



661 West Independence

Jackson, MO 63755

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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.

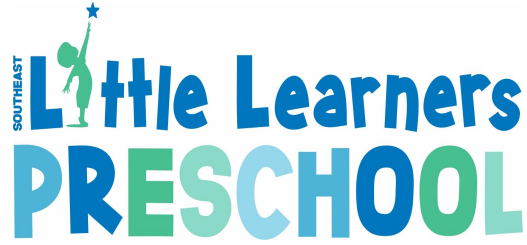
Southeast Little Learners Preschool aims to provide evidence-based teaching strategies to your child based on your child's individual needs. This program will offer learning opportunities through child-directed play and structured learning activities that will foster your child's love for learning while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

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

<b>Preschool Tuition</b>	
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.

<b>Infant Tuition</b>	
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

<b>School Aged</b>	
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 <b>OR</b> 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: \$155/week for full time enrollment

\_\_\_\_ 2b: \$45/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					
<input type="checkbox"/> YES	<input type="checkbox"/> 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	



<b>CACFP REQUIREMENT</b>	<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 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)					
<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		
<b>CACFP REQUIREMENT</b>	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) \_\_\_\_\_  
\_\_\_\_\_

Do you have pets? \_\_\_\_\_ Name(s) \_\_\_\_\_  
Type(s) \_\_\_\_\_

Has your child had any other child care experiences? \_\_\_\_\_

What types of activities do you do together with your child? \_\_\_\_\_  
\_\_\_\_\_

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 classes? \_\_\_\_\_ Type of class \_\_\_\_\_

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? \_\_\_\_\_ Is/Was the process easy or difficult? \_\_\_\_\_

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 your child need to go to the bathroom more frequently than normal for his/her  
age? \_\_\_\_\_

Does the child wet the bed when sleeping? \_\_\_\_\_ If so, how  
often? \_\_\_\_\_

Are disposable or cloth diapers, or pull-ups used? \_\_\_\_\_

Is there a frequent occurrence of diaper rash? \_\_\_\_\_ How is it  
treated? \_\_\_\_\_

Are bowel movements regular? \_\_\_\_\_ 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? \_\_\_\_\_

What is his/her mood upon  
awakening? \_\_\_\_\_

Does your child become tired or nap during the day (include when and how  
long)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does he/she have his/her own room? \_\_\_\_\_ Own bed? \_\_\_\_\_ Sleeps in  
Crib? \_\_\_\_\_

Does he/she walk, talk or cry during sleep? \_\_\_\_\_ Please  
describe: \_\_\_\_\_

**SOCIAL RELATIONSHIPS**

Has your child had any experience playing with other children? \_\_\_\_\_

How does he/she get along with siblings? \_\_\_\_\_

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 \_\_\_\_\_ The dark \_\_\_\_\_ Storms \_\_\_\_\_  
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. \_\_\_\_\_

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What would you like your child to gain from this child care experience? \_\_\_\_\_

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### **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? \_\_\_\_\_

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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. \_\_\_\_\_

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

MO 580-2036 (6-14)

BCC-18



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION  
**MEDICATION AUTHORIZATION**

**SAVE**  
**PRINT**  
**RESET**

**MEDICATION REQUIREMENT**

PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. A SEPARATE FORM IS NEEDED FOR EACH MEDICATION. THIS FORM IS VALID ONLY FOR THE DATES INDICATED BELOW.

I AUTHORIZE CHILD CARE PERSONNEL TO ADMINISTER THE FOLLOWING MEDICATION TO MY CHILD:

[Large empty text area for medication details]

(PROPER NAME OF MEDICATION)

CHILD'S FULL NAME	DATE MEDICATION TAKEN FROM	UNTIL
DOSAGE	TIME(S) OF DAY	

POSSIBLE SIDE EFFECTS

[Large empty text area for side effects]

SIGNATURE OF PARENT(S) OR GUARDIAN	DATE
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**RECORD OF ADMINISTRATION**

STAFF NAME	DATE	MEDICATION NAME	DOSAGE	TIME