



Kidz

Hello,

Thank you for your interest in our daycare! We look forward to serving you and your family. Please take a look, fill out the forms attached, and return them with a non-refundable \$35 enrollment fee. Also, we would like to remind you that we serve each family on a first come first serve basis. Thank you and have a Blessed day!

Mrs. Jones (Director)

Ph. _____

contact@plckidz.com



of Monett, MO

Enrollment Checklist

Childs Name _____

Date: _____

_____ Childcare Enrollment Form

_____ First Week of Tuition and Enrollment Fee

_____ Pull ups/Wipes

_____ Physical

_____ Extra Set of Cloths

_____ Immunizations

_____ Blanket

_____ Cup

_____ Any Special food for dietary reasons



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE
CHILD CARE ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES

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 <input type="checkbox"/>	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 <input type="checkbox"/>	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)		

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

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

TO CONTACT THE FOLLOWING:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER
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PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER
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ACKNOWLEDGEMENTS		
A	I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.	PARENT/GUARDIAN INITIALS
B	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
C	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
D	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	PARENT/GUARDIAN INITIALS
E	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

**HEALTH REPORT FOR SCHOOL-AGE CHILD
CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS**

- MY CHILD IS IN GOOD HEALTH, IS ABLE TO PARTICIPATE IN GROUP CARE, HAS NO SPECIAL HEALTH OR MEDICAL REQUIREMENTS.
- MY CHILD IS ABLE TO PARTICIPATE IN GROUP CARE BUT HAS SPECIAL HEALTH OR MEDICAL REQUIREMENTS AS LISTED BELOW.

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS

ANY SPECIAL MEDICATIONS AND/ OR RESTRICTIONS

PARENT/GUARDIAN SIGNATURE

DATE

FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.

FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.



PLC KIDZ CHILDCARE of Monett, MO FEE POLICY & FINANCIAL AGREEMENT

The following agreement is made between PLC Kidz,

And Parent _____

Home phone _____

Work phone _____

Home address _____

And Parent _____

Home phone _____

Work phone _____

Home address _____

Please check below the appropriate plan of payment, sign and return to PLC KIDZ of Monett.

I will pay PLC Kidz of Monett:

___ Weekly (payments are due Monday of each week for that week and must be paid no later than Friday of each week if the child is to be eligible to return to PLC Kidz of Monett the Wednesday of the same week.)

___ Bi-Monthly (IN ADVANCE, due the first Monday of the 2 weeks.)

___ Monthly (IN ADVANCE, due on the 1st.) (Some months have 5 Mondays.)

For the care of: Child's name / date(s) of birth

_____/_____

_____/_____

_____/_____

Hours of Operations

PLC Kidz is open Monday through Friday from 7:00a.m. to 5:30p.m. The center is closed for the following holidays:

New Year's Day(2 Days)

Independence Day (1-2 Days)

Thanksgiving (2 Days)

Memorial Day

Labor Day

Christmas (2 Days)

Care will normally begin and end on the following:

Mon. _____

Tue. _____

Wed. _____

Thur. _____

Fri. _____

1. The charge, per child is computed as follows,

Ages 2 -3: \$130 Week

Ages 3-12: Must be Fully potty trained: \$125 Week

PT \$40 Day or \$10/hour.

After School ages 5-12: \$60 Week, \$15 Day. (3 hr. Maximum for this price)

*Full Time is 4-5 days a week *Part Time is 1-3 days a week.

Based on your scheduled days of care, your fee will be

\$ _____ per week Initial. _____

2. RETURNED CHECKS/INSUFFICIENT FUNDS

All returned checks or direct debit payments rejected due to insufficient funds will be charged a \$35.00 penalty fee. All Payments are due on Monday before care. If a payment has not been paid by Wednesday of the same week, your child cannot return to care. A late fee of \$15 will be charged for payment not received by the Wednesday of the same week's care. Missed payments and late fees must be paid within two weeks. Repeated incidents of returned checks or insufficient funds notices could result in termination from the program. A payment plan should be discussed with Director and/or Assistant Director if having trouble making payments.

3. Payment obligation is based on the hours you agree to use child care, not on actual hours of attendance. Payment is due if you have agreed to use blocks of time whether the child actually attends during those hours. This will include the child's holidays and sick days that fall on regularly scheduled days of care. We are not obligated to refund any amount that is paid to us for childcare.

- Absences: **Childcare fees are based on enrollment, not attendance.** Therefore, to maintain your child's spot in the classroom, fees must be paid during the absence of the child due to illness, holidays, vacations, school closings, or for any other reason.

4.If you are participating in a subsidized child care payment program and/or Tribal Pay, by signing this agreement, you are financially responsible for all fees incurred by you if for any reason I do not receive payment and I expect payment within the month after service.

5.. In the event this account becomes delinquent, you agree to pay any and all costs of collection, including attorney fees and court costs plus interest of the unpaid balance of this account at the rate of 1.5% per month (18%) annual rate.

6. Thirty Days written notice or thirty days pay is required before removing your child/children from child care.

7. Each full-time child (full time defined as a child who comes to PLC Kidz of Monett year-round) is allowed 2 weeks of vacation per year, to be used consecutively. During that time, your regular weekly tuition will still need to be paid to reserve your spot.

8. PLC Kidz of Monett reserves the right to terminate this agreement with no notice for violations of child care rules and policies listed in the parent handbook.

9. Parents will be charged **\$15.00 for the first 10 minutes** a child is present after 5:30p.m., then a \$1.00 per minute after the first 10 minutes. You will receive a electronic notice from the Director and/or the Assistant Director stating the amount of the late pick-up fee.

10. Additional Charges

- Additional charges may occur for special events and field trips. You will be notified in advance for these occasions. Payment for all special events will be due one-week prior to the day of the event. If the event entails leaving the childcare and school premises and you choose to NOT participate, you will need to find alternative arrangements for your child's care for the day of the event.

11. A non-refundable \$35 enrollment fee will be charged for each family or child upon enrollment.

12. If you exceed 10 hours in one day, we will charge \$10/hour for any hourly overages.

I agree to enroll my child/children in PLC KIDZ of Monett beginning on _____. I agree to the terms described in the payment agreement above. The provider may amend this agreement by giving the parent(s) a copy of the new or changed agreement at least 2 weeks before they go into effect.

Mother/legal guardian's signature: _____ Date _____

Father/legal guardian's signature: _____ Date _____

If the parent is under 18 yrs. of age, a co-signer must sign this agreement and act as guarantor to the contract and agree to be bound by all financial terms.

Co-Signers signature _____ Date _____

Accepted by Caregiver _____ Date _____

This agreement will be placed on file in the PLC Kidz of Monett office.



Handbook & Permissions Agreement Form

Please sign and return this page

CHILD'S NAME(s) _____

I give permission to photograph my child. Yes _____ No _____

I give permission for my child's photograph to be used for social media and/or PLC Kidz Marketing purposes. Yes _____ No _____

PERMISSION TO ADMINISTER (NON-RX) I hereby authorize staff at PLC KIDZ of Monett to use the following products on my child according to manufacturer or physician's written instructions. I understand that this form is valid for the entire time my child is in the care of this provider. I understand it is my responsibility to contact my provider for a new form should I wish to change this information.

PARENTS MUST PROVIDE THESE ITEMS if needed, labeled with your child's name and instructions for use.

First Aid Ointments YES _____ NO _____

Other _____

I _____ have read and received a copy of the Parent handbook of the Pentecostal Life Center Kidz of Monett and agree to abide by the rules and policies. All policies shall remain in effect as stated herein unless provider gives notice of change of any said policy in writing. Failure to enforce any rule or provision in this handbook does not invalidate that provision, term, or any other provision or term in this handbook. I agree to the previously stated permissions on this form and understand I cannot hold PLC KIDZ of Monett or PLC(Pentecostal Life Center) liable for any item I agree or did not agree to.

Parent signature: _____ Date _____

Parent signature: _____ Date _____

Co-signer (if parent is under 18): _____ Date _____



Parent Emergency Procedure Instruction Form

PLC KIDZ of MONETT STAFF: In case of an emergency, follow the written instructions.

Name of Child: _____

Written
instructions: _____

If there is an incident that does not require medical attention, how would you like to be notified?

Phone call _____

Procare _____

I understand that I have given written instructions for child's emergency procedure. I give PLC KIDZ of Monett permission to follow instructions as such.

X _____ Parent/Guardian

Signature

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
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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