



AMERIKIDS



TO BE COMPLETED BY CHILD CARE FACILITY		
Student ID	Enrollment Date	Drop Date
CHILD'S NAME		BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
IDENTIFYING INFORMATION		
MOTHER'S NAME	HOME NUMBER ()	Cell Number ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
EMPLOYED BY	HOURS OF EMPLOYMENT From To	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	BUSINESS TELEPHONE NUMBER ()	
FATHER'S NAME	HOME NUMBER ()	Cell Number ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
EMPLOYED BY	HOURS OF EMPLOYMENT From To	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	BUSINESS TELEPHONE NUMBER ()	
EMERGENCY CONTACT(S) / PERSON(S) AUTHORIZED TO TAKE CHILD FROM AMERIKIDS		
NAME	TELEPHONE NUMBER ()	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	TELEPHONE NUMBER ()	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	TELEPHONE NUMBER ()	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

PHYSICIAN AND PREFERRED HOSPITAL TO BE USED IN AN EMERGENCY

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are as follows.

DOCTOR/CLINIC NAME

TELEPHONE

()

PREFERRED HOSPITAL NAME

TELEPHONE

()

FIELD TRIPS AND TRANSPORTATION

I do I do NOT

Give consent for my child to take part in field trips or excursions within a one (1) mile radius of the facility.

It is my understanding that I will be notified when such trips are planned.

SCHEDULE	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival					
Departure					

AGREEMENTS

- A. I have been informed of the required health and safety inspections and that they are available for review.
- B. When my child is ill, I understand and agree that my child may not be accepted for care.
- C. I was given and have read the AmeriKids Parent Handbook.
- D. I understand that AmeriKids honors out-of-school suspensions.
- E. I understand the pictures of my child/ren may be used at AmeriKids and on the AmeriKids.net website.
- F. 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/LEGAL GUARDIAN SIGNATURE:

HEALTH REPORT

CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS

ANY SPECIAL MEDICATIONS AND/OR RESTRICTIONS

This certifies that my child is to my knowledge in good health and free of disabilities that would endanger him/her or other children at AmeriKids.

PARENT/LEGAL GUARDIAN SIGNATURE

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

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.

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)**

PLEASE ATTACH CURRENT IMMUNIZATION RECORDS.

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)

NURSE IS SUPERVISED BY PHYSICIAN, INDICATE PHYSICIAN NAME

TELEPHONE NUMBER

Religious Organizaation Child Care Facility Notice of Parental Responsibility

Facility Name : **AmeriKids Christian Center**

Address: **1017 North Main Street, O'Fallon, MO 63366**

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. Copies of the inspections are available.

NAME OF AGENCY AND TYPE OF VISIT	ADDRESS	TELEPHONE NUMBER	INSPECTION	DATE
Bureau of Child Care (Health and Safety Inspection)	220 S. Jefferson, 2nd Floor St. Louis, MO 63103	314-877-0228	Approved	10/28/2016
Fire Marshall's Office (Fire Saffety Inspection)	P.O.Box 844 Jefferson City, MO 65102	573-248-2095	Approved	08/17/2016
Local Health Office of DHSS (Sanitation Inspection)	220 S. Jefferson, 2nd Floor St. Louis, MO 63103	314-877-0228	Approved	08/08/2016

STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY

AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN
Under 2 years of age	1 staff member for every	6
2 to 4 years of age	1 staff member for every	14
5 years of age	1 staff member for every	30

STAFF/CHILD RATIOS FOR LICENSED CENTERS

AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN
Under 2 years of age	1 staff member for every	4
2 to 4 years of age	1 staff member for every	8
3 to 4 years of age	1 staff member for every	10
5 years of age	1 staff member for every	16

Total number of children enrolled by this facility 85

BACKGROUND CHECKS: CHILD ABUSE/NEGLECT AND CRIMINAL RECORDS

Statue 210.254 RSMo requires the facility to conduct background abuse/neglect and criminal record reviews on each individual caregiver and all other personnel (who have contact with children in care) at the facility at the time of employment and every two years thereafter.

Background checks for child abuse and neglect throught the Division of Family Services (DFS) and criminal record reviews through the Missouri State Highway Patrol have been conducted on each individual caregiver and all other personnel at the facility as required. **YES X** No

FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES

The disciplinary philosophy and policies of this facility are:

- 1) Redirect when possible. 2)When discipline is necessary, our staff will speak quietly to the child. 3) Students must observe all school rules.
- 4) Students must have respect for the truth; and 5) In cases of serious behavior problems, we will discuss options with the parent(s). Every effort will be made to resolve.

The education philosopy and policies of this facility are:

Provide a Christian based learning curriculum that is felexible and comprehensive while ensuring the best education possible for each student. This program will serve to guide each student in understanding, appreciating and relating to the Word of God as revealed in the Bible.

REQUIRED SIGNATURES

Statute 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 is retained in child's records.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

Cheri E Price

28-Oct-16

PRINCIPAL OPERATING OFFICER/FACILITY DIRECTOR

DATE

Michael F. Price

28-Oct-16

Individual responsible for the religious organization

Pastor/Minister/Priest