

Kids First 2022-2023 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 Preschool 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 Preschool 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 Preschool 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 preschool.

Parent/Legal Guardian Signature

Date

PLEASE PRINT ORIGINAL COPY OF INFORMATION CONTAINED



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

SAVE
PRINT
RESET

| 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.)

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 |
|---|------|

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 |

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 Preschool 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

If there is an emergency situation within St. John's Chapel, the children will be taken to Vogue Dry Cleaners which is next door to Kids First Preschool. 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 Mercy Healthtracks. The children and staff will be at this location until you or your emergency contact are notified.

Parent Agreement

2022-2023

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 2022-2023 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 15th 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, 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 will update the schedule/calendar depending on the length of any closures.
7. I give permission for my child to be photographed or videotaped by the staff at Kids First while participating in activities during the 2022-2023 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 _____

8. I give permission for Kids First to include my child's name, address and phone number in the 2022-2023 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.

(Parent Signature)

(Date)