

FIRST STEPS/FIRST CHRISTIAN CHURCH

CHILD APPLICATION FORM

(This form must be completed in its entirety as required by the Mo. Dept. of Health)

FOR OFFICE USE ONLY

Reg. Fee _____ Check No. _____ Member Code _____ Application # _____
Admission Date _____ Discharge Date _____

Please put an X beside the classes you wish to enroll your child in

Reg. Monthly Fee	Tuition	Enrichment Program	Reg. Monthly Fee	Tuition	Preschool Program	Reg. Monthly Fee	Tuition	Pre-Kindergarten Program
\$30	\$90	Wed. & Thurs. Enrich	\$30	\$85	T/TH Aide Pre	\$30	\$150	M-Th AM Aide
\$30	\$45	Wed. only Enrich.	\$30	\$85	MWF Co-op Pre	\$30	\$180	MWF All Day Co-op
\$30	\$45	Thurs. only Enrich				\$30	\$205	MWF All Day AM Co-op, PM Aide
<u>Jungle Class (18-24 months)</u>						\$30	\$230	MWF All Day Aide
\$30	\$95	Wed. & Thurs. (Jungle)						
\$30	\$48	Wed. only (Jungle)						
\$30	\$48	Thurs. only (Jungle)						

Please Print

Child:

Full Name: _____
Nickname: _____ Gender: F M Birth Date: _____
Address (Street, City, State, Zip): _____
Church Affiliation: _____

Father:

First Name: _____ Middle: _____ Last: _____
 Check here if address is the same as child's
Address (Street, City, State, Zip): _____
Phone: _____ Cell: _____ Email: _____
Place of Employment: _____
Address (Street, City, State, Zip): _____
Hours of Employment: From: _____ To: _____ Work Phone: _____

Mother:

First Name: _____ Middle: _____ Last: _____
 Check here if address is the same as child's
Address (Street, City, State, Zip): _____
Phone: _____ Cell: _____ Email: _____
Place of Employment: _____
Address (Street, City, State, Zip): _____
Hours of Employment: From: _____ To: _____ Work Phone: _____

Does the child have any special problems or fears that the school should be aware of? If so, what are they?

Is the child allergic to any medications or food? (Please list)

Person who can care for your child in an emergency if you cannot be reached:

Full Name: _____ Relationship: _____
Address (Street, City, State, Zip): _____
Phone: _____ Cell: _____
Who is authorized to pick up your child? _____

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 First Steps Enrichment and Preschool to contact the following:

Name of child's physician or clinic: _____ Phone: _____

Hospital preference: _____ Phone: _____

I have received a copy of this facility's policies pertaining to the admission, care and discharge of children via the First Steps Handbook.

I have been informed that a copy of the Health and Safety Regulations for license exempt child care facilities in Missouri is available at this facility for review.

When my child is ill, I understand and agree that they may not be accepted for care or remain in care.

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, proof of a completed physical assessment by a licensed physician, and a signed Notice of Parental Responsibility provided by First Steps.

In accordance with Section 210.003.7, RSMo., the parent or guardian of a child enrolled in or attending First Steps may request notice or 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 office and the information will be provided to you. Please note, the name or names of individual children are confidential and will not be released. Our response will be limited to whether or not there are children enrolled at our facility with an immunization exemption on file.

I give permission for my child to participate in First Steps-sponsored field trips and excursions and understand that I will be notified in advance. However, short, unscheduled walks may be taken from time to time without parental notification.

I understand that my phone number may be listed on a phone tree for my child's class.

Parent's/Guardian's Signature _____ Date _____