

# Immanuel Lutheran Preschool

## Fee Schedule

One time enrollment fee	\$60.00
2 year old students	\$120.00 weekly
3+ year old students	\$100.00 weekly

# Immanuel Lutheran Preschool

We are pleased to be able to offer you a new service – the Direct Payment Plan. Now you can have your payment made automatically from you checking or savings account. And you won't have to change your present banking relationship to take advantage of this service. The electronic plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the authorization form below and return it to us.

**Retain the top section for your records:**

**On this date, \_\_\_\_\_, I authorized**

**Immanuel Lutheran Preschool** (Company Name)

807 W 11<sup>th</sup> ST (Address)

Rolla, MO 65401

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.

Initial payment amount \$ \_\_\_\_\_ Reguiar payment date: \_\_\_\_\_

(If payment amount changes we will notify you at least 10 days before the regularly scheduled payment date)

Cut here-----

I authorize. **Immanuel Lutheran Preschool** to initiate entries to my account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(Name of Financial Institution) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

(Name – pleast print) \_\_\_\_\_

(Address – pleast print) \_\_\_\_\_

Account No. \_\_\_\_\_  Checking  Savings

Financial Institution Routing Number \_\_\_\_\_

Pleast attach VOIDED check with document (between these symbols :I I: on the bottom left of your check)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION / BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE  
**CHILD CARE ENROLLMENT FORM**

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	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	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)		

**COMMENTS ON CHILD'S DEVELOPMENT**  
(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)

**RELATED CHILD**

YES	NO	HOW IS CHILD RELATED TO CHILD CARE PROVIDER?
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**CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED**

CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: FULL TIME OR PART TIME	WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.
MONDAY	AM PM	AM PM	
TUESDAY	AM PM	AM PM	
WEDNESDAY	AM PM	AM PM	
THURSDAY	AM PM	AM PM	
FRIDAY	AM PM	AM PM	
SATURDAY	AM PM	AM PM	
SUNDAY	AM PM	AM PM	

<b>CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY</b>			
<input type="checkbox"/> BREAKFAST <input type="checkbox"/> MORNING SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> AFTERNOON SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK <input type="checkbox"/> NONE			
<b>CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY</b>			
<input type="checkbox"/> NEW YEARS'S DAY (JANUARY)	<input type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	<input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)	<input type="checkbox"/> EASTER (MARCH/APRIL)
<input type="checkbox"/> MEMORIAL DAY (MAY)	<input type="checkbox"/> INDEPENDENCE DAY (JULY)	<input type="checkbox"/> LABOR DAY (SEPTEMBER)	<input type="checkbox"/> COLUMBUS DAY (OCTOBER)
<input type="checkbox"/> VETERANS DAY (NOVEMBER)	<input type="checkbox"/> ELECTION DAY (NOVEMBER)	<input type="checkbox"/> THANKSGIVING (NOVEMBER)	<input type="checkbox"/> CHRISTMAS DAY (DECEMBER)
<b>AUTHORIZATION FOR EMERGENCY MEDICAL CARE</b>			
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 OR HOME PROVIDER			
TO CONTACT THE FOLLOWING:			
<b>PHYSICIAN OR CLINIC</b>			
NAME			TELEPHONE NUMBER
<b>PREFERRED HOSPITAL</b>			
NAME			TELEPHONE NUMBER
<b>ACKNOWLEDGEMENTS</b>			
A	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.		PARENT/GUARDIAN INITIALS
B	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.		PARENT/GUARDIAN INITIALS
C	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR, AND INDIVIDUAL NEEDS.		PARENT/GUARDIAN INITIALS
D	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
E	I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS.		PARENT/GUARDIAN INITIALS
F	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
G	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.		PARENT/GUARDIAN INITIALS
H	I HAVE BEEN INFORMED AND HAVE RECEIVED A COPY OF THE FACILITY'S SAFE SLEEP POLICY WHEN ENROLLING A CHILD LESS THAN ONE (1) YEAR OF AGE.		PARENT/GUARDIAN INITIALS
I	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
PARENT'S/GUARDIAN'S SIGNATURE			DATE
	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE



## Sick Child Policy

Providers name: Immanuel Lutheran Preschool

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

Children in child care are exposed to germs carrying disease and illness. We cannot completely prevent the spread of disease, but this sick child policy helps reduce the spread of sickness and disease whenever possible for all children in our care. We will not provide care for a sick child if the health of other children is at risk. Please keep your child home if s(he) is sick. A child that is sick cannot participate in daily activities and routines and cannot be successful in group care. You must have a plan for back-up care when your child is excluded from child care if you are not able to leave or stay at home from work to care for your sick child.

Each morning we perform a quick health assessment on your child, as well as throughout the day. If a child is ill upon arrival, you will be asked to take the child home. Children showing signs or symptoms of illness must remain at home. If your child becomes ill while in our care, we will notify you so you can make arrangements to pick up your child as soon as possible. If you are not reachable, we will contact one of the emergency contact persons to pick up your child. **A sick child cannot remain at preschool.**

You will be asked to pick up your child who has:

- Fever with behavior changes or signs or symptoms of illness: an oral temperature over 100°F
- Diarrhea (more than once in a 24 hour period)
- Vomiting (more than once in a 24 hour period)
- In cases of fever, diarrhea and/or vomiting, the child should not return to care until 24 hours have passed since the last sign of the symptom.
- Difficulty swallowing
- Severe headache or stiff neck
- Severe itching or rashes
- Difficulty breathing, chronic coughing or wheezing
- Any contagious condition including ringworm, bedbugs, head lice, or pink eye.

You must report life-threatening diseases immediately. We will notify all parents within 24 hours if a communicable disease is reported at our center.

I understand and agree to follow the terms of this child care sick policy

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Parent Signature

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Date

# Allergy Form

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

Teacher: \_\_\_\_\_

Does your child have any allergies that we should be aware of?

YES

NO

If yes, please explain below. Additional paper can be attached if necessary.

Allergien:

Reaction:

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Additional information concerning your child's allergies:

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# Photo Release

## For: Immanuel Lutheran Preschool

I, being the parent/guardian of \_\_\_\_\_ hereby

consent that the photographs or videos taken of him/her while he/she is enrolled at Immanuel may be used by the church or preschool.

These pictures may be used on school bulletin boards, local newspapers, in the preschool newsletter, preschool websites, or scrapbooks made in class. Pictures taken may also be used to promote the program. Occasionally, only the first names will be published with the pictures.

Furthermore, I consent that such photographs and or videos shall be the property of Immanuel Lutheran Preschool, which has the right to duplicate, reproduce and make other uses as Immanuel deems necessary.

**YES!** It is okay to use my son/daughter's photograph, etc. as described above.

**YES,** but I do not wish for my son/daughter's name to be published as described above.

**NO!** I do not give my consent to have photographs of my son/daughter or his/her name to be used by Immanuel Lutheran Preschool in any way as specified above.

Name of Student: \_\_\_\_\_

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



# Immanuel Lutheran Preschool

807 West 11th St

(573)364-3915

ilsrolla.org

**To: Parents**

**Re: Sun Screen & Topically Applied Insect Repellent Permission Form**

I, \_\_\_\_\_, give Immanuel Lutheran Preschool permission to administer sunscreen and topically applied insect repellent for my child \_\_\_\_\_ during the program hours.

\*\* Please provide sunscreen for your child. Some sunscreens have insect repellent included. Put your child's name on the bottle and give it to the caregiver for safe keeping. \*\*

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Please return this form to your child's teacher when completed. Thank you!

Immanuel Lutheran Preschool