## **\*\*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

□ enrichment (afternoon care until 5:30).....\$12 per afternoon

11:15-12:30\$	5 4.00
12:30-1:30\$	6.00
1:30-2:30\$	8.00
2:30-3:30\$	510.00
3:30-5:30\$	512.00

## \*\*Monthly tuition is non-refundable\*\*

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

	ADMISSION	N DATE	DISCHARGE DATE	
CHILD'S NAME	GENDER		BIRTHDATE	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	L		<u> </u>	
IDENTIFYING INFORMATION				
MOTHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER			
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE $\Box$		CELL PHON	IE NUMBER	
E-MAIL ADDRESS		1		
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 $\Box$	CELL PHONE NUMBER			
E-MAIL ADDRESS		1		
EMPLOYER OR SCHOOL ATTEND		WORK/SCH	OOL 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.

	NCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACI I ONE EMERGENCY CONTACT IS REQUIRED.	LITY (OTHER THAN PARENT)				
NAME		HOME TELEPHONE NUMBER				
RELATION	ISHIP TO CHILD	CELL PHONE NUMBER				
ADDRESS	(STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER				
NAME		HOME TELEPHONE NUMBER				
RELATION	ISHIP TO CHILD	CELL PHONE NUMBER				
ADDRESS	(STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER				
NAME		HOME TELEPHONE NUMBER				
RELATION	ISHIP TO CHILD	CELL PHONE NUMBER				
ADDRESS	(STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER				
AUTHOR	ZATION 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 <b>SOUTHEAST MISSOURI CHRISTIAN ACADEMY, INC.</b> TO CONTACT THE FOLLOWING:						
PHYSICIA	AN OR CLINIC					
NAME		TELEPHONE NUMBER				
PREFERF	RED HOSPITAL					
NAME		TELEPHONE NUMBER				
ACKNOW	/LEDGEMENTS					
A	I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.	PARENT/GUARDIAN INITIALS				
В	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT THEY MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS				
С	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/G	GUARDIAN SIGNATURE	DATE				
FILING: FI	LE FORM IN CHILD'S INDIVIDUAL RECORD.					

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.

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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 DVN Southeast Missouri Christian Academy Inc 000.864.720										
PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) 1440 Ables Road										
FACILITY TELEPHONE NUMBER FACILITY E-MAIL ADDRESS										
573.472.0883	573.472.0883									
Section 210.211 RSMo exem inspected only for fire, health	and sanitatio			state licensing	and supe					
https://health.mo.gov/safety/childcare/find.           NAME OF AGENCY AND TYPE OF         ADDRESS         TELEPHONE         INSPECTION           INSPECTION         NUMBER							DATE			
Section for Child Care Reg (Health and Safety Inspecti			Siemers rardeau, MO	573.290.5809 PENDING						
Fire Marshal's Office (Fire Safety Inspection)		PC Jefferson (	DB 844 City, MO 65102	573.508.	8766			NOT APPR		
Local Health Office or DHS (Sanitation Inspection)		Cape Gi	Siemers rardeau, MO		3.840.9114 PENDING E APPROVED					
STANDARD STAFF/C	HILD RATI	OS ESTABLI				F/CHILD RATIOS	the second se	A COMPANY OF THE OWNER		
AGE RANGE	NUMBER C		NUMBER OF C	HILDREN	AGE R		NUMBER OF STAFF		NUMBER	OF CHILDREN
Under 2 years of age		ber for every	Queenale	4 45		2 years of age	1 staff member for every			4
2 to 4 years of age 5 years of age and older		ber for every	3 year old 4 year old			s of age	1 staff member for every		8	
TOTAL NUMBER OF CHIL				1-20		s of age and older	1 staff member for every 1 staff member for every		16	
		OLLED DT THE		UND CHEC		UIREMENTS	1 stan member io	revery		10
<ul> <li>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:         <ul> <li>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.</li> <li>Facilities operated by a religious organization and that <u>do not</u> receive federal funds for providing care for children <u>are not</u> required to have qualifying background screening results for all 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.</li> <li>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.</li> </ul> </li> <li>BACKGROUND CHECKS HAVE BEEN CONDUCTED AS REQUIRED BY SECTION 210,1080 RSMO.         <ul> <li>FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES</li> <li>THE DISCIPLINARY PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:</li> </ul> </li> </ul>										
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 particuar interests and develop new ones.										
Section 210.254, RSMo require	s the facility to	humich hun consist		QUIRED SI			uladaa bu siasahura it	at they have	road and com	anted the
information contained in this do PARENT(S)	cument. One co	ppy of this signed d	ocument is given to the	parent(s); the c	ther copy	is retained in the child's	record at the facility.	DATE		
			00							
PRINCIPAL OPERATING	e (tr	en						DATE /	0-12	- 23
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION - PASTOR, MINISTER, PRIEST, ETC. AND ALMED DATE 10 - 12 - 23						-123				
/										

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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

Parent's Copy

NUT	ICE OF	PARENIA	AL RESPON	SIBILIT	r					
LEGAL NAME OF FACILIT Southeast Missouri		Acadomy	no					DVN 000.86	4 720	
PHYSICAL ADDRESS (ST								1000.80	4.720	
1440 Ables Road										
FACILITY TELEPHONE N 573.472.0883	UMBER					FACILITY E-MAIL	ADDRESS			
				INSPEC	TIONS					
Section 210.211 RSMo exem inspected only for fire, health https://health.mo.gov/safety/o	, and sanitatio									
NAME OF AGENCY AND INSPECTION	TYPE OF		DRESS	TELEPH		INSPECTION DA				DATE
Section for Child Care Reg (Health and Safety Inspect		Cape G	Siemers rardeau, MO	573.290.	0.5809 PENDING APPROVED					
Fire Marshal's Office (Fire Safety Inspection)		Jefferson	DB 844 City, MO 65102	573.508.8766		PENDING				
Local Health Office or DHS (Sanitation Inspection)		Cape Gi	Siemers rardeau, MO	573.840.						
STANDARD STAFF/C	NUMBER C	the state of the second se	NUMBER OF C	and the second day of the seco	STAF AGE F	F/CHILD RATIOS FOR LICENSED CENTERS			OF CHILDREN	
Under 2 years of age		ber for every	NOMEEN OF O			2 years of age	1 staff member f		HUNDLIN	4
2 to 4 years of age	1 staff mem	ber for every	3 year old	11-15	2 year	s of age	1 staff member for every		8	
5 years of age and older	1 staff mem	ber for every	4 year old	1-20	3 and	4 years of age	1 staff member f	or every		10
TOTAL NUMBER OF CHI	DREN ENR	OLLED BY THIS				s of age and older	1 staff member f	or every		16
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 <u>do not</u> receive federal funds for providing care for children <u>are not</u> required to have qualifying background screening results for all child care staff members pursuant to 210.1080.1(1) 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 PHILOS					v and	fool socure				
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 particuar 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)			g					DATE		
PRINCIPAL OPERATING OFFICER/FACILITY DIRECTOR DATE										
Cleance	INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION - PASTOR, MINISTER, PI			TED C	NEAT FTO		10	-12-	23	
A A A	e PUR THE	RELIGIOUS OF	IGANIZATION - PA	STOR, MINIS	TER, PF	GEST, ETG.		10	-12-	23



### 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				
×					
CURRENT STATE OF HEALTH					
CORNENT STATE OF HEALTH					
this child can participate in a child care program. This child has no sp	of health and my physical examination of the child on /				
PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE					
	d care facility, e.g. special diets, allergies, ear infections, convulsions				
diabetes, asthma, behavior problems, hearing or visual impairment,					
SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION	OF A PHYSICIAN DATE				
PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)	I				
	,				
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
8	
HEALTH STATEMENT (CHECK ONE)	
My child is in good health, is able to participate in group care, h	as no special health or medical requirements.
My child is able to participate in group care but has special heal	th or medical requirements as listed below.
SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUI	REMENTS
	NIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS,
SPECIAL NEEDS, ETC.	
	0.75
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 VI/Title

# 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

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