
4. Tuition rates are as follows: Infant-2 year olds: \$135.00 per week. Three-Five years: \$110.00 per week
5. The Child Care Centers hours will be from 7:00 am to 4:30 pm Monday- Friday.
6. Each child will be allowed one week of non-attendance without fees. This time can only be taken in a one-week block. This non-attendance time may not be taken on a daily or partial week basis. This time may not be utilized to cover fees for any time that a child is in attendance (last week of teacher contract period or during the two week notice of a child exiting the program.)
7. The Child Care Center's first day in session will be August 08<sup>th</sup>. These are the dates for 2016-2017 school year when the Child Care Center will be closed with no payment required: September 5<sup>th</sup> (Labor Day), October 21<sup>st</sup>, November 23rd-25<sup>th</sup> (Thanksgiving), December 21st-January 1<sup>st</sup> (Winter Break), January 16<sup>th</sup> (MLK Day), February 20<sup>th</sup> (President's Day), March 17<sup>th</sup> (Spring Break) April 14-18<sup>th</sup> (Easter Break).
8. The enrollment fee, enrollment form, Medical Examination Report, immunization record, and media release form must be completed and on file prior to the first day of the child's attendance.
9. If you choose to exit the program a two-week notice is required. You will be responsible for paying the last two weeks of child care even if your child does not attend.

***Odessa R-VII School District Child Care Center***  
**2016-2017 Enrollment checklist**

**Please turn in the following checklist to Wendy Reynolds, Center Director, with your child's pre-enrollment paperwork.**

\_\_\_\_\_ \$25.00 Enrollment fee

\_\_\_\_\_ Completed Enrollment Form

\_\_\_\_\_ Medical Examination form

\_\_\_\_\_ Copy of Immunizations

\_\_\_\_\_ Media Release Form

\_\_\_\_\_ Handbook Acknowledgement Form

**Odessa R-VII Child Care Center and S.O.A.R. Program**  
607 S. 3<sup>rd</sup> Street Odessa, MO 64076  
816-633-5437

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Media Release Permission Form

The Odessa R-VII Child Care Center plans to use photography throughout our center for school purposes such as documenting the learning process, special events, classroom routines, family involvement activities, family communication, newsletters, center bulletin boards, the district website, etc.

The center also plans to do classroom email updates that may contain pictures. This email update will be sent as a group email to the parents of children in each individual classroom. On occasion, there may be large group (multiple classroom) photos included.

I understand that my student may be photographed for school purposes. These photos may be used in school publications, newsletters, group emails and other purposes stated above. Photographs may also be taken and used in the local newspaper. *If I do not wish for my child to be photographed, I will issue a written request to the school denying permission to take any photographs of my child.*

Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Email Address for Updates: \_\_\_\_\_

Parent Email Address for Updates: \_\_\_\_\_



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**

<b>CACFP REQUIREMENT</b>	CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: <input type="checkbox"/> FULL TIME OR <input type="checkbox"/> PART TIME	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.
	MONDAY	AM PM	AM PM	
	TUESDAY	AM PM	AM PM	
	WEDNESDAY	AM PM	AM PM	
	THURSDAY	AM PM	AM PM	
	FRIDAY	AM PM	AM PM	
	SATURDAY	AM PM	AM PM	
	SUNDAY	AM PM	AM PM	

<b>CACFP REQUIREMENT</b>	<b>CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY</b>			
	<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			
	<b>CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY</b>			
	<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)	
<b>AUTHORIZATION FOR EMERGENCY MEDICAL CARE</b>				
<p>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.</p> <p>IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE</p> <p style="text-align: center;">_____ DAY CARE PROVIDER OR HOME PROVIDER</p> <p>TO CONTACT THE FOLLOWING:</p>				
<b>PHYSICIAN OR CLINIC</b>				
NAME			TELEPHONE NUMBER	
<b>PREFERRED HOSPITAL</b>				
NAME			TELEPHONE NUMBER	
<b>ACKNOWLEDGEMENTS</b>				
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	<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	<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	
<b>CACFP REQUIREMENT</b>	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	



Missouri Department of Health and Senior Services  
 Section for Child Care Regulation and Child and Adult Care Food Program  
**INFANT AND TODDLER FEEDING AND CARE PLAN**

**THIS SECTION TO BE COMPLETED BY CHILD CARE FACILITY:**

The formula provided by this child care facility is: \_\_\_\_\_.

**(Check a box)**  Yes  No This child care facility **is participating** in the Child and Adult Care Food Program (CACFP). In order to claim meals for reimbursement, the center must provide infant cereal and other foods when the child is developmentally ready for them.

**Instructions to Parents** – Please complete for child who is less than 24 months of age. Update information as needed. Use a new form or initial/date changes on this form.

CHILD'S NAME	DATE OF BIRTH	DATE ENROLLED
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**Feeding Information**

Type of Food	Feeding Time	Kinds of Food	Amount of Food
Breast Milk			
Formula			
Infant Food			
Table Food			

Who is preparing (mixing) the formula? Check all that apply:  Parent  Caregiver

Does your child have any problems with feedings, such as choking or spitting up?

Yes Explain: \_\_\_\_\_  
 No

Does your child use a pacifier?  Yes  No

**Note:** Pacifiers, if used, cannot be hung around an infant's neck. Pacifier mechanisms or pacifiers that attach to infant clothing cannot be used with sleeping infants.

**Infant Feeding Preference (under 12 months)**

Mark your preference (check all that apply).

- I will provide breast milk for my infant.
- I will nurse my infant at the center at these times: \_\_\_\_\_

The facility's formula may be used to supplement feedings if necessary:  Yes  No

If breast milk is unavailable for a feeding, the facility should: \_\_\_\_\_

- I request that the formula provided by the child care facility be served to my infant.
- I will provide infant formula for my infant. Name of formula: \_\_\_\_\_
- I request that the child care facility provide solid foods for my infant as s/he is ready for them, and after I have discussed it with child care facility staff. **OR**
- I will provide solid foods for my infant.

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Toddler Feeding Preference (12 through 23 months)			
Check all that apply: <input type="checkbox"/> Spoon <input type="checkbox"/> Cup <input type="checkbox"/> Feeds Self <input type="checkbox"/> Feeding Table or Chair			
Type of Food	Feeding Time	Kinds of Food	Amount of Food
Breast Milk			
Milk			
Table Food			
Arrangements for Sleep – Licensing rules require that infants be placed on their back to sleep.			
Time(s) Child Usually Naps		Length of Nap	
Additional Instructions Related to Sleeping:			
<p><b>Note:</b> When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those required by rule, the provider must have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant. The caregiver(s) must put the infant to sleep in accordance with such written instructions.</p>			
<input type="checkbox"/> My child is 12 months or older, and I give my permission for my child to sleep on a cot.			
Signature of Parent/Legal Guardian		Date	
Diapering Instructions			
List any lotions and/or ointments, etc. that you have provided and give permission for caregivers to use on your child. _____ For <input type="checkbox"/> Wet <input type="checkbox"/> Bowel Movement <input type="checkbox"/> Rash <input type="checkbox"/> Other			
<input type="checkbox"/> I do not want caregivers to use any lotions, powders, ointments or similar items on my child.			
I will furnish the following baby supplies for my child; clearly labeled with my child's name:			
Special Instructions for Care (e.g., restrictions, allergies, etc.):			
Signature of Parent/Legal Guardian		Date	

