

**THE
SOLID ROCK**
Preschool and Mother's Day Out
Enrollment Form

Every line must be completed

OFFICE USE ONLY

Classroom _____

Enrollment Date _____

Start Date _____

Discharge Date _____

Forms to be retained one year after discharge

Registration Fee \$ _____ Check # _____

CHILD INFORMATION

Child's Full Name _____ Nickname _____

Birth Date ____/____/____ (mm/dd/yyyy) Current Age _____ Male _____ Female _____

Address _____ City _____ Zip Code _____

FIRST NAME YOU WOULD LIKE YOUR CHILD TO LEARN TO RECOGNIZE/WRITE _____
(i.e.: If your child's name is Rebecca, do you want her to learn "Becky" or "Rebecca"?)

PARENT/GUARDIAN INFORMATION

Mother's Name _____

Cell Phone _____

Address _____
(if different from child's)

Cell Phone Carrier _____

E-mail Address _____

Church you attend or n/a _____

Employed By _____

Work Number _____

Address _____

Work Hours _____

Father's Name _____

Cell Phone _____

Address _____
(if different from child's)

Cell Phone Carrier _____

E-mail Address _____

Church you attend or n/a _____

Employed By _____

Work Number _____

Address _____

Work Hours _____

Which parent/guardian should we contact first with sickness: _____

Do Mother and Father live in the same home? Yes _____ No _____

If no, who has legal custody? _____ Please submit a copy of custody papers with this form.

EMERGENCY CONTACT /AUTHORIZED TO REMOVE CHILD FROM FACILITY (OTHER THAN A PARENT).

If your child needs to be picked up by someone other than those listed below, put it in written and email or give it to the Director OR call and give verbal permission. Your primary contact MUST have a full address.

PRIMARY CONTACT (other than parents)

Name _____	Relationship _____
Phone _____	Cell Phone _____
Address _____	

ADDITIONAL CONTACTS (other than parents)

Name _____	Relationship _____
Phone _____	Cell Phone _____
Name _____	Relationship _____
Phone _____	Cell Phone _____
Name _____	Relationship _____
Phone _____	Cell Phone _____

PERMISSIONS

Social Media	
___ Yes, I give permission for my child's picture to be on the Solid Rock Facebook page.	
___ No, I do not give permission for my child's picture to be on the Solid Rock Facebook page.	

Rosters	
The older classes will hand out classroom rosters within the first few weeks of school. The roster will include Mom and Dad's name, child's name, address, and a phone number. Please check the appropriate statement below.	
___ I give permission for our information to be included on the classroom roster.	
___ I do not want our information to be included on the classroom roster.	

Signature of Legal Guardian (Dad)	Signature of Legal Guardian (Mom)

HEALTH INFORMATION

Please check all that apply:

_____ **My child has no known health concerns.**

_____ **My child has asthma.**

Does your child require medication stored at school? YES NO

_____ **My child has a food allergy/food sensitivity/other allergy.**

Please explain:

Has your child's allergy been diagnosed by a doctor? YES NO

Does your child require Benadryl for the allergy? YES NO

Does your child require an Epi-pen for the allergy? YES NO

If your child has a food allergy,

Has he/she had a reaction after touching these food items?
If "yes," please explain the incident. YES NO

Has he/she had a reaction after smelling these food items?
If "yes," please explain the incident. YES NO

Does your child have any of the following? If yes, please explain.

___ Vision Problems

___ Hearing Problems

___ Speech Problems

___ Febrile Seizures

___ Nursemaid's Elbow

___ Diabetes

___ Heart Problems

Has your child been screened by Parent's As Teachers in your school district? Y N

If yes, were any concerns brought to your attention?

Does your child receive special services (speech, behavior modification)? Y N

PERMISSION FOR EMERGENCY TREATMENT OF MINOR

PHYSICIAN AND PREFERRED HOSPITAL TO BE USED IN AN EMERGENCY

I understand that I will be notified at once in case of an emergency (accident or injury) 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 The Solid Rock Preschool and Mother's Day Out, FBC Wentzville to contact the following and agree to pay for the services rendered by the hospital and physician:

Doctor/Clinic:

Name _____ Phone _____

Preferred Hospital:

Name _____ Phone _____

Signature of Legal Guardian (Dad)

Signature of Legal Guardian (Mom)

AGREEMENTS

The Solid Rock ministry is a ministry of the First Baptist Church of Wentzville. The curriculum offered by the instructors, under the direction of the ministry leadership, will reflect the teachings of the Bible and the articles of faith of the church.

I understand and agree that attending the Solid Rock Preschool and Mother's Day Out ministry is a privilege and the ministry reserves the right to suspend or expel my child in accordance with policies determined by the ministry. Notwithstanding anything to the contrary contained herein, the agreement does not bind either party to any specific period of enrollment. Either party may terminate this Agreement without cause upon (14) fourteen days written notice. I understand that no rights or presumptions of continued enrollment are conferred or implied by this Agreement or by a number of consecutive Agreements. I further agree that no right to notice or renewal or nonrenewal of the Agreement is conferred or implied.

- A. I have been informed of the required health and safety inspections and the inspections are available for review.
- B. I am aware that I may request if there are children currently enrolled in the facility for whom an immunization exemption has been filed.
- C. If my child is 3 as of the July 31 of the current school year, I realize that he/she MUST be potty-trained.
- D. When my child is ill, I understand and agree that my child will not be accepted for care.
- E. I have read all policies of The Solid Rock Ministry and I agree to abide by them.
- F. I understand that I must pay the monthly tuition even if my child has absences during the month.
- G. I understand that the teaching in my child's class will reflect the teaching of the Bible.
- H. I give permission for my child to be videotaped for the sole purpose of the video being shown in our church.

Signature of Legal Guardian (Dad)

Date

Signature of Legal Guardian (Mom)

Date



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
RELIGIOUS ORGANIZATION CHILD CARE FACILITY
NOTICE OF PARENTAL RESPONSIBILITY

LEGAL NAME OF FACILITY Solid Rock Preschool and Mother's Day Out		DVN 000862482	
PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) 653 Luetkenhaus Blvd. Wentzville, MO 6385			
FACILITY TELEPHONE NUMBER 636-327-8696		FACILITY E-MAIL ADDRESS chalcomb@bcwentzville.com	
INSPECTIONS			
Section 210.211 RSMo exempts this religious organization child care facility from state licensing and supervision by the Department of Health and Senior Services (DHSS). 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://health.mo.gov/safety/childcare/find .			
NAME OF AGENCY AND TYPE OF INSPECTION	ADDRESS	TELEPHONE NUMBER	INSPECTION
Section for Child Care Regulation (Health and Safety Inspection)	2205 Jefferson; St. Louis, MO 63101	314-877-2860	PENDING <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>
Fire Marshal's Office (Fire Safety Inspection)	P.O. Box 844; Jefferson City, MO 65102	573-751-2930	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/> 02/10/2020
Local Health Office or DHSS (Sanitation Inspection)	1650 Boonslick St. Charles, MO 63301	636-949-1800	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/> 01/15/2020
STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY:		STAFF/CHILD RATIOS FOR LICENSED CENTERS:	
AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN	AGE RANGE
Under 2 years of age	1 staff member for every	4	Under 2 years of age
2 to 4 years of age	1 staff member for every	8	2 years of age
5 years of age and older	1 staff member for every	10	3 and 4 years of age
TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY: 120		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 <u>do not</u> receive federal funds for providing care for children <u>are not</u> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES			
THE DISCIPLINARY PHILOSOPHY AND POLICIES OF THIS FACILITY ARE: Refer to Parent's Handbook			
THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE: Refer to Parent's Handbook			
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 <i>Conda Chalcomb</i>		DATE 7/6/2020	
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION - PASTOR, MINISTER, PRIEST, ETC. <i>Roger Sanchez</i>		DATE	