

2022-2023 Carpenter's Kids Registration

South Haven Baptist Church
2353 S. Campbell
Springfield, MO 65807

Phone: 881-7753 Fax: 447-1126 Website: www.carpenterskids.org

Thank you for choosing Carpenter's Kids Preschool and Kindergarten! We consider it an honor and a privilege to be a part of your child's education experience. Our heart's desire is to provide a loving, caring, and developmental experience. The vision of Carpenter's Kids Preschool and Kindergarten is to encourage children in their unique social, emotional, physical, intellectual and spiritual development.

If you have additional questions, please feel free to give us a call at Carpenter's Kids office, 881-7753.

Registration Information:

- Classes fill up on a first-come, first served basis (though we try our best to accommodate all requests). Space is particularly limited for the younger ages. **Please take advantage of early registration to avoid disappointment later.**
- CK uses the same age cut-off date as the public schools. Children are placed in classes according to their age on August 1.
- Your registration fee **and** the completed registration form will reserve your enrollment.

The state health department requires:

1. **All parts** of the **REGISTRATION FORM** are filled out including zip codes of work place, hours that the parents are at work (including stay-at-home Mom's hours and that you have read and received a copy of the recent inspections and background checks.
2. The **HEALTH STATEMENT** be signed by the doctor and retained in the in the child's file within 30 days after the child starts school.
3. The **IMMUNIZATION FORM** (shot record) must be in the child's file by the **first** day that the child attends school.

Child's Name: _____ Birthdate: _____

CARPENTER'S KIDS PRESCHOOL 2022-2023

Registration Fee is \$75.00 per child for Carpenter's Kids Preschool and is non-refundable.

The cost of each class is per month.

PLEASE CIRCLE YOUR CHOICE OF DAY AND TIME.

2 YEAR OLDS (As of Aug. 1)

Mon/Wed/Fri 9:00-12:00	Tues/Thurs 9:00-12:00
\$200.00	\$170.00

3 YEAR OLDS (as of Aug. 1)

Mon/Wed/Fri 9:00-12:00	Tues/Thurs 9:00-12:00
\$200.00	\$170.00

4 YEAR OLDS (As of Aug. 1)

Mon/Wed/ Fri 9:00-12:00	Tues. /Thurs. 9:00-12:00	Mon. - Fri. 9:00-12:00
\$200.00	\$170.00	\$300.00

***Extended hours are available from 7:45 am to 4:00 pm. Cost is \$4 per hour.**

***Please see the enclosed form regarding extended care and contact the office for availability.**

CARPENTER'S KIDS KINDERGARTEN 2022-2023

Registration Fee is \$100.00 per child for Kindergarten.

The registration fee is non-refundable.

PLEASE CIRCLE YOUR CHOICE

Half Day 8:30-12:00	Full Day 8:30-2:45
\$370.00	\$470.00

CARPENTER'S KIDS SUMMER

Registration Fee is \$15.00 per child for 1 session or \$30.00 per child for both sessions and is non-refundable

Please circle your choice of session.

You may choose one or both sessions.

Tues/Wed/Thurs <u>June session</u> June 7-23	Tues/Wed/Thurs <u>July session</u> July 12-28
9:00-12:00	9:00-12:00
\$150.00	\$150.00

Registration Form for Carpenter's Kids and Kindergarten

Complete all lines:

Date _____

Child's full name _____

Name used at home _____

Child's DOB _____ Present age _____ Sex _____

Home address _____

City _____ State _____ Zip _____

Home # _____

Father's name _____
Home address _____
City _____ State _____ zip _____
Home # _____
E-mail address _____
Father's employer _____
Work Schedule _____
Work address _____
Work # _____ Cell # _____

Mother's name _____
Home address _____
City _____ State _____ zip _____
Home # _____
E-mail address _____
Mother's employer _____
Work Schedule _____
Work address _____
Work # _____ Cell # _____

Emergency contacts other than Parents:

Name _____ Relationship _____
 Address _____ City _____ State _____
 Home # _____ Work # _____ Cell # _____

Name _____ Relationship _____
 Address _____ City _____ State _____
 Home # _____ Work # _____ Cell # _____

Physician and Preferred Hospital to be used in case of an emergency: I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are:

Doctor _____ Office # _____
 Hospital _____ Hospital # _____

Medical information of child:

Allergies to food, animals, etc. _____

Hearing, vision, or speech difficulties _____

Other medical information _____

Special instructions for above information _____

Person(s) authorized to pick up my child _____

Payment info-CK use only	
Enrollment date _____	
Reg. fee paid cash _____	check # _____
Online _____	Amount _____

Family situation that might help us know your child better:

Names & ages of other children in the home: _____

Is child adopted? _____ Are parents divorced? _____

Has there been a death of a parent? _____ Which one? _____

Is child right/left handed? _____ Well coordinated? _____ Shy? _____

Unusual fears? _____

Special concerns? _____

Child's special abilities, special interests? _____

Any other information that would help us understand your child and his/her unique personality? _____

Does child attend Sunday School and/or church? _____

Where? _____

AGREEMENTS

-When my child is ill, I understand that my child may **not be accepted in school.**

Please initial _____

-I give permission for C.K. to publish or give out our child's name, parent's names, addresses and phone number to others attending school. This is done primarily for birthday party and play day invitations and Christmas party planning when parents need to contact each other.

Please initial Yes _____ No _____

-I give consent for my child to go on any field trips that are to be taken this year and understand that I will be notified beforehand.

Please initial Yes _____ No _____

-I give permission for my child to be photographed and the photos used for parent orientation slides, school brochures, Carpenter's Kids Facebook page, Carpenter's Kids website, or other presentations that show the activities the children do at school.

Please initial Yes _____ No _____

-I understand that tuition must be paid between the 1st-15th of each month.

Please initial Yes _____ No _____

Parent/Guardian signature _____ Date _____

CARPENTER'S KIDS PRESCHOOL and KINDERGARTEN
2353 S. Campbell
Springfield, Missouri 65807
NOTICE OF PARENTAL RESPONSIBILITY

CHILD'S NAME _____

1. **Goals:** The goal of Carpenter's Kids Preschool and Kindergarten is to serve families and children and to provide a positive, safe, and healthy learning environment. C.K. is a ministry of South Haven Baptist Church.

2. **Philosophy:** Our philosophy comes from God's Word, found in Mark 10:14-16 "...permit the children to come to Me, do not hinder them; for the Kingdom of God belongs to such as these. And He took them in His arms and began blessing them." This philosophy influences our curriculum. Our love for children is based upon God's unconditional love for each one of us. Our hearts desire is to create positive experiences, build relationships, and develop an environment that encourages and affirms all children and recognizes their unique differences.

Carpenter's Kids offers a wide variety of age-appropriate, hands-on activities. Our goal is to provide an environment where learning is fun, children are encouraged and challenged, and the individual emotional and academic needs of children are met. We encourage families to participate in the classroom, on field trips, special events, and in parent/teacher conferences.

3. **Discipline Policy:** Our commitment is to provide a positive, nurturing, and safe environment so that children may comfortably relate to one another, to teachers, and to the world around them. Positive communication is one of our key tools in guiding preschoolers' behavior. Teachers will define clear limits and boundaries as we guide children and as they relate to their environment. Teachers will help children to verbalize what they may be feeling as they deal with other children. We want to help children learn to make good choices and to recognize the results of their choices. Reinforcement of positive behavior, encouraging words and affirmation will be used. Through these disciplinary methods it is hoped that we can help to encourage independence and self-control while promoting the development of a child's positive self-image.

4. **Illness Agreement: children may not attend with the following symptoms:**
more than one abnormally loose stool; red or blue in the face, or makes high pitched croupy or whooping sounds after coughing; difficult or rapid breathing; yellowish skin or eyes; tears, redness of eyelid lining or irritation followed by swelling or discharge of pus; unusual spots or rashes; sore throat or swallowing difficulty; an infected skin patch, crusty bright yellow, dry or gummy areas of the skin; unusually dark tea colored urine; gray or white stool; fever over one hundred degrees Fahrenheit; headaches or stiff neck; vomiting more than once; a child who is in the contagious period of a disease; or severe itching of the body or scalp which may be symptoms of lice or scabies.

5. **Missouri Statute 210.254:** We are a license exempt organization as outlined under State of Missouri Statue 210.254. We comply with fire, health and sanitation requirements. The dates of the most recent inspections of our facility are listed below. Copies are on file in the C.K.'s office.

Health/Sanitation Inspection Report 227 E. Chestnut Expwy. 417-864-1409 3/30/15
Springfield, MO 65802

MDOH-Bureau of Child Care & Licensure P.O. Box 777 417-895-6541 9/9/15
Springfield MO 65810

MO Dept. Of Public Safety (Div. of Fire & Safety) P.O. Box 844 573-751-2930 3/18/15
Jefferson City, MO 65102

6. In accordance with Section 210.003.7, RSMO, the parent or guardian of a child enrolled or attending Carpenter's Kids may request notice of whether there are any children enrolled at our facility with an immunization exemption on file. If you would like to request this information please contact the Carpenter's Kids office. Please note the names of our children are confidential and will not be released. Our response will be limited to whether or not there are children with an exemption on file.

	<u>Carpenter's Kids /Child Ratio</u>	<u>Licensed-Center Teacher/Child Ratio</u>
Under two years of age	1:4 children	1:4 children
Two years of age	1:6 children	1:8 children
Three years of age	1:10 children	1:10 children
Four and Five years of age	1:12 children	1:10 children
Kindergarten	1:16 children	1:17 children

The daily total of children in Carpenter's Kids will not exceed 180.

The background check shall be conducted upon employment on each individual caregiver and all other personnel at the facility. Such background check shall include a screening for child abuse or neglect through Missouri's Family Care Safety Registry.

Accepted by:

Parent's Signature _____ Date _____

Principal Operating Officer



Date 2/11/22

Director



Date 2/11/22

Early & Extended Care Request Form

(this is an optional service we offer)

Child Name _____

Parent's Name _____

Authorized to pick up _____

Allergies _____

Please circle the days you would like to sign up for

Monday Tuesday Wednesday Thursday Friday

For early care please indicate the time you will be dropping your child off

7:45 8:00 8:15 8:30

For after care please indicate the time you will be picking up your child

1:00 2:00 3:00 4:00

Please note Carpenter's Kids closes at 4:00

Please remember when you are packing your child's lunch we are a nut free facility. We do refrigerate the lunches and have a microwave to warm up food if needed.

If there are any changes you need to make to the above schedule please contact the office for a new form so we can make the proper changes.

Parent Signature _____

Date _____

Our cost for early care and extended care is \$4.00 per hour. Once you sign up we will figure the cost of care for your child and make a copy of this form for you.

For office use only

Tuition cost _____

Extended care cost _____

Total Monthly Tuition _____



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
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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
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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

Immunizations

Missouri State Law, Section 210.003, RSMo, requires all children attending public, private, parochial day care centers, preschools or nursery schools to be adequately immunized, in the process of being immunized or to have a written exemption on file for the following diseases:

- | | |
|------------------------------|---|
| Hepatitis B (HB) | Diphtheria/Tetanus/Pertussis (DTap/DT), |
| Polio (IPV or OPV) | Haemophilus Influenzae type b (Hib), |
| Measles/Mumps/Rubella (MMR) | Varicella (VZV) or written proof of disease (chickenpox), |
| Pneumococcal Conjugate (PCV) | |

Number of doses the state requires for children 19 months until Kindergarten entry are as follows:

Hepatitis B	3+
DtaP/DT	4+
Polio	3+
Hib	3+
MMR	1
Varicella	1 or written proof from physician
PCV	4+

Please attach a copy of your child's immunization record. If you are choosing for your child not to have all of these immunizations, please complete the exemption form below.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR COMMUNICABLE DISEASE PREVENTION
PARENT/GUARDIAN IMMUNIZATION EXEMPTION

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 210.003, RSMo) FOR PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT I, THE PARENT/GUARDIAN OF

NAME OF CHILD (PRINT OR TYPE)

DO OBJECT TO MY CHILD RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S):

- | | | | | |
|-------------------------------------|----------------------------------|------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Polio | <input type="checkbox"/> Hib |
| <input type="checkbox"/> MMR | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Varicella | <input type="checkbox"/> PCV | | | |

- Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications.
- Unimmunized children are subject to exclusion from child care facilities and school when outbreaks of vaccine-preventable diseases occur.

PARENT/GUARDIAN NAME (PRINT OR TYPE)

PARENT/GUARDIAN SIGNATURE

DATE