

**FAITH**

**HISTORY**

**EDUCATING ON PURPOSE**

**COMMON SENSE**

***COUNTRY  
MEADOWS  
CHRISTIAN***

**ENROLLMENT  
PACKET**

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Country Meadows Baptist Church

4901 Lee's Summit Rd

Kansas City, MO 64136

816 373 6445

[preschool@cmbc.net](mailto:preschool@cmbc.net)

# 2023-2024 Preschool Tuition

Must be 3 or 4 years of age by July 1st, 2023 for August start

## Registration Fees:

There is a \$100 NON-REFUNDABLE registration fee with the completed application.

## Tuition:

Tuition is a flat rate of \$600 a month or \$400 for 3 days a week for Preschool

Before and After School care is offered at a flat rate of \$40 a week

Please indicate below which care package you are interested in by checking the line:

|                          |                          |
|--------------------------|--------------------------|
| 3 Years Old by July 1st: | 5 days or 3 days _____   |
|                          | Before School Care _____ |
|                          | After School Care _____  |
| 4 Years Old by July 1st: | 5 days or 3 days _____   |
|                          | Before School Care _____ |
|                          | After School Care _____  |

\*\* Before School Care is from 7:00 am to 8:30 am

\*\*\* After School Care is from 3:30 pm to 5 pm



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE  
**CHILD CARE ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES**

|   |                |                |
|---|----------------|----------------|
| 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) |                       |                                      |

**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

TO CONTACT THE FOLLOWING:

**PHYSICIAN OR CLINIC**

|      |                  |
|------|------------------|
| NAME | TELEPHONE NUMBER |
|------|------------------|

**PREFERRED HOSPITAL**

|      |                  |
|------|------------------|
| NAME | TELEPHONE NUMBER |
|------|------------------|

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](mailto:civilrights@dese.mo.gov).

| <b>ACKNOWLEDGEMENTS</b> |  |                          |
|-------------------------|--|--------------------------|
| 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 S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.   | PARENT/GUARDIAN INITIALS |
| C                       | I <input type="checkbox"/> DO<br><input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS.<br>I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.  | PARENT/GUARDIAN INITIALS |
| D                       | I <input type="checkbox"/> DO<br><input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.   | PARENT/GUARDIAN INITIALS |
| E                       | 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 |

**HEALTH REPORT FOR SCHOOL-AGE CHILD  
CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS**

- MY CHILD IS IN GOOD HEALTH, IS ABLE TO PARTICIPATE IN GROUP CARE, HAS NO SPECIAL HEALTH OR MEDICAL REQUIREMENTS.
- MY CHILD IS ABLE TO PARTICIPATE IN GROUP CARE BUT HAS SPECIAL HEALTH OR MEDICAL REQUIREMENTS AS LISTED BELOW.

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS

ANY SPECIAL MEDICATIONS AND/ OR RESTRICTIONS

PARENT/GUARDIAN SIGNATURE

DATE

**FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.**

**FILING:** FILE FORM IN CHILD'S INDIVIDUAL RECORD.



**Country Meadows  
Christian Academy  
Preschool**

**PARENTAL DISCLOSURE AND AGREEMENT FORM**

Child's Name \_\_\_\_\_

Names & Ages of other siblings in the home:

\_\_\_\_\_

Are you a member of a church? (Circle one)                      YES                      NO

If so, where? \_\_\_\_\_

**CONSENT FORM**

1. I give consent for my child to use all the play equipment and to participate in all the activities connected with the program: Y/N
2. I give consent for my child to receive the basic first aid in the case it is necessary: Y/N
3. I give consent for my child to be photographed for classroom purposes: Y/N
4. I give consent for my child's photograph to be used for the purpose of publications such as yearbook's, CMCA website, and/or Facebook: Y/N
5. I acknowledge that I have received the Parent Handbook and agree to all the rules and regulations therein: Y/N
6. I agree to adhere to the policies of Country Meadows Christian Academy and give my child permission to participate fully in the program: Y/N
7. If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the Director or his/her designee, to act on my behalf such written or verbal authorization as it may be required.  
Furthermore, I release the Director, or his/her designee, and CMCA from any liability that might arise from the giving of such authorization, it being my desire that my child be given medical or surgical services as soon as responsibly possible after the need arises: Y/N

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





**RELIGIOUS ORGANIZATION CHILD CARE FACILITY NOTICE OF PARENTAL RESPONSIBILITY**

|  |                          |                           |  |  |                           |             |
|--|--------------------------|---------------------------|--|--|---------------------------|-------------|
| LEGAL NAME OF FACILITY   |                          |                           |  |  | DVN                       |             |
| PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE)   |                          |                           |  |  |                           |             |
| FACILITY TELEPHONE NUMBER  |                          |                           | FACILITY E-MAIL ADDRESS                        |  |                           |             |
| <b>INSPECTIONS</b>   |                          |                           |  |  |                           |             |
| Section 210.211 RSMo exempts this religious organization child care facility from state licensing and supervision by the Department of Elementary and Secondary Education(DESE). 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 <a href="https://dese.mo.gov/childhood/child-care/find-care">https://dese.mo.gov/childhood/child-care/find-care</a>   |                          |                           |  |  |                           |             |
| <b>NAME OF AGENCY AND TYPE OF INSPECTION</b>   |                          | <b>ADDRESS</b>            | <b>TELEPHONE NUMBER</b>                        | <b>INSPECTION</b>  |                           | <b>DATE</b> |
| Office of Childhood - Child Care Compliance  |                          |                           |  | PENDING <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> |                           |             |
| Fire Marshal's Office (Fire Safety Inspection)   |                          |                           |  | PENDING <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> |                           |             |
| Local Health Office or DHSS (Sanitation Inspection)  |                          |                           |  | PENDING <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> |                           |             |
| <b>STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY</b>  |                          |                           | <b>STAFF/CHILD RATIOS FOR LICENSED CENTERS</b> |  |                           |             |
| <b>AGE RANGE</b>   | <b>NUMBER OF STAFF</b>   | <b>NUMBER OF CHILDREN</b> | <b>AGE RANGE</b>                               | <b>NUMBER OF STAFF</b>   | <b>NUMBER OF CHILDREN</b> |             |
| Under 2 years of age   | 1 staff member for every |                           | Under 2 years of age                           | 1 staff member for every   | <b>4</b>                  |             |
| 2 to 4 years of age  | 1 staff member for every |                           | 2 years of age                                 | 1 staff member for every   | <b>8</b>                  |             |
| 5 years of age and older   | 1 staff member for every |                           | 3 and 4 years of age                           | 1 staff member for every   | <b>10</b>                 |             |
| <b>TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY:</b>   |                          |                           | 5 years of age and older                       | 1 staff member for every   | <b>16</b>                 |             |
| <b>BACKGROUND CHECK REQUIREMENTS</b>   |                          |                           |  |  |                           |             |
| 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:   |                          |                           |  |  |                           |             |
| <ul style="list-style-type: none"> <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 <b>do not</b> receive federal funds for providing care for children <b>are not</b> required to have qualifying background screening results for all child care staff members pursuant to 210.1080.9 RSMo.</li> <li>• 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> |                          |                           |  |  |                           |             |
| BACKGROUND CHECKS HAVE BEEN CONDUCTED AS REQUIRED BY SECTION 210.1080 RSMO.<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                          |                           |  |  |                           |             |
| <b>FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES</b>   |                          |                           |  |  |                           |             |
| THE DISCIPLINARY PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:   |                          |                           |  |  |                           |             |
|  |                          |                           |  |  |                           |             |
| THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:  |                          |                           |  |  |                           |             |
|  |                          |                           |  |  |                           |             |
| <b>REQUIRED SIGNATURES</b>   |                          |                           |  |  |                           |             |
| 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                      |             |
| INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC.   |                          |                           |  |  | DATE                      |             |

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Please bring the enrollment packet with all the forms filled out, along with the \$100 NON-REFUNDABLE registration fee to:

Country Meadows Baptist Church

4901 Lee's Summit Rd

Kansas City, MO 64136

If paying with check, please make it out to:

Country Meadows Christian Academy