



Extraordinary Kids Preschool

Enrollment Packet – Preschoolers

1804 Boone's Lick Rd.
St. Charles, MO 63301
Phone: (636) 946-8440



**Extraordinary Kids
Preschool**

What's in This Packet?

Welcome to Extraordinary Kids Preschool! We're so glad you're here. Choosing care for your child is a big decision—and we're honored that you're considering us. Our team is dedicated to creating a safe, nurturing, and joyful place where your child can learn, grow, and thrive.

This packet contains everything needed to complete your child's enrollment. Some of the forms are required by the State of Missouri, while others help us get to know your child and outline the policies that help our school run smoothly.

Here's what we need from you: Please take a few moments to carefully read and fill out each form. Some may not apply to your child—like our Specialized Care Plan—so feel free to skip those unless we ask you to complete them. If you're unsure about anything, we're just a phone call or visit away and always happy to help.

Once you've completed the packet, return it to the office. We'll review it and be in touch to confirm your child's official start date. Your child's spot is not guaranteed until we receive all completed paperwork.

Thank you again for trusting us with your child. We look forward to partnering with you in this next exciting stage of your family's journey.



**Extraordinary Kids
Preschool**

¿Qué hay en este paquete?

¡Bienvenidos a Extraordinary Kids Preschool! Estamos muy contentos de que estén aquí. Elegir quién cuidará a su hijo(a) es una decisión muy importante—y nos sentimos honrados de que nos estén considerando. Nuestro equipo está comprometido a brindar un lugar seguro, cariñoso y alegre donde su hijo(a) pueda aprender, crecer y prosperar.

Este paquete contiene todo lo necesario para completar la inscripción de su hijo(a). Algunos formularios son requeridos por el Estado de Missouri y otros nos ayudan a conocer mejor a su hijo(a) y explicar nuestras políticas.

¿Qué necesitamos de usted? Tómese unos minutos para leer y completar cada formulario con cuidado. Algunos tal vez no apliquen a su hijo(a)—como el Plan de Atención Especializada—y pueden ser omitidos a menos que se le indique lo contrario. Si tiene dudas o necesita ayuda, puede llamarnos o venir a la oficina—siempre estamos aquí para ayudarle.

Una vez que haya completado el paquete, por favor devuélvalo a la oficina. Lo revisaremos y nos pondremos en contacto para confirmar la fecha oficial de inicio de su hijo(a). El lugar no estará garantizado hasta que recibamos todos los formularios completados.

Gracias nuevamente por confiar en nosotros. Esperamos acompañarlos en esta nueva y emocionante etapa para su familia.



CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
CHILD'S ADDRESS (STREET, CITY, STATE, ZIP CODE)		
IDENTIFYING INFORMATION		
PARENT/GUARDIAN NAME	TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS <input type="checkbox"/>		
EMAIL ADDRESS		
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER	
PARENT/GUARDIAN NAME	TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS <input type="checkbox"/>		
EMAIL ADDRESS		
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER	
If you or a member of your immediate family ever served in the U.S. Armed Forces, click here for more information about military-related services in Missouri or visit www.dese.mo.gov/veterans-services .		
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 NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

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

RELATED CHILD

☐ Yes ☐ No

CHILD'S RELATION TO CHILD CARE PROVIDER

ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)

Are you of Hispanic or Latino origin? ☐ Yes ☐ No

What is your race? (Select one or more.)	<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White
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CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CACFP REQUIREMENT

Will child attend: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Check what days your child will attend.		When does your child usually arrive each day?	When does your child usually leave each day?	Describe any changes or variations in usual attendance, including shift changes.
Monday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Thursday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Friday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Saturday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Sunday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack ☐ None

HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY

<input type="checkbox"/> New Year's Day <input type="checkbox"/> Martin Luther King, Jr.'s Birthday <input type="checkbox"/> Lincoln's Birthday <input type="checkbox"/> Washington's Birthday	<input type="checkbox"/> Easter <input type="checkbox"/> Truman Day <input type="checkbox"/> Memorial Day <input type="checkbox"/> Juneteenth <input type="checkbox"/> Independence Day	<input type="checkbox"/> Labor Day <input type="checkbox"/> Columbus Day <input type="checkbox"/> Veterans Day <input type="checkbox"/> Thanksgiving Day <input type="checkbox"/> Christmas Day
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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in the event 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 the necessary arrangements, or in a critical emergency requiring medical care, I authorize

(CHILDCARE FACILITY NAME)

to contact the following:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER
------	------------------

PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER
------	------------------

ACKNOWLEDGMENTS

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 home 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 that 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 at any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	PARENT/GUARDIAN INITIALS
PARENT/GUARDIAN SIGNATURE		DATE
CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number **for all of the children listed in Part 1.**

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER
		/ /		
		/ /		
		/ /		
		/ /		

PART 2: HOUSEHOLD AND INCOME INFORMATION

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)

☐ YEARLY ☐ MONTHLY ☐ 2 X A MONTH ☐ EVERY 2 WEEKS ☐ WEEKLY

HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER

PART 3: RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? ☐ YES ☐ NO

What is your race? (Select one or more)

AMERICAN INDIAN
OR ALASKA NATIVE

☐

ASIAN

☐

BLACK OR
AFRICAN AMERICAN

☐

NATIVE HAWAIIAN OR OTHER
PACIFIC ISLANDER

☐

WHITE

☐

PART 4: SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY) XXX-XX-	DATE / /
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER () -

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE): YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> 2 X A MONTH <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> WEEKLY <input type="checkbox"/> SNAP (Food Stamp) <input type="checkbox"/> TEMPORARY ASSISTANCE <input type="checkbox"/>
Eligibility Determination: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid		
SIGNATURE OF CENTER REPRESENTATIVE		DATE

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.



CHILD'S NAME	BIRTHDATE
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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.

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.)

[illegible]

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

TO BE FILED IN CHILD'S RECORD AT CHILD CARE FACILITY

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**Extraordinary Kids
Preschool**

Authorization For Emergency Care and Transportation

Child's Name: _____

If, at any time, due to such circumstances as an injury or sudden illness or other unforeseen emergency, medical treatment is necessary, I authorize Extraordinary Kids Preschool #____ to take whatever emergency measures they 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 instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance located at

Or the doctor contacted will be

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

Parent/Guardian Signature

Date

Extraordinary Kids Preschool #____



Extraordinary Kids Preschool

Extraordinary Kids Preschool Policies

_____ Tuition is due on Friday before childcare is provided. A \$25 late fee will apply for accounts not paid before Tuesday. If your account falls one week behind, you will have to withdraw your child until tuition is current. This includes state co-pays. If a collections or small claims court is needed to collect these funds, you will be responsible for any additional expenses that occur.

_____ Tuition credit is not given for absences due to illness, holidays, bad weather or behavioral instances.

_____ All children must be escorted inside the building by an adult. We will only release children to adults on the authorized release form. Parents must sign their child in and out each day.

_____ In order to keep all of our children healthy, it is our policy that your child will be fever, diarrhea, and vomit free for 24 hours before returning to the center if sent home.

_____ Each parent will need to supply a complete change of clothing, diapers if applicable, wipes, and a crib sheet and blanket to be kept at school.

_____ Toys, cell phones, and gaming systems should not be brought to the center. We provide a large variety of age-appropriate, educational toys and manipulatives.

_____ All files must be kept current to be in compliance with Missouri state laws. Please inform us of any changes in medication, phone numbers, address or contact information. Immunizations, medical forms, and DFS contract must be kept up-to-date.

_____ All medications brought into the center must be given to the director. A medical form must be completed and signed by the guardian in order for us to administer the medication to the child. The medication must be in the original bottle with your child's name on it along with instructions.

_____ Should a serious medical condition occur, we will make an immediate attempt to contact you or your emergency contact. If we are unable to reach either, will call for emergency assistance 911. Parents will assume responsibility for any resulting expenses.

_____ If your child will be arriving after 8:30 AM, you must contact the center and let us know. If your child arrives after 9:30 AM, then they will be turned away if we are not notified.



Extraordinary Kids Preschool

We ask that pickup is after 2:30 PM unless notified. Our center must be able to staff accordingly and prepare meals per children in attendance.

_____ If a child is unable to adjust or is having discipline issues after a reasonable manner of time, the director reserves the right to request a withdrawal of the child.

_____ We will follow the St. Charles Public Schools schedule regarding bad weather.

Parent or Guardian Signature:

Date: ____/____/____



Extraordinary Kids
Preschool

Extraordinary Kids Preschool Fee Agreement

My child, _____ will be attending Extraordinary Kids Preschool on the following days:

Registration Fee: \$100.00

_____ Plan 1 – Daily

My established daily amount will be \$_____ with a three-day minimum. This is ONLY available for infants and toddlers if space is available. Days of attendance must be the same every week, or we must have a schedule a week in advance. **A minimum of three days will be charged to your account regardless of attendance.** Tuition is due the Friday before the week of care. A late fee of \$25.00 will be charged to your account for ANY outstanding balances NOT received by Tuesday (service week) at 10:00 AM. Part-time enrollment can be cancelled if space is needed for full-time childcare.

_____ Plan 2 – Weekly

My established amount will be \$_____. Tuition is due Friday before the week of care. A late fee of \$25.00 will be charged to your account for ANY outstanding balances NOT received by Tuesday (service week) at 10:00 AM.

_____ Plan 3 – State Assistance

State Contract Amount: \$_____ Sliding Fee/day \$_____ Co-pay/week \$_____

Total Parent Responsibility \$_____ per week

Contact Start Date: _____ End Date: _____ Approved Hours: _____ Approved Days: _____

- I understand that Plan 2 & Plan 3 are weekly rates and apply regardless of my child's attendance. No refunds will be given for missed days. Tuition is due the Friday before care. A late fee of \$25.00 will be charged to your account for ANY outstanding balances NOT received by Tuesday (service week) at 10:00 AM.
- There are no refunds for missed days or Holidays. Each family will receive 5 vacation days after one year of enrollment.
- I understand that childcare services will be suspended until past due amounts are paid. All accounts must be current to continue receiving services.
- I understand that the fee is \$40.00 for an NSF (non-sufficient funds) check and must be paid in full, with tuition, before continuing services.



**Extraordinary Kids
Preschool**

- Late child pickup fees are due upon pickup of \$1.00 per minute, per child after 6:00 PM.

Parent Signature: _____ Date: ____/____/____

Director's Signature: _____ Date: ____/____/____



Extraordinary Kids Preschool

Extraordinary Kids Preschool #4
1804 Boone's Lick Road
St. Charles, MO 63301
Phone: (636) 946-8440
DVN: 001631569

Extraordinary Kids Preschool Photo Permission Slip

Dear Parent/Guardian,

At Extraordinary Kids Preschool, we love capturing the joy and growth of our students through photographs. These images may be used to showcase our programs on our website, in promotional materials, or shared with parents via the Brightwheel app. Please indicate your preferences below regarding the use of your child's photographs.

Child's Name: _____

Parent/Guardian Name: _____

1. Permission for Website and Promotional Materials

I grant Extraordinary Kids Preschool permission to use photographs of my child on the company's website and in promotional materials (e.g., brochures, social media, advertisements).

☐ **Yes, I consent** to my child's photographs being used for website and promotional purposes.

☐ **No, I do not consent** to my child's photographs being used for website and promotional purposes.

2. Permission for Brightwheel App

I grant Extraordinary Kids Preschool permission to post photographs of my child on the Brightwheel app, including group photos shared with parents and individual photos sent to me directly.

☐ **Yes, I consent** to my child's photographs being shared on Brightwheel (group and individual).

☐ **Yes, I consent** to my child's photographs being shared on Brightwheel (individual only).

☐ **No, I do not consent** to my child's photographs being shared on Brightwheel.

Additional Notes (if any): _____

I understand that I may revoke this consent at any time by notifying Extraordinary Kids Preschool in writing. By signing below, I acknowledge my preferences for the use of my child's photographs.

Parent/Guardian Signature: _____

Date: _____

Thank you for helping us celebrate your child's experiences at Extraordinary Kids Preschool!



Extraordinary Kids Preschool strives to provide quality childcare that promotes fairness, stability, and consistency. In this effort, we must all abide by the code of conduct. This code of conduct not only affects each individual, but it also affects the center as a whole. The behaviors and attitudes of all of us can change the otherwise inviting environment here at Extraordinary Kids.

Certain offenses will not be tolerated at Extraordinary Kids Preschool. Behaviors such as, but not limited to:

- Fighting or Hitting any other person
- Pushing
- Yelling
- Teasing
- Biting
- Bullying
- Inappropriate language
- Inappropriate touching
- Inability to listen and follow directions

will not be accepted.

We will make every effort to work with the parents and children displaying chronic disruptive behavior. We are here to serve and protect all of our children. Children displaying chronic behavior which has been determined to be upsetting to the physical and emotional being of another child will be subject to the following actions:

1) Initial Consultation

- a) Extraordinary Kids will warn child.
- b) The problem will be defined on paper and parent notified.
- c) Loss of privilege will occur.
- d) Goals and/or strategies will be established to help find a solution to discourage future problem behavior,

2) Second Consultation

- a) Parent will be notified, and child will be removed from our center for the remainder of the day.
(Must be picked up within one (1) hour.)

3) Suspension

- a) When the previous attempts have been followed and no progress has been made towards solving the problem, the child will be suspended indefinitely.
- b) Extraordinary Kids may immediately suspend a child if he/she exhibits behavior which is harmful to himself/herself or others.

A Parent may be called at anytime to remove a child, within one(1) hour, if their behavior cannot be modified by the staff at Extraordinary Kids Preschool. If this does occur, a meeting between the center director, the caregiver and parent must be scheduled prior to the child returning.

I have read and understand the consequences of my child's behavior. I take full responsibility for the outcome of those choices.

Parent Signature

Date

Parent Name Printed _____

Child(ren) Name(s) listed _____



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE

INDIVIDUAL PLAN FOR SPECIALIZED CARE

IDENTIFYING INFORMATION

CHILD'S NAME

BIRTHDATE

AREA OF CONCERN

ADAPTIVE EQUIPMENT OR SUPPLIES NEEDED AT DAY CARE

MEDICATION/TREATMENT CHILD IS TO RECEIVE AT FACILITY DURING CHILD CARE HOURS

If the child is to receive treatments during his/her scheduled hours of care, how and by whom is this treatment to be administered?

**SYMPTOMS/INDICATORS/POSSIBLE PROBLEMS RELATING TO CHILD'S CONDITION/TREATMENT
HEALTH PROBLEMS THAN CAN RESULT IN AN EMERGENCY**

PHYSICIAN/SPECIALIST SIGNATURE

DATE

X

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