

FAITH

HISTORY

EDUCATING ON PURPOSE

COMMON SENSE

***COUNTRY
MEADOWS
CHRISTIAN***

**ENROLLMENT
PACKET**

Please bring the enrollment packet with the following forms filled-out, along with your \$100.00 registration check to :

Country Meadows Baptist Church

4901 Lee's Summit Rd

Kansas City, MO 64136

- Tuition Form with “Class Preferences” section completed
 - Child Care Enrollment Form
 - Parental Disclosure & Agreement Form
- Medical Examination Report (including immunization record)
 - NPR Form



COUNTRY MEADOWS
CHRISTIAN
ACADEMY
Preschool

Registration Fee

A \$100 NON-REFUNDABLE registration fee is due with the completed application.

2023 Program Tuition

3 and 4 Years (Must reach age 3 by August 31st [for August start])

T-TH	\$3825 / \$425 monthly
M,W,F	\$4050 / \$450 monthly
M,T,W,Th,F	\$6300 / \$700 monthly

Pre-K (Must reach age 4 by August 31st [for August start])

T-Th	\$2700 / \$300 monthly
M,W,F	\$3600 / \$400 monthly
M,T,W,Th,F	\$5400 / \$600 monthly

Families may choose two payment options: one annual payment (reduced price) or 10 monthly installments.

Please indicate, in sequential order the class(es) you would be willing to accept.
Any class not marked will not be considered.

3 and 4 Year-old Program

M, T, W, TH, F _____
Before-School Care _____
After School Care _____

Pre-K Program

M, T, W, TH, F _____
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 5:00 pm.
Before and/or After-School Care is offered at a flat rate of \$70/week



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
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PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER
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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.

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 S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
C	I <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
D	I <input type="checkbox"/> DO <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

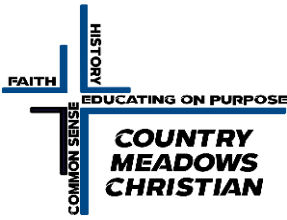
ANY SPECIAL MEDICATIONS AND/ OR RESTRICTIONS

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 & AGREEMENT

Child's Name _____

Names & Ages of other siblings in the home: _____

Are you a member of a church? Y / N If so, where? _____

* I give consent for our names, address, phone number and email to be distributed to parents in my child's class on a class roster. Y / N

* I give consent for my child to use all of the play equipment and to participate in all of the activities connected with the program. Y / N

*I give consent for my child to receive the following in first-aid: for contusion, an ice pack will be applied; for cut or abrasion, soap and water, and a band-aid will be applied. Y / N

*I give consent for my child to be photographed for classroom purposes. Y / N

*I give consent for my child's photograph to be us for the purpose of publications such as yearbook, and/or on the CMCA website and Facebook. Y / N

*I acknowledge receipt of the Parent Handbook, and agree to all rules & regulations therein. Y / N

*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

* 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 deisgnee, to furnish on my behalf such written or oral authorization as may be so 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 furnished with such 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			
INSPECTIONS						
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 https://dese.mo.gov/childhood/child-care/find-care						
NAME OF AGENCY AND TYPE OF INSPECTION		ADDRESS	TELEPHONE NUMBER	INSPECTION		DATE
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"/>		
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		2 years of age	1 staff member for every	8	
5 years of age and older	1 staff member for every		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:						
<ul style="list-style-type: none"> • 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. <input type="checkbox"/> Yes <input type="checkbox"/> No						
FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES						
THE DISCIPLINARY PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:						
THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:						
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	
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC.					DATE	

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