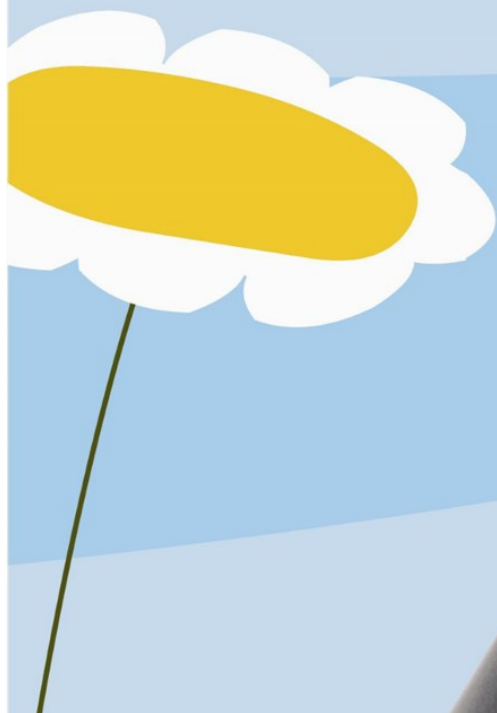


2022–2023
Preschool
Enrollment Packet



KidSteps
P R E S C H O O L

Dear Parents,

Thank you for your interest in KidSteps Preschool. Our preschool is a ministry of First Baptist Church of Warrensburg. We provide an early childhood education program for children from age three to five using developmentally appropriate curriculum.

We offer two-day/week (Tuesday/Thursday) classes for 3 year olds and three-day/week (Monday/Wednesday/Friday) classes for 4 year olds. The maximum class size is twelve children with two teachers for each class. All classes are three hours long; classes start at 8:30 and end at 11:30.

There is a registration fee of \$50 and a materials fee of \$80. Tuition is \$125/month for 3 year olds and \$165/month for 4 year olds.

We provide experiences for young children that include pre-literacy skills, beginning math concepts, basic science investigations; art, music and movement activities; fine and gross motor skill development, and a nurturing atmosphere in which to grow emotionally and socially.

Additionally, we present weekly Bible stories that are age appropriate. These are reinforced with simple songs that preschoolers understand as we seek to make them increasingly aware of God's love and care.

We honor a child's natural path to learning--free exploratory play which stimulates the brain's senses and opens an exciting world of learning for the young child. Curiosity leads the preschooler to explore a bucket of seashells, an earthworm on the sidewalk, or reflections seen in a puddle of water. Research has found that exploratory play "encodes the love of learning, a natural curiosity and a zest of the process of discovery more than any other activity."¹

Our fenced natural playground offers another stimulating learning environment. Here, children are free to run, slide down the berm slide, dig in our giant sand area, ride wheeled toys, play special outdoor musical instruments, draw and paint, sit with a friend, smell the herbs and flowers grown just for them, and "perform" on a child-size stage to an audience of their teachers and friends.

Your child's safety is a primary concern when they are at preschool. Our doors are locked during preschool hours and parents must sign in and out during drop off and pick up times.

We would consider it a privilege to teach your child. We also would like to support and encourage you since parents are a child's first teacher.

Sincerely,

Sonya Davenport,
KidSteps Director & Teacher

1. Jensen, Eric. Enriching the Brain. San Francisco: Jossey-Bass, 2006.

First Baptist Church - KidSteps Enrollment Form

___ 3 Year Olds (Tuesday/Thursday)

___ 4 Year Olds (Monday/Wednesday/Friday)

Child's Name

Gender

Birthdate

Address (Street, City, Zip)

Identifying Information

Mother's/Guardian's Name

Preferred Phone Number

Father's/Guardian's Name

Preferred Phone Number

E-Mail Address

Child lives with Both Parents Mother Only Father Only Joint Custody Legal Guardian

Other:

Other children in the household (Name and age)

Other Information

Has this child ever attended preschool? Yes No

If yes, where, and for how long?

Why do you desire to enroll your child in KidSteps Preschool?

How did you learn about KidSteps Preschool?

Please tell us about your child's temperament and any special interests.

Please list any other information you think would help your child's teacher (allergies, habits, special language, etc.).

Does your family attend church? Yes No If yes, where?

Please write the hours of your work/home schedule. We must have both the mother's and father's schedule, regardless of which parent the child lives with; include workplace name, address and phone number. If your schedule varies, please specify as best

Mother's Schedule

Father's Schedule

Emergency Contacts		
Name and Address	Relationship to Child	Phone Number
Name and Address	Relationship to Child	Phone Number
Person(s) Authorized to Take Child From Facility		
Name and Address	Relationship to Child	Phone Number
Name and Address	Relationship to Child	Phone Number
Name and Address	Relationship to Child	Phone Number
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 physical or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize FBC KidSteps personnel to contact the following:		
Physician of Clinic		
Name and Address	Phone Number	
Preferred Hospital		
Name and Address	Phone Number	
Acknowledgements		
A. I have been informed of the required health and safety inspections and understand the inspection forms are available for review.	Parent/Guardian Initials	
B. When my child is ill, I understand and agree the she/he may not be accepted for care or remain in care .	Parent/Guardian Initials	
C. I do ___ / do not ___ give permission for the facility to transport my child in case of an emergency.	Parent/Guardian Initials	
D. I understand that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending the facility for who an immunization exemption has been filed.	Parent/Guardian Initials	
Health Report		
<input type="checkbox"/> My child is in good health, is able to participate in group care, has no special health or medical requirements. <input type="checkbox"/> My child is able to participate in group care but has special health or medical requirements as listed below.		
Any allergies, special medical condition, including chronic health problems		
Any special medications and/or restrictions		
Parent/Guardian Signature		Date



Photo/Video Release Form

KidSteps Preschool

**1302 S. Maguire
Warrensburg, MO 64093**

From time to time we may take the opportunity to take pictures or video of the activities in our preschool to use in our church service, on our website or in publicity or other printed materials. We ask that parents of minor children take the time to fill out this form. Parents have the right to either *give* or *decline* permission for the preschool to use their children's photos/video.

Please feel free to call the church office if you have any questions—(660) 747-9186.

Please fill out and sign the appropriate statement to either give or to decline permission to use pictures/videos of your child for preschool publicity. With regard to the use of photos/video on our website, it is the policy of KidSteps Preschool that children in photos not be identified by name.

Please return this form to the preschool director.

Name of Minor Child

Street Address, City, State & Zip Code

Phone Number

To **GRANT** permission to use your child's pictures:

I, _____ (please print your name) grant permission for KidSteps Preschool to publish pictures/video of my child named above on the preschool website or in the preschool's press releases or other publicity information. I further state that I have the right to give this permission as I am the child's parent or legal guardian. I understand that if I give notice to the Preschool Director that I object to any particular picture/video on the website, it will be removed as soon as possible.

Signed _____ Date _____

To **DECLINE** permission to use your child's pictures:

I, _____ (please print your name) decline to grant permission for KidSteps Preschool to publish pictures of my child named above on the preschool's website or in the preschool's press releases or other publicity information. I further state that I have the right to decline this permission as I am the child's parent or legal guardian.

Signed _____ 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
---------------------------------------------------------------------------------	------

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

School Copy



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
RELIGIOUS ORGANIZATION CHILD CARE FACILITY
NOTICE OF PARENTAL RESPONSIBILITY**

LEGAL NAME OF FACILITY First Baptist Church		DVN 002341193
PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) 1302 S. Maguire St. Warrensburg MO 64093		
FACILITY TELEPHONE NUMBER 660-747-9186	FACILITY E-MAIL ADDRESS sdavenport@fbcwburg.org	

INSPECTIONS

Section 210.211 RSMo exempts this religious organization child care facility from state licensing and supervision by the Department of Health and Senior Services (DHSS). It is state inspected only for fire, health, and sanitation requirements as indicated below. Inspections are available on the Show Me Child Care Provider Search and can be accessed at <https://health.mo.gov/safety/childcare/find>.

NAME OF AGENCY AND TYPE OF INSPECTION	ADDRESS	TELEPHONE NUMBER	INSPECTION	DATE
Section for Child Care Regulation (Health and Safety Inspection)	8800 E 63rd Raytown, MO	816-400-9375	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	04/12/2021
Fire Marshal's Office (Fire Safety Inspection)	P.O. Box 844 Jefferson City, MO	523-751-2930	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	04/21/2021
Local Health Office or DHSS (Sanitation Inspection)	8800 E 63rd Raytown, MO	816-350-5460	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	03/10/2021

STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY			STAFF/CHILD RATIOS FOR LICENSED CENTERS		
AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN	AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN
Under 2 years of age	1 staff member for every	4	Under 2 years of age	1 staff member for every	4
2 to 4 years of age	1 staff member for every	6	2 years of age	1 staff member for every	8
5 years of age and older	1 staff member for every	6	3 and 4 years of age	1 staff member for every	10
TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY:			5 years of age and older	1 staff member for every	16

BACKGROUND CHECK REQUIREMENTS

Section 210.254 RSMo requires notification that background checks have been conducted under the provisions of section 210.1080 RSMo. Section 210.1080 RSMo specifies criminal background checks for child care staff members. The requirements for religious organizations operating a child care facility are as follows:

- Facilities operated by a religious organization that receive federal funds for providing care for children must have qualifying background screening results for child care staff members as defined in 210.1080.1(1) RSMo.
- Facilities operated by a religious organization and that **do not** receive federal funds for providing care for children **are not** required to have qualifying background screening results for all child care staff members pursuant to 210.1080.9 RSMo.
- Child care staff members of facilities operated by a religious organization that receive federal funds for providing care for children, with disqualifying background screening results are prohibited from being on the premises during child care hours.
- Facilities operated by a religious organization that receive federal funds for providing care for children, must request criminal background checks for child care staff members every 5 years, as defined in 210.1080.1(1) RSMo.

BACKGROUND CHECKS HAVE BEEN CONDUCTED AS REQUIRED BY SECTION 210.1080 RSMO.

Yes No

FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES

THE DISCIPLINARY PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

Teachers will treat all children with love and respect. Teachers promote cooperation, empathy, and negotiation. They intervene and redirect when they inappropriate behavior and explain reasons why actions are acceptable or unacceptable. They use logical consequences and have reasonable expectations.

THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

We seek to meet the needs of the whole child, individualizing the program to meet each child's needs. We recognize the importance of child-initiated activity and the significance of play as a vehicle for learning. We create flexible, stimulating classroom environments. We use an intergrated curriculum where children learn by doing, and give children choices about how they learn.

REQUIRED SIGNATURES

Section 210.254, RSMo requires the facility to furnish two copies of this document to a parent(s) upon enrollment of a child. Parents acknowledge by signature that they have read and accepted the information contained in this document. One copy of this signed document is given to the parent(s); the other copy is retained in the child's record at the facility.

PARENT(S)	DATE
PRINCIPAL OPERATING OFFICER/FACILITY DIRECTOR <i>Joseph Davenport</i>	DATE 4-22/2021
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC. <i>Julie M. Sawwell</i>	DATE 4/21/2021

Parent Copy



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BACKGROUND CHECKS HAVE BEEN CONDUCTED AS REQUIRED BY SECTION 210.1080 RSMO.

Yes No

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INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC. <i>Julie M. Samwell</i>	DATE 4/21/2021