

****NOTE:** Please fill out and return with a \$20.00 enrollment fee.

Applying for:

- 3 year old (3 half-days, Mon/Wed/Fri) \$125 per month, \$30 annual supply fee
- 3 year old (5 half-days, Mon-Fri)..... \$175 per month, \$50 annual supply fee
- 4-5 year old (3 half-days, Mon/Wed/Fri) \$125 per month, \$30 annual supply fee
- 4-5 year old (5 half-days, Mon-Fri) \$175 per month, \$50 annual supply fee
- enrichment (afternoon care until 5:30)..... \$12 per afternoon

11:15-12:30	\$ 4.00
12:30-1:30	\$ 6.00
1:30-2:30	\$ 8.00
2:30-3:30	\$10.00
3:30-5:30	\$12.00

****Monthly tuition is non-refundable****

NOTE: ALL TUITION MUST BE PAID THE FIRST WEEK OF EACH MONTH.

	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 OR 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 OR SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER	

Southeast Missouri Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, and other school administered programs.

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

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

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 **SOUTHEAST MISSOURI CHRISTIAN ACADEMY, INC.** TO CONTACT THE FOLLOWING:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER
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PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER
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ACKNOWLEDGEMENTS

A	I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.	PARENT/GUARDIAN INITIALS
B	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT THEY MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
C	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR 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
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FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.

FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
RELIGIOUS ORGANIZATION CHILD CARE FACILITY
NOTICE OF PARENTAL RESPONSIBILITY

Sign and return
To SCA office

LEGAL NAME OF FACILITY Southeast Missouri Christian Academy Inc	DVN 000.864.720
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PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) 1440 Ables Road

FACILITY TELEPHONE NUMBER 573.472.0883	FACILITY E-MAIL ADDRESS
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INSPECTIONS

Section 210.211 RSMo exempts this religious organization child care facility from state licensing and supervision by the Department of Health and Senior Services (DHSS). It is state inspected only for fire, health, and sanitation requirements as indicated below. Inspections are available on the Show Me Child Care Provider Search and can be accessed at <https://health.mo.gov/safety/childcare/find>.

NAME OF AGENCY AND TYPE OF INSPECTION	ADDRESS	TELEPHONE NUMBER	INSPECTION	DATE
Section for Child Care Regulation (Health and Safety Inspection)	471 Siemers Cape Girardeau, MO	573.290.5809	PENDING <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>	
Fire Marshal's Office (Fire Safety Inspection)	POB 844 Jefferson City, MO 65102	573.508.8766	PENDING <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>	
Local Health Office or DHSS (Sanitation Inspection)	471 Siemers Cape Girardeau, MO	573.840.9114	PENDING <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>	

STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY			STAFF/CHILD RATIOS FOR LICENSED CENTERS		
AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN	AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN
Under 2 years of age	1 staff member for every		Under 2 years of age	1 staff member for every	4
2 to 4 years of age	1 staff member for every	3 year old 1-15	2 years of age	1 staff member for every	8
5 years of age and older	1 staff member for every	4 year old 1-20	3 and 4 years of age	1 staff member for every	10
TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY:			5 years of age and older	1 staff member for every	16

BACKGROUND CHECK REQUIREMENTS

Section 210.254 RSMo requires notification that background checks have been conducted under the provisions of section 210.1080 RSMo. Section 210.1080 RSMo specifies criminal background checks for child care staff members. The requirements for religious organizations operating a child care facility are as follows:

- Facilities operated by a religious organization that receive federal funds for providing care for children must have qualifying background screening results for child care staff members as defined in 210.1080.1(1) RSMo.
- Facilities operated by a religious organization and that do not receive federal funds for providing care for children are not required to have qualifying background screening results for all child care staff members pursuant to 210.1080.9 RSMo.
- Child care staff members of facilities operated by a religious organization that receive federal funds for providing care for children, with disqualifying background screening results are prohibited from being on the premises during child care hours.
- Facilities operated by a religious organization that receive federal funds for providing care for children, must request criminal background checks for child care staff members every 5 years, as defined in 210.1080.1(1) RSMo.

BACKGROUND CHECKS HAVE BEEN CONDUCTED AS REQUIRED BY SECTION 210.1080 RSMO.

Yes No

FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES

THE DISCIPLINARY PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

SEE ATTACHED

THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

To provide an environment where your child can relax and feel secure.
To develop the desire to work and play together.
To provide an atmosphere of love and caring with a staff of qualified teachers.
To expand each child's particular interests and develop new ones.

REQUIRED SIGNATURES

Section 210.254, RSMo requires the facility to furnish two copies of this document to a parent(s) upon enrollment of a child. Parents acknowledge by signature that they have read and accepted the information contained in this document. One copy of this signed document is given to the parent(s); the other copy is retained in the child's record at the facility.	
PARENT(S)	DATE
PRINCIPAL OPERATING OFFICER/FACILITY DIRECTOR	DATE
<i>Jeanne Chiu</i>	10-12-23
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC.	DATE
<i>Paul Jones</i>	10-12-23



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
RELIGIOUS ORGANIZATION CHILD CARE FACILITY
NOTICE OF PARENTAL RESPONSIBILITY

Parent's Copy

LEGAL NAME OF FACILITY Southeast Missouri Christian Academy Inc	DVN 000.864.720
PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) 1440 Ables Road	
FACILITY TELEPHONE NUMBER 573.472.0883	FACILITY E-MAIL ADDRESS

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PARENT(S)	DATE
PRINCIPAL OPERATING OFFICER/FACILITY DIRECTOR <i>James Price</i>	DATE <i>10-12-23</i>
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION - PASTOR, MINISTER, PRIEST, ETC. <i>Jim Jones</i>	DATE <i>10-12-23</i>



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE
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CURRENT STATE OF HEALTH

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.)

PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE

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)

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



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE
SCHOOL-AGE CHILD HEALTH REPORT

IDENTIFYING INFORMATION	
CHILD'S NAME	BIRTHDATE
HEALTH STATEMENT (CHECK ONE)	
<input type="checkbox"/> My child is in good health, is able to participate in group care, has no special health or medical requirements.	
<input type="checkbox"/> My child is able to participate in group care but has special health or medical requirements as listed below.	
SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS	
PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.	
PARENT OR LEGAL GUARDIAN SIGNATURE	DATE

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

Child Guidance (Discipline) Policy

During the early childhood years, children are learning to be in charge of their own behavior. We believe in establishing consistent, easy-to-understand limits and in having teachers who respond to inappropriate behavior with insight, sensitivity, and skill. When clear, consistent and age-appropriate limits are present, children increasingly become responsible for themselves. When out-of-bounds behaviors do occur, we believe it is important for children to understand why the behavior is inappropriate and how to modify it.

We work to prevent behavior problems by arranging each classroom so that children work in small groups and have a choice of activities. This range of activities will give your child the freedom and ability to experience success and become self-directed. Teachers are trained to skillfully direct behavior along appropriate channels. Children are encouraged to verbalize their feelings to learn to positively work through strong emotions. Teachers act as role models and encourage appropriate behaviors. Under no circumstances is corporal punishment permitted. Discipline will not be associated for food, rest or toileting.

We believe that it is our responsibility to provide children with positive guidance and, in our experience, most children will respond well to our approach. In the event that a child does not respond, we will notify the parents and work closely with them to develop a plan to help the child gain self-control and a positive attitude toward their peers and teachers. Should the child's continued negative behavior put themselves, their peers or their teacher at risk for physical harm or, if the child damages Preschool property, we reserve the right to ask the parent to withdraw the child from our Preschool. While we understand the developmental tendencies of children to experiment with inappropriate language to shock others, withdrawal may also be requested for those children who are verbally abusive, including the repeated use of inappropriate language which others consider offensive.

I have read and understand the above Child Guidance (Discipline) Policy

Signature of Parent/Guardian

Date