

# Kids First Early Learning Academy, LLC 2023-2024 Enrollment Form

According to the Missouri Dept. of Health, all of the following information must be filled out completely. These records will be kept on file in our office for annual state inspections.

Child's Name: \_\_\_\_\_ Sex: M or F Birth Date: \_\_\_\_\_  
Address (Street, City, State, Zip): \_\_\_\_\_

Family Email: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_  
Address (Street, City, Zip): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Father's Employer: \_\_\_\_\_  
Business Address (Street, City, State, Zip): \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_  
Address (Street, City, Zip): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Mother's Employer: \_\_\_\_\_  
Business Address (Street, City, State, Zip): \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

Emergency Contact: (other than parents)  
Name: \_\_\_\_\_  
Address (Street, City, State, Zip): \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
Address (Street, City, State, Zip): \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Persons Authorized to Take Child From Child Care Facility:  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

**PLEASE COMPLETE THE BACK**

To be completed by Child Care Facility  
Admission Date \_\_\_\_\_  
Discharge Date \_\_\_\_\_

### Authorization for Emergency Medical Care

I understand that I will be notified in case of an accident or illness concerning my child. I will arrange for the 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 Kids First to contact the following:

#### Physician or Clinic:

Name: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### Preferred Hospital:

Name: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Field Trips

I do ( ) I do not ( ) give consent for my child to take part in field trips or excursions with Kids First under proper supervision. It is my understanding that I will be notified when such trips are planned.

### Agreements

- A. I have been informed of the required health and safety inspections and that the inspection forms are available for review.
- B. When my child is ill, I understand and agree that my child may not be accepted for care.
- C. I agree to the terms and conditions stated in the Kids First Handbook.
- D. I have been informed that I may request notice of whether there are any children enrolled at Kids First with an immunization exemption on file.

\_\_\_\_\_  
Parent/Legal Guardian Signature

### Child's Health History and Current Health Problems

Any allergies, special medical conditions, including chronic health problems \_\_\_\_\_

Any Special Medications or restrictions \_\_\_\_\_

This certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in the school.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

# Medical Emergency Treatment Authorization

Please return by the first day of school

In the event of an emergency requiring medical attention for my child, if I cannot be reached or a delay would be dangerous to my child's health, I hereby authorize Kids First to call "911" or contact my child's physician or the hospital specified on my child's enrollment form!

Child's Name (Please print): \_\_\_\_\_

Parent Name (Please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Cox Hospital is the closest hospital to our location. If immediate attention is required, we will use Cox Hospital if necessary.

In the event of an emergency, Kids First will always make every attempt to contact you. Please keep all phone numbers on file up-to-date.

## Evacuation Plan

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If there is an emergency situation within the building, the children will be taken to A Creative Start Center located next door to Kids First. The children and staff will be at this location until you or your emergency contact are notified.

If we need to evacuate the immediate area, we will take the children to Finders Keeper located at 4240 S. Fremont Ave. The children and staff will be at this location until you or your emergency contact are notified.

# Parent Agreement

2023-2024

## Kids First Early Learning Academy, LLC

**(Please return by the first day of school.)**

1. This is to acknowledge that I have received a copy of Kids First Early Learning Academy's Parent Handbook for the 2023-2024 school year. I also understand that it is my responsibility to read, understand and become familiar with, and comply with the standards that have been established.
2. I have paid or agree to pay a registration fee of \$100.00 for each child, and I understand that this \$100.00 registration fee is non-refundable.
3. I understand that there are nine equal tuition payments (Sept. – May) are due by the 1st of each month. I also understand that if my monthly tuition payment is not received by the 15<sup>th</sup> of the month, a \$15.00 late fee will be charged.
4. I understand that the school will be closed throughout the year for holidays and school breaks. These have been taken into consideration in the overall tuition rates and do not affect any changes in tuition.
5. I understand that Kids First Early Learning Academy, given 14 days notice, may change the contents of the handbook at any time
6. I understand if there is a closure due to COVID (or any other illness), Kids First will notify families of exposure and follow directions from the Health Department. Kids First can update the schedule/calendar depending on the length of any closures.
7. I understand if my child stays for an extended time after 4 hours in a day, they will have nap/quiet time. An individual cot, sheet and blanket will be provided for all children 1 year and older.
8. I give permission for my child to be photographed or videotaped by the staff at Kids First while participating in activities during the 2023-2024 school year. These photos and videos may be shared with the families within the program and used on the Kids First website.

Yes, **I do** give permission \_\_\_\_\_

No, **I do not** give permission \_\_\_\_\_

9. I give permission for Kids First to include my child's name, address and phone number in the 2023-2024 School Directory. The directory will be given to families within the program for purposes of play dates, birthday parties, carpooling, etc.

Yes, **I do** give permission \_\_\_\_\_

No, **I do not** give permission \_\_\_\_\_

I have read and understand the above conditions and I agree to comply with these terms.

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(Parent Signature)

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(Date)



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**

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.)*

**INCLUDE IMMUNIZATION RECORD**

**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.)

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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