



"Direct your children onto the right path, and when they are older, they will not leave it." -Proverbs 22:6

Giggles-N-Grace Daycare

Director: Lara Denney

527 E Cleveland Ave.

Monett MO. 65708

(417)737-9762

&

Little Giggles-N-Grace Daycare

Director: Caytlin Sperandio

531 E Cleveland Ave.

Monett MO 65708

(417)737-9256

Owner: April Thomas

Email: mrs.aprilthomas@yahoo.com

Welcome!

I am so thrilled you have chosen Giggles-N-Grace Daycare for your childcare needs!

My name is April Thomas. My husband Steven and I have 2 children- A daughter, Khloe (9), and a son, Gavin (6). We have recently become licensed foster parents with the state of Missouri and look forward to making a difference in the life of many children in our area. Children are truly our calling, and we love every minute of it. Steven teaches the preschool children on Sunday mornings at our church, while I help in the nursery, and on Wednesday evenings I teach the 2-year-old class. I have enjoyed volunteering as childcare coordinator for our local MOPS group, working in other daycare centers and having in-home daycares. I have my CDA in infant and toddlers.

Caytlin Sperandio is the director of Little Giggles-N-Grace. Caytlin and her husband Jacob have son, Jaxon and he will be a year old in August. Caytlin graduated from Crowder College in 2019.

Lara is the director of Giggles-N-Grace and has recently graduated from Crowder College with an Associate's degree in Teacher Education. She has 2 years' experience with children through the Scott Tech Preschool.

Emily is the Assistant Director. She has recently graduated from Crowder College with an Associate's degree in Psychology. Her plan is to become a child psychologist. She has 2 years' experience with children through the Scott Tech Preschool as well.

We look forward to getting to know every single one of your children!

Signed,
April Thomas



Daily Schedule

All Ages 3 and Up

6:00A.M.-7:30A.M.- Free Play

7:30A.M.-8:00A.M.-Table activities Potty break/Wash hands

8:00A.M.-8:30A.M.- Circle time

8:30A.M.-8:40A.M.-Wash hands

8:40A.M.-9:00A.M.- Breakfast

9:00A.M.-9:15A.M.- Wash hands/ brush teeth

9:15A.M.-9:30A.M.-Table activities

9:30A.M.-10:00A.M.- Groups (½ Learning activity, ½ bible lesson)

10:00A.M.-10:10A.M.- Potty break/wash hands

10:10A.M.-10:40A.M.- Groups (½ bible lesson, ½ learning activity)

10:40A.M.-11:10A.M.- Outside recess

11:10A.M.-11:20A.M.-Water break/Potty break/Wash hands

11:20A.M.-11:45A.M.- Watch educational clip

11:45A.M.-12:00P.M.- Wash hands

12:00P.M.-12:30P.M.- Lunch

12:30P.M.-12:45P.M.- Clean-up/Potty break/wash hands

12:45P.M.-1:00P.M.- Cots out/ story time

1:00P.M.-2:45P.M.- Nap time

2:45P.M.-3:00P.M.- Potty break/Wash Hands

3:00P.M.-3:15P.M.- Snack

3:15P.M.-3:45P.M.- Outside recess

3:45P.M.-4:00P.M.- Wash hands/Water break

4:00P.M.-5:00P.M.- Groups educational activities (split in to two groups and rotate after 30 minutes)

5:00P.M.-5:30P.M.- Potty break/Wash Hands/Free play/pick up

Daily Schedule

2 YEAR OLDS

6:00A.M.-7:30A.M.-Free play
7:30A.M.-8:00A.M.- Circle time/Devotional
8:00A.M.-8:15A.M.- Diapers/Potty Breaks/Wash Hands
8:15A.M.-8:35A.M.- Breakfast
8:35A.M.-8:50A.M.- Clean up and Wash Hands
8:50A.M.-9:05A.M.- Brush teeth
9:05A.M.-9:35A.M.- Outside
9:35A.M.-10:00A.M.- Potty Breaks/Wash Hands/Water break
10:00A.M.-10:30A.M.-Groups (½ lesson, ½ free play)
10:30A.M.-11:00A.M.-Groups (switch ½ lesson, ½ free play)
11:00A.M.-11:15A.M.- Diapers/Potty Breaks/Wash hands
11:15A.M.- 11:45A.M.- Lunch
11:45A.M.-12:00P.M.- Wash Hands
12:00P.M.-12:15P.M.- Story time
12:15P.M.-2:45P.M.- Nap time
2:45P.M.-3:00P.M.- Wake up/Diapers/Potty Breaks/Wash Hands
3:00P.M.-3:15P.M.- Snack
3:15P.M.- 3:45P.M.- Groups (½ lesson, ½ table activities)
3:45P.M.-4:15P.M.- Groups (Switch ½ lesson, ½ table activities)
4:15P.M.-4:45P.M.- Outside
4:45P.M. 4:55P.M.- Diapers/Potty Breaks/Wash hands
4:55P.M.-5:30P.M.- Free play

Daily Schedule

BABIES 0-2

7:00A.M.-7:30A.M.- Tummy time

7:30A.M.-8:15A.M.- Free play

8:15A.M.-9:35A.M.-Diapers/Wash Hands/Bottles/Morning nap

9:35A.M.-10:05A.M.- Outside recess

10:05A.M.-10:15A.M.-Diapers/wash hands

10:15A.M.-11:00A.M.-Baby learning activity

11:00A.M.-11:25A.M.- Wash hands/Lunch/bottles

11:25A.M.-11:35A.M.- Diapers/wash hands

11:35A.M.-2:35P.M.- Afternoon nap

2:35P.M.- 3:00P.M.- Diaper/Wash hands/Snack

3:00P.M.-3:45P.M.- Crafts

3:45P.M.-4:15P.M.-Outside recess

4:15P.M.-4:45P.M.-Tummy time/diapers/wash hands

4:45P.M.-5:30P.M.-Free play/pick up

Philosophy

I believe every child is special exactly as God intended them to be, each arriving with unique abilities and personalities. Our goal is to make them each feel loved and nurtured, and to tailor the learning style to fit the needs of each child. We want to provide an environment in which the children look forward to coming each day and go home feeling accomplished and having learned something new. We offer play-based learning and introducing or reiterating teachings of the bible. As well as preschool readiness. We want to have a hand in raising kind and respectful members of the community and hope to actively partner with parents to help every child thrive.

Enrollment

Currently ages 6 weeks through 12 years are eligible for enrollment. There is an enrollment fee of \$25 and must be turned in along with your enrollment packet to secure your spot. This is a one-time non-refundable fee.

Tuition

Weekly tuition is \$195 for children 0-2, \$165 for 2-year-olds, \$139 for 3-12 year-olds, and remains so regardless of a child's absence. Due to limited space, we do not offer a sibling discount. We offer before school and after school care at the rate of \$20/week morning or afternoon or \$35/week for combined morning and afternoon. Tuition must be paid on a weekly or bi-weekly basis. Please establish a pay schedule at enrollment.

Our hours are 6:00am to 5:30pm, Monday through Friday. There is a strict \$1 per minute late fee if children are not picked up by closing time. Please be here in plenty of time so that you are able to be leaving with your child by 5:30 and not pulling into the drive at 5:30. Sometimes it takes a few minutes for gathering belongings from cubbies and talking about any housekeeping items from the day. Please be respectful of the staff's time at closing, as some of the girls have college classes they are attending or have their own children they need to pick up.

Payment

Cash, check or card are acceptable forms of payment. If it's cash or check, please send in a labeled envelope, with checks made out to "Giggles-N-Grace Daycare". Please be aware we have no set day that checks will be deposited, if that is an issue for you, please arrange to pay by cash or card to avoid conflicts, as we will not be able to hold checks until a certain day. Payment

is due ahead of the week, on Monday at the time of drop off. If payment is late, there will be a fee of \$10 per day late. Returned checks will be considered late payment and will also result in checks no longer being accepted from the individual. We have the option to set up automatic payments, if you would like.

State Subsidy

Regular tuition pay is due on time and in full until approval for state pay. This is on a case-by-case basis and parents will be informed as soon as possible for the amount in which they are approved. The remainder of the weekly fee that is not covered by the state will be required by the parents. The exception to this being foster children, who are not required to pay the remainder of what is not covered by the state. However, foster children may only attend the number of days they are approved for, any extra days, full payment will be required.

Withdraw and Dismissal

If you wish to withdraw your child from daycare, two weeks' notice is required. This means that regardless of absence, 2 weeks tuition will still be required from the time of notice. Please send a check in the provided envelope for this at the time of enrollment. It will be sealed, untouched and placed in your child's file to be used for the final two weeks payment. If you are paid up by your child's last day, the envelope will be returned to you. If you do not give two weeks' notice, then the last two weeks payment will come from the envelope.

The director reserves the right to cancel enrollment for the following reasons, including but not limited to: (in these instances payment will not be required for services not used)

- Nonpayment or excessive late payment
- Excessive late pick-ups
- Lack of rule observation by child and/or parent
- Physical or verbal abuse from child and/or parent to staff or other children
- Being unable to resolve excessive behavior issues

Communication

Keeping parents informed is vital to the success of each child, along with good communication. Some of the ways we like to keep parents up to date are bulletin boards, private Facebook group posts, and calls and/or texts throughout the day. We ask that you please do your best to keep us informed of any changes to your child's daily needs, and to please update your paperwork as needed.

Drop Off/Pick Up Procedure

Parents are required to walk in with their child to sign them in each morning. Some children may need a little help getting settled in. Please have children here no later than 8:30am. If you are unable to have your child here by this time, please let us know. This is to help avoid disruptions at drop off, as we will begin our day at this time. At pick up, please ring the doorbell and a teacher will let you in to sign the child out. Please check the cubby for any belongings, crafts, or notes to be sent home. If someone other than a parent or approved person from your list will be picking up, please call ahead to let us know. A photo ID will be required. For anyone not on the child's approved list for pick up, staff will need to call and confirm with a parent before the child is released.

Emergency

In case of emergency—flood, fire, or otherwise— we will evacuate via a short walk to the 1st Presbyterian Church on Sycamore. If it is a more widespread emergency, we will drive to my house, 411 W Dunn. In the event of evacuation, the child's parent or emergency contact will be notified.

Attendance

If your child has a planned absence such as a doctor's appointment or family vacation, please let us know as soon as possible. For unplanned absences such as for illness, please call us by your child's typical drop off time to let us know. If we happen to miss your call, please leave a message.

Closings

Tuition during holidays remains the same, as our expenses and staff payroll throughout the month remain the same. Other unexpected closings such as inclement weather days or for illnesses are highly unlikely, but in the event, tuition remains the same. Closures due to construction or unforeseen events unrelated to holidays, weather, or illnesses, will not be charged to parents. If there is an event that we do not charge for, a note will be sent home and your account will be credited for this. However, you can expect daycare to be closed for the following holidays:

- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving and the day after
- Christmas Eve and Christmas Day

Illness

Please keep your child home if they are feeling unwell. The best place for a child to recuperate from an illness is in the comfort of their own home. There are also many symptoms that a child may have that may prevent them from being able to partake in everyday activities. If your child experiences any of the following, please keep them home until they are well enough to participate in normal everyday activities:

- Fever greater than or equal to 99.5F.
- Excessive drainage (clear or otherwise) from the mouth, nose, ears or eyes.
- Red discoloration to the whites of the eye(s) or yellow discharge coming from the eyes.
- Skin rashes, as they are difficult to diagnose unless seen by a physician.
- Severe abdominal pain, vomiting, or diarrhea.
- A deep, hacking cough
- Difficulty breathing or untreated wheezing
- An unusual yellowing of the skin
- Cuts or openings on the skin that are pus-filled or oozing
- Lice or nits

In the event a child becomes ill during the day to the point where they are not able to participate in regular activities, parents will be contacted immediately and pick up will be required within 30 minutes. If the parents cannot be reached, or cannot pick up the child within 30 minutes, emergency contacts will then be contacted.

If your child is sent to daycare with any of the above symptoms listed, or develops during the day, they will be sent home. Children should not be medicated and then sent to daycare (i.e. given Tylenol to break a fever).

Medications

If your child requires prescription medication, you will need to send a doctor's note and fill out a medication form. Medications will be stored in a locked cabinet that will be inaccessible to children. Things such as sunscreen and bug spray will need to be brought from home and will require a medication form on file as well.

If a child is on antibiotics, please do not send the child until they have taken the medication for 24 hours minimum and are no longer contagious.

Child Abuse/Neglect

We are all mandated reporters. With that being said, if there is any abuse or neglect suspected of any children in our care, we are required to report it.

Potty Training

Some key signs of readiness for potty training include:

- The child is able to pull their own pants up and down on their own with little to no assistance.
- The child is able to communicate to you when they need to go to the bathroom
- The child's diaper is dry after bed/nap time and also dry for long periods of time during the day
- The child is able to hold their bowels and bladder until they get to the potty once they state that they need to go

We strive to support your efforts of potty training at home through the day here at daycare. If your child is showing signs of readiness, and you are ready to start potty training at home, we are here to help! You may send your child in underwear when they are mostly accident free. If a child has more than two accidents in a day at daycare, they will be placed back in a pull up and can try again the next day. We ask that during this time you be sure to send plenty of extra clothing in case of accidents.

Children who are not potty trained will remain in the main daycare, "Giggles-N-Grace" until they are potty trained. Then they may move up to the 2nd location, "Little Giggles-N-Grace". Diapering and potty training will only be in "Giggles-N-Grace" and "Little Giggles-N-Grace" will consist solely of potty-trained children. Parents are to be aware of this rule and will be notified of this at the time of enrollment.

Discipline

At Little Giggles-N-Grace we use the redirect approach:

Upon a first incident we will redirect the child.

Upon the second, a verbal warning will be given.

After a third incident, time out will be used, one minute per age.

After a time out, if the issue persists, we will contact the parents to find a solution. If a child is having extreme behaviors such as excessive hitting, kicking, biting, fighting, or tantrums that cannot be resolved via the listed approach, parents will be called to pick up the child. This is a last resort as we do not want to create the impression that bad behavior equals going home but

will be necessary if needed to keep the other children in the facility safe. No corporal punishment or negative, hurtful, or threatening comments will be made toward the child at any point.

If the child is having issues with behaviors, we will encourage them to use the quiet corner to take a minute to calm down and use tips we teach them to self-regulate when they begin to get overwhelmed.

Items to Send

Please dress your children appropriate for the weather and in clothes you are okay with getting messy. We play hard at daycare and our clothes often get dirty. We go outside for a minimum of an hour a day, but often longer. Children need to have shoes, jackets, and hats if you so wish.

Please send these items to keep at daycare: (please label ALL items you bring in with child's name)

2 years and older

- Two spare outfits in a Ziplock bag. This should include underwear, socks, shirt and bottoms.
- A small blanket, and a *small* pillow (optional)
- Diapers, wipes, and rash ointment (if in diapers)

Infants

- Several changes of clothes
- A crib sheet and small blanket (If over 12mts)
- Diapers, wipes, and diaper cream
- Formula (or breast milk) and 2 bottles/sippy cups
- 1-2 extra pacifiers
- Any extra snacks your child may want

Items not to bring

- Backpacks or diaper bags.

Only bring in items that can stay at the daycare. We are limited on space, and it makes things easier for transitions to just have the needed items at daycare.

- Toys from home

Toys can get easily lost or broken. Sharing toys from home is often a gray area and hard for children to understand.

If your child requires a comfort item, that will be allowed. However, if it becomes an issue, it will be put away. This item needs to easily fit in the child's cubby.

Mealtimes

We provide breakfast, lunch, and snack. Milk will be served with all meals and snacks. Each child will have their own labeled water bottle to be left at the center to encourage frequent hydration. For any child not in the infant room, please do not send in a personal sippy cup. We will use “big kid” cups at mealtimes.

We follow the CCAFP food program for the state of Missouri. We offer healthy and nutritious snacks and meals every day. Your child will be offered and encouraged to try new foods but will never be forced to eat anything they dislike. If there are any allergies or dietary concerns, please let us know in writing, and possibly a doctor's note for the file. We will be happy to accommodate however we can.

Please have your child finish any breakfast or snack they may have had on the way to daycare before they enter the building. Outside food is not allowed, nor is sharing.

We encourage all children to arrive a few minutes prior to breakfast, in order to get settled and have time to eat. If your child arrives after a scheduled meal time, they will not be able to have a plate saved back for them and will have to wait until the next scheduled meal time (this does not apply to infants).

Social Media

As mentioned above, we have a private Facebook group for posting updates and photos of kiddos throughout the day. If you would like to be added to the group, please let me know! On the other hand, if they are not comfortable with your child being on social media, please let me know, so that we can make sure to censor this.

Social Media Release

Name of Child(ren): _____

I give permissions for my child(ren)s photo to be taken and/or posted to social media for daily updates, and advertising purposes, including but not limited to the private daycare Facebook group.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: ____/____/____

OR

I do not wish for my child(ren) to be posted to social media. Please censor all photos that include my child(ren) to cover his or her face.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Family Handbook and Fee Agreement

Child(ren)'s Name(s): _____. We (the undersigned) have read the parent handbook for Giggles-N-Grace Daycare Facility and understand all the information, policies, and procedures outlined in the handbook. We (the undersigned) have also received a copy of these policies and procedures for our own records and reference. By signing this agreement, we consent to all the handbook policies and procedures and agree to them, including payment policies and late fee procedures. By signing this agreement, we acknowledge that the information supplied in the registration form regarding our child(ren) and the information supplied below is true and accurate to the best of our knowledge.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: ____/____/____

Owner/Operator's Signature: _____ Date: ____/____/____

Drop Off and Pick Up Policy

Please notify me if an unauthorized person will be picking up your child. Verbal or written permission must be received before we will release a child to anyone who is not authorized on the registration form. We will not allow your child to leave with an authorized person without previous permission. This is for the safety and protection of your child.

A parent or guardian must authorize up to 3 individuals to pick up their child from childcare. Authorized individuals will be required to present valid identification to pick up any child from the childcare.

I authorized the following individuals to pick up my child from the childcare:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

If an authorized individual without a valid identification or an unauthorized individual comes to pick up my child from childcare, I can be contacted at this number:

All parents and guardians must make sure that a staffer recognizes that the child has been dropped off or is being picked up from childcare.

Parent Name _____

Date _____

**Please send a copy of your child's
shot record for us to keep on file.**



CHILD'S NAME	BIRTHDATE

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on ____ / ____ / ____, this child can participate in a child care program. This child has no special care needs unless specified below.

(Date of medical examination must be within the last 12 months.)

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN	DATE
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PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)
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NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER (MAY USE STAMP.)	IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME (PLEASE PRINT.)
	TELEPHONE NUMBER

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ENROLLMENT FORM

(To be completed only by Parent/Guardian)

Parents: Please fill in the following information on your child.

DHSS officials or a Sponsoring Organization representative may contact you to verify information.

In the operation of the Child Nutrition Programs, no child will be discriminated against on the basis of race, color, national origin, age, sex, or disability, and there is no discrimination in the course of the meal service. If you believe that you have been treated unfairly in receiving food services for any of these reasons, write immediately to USDA, DIR., Office of Civil Rights, 1400 Independence Ave., S.W. Washington, D.C. 20250-9410 or call (800)795-3272 (voice), or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer.

Check all that apply

- ☐ American Indian/Alaskan Native
☐ Hispanic
☐ White (not of Hispanic origin)
☐ Asian/Pacific Islander
☐ Black
☐ Other: _____

Will your child be in care on any of the following holidays? yes n o

(if yes, mark all that apply)

- ☐ New Years Day (January 1) ☐ Independence Day (July)
☐ Martin Luther King's Birthday (Jan) ☐ Labor Day (September)
☐ President's Day (February) ☐ Thanksgiving Day (Nov)
☐ Memorial Day (May) ☐ Christmas Day (Dec 25)

Please Print

Date of Birth must be present in order to establish eligibility.

Child's First Name	Middle Name	Last Name	Nickname (if any)	Sex	Date of Birth

***Does this child live in the home of the Child Care Provider? Yes No** * Only the Child Care Provider may answer this question.

Is this child a relative of the provider? Yes No If yes, state the relationship: _____

Check the days your child usually attends daycare.

Show earliest arrival and latest departure time. Circle am or pm.

Day	Arrives	Leaves
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

Check when your child is in care at this childcare home.

- Full Day Care ☐ Before School Care ☐
Half Day - Morning ☐ After School Care ☐
Half Day - Afternoon ☐ Evening Care ☐
Overnight Care ☐

*If your child attends school, will they be in full day care when school is not in session? YES

Check the Meals your child will be given at this Child Care Home

Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack

Write any comments, changes or variations in usual attendance in this section.

Date of Enrollment or Current Re-Enrollment Date	Parent/Guardian Signature	Printed Name
Mailing Address (PO Box or Street)	City	State Zip
() Home Telephone	() Work Telephone	

***Parents/Guardians – Your child's enrollment will expire one year from the date of enrollment. You will be required to fill out a new enrollment for your child at that time. List the current date when re-enrolling.**

Provider Name (Not Day Care Name)	Provider Telephone #

**Council of Churches of the Ozarks
Child Care Food Program**

PO Box 3947
Springfield, MO 65808
417.865.8427 – 800.818.6812
Fax- 417.865.6437

White Copy- CCFP

Yellow Copy- Provider

Dear Parent,

Please help us help your child feel comfortable at daycare by filling out this questionnaire.

Child's Name _____

Please list your child's favorite...

Breakfast food _____

Lunch food _____

Snack food _____

Songs _____

Books _____

Videos _____

Toy or stuffed animal _____

Cartoon character _____

Game _____

Inside activity _____

Outside activity _____

If your child has trouble falling asleep, I usually:

My child is afraid of _____

Other people who have regular contact and are involved with my child's care (grandparents, stepparents, siblings, friends, etc.)

Name _____	Relationship _____
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Name _____	Relationship _____
------------	--------------------

Name _____	Relationship _____
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Anything else you would like to share about your child to help him/her feel more comfortable, especially in the first week when we are brand new to one another...



CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
CHILD'S ADDRESS (STREET, CITY, STATE, ZIP CODE)		
IDENTIFYING INFORMATION		
PARENT/GUARDIAN NAME	TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS <input type="checkbox"/>		
EMAIL ADDRESS		
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER	
PARENT/GUARDIAN NAME	TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS <input type="checkbox"/>		
EMAIL ADDRESS		
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER	
If you or a member of your immediate family ever served in the U.S. Armed Forces, click here for more information about military-related services in Missouri or visit www.dese.mo.gov/veterans-services .		
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 NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

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

RELATED CHILD

☐ Yes ☐ No

CHILD'S RELATION TO CHILD CARE PROVIDER

ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)

Are you of Hispanic or Latino origin? ☐ Yes ☐ No

What is your race? (Select one or more.)	<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White
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CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CACFP REQUIREMENT

Will child attend: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Check what days your child will attend.		When does your child usually arrive each day?	When does your child usually leave each day?	Describe any changes or variations in usual attendance, including shift changes.
Monday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Thursday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Friday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Saturday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Sunday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack ☐ None

HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY

<input type="checkbox"/> New Year's Day <input type="checkbox"/> Martin Luther King, Jr.'s Birthday <input type="checkbox"/> Lincoln's Birthday <input type="checkbox"/> Washington's Birthday	<input type="checkbox"/> Easter <input type="checkbox"/> Truman Day <input type="checkbox"/> Memorial Day <input type="checkbox"/> Juneteenth <input type="checkbox"/> Independence Day	<input type="checkbox"/> Labor Day <input type="checkbox"/> Columbus Day <input type="checkbox"/> Veterans Day <input type="checkbox"/> Thanksgiving Day <input type="checkbox"/> Christmas Day
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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in the event 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 the necessary arrangements, or in a critical emergency requiring medical care, I authorize

(CHILDCARE FACILITY NAME)

to contact the following:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER
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PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER
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ACKNOWLEDGMENTS

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 home 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 that 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 at any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	PARENT/GUARDIAN INITIALS
PARENT/GUARDIAN SIGNATURE		DATE
CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington,
D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.