



661 West Independence

Jackson, MO 63755

Phone: 573-243-9753

Fax: 573-298-4048

Email: contact@southeastlittlelearners.com

Dear Parents and Caregivers,

Thank you for considering Southeast Little Learners Preschool. We are honored that you are considering trusting us with your child's safety and well-being. Our primary goal is to provide quality early education services to children while providing a safe and family-centered environment.

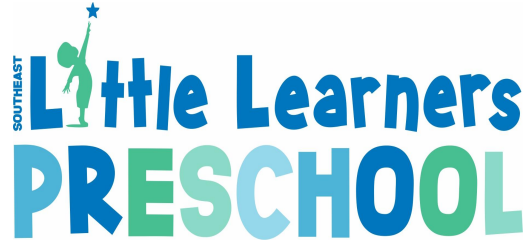
Southeast Little Learners Preschool aims to provide evidence-based teaching strategies to your child based on your child's individual needs. This program will offer learning opportunities through child-directed play and structured learning activities that will foster your child's love for learning while meeting their individual developmental needs.

At Southeast Little Learners Preschool, our staff is dedicated to ensuring an enriching environment that meets the needs of your child and family. We believe in the importance of working with each child's family to provide your child with effective learning opportunities. We greatly value your suggestions and support in helping us provide the best learning environment for your child.

Thank you,

Jacob Partridge, MS CCC-SLP & Jennifer Partridge MA CCC-SLP

Owners of Southeast Little Learners Preschool



A Daily Schedule

6:30am-8:00am	Bathroom/Handwashing upon arrival/Free Play
8:00am-8:30am	Center Play
8:30am-9:00am	Breakfast
9:00am-9:45am	Recess & Gross Motor
9:45am-10:00am	Bathroom and Handwashing
10:00am-10:15am	Circle Time
10:15am-10:40am	Center Play
10:40am-11:00am	Literacy Enhancement
11:00am-11:15am	Science Exploration
11:15am-11:30am	Making your Own Cot/Bathroom & Handwashing
11:30am-12:00pm	Lunch
12:00pm-2:00pm	Quiet Time
2:00pm-2:15pm	Bathroom/Hand Washing
2:15pm-3:15pm	Outdoor Free Play/Afternoon Centers
3:15pm-3:30pm	Hand washing & Snack
3:30pm-6:00pm	Outdoor Free Play/Child directed learning

*Recess/Play can be outside weather permitting

Policies

Our agreement between parents and Southeast Little Learners Preschool

State Licensing

Southeast Little Learners Preschool is licensed by the state of Missouri. As a result, we must follow regulations set forth by the state that help us meet and maintain our Missouri license. We thank you in advance for your support in complying with these regulations.

Enrollment Procedures

A one-time non-refundable \$25 enrollment fee is required to register and hold your child's spot either on the waiting list or on the classroom enrollment. You will be required to turn in all of the following information on or before your child's first day:

1. Completed enrollment form
2. Updated Immunization record
3. Medical form, signed by a physician

Unless notified of being waitlisted, your child is enrolled when all forms and the enrollment fee mentioned above are completed and turned into the preschool. Once your child is enrolled standard tuition rates are effectively due on Tuesday of each week.

School Hours and Attendance

Southeast Little Learners Preschool is open Monday through Friday from 6:30am to 6:00pm. We require all children to be picked up before 6:00pm. If your child is not picked up by 6:00pm, you will be charged \$10 per each 15 minutes the child remains at Southeast Little Learners Preschool.

Please notify the director, in writing, two weeks in advance when requesting a schedule change. No schedule changes shall be made without the written approval from the director.

Southeast Little Learners is closed in observance of the following holidays: New Year's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving, open until noon on Christmas Eve and closed all of Christmas Day. A full week's tuition must be paid during these weeks. A sign up sheet will be issued to reserve care for the following days: Friday after Thanksgiving, Christmas Eve, and New Years Eve.

Vacation, Withdrawal, and Suspension

If your child is enrolled for full time care and has been enrolled for 6 (six) months, they are eligible for a 1 (one) week vacation per 12 (twelve) month period. A 2 (two) week notice must be given prior to taking your vacation week. We request a two-week notice if your child withdraws from our program. Tuition is due until the end of that 2 (two) weeks. We reserve the right to suspend a child for any length as we deem fit.

Child's Personal Belongings

For attendance at Southeast Little Learners Preschool, the child will need the following:

- Two extra changes of clothes including your child's name on all clothing
 - Socks, coats, hats, jackets, sweaters, etc
- If preschool aged and still napping, a sheet, small blanket or snuggie with the child's name
- 2 yr old: diapers and wipes
- 3-4yr old: diapers (if needed) and wipes
- Small bag for sending home bedding each Friday for parent/caregiver to wash and return on monday

Please refrain from bringing any personal belongings from home to the center unless requested by the teacher for a classroom activity.

Southeast Little Learners Preschool reserves the right to update the Policy Agreement at any time. If changes were to occur, all parents and caregivers will be given written notice.

Tuition Rate Sheet
Tuition Rate Sheet Effective January 2023

Preschool Tuition	
Full Time	\$162.75/week
Part Time (Less than 5 days)	\$47.25 (per day)
Family	10% off 162.75 per child

Part time students must attend days contracted and are not eligible for family discounted price. Days cannot be traded or changed without consent of the director or building owners. This is to help ensure Little Learners Preschool is in compliance with the Missouri state guidelines for child care facilities.

Infant Tuition	
Full Time	\$204.75/week
Part Time (Less than 5 days)	\$60.00/day
Family (applies to full-time only)	10% off \$204.75 per child

School Aged	
Full Time (Summer)	\$162.75/week
Part Time Summer (Less than 5 days)	\$47.25/day
Before/After School Full time (5 days per week)	\$80.00/week
Before OR After School Only	\$20.00/day

Parent/Caregiver Contract

Please read the following before initialing and signing. Date of contract: _____

The conditions of this agreement provide protection for you as well as Southeast Little Learners Preschool. For the center to be financially stable and to provide your child with the services they deserve, this contract must be included in the enrollment package.

As a parent/caregiver with a child enrolled at Southeast Little Learners Preschool, I agree to:

_____1: Pay a one-time non-refundable registration fee of \$25 per child at the time of enrollment

_____2: Tuition is due on Tuesday of each week, with no deductions for absence, including holidays. If your tuition is one week late, there will be a \$20 late fee applied to that week and your child will not be able to attend until your bill is paid in full.

_____2a:\$162.75/week for full time enrollment

_____2b:\$47.25 day for part time enrollment

_____2c:State pay-Foster child

_____2d:State pay-Assistance Paperwork on file

-I agree to pay my portion of the tuition as set by state

-I agree to use the tablet to log my child's attendance upon pick up and drop off

_____3: In the event of a physical emergency, Southeast Little Learners Preschool has permission to administer medical attention as it sees fit. The medical expenses are the responsibility of the parents or guardians.

_____4: I agree to carry out the responsibilities under this Contract between Southeast Little Learners Preschool and Parents/Caregivers. I understand that these policies may be changed and that I will receive written notice in the event of a modification.

_____5: If the Director feels that you have not followed the Contract between Southeast Little Learners and Parents/Caregivers, or that your child poses a threat to themselves or others in the center, a meeting between the Director, Owners and Parents/Caregivers will be scheduled. If a resolution cannot be resolved, a one week notice will be given, after which the child must be withdrawn and this Contract is terminated.

Parent's Signature: _____ Child's Name: _____



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

SAVE

PRINT

RESET

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)		

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

RELATED CHILD

YES NO HOW IS CHILD RELATED TO CHILD CARE PROVIDER?

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CACFP REQUIREMENT	CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: <input type="checkbox"/> FULL TIME OR <input type="checkbox"/> 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	<input type="checkbox"/>	AM PM	AM PM	
	TUESDAY	<input type="checkbox"/>	AM PM	AM PM	
	WEDNESDAY	<input type="checkbox"/>	AM PM	AM PM	
	THURSDAY	<input type="checkbox"/>	AM PM	AM PM	
	FRIDAY	<input type="checkbox"/>	AM PM	AM PM	
	SATURDAY	<input type="checkbox"/>	AM PM	AM PM	
	SUNDAY	<input type="checkbox"/>	AM PM	AM PM	

CACFP REQUIREMENT	CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY						
	<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
	CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY						
	<input type="checkbox"/> NEW YEAR'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)				
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 OR HOME PROVIDER							
TO CONTACT THE FOLLOWING:							
PHYSICIAN OR CLINIC							
NAME			TELEPHONE NUMBER				
PREFERRED HOSPITAL							
NAME			TELEPHONE NUMBER				
ACKNOWLEDGEMENTS							
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				
CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE				
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE				
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE				

ENROLLMENT PACKET

Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). The forms must be in the director's possession on or before the first day your child begins care. Please notify your director if any of the information changes.

DEVELOPMENTAL HISTORY & BACKGROUND INFORMATION

PERSONAL HISTORY

- Any Siblings? _____
- Number of Siblings: Brothers _____
- Sisters _____
- Sibling Name(s) _____
- Has your child had any other child care experiences? _____
- What type of things does your child do well? _____
- What are your child's special interests? _____
- What are your child's dislikes? _____
- Is your child enrolled in any therapy? _____
- Type of Therapy _____
- Are other languages spoken around the child? _____
Which? _____
- Age he/she began: Sitting _____ Crawling _____ Walking _____
Talking _____
- Is he/she a good climber? _____ Does he/she fall easily? _____
- Does he/she speak in words? _____ Sentences? _____ Does he/she have difficulty speaking? _____
- Special words to describe his/her need(s) _____

EATING HABITS

- At what time does your child normally eat meals?
- Breakfast _____
- Lunch _____
- Dinner _____
- Snack time(s) _____
- What are his/her favorite foods? _____
- What foods are refused? _____
- Does your child have food allergies? _____
- What are they? _____

- Does your child have any problems eating? _____
Explain _____

TOILET HABITS

- Toilet training started? _____ Accomplished? _____
- Please describe any particular procedure you are using to toilet train: _____
- Can your child consistently indicate his/her bathroom needs? _____
- What word is used for urination? _____
- Bowel movements? _____
- Does your child need assistance in the bathroom? _____
- Is he/she afraid of the bathroom? _____
- Does the child wet the bed when sleeping? _____
- Are disposable or cloth diapers, or pull-ups used? _____
- Is there a frequent occurrence of diaper rash? _____
- How is it treated? _____
- History of Constipation? _____
- Is your child ever reluctant to use the bathroom? _____

SLEEPING HABITS

- When is bedtime? _____
- Wake up ? _____
- What does he/she usually take to bed with him/her? _____
- Does your child become tired or nap during the day (include when and how long)? _____

SOCIAL RELATIONSHIPS

- Has your child had any experience playing with other children? _____
- How does he/she get along with siblings/peers? _____
- Does your child prefer to play alone or with children his/her own age? _____
- Does he/she know any other children in this daycare center? _____
- How does he/she react to unfamiliar adults? _____
- What makes him/her mad or upset? _____
- How does your child show feelings? _____

- What do you find is the best way of comforting your child? _____
- What methods of discipline are used at home? Explain. _____
- What type of physical activities does your child enjoy? _____
- Is your child frightened of any of the following?:
 - Animals _____
 - Unfamiliar adults _____
 - Storms _____
 - Other children _____
 - Loud noise _____
 - Insects/bees _____
 - Other: _____
- What activities does your child enjoy?:
 - Being read to _____ Listening to music _____
 - Puzzles _____ Painting/drawing _____ Playing outdoors _____ Building with blocks _____
 - Painting/drawing _____ Clay/dough _____
 - Other: _____
- Briefly describe your child's personality traits and abilities. _____
- What would you like your child to gain from this child care experience? _____

MEDICAL HISTORY

Please notify the director if any of the following information changes. Also, have your child's doctor to update our Child Health Report form.

- Does your child have any medical conditions we should be aware of? _____
- Does your child need medication for his/her medical condition(s)? Please check one: Yes _____ No _____
- *If you checked 'yes', please see Medication Log form.*
- Does your child have any known allergies? Please List. _____
- Special instructions in the event of an allergic reaction: _____
- Does your child have any speech, hearing or visual problems? _____

- Does your child have any mental health diagnosis? _____
-
- Would there be any restrictions to play or activities? _____

Does your child have any problems with any of these? (Please Circle)

Constipation
 Convulsions
 Diarrhea
 Fainting Spells
 Frequent Colds
 Frequent Ear Infections
 Frequent Sore Throats
 Lice
 Ringworm
 Skin Rash
 Soiling
 Stomach Upsets
 Urinary Problem
 Worms

Has your child had any of these diseases? (Please Circle)

Asthma
 Bronchitis
 Chicken Pox
 Diabetes
 Heart Disease
 Hepatitis
 Impetigo
 Measles
 Mumps
 German Measles
 Polio
 Scarlet Fever
 Tuberculosis
 Whooping Cough

THANK YOU FOR SHARING THIS HELPFUL INFORMATION WITH US SO WE CAN BETTER UNDERSTAND THE INDIVIDUALITY OF YOUR CHILD.

Emergency Contact Form

Parents/Caregivers:

Missouri State licensing regulations require licensed child care facilities to gather and maintain information for easy accessibility incase of an emergency situation. Please help us follow these regulations by filling out all of the information below. Southeast Little Learners will use this information to contact you should an emergency arise.

Name of Child: _____ Parent/Caregiver: _____

Special Care (e.g. Allergies, etc)

Phone Numbers of Dad: _____ Mom: _____

Work Numbers of Dad: _____ Mom: _____

1st Alternative Emergency Contact & Number: _____

2nd Alternative Emergency Contact & Number: _____

In the event of a crisis, it will be necessary for all children to be signed out by the person picking up the child. ONLY the persons listed below will be allied to take your child from Southeast Little Learners Preschool. Please make sure to list everyone you can think of that you would allow to pick up your child in such an emergency.

If, at any time, due to such circumstances as an injury or sudden illness or other unforeseen emergency, if medical treatment is necessary, I authorize Southeast Little Learners Preschool to take whatever emergency measures the deem necessary for the protection of my child while in their care.

I understand that a natural or deliberate disaster or emergency may result in the need for my child to be transported to another location for safety.

I understand that this may involve contacting a doctor, interpreting and carrying out his or her instruction and transporting my child to a hospital or doctor's office, including possible use of an ambulance.

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my financial responsibility.

Parent/Caregiver Signature: _____ **Date:** _____

OVER-THE COUNTER (OTC) MEDICATION PERMISSION FORM

Name of Child: _____ Date: _____

This form authorizes Southeast Little Learners Preschool to administer: (check all that apply)

- Sunscreen _____
- Insect repellent _____
- Diaper cream _____

The following conditions apply:

1. If you bring a brand of OTC medication different than what is listed above, a new form must be completed and on file
2. This form must be updated annually
3. One form must be completed for each enrolled child
4. Manufacturer's guidelines for application will be followed

Parent/Caregiver Signature: _____ **Date:** _____

1st annual update due:	Parent/Caregiver signature:	Date:
2nd annual update due:	Parent/Caregiver signature:	Date:
3rd annual update due:	Parent/Caregiver signature:	Date:
4th annual update due:	Parent/Caregiver signature:	Date:
5th annual update due:	Parent/Caregiver signature:	Date:



Social Media Release Form

Southeast Little Learners Preschool utilizes social media sites as a way to promote the activities of our school and as a vehicle to keep parents/guardians/family and prospective families aware of the workings of our school day and school activities. I understand that even if I deny permission, my child may be in the background of some photos that will be utilized.

Child's Name _____

- I give my permission for photos/images of my child to be used by Southeast Little Learners Preschool for social media purposes.

Parent/Guardian--date

- I do not want my child's photos/images to be used by Southeast Little Learners Preschool

Parent/Guardian—date



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
PERMISSION FOR CHILD TO LEAVE FACILITY

SAVE
PRINT
RESET

NAME OF CHILD	
ACTIVITY Play at park	
LOCATION Jackson Park	
METHOD OF TRANSPORTATION (WALK, BUS, CAR, ETC.) Walk	
TRANSPORTED BY (PERSON RESPONSIBLE FOR SUPERVISION) Little Learners Staff	
TIME OF LEAVING ongoing	TIME OF EXPECTED RETURN ongoing
DATE OF ACTIVITY ongoing	PERMISSION GRANTED EFFECTIVE FROM: TO:
SIGNATURE (PARENT(S), GUARDIAN OR DESIGNEE)	DATE

MO 580-2036 (6-14)

BCC-18

