



661 West Independence

Jackson, MO 63755

Phone: 573-243-9753

Fax: 573-298-4048

Email: contact@southeastlittlelearners.com

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

Southeast Little Learners Preschool

**We follow each child's individual needs in regards to feeding and sleeping.

** Diaper routine as needed (no more than every 2 hours)

** Bottles offered as needed based on last bottle taken before arrival

6:00-8:00: Free play/Diaper change as needed

8:00-8:30: Breakfast with solids for older babies

8:30-8:45 Clean up and Tummy Time

8:45-9:00 Diaper Routine

9:00-9:15 Music Time

9:15-9:30 Sensory Time with discovery baskets/sensory activities

9:30-10:00 Outdoor time, walks, swings, gross motor

10:00-11:00 Quiet Play, Books, & Morning nap for younger infants

11:00-12:00 Solids for lunch for older babies & Diaper routine

12:00-1:00 Free Play/Child lead learning

1:00-3:00 Bottles, rocking, afternoon nap & Diaper routine

3:00-3:30 Outdoor time, walks, swings or gross motor

3:30-4:00 Solids for snack time for older babies & diaper routine

4:00-6:00 Bottles as needed, Diaper routine, Tummy Time and child directed play while waiting for pick-up

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 and Withdrawal

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.

Feeding

Parents of bottle-fed babies will need to provide 4 labelled bottles, nipples, and lids. After feedings, contents remaining in any bottle must be discarded within two hours. Formula or water will be placed in a bottle for feedings, however, juice can only be served in a sippy cup. Bottles are not heated in the microwave, as this will produce “hot spots”. Instead they are warmed using a bottle warmer.

If providing breast milk, all breast milk must be dated and have your child’s name on it. Fresh breast milk will be stored for one day in our refrigerator. Milk that is present at the end of the day must be taken home or we will have to discard it. No bottles will be served with cereal or any other food product in them. The only items served from a bottle includes breast milk and formula. This is a licensing standard.

If providing breast milk, you can bring it daily or you can bring in one gallon ziplock bag of frozen breastmilk (labeled) to keep in our freezer. We will remove the appropriate amount of breastmilk daily and ask for you to replenish when necessary.

If using purees or other baby foods you will be responsible for providing these items. These are to be labeled with the date brought to the facility and child’s name. We will bring the appropriate amount into the classroom for the day and ask you to replenish when necessary. The center will provide table food for your child once appropriate. All utensils and dishes used for meals will be provided by the center.

Sleeping

Sleeping Infants nap according to their own needs, we will not place them on a nap schedule as this is prohibited by state rules. If infants fall asleep while they are being rocked, lightly bounced, or taken for a walk in a stroller, they will be put in their cribs to continue their sleep. When your child turns one, they can sleep on a cot with parent permission. This will assist in the transition from the Infant room to the Toddler room when that time comes.

Safe Sleeping Practices

Infants will be placed on their backs to sleep in a crib. The infants at our center are provided with a firm, tight-fitting mattress in a crib that meets current safety standards. Pillows, quilts, bumpers, comforters, sheepskins, stuffed toys, or other fluffy products in the crib are prohibited by the state licensing agency. Your child will have a designated crib. Only one child will be permitted in a crib at any given time. A sheet will be provided

for your infant and toddler. Parents are welcome to bring in a swaddle or wearable blanket for your child if under 12 months of age or a blanket for his/her child to use at nap times after age one.

Diapering

Your child will be changed at regular intervals throughout the day (no longer than 2 hours between) and as needed. Feel free to bring a labeled bottle of diaper cream with you if you would like it to be applied to your child's rash. We will not be applying baby powder on the infants. The use of powder has been linked to childhood asthma and other respiratory problems.

Children in the Infant and Toddler room will not be potty trained.

“Shoe-Free” Environment for the Infant Room

As an infant care provider we take pride in ensuring our learning environments are safe and have the highest level of protection. We will be implementing the following procedures in our facility to maintain sanitary and safe learning conditions:

- 1.) Our teachers will be provided with secondary shoes which will be sanitized daily to prevent cross contamination from our outside classrooms.
- 2.) No unauthorized personnel will be allowed within the infant room.
- 3.) Parents will be required to remain in the foyer area at pickup.
- 4.) Materials being processed into the infant room space will be sanitized before being allowed in the space.
- 5.) No preschool or school aged students will be allowed into the infant room at any time during the school day.

We take these actions to prevent outside contaminants from being brought into the room and spread onto surfaces where infant aged students will be playing and learning. The infants spend much of their time exploring the floor, so it is best that these areas be kept as clean as possible.

Child's Personal Belongings

For attendance at Southeast Little Learners Preschool, the child will need the following:

- 4 Labeled extra changes of clothes
 - Socks, coats, hats, jackets, sweaters, etc
- Baby food/purees (labeled)
- Diapers
- Wipes
- Labeled diaper ointment
- 4 labeled bottles to be kept at our center
 - These will be washed and sanitized appropriately after each use
- Labeled breastmilk/sealed formula
- Labeled sleepsack if desired
- Labeled pacifiers if desired

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

Infant Tuition	
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

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.

INFANT SAFE SLEEP POLICY

Facility Name: Southeast Little Learners Preschool

DVN:002835696

Date Adopted: January 1, 2021

Purpose: The purpose of the Safe Sleep Policy is to maintain a safe sleep environment that reduces the risk of sudden infant death syndrome (SIDS) and sudden unexpected infant deaths (SUIDS) in children less than one year of age. Missouri law (§ 210.223.1, RSMo.) requires all licensed child care facilities that provide care for children less than one year of age to implement and maintain a written safe sleep policy in accordance with the most recent safe sleep recommendations of the American Academy of Pediatrics (AAP). Missouri child care licensing rules require licensed child care facilities to provide parent(s) and/or guardians(s) who have infants in care be provided a copy of the facility's safe sleep policy. Sudden infant death syndrome is the sudden death of an infant less than one year of age that cannot be explained after a thorough investigation has been conducted, including a complete autopsy, an examination of the death scene, and a review of the clinical history. Sudden unexpected infant death is the sudden and unexpected death of an infant less than one year of age in which the manner and cause of death are not immediately obvious prior to investigation. Causes of sudden unexpected infant death include, but are not limited to, metabolic disorders, hypothermia or hyperthermia, neglect or homicide, poisoning, and accidental suffocation. Child care providers can maintain safer sleep environments for infants that help lower the chances of SIDS. Our goal is to take proactive steps to reduce the risk of SIDS in child care and to work with parents to keep infants safer while they sleep. To do so, this facility will practice the following safe sleep policy:

Safe Sleep Practices

1. Infants, less than one (1) year age, will always be placed on their backs to sleep. When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements, the provider must have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements. Caregivers will put the infant to sleep as specified in the written instructions.

2. When infants can easily turn from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but shall be allowed to adopt whatever positions they prefer for sleep. The American Academy of Pediatrics recommends that infants are placed on their back to sleep, but when infants can easily

turn over from their back to their stomach, they may adopt whatever position they prefer for sleep. We will follow this recommendation by the American Academy of Pediatrics.

3. Sleeping infants shall have a supervised nap/sleep period. The caregiver shall be positioned where he or she can hear and see the infant. The caregiver shall physically check on the infant frequently during napping or sleeping and shall remain in close proximity to the infant in order to hear and see them if they have difficulty during napping/sleeping or when they awaken.

4. Equipment such as a sound machine, that may interfere with the caregiver's ability to see or hear a child who may be distressed, is prohibited. 2 Rev (4/16)

5. Steps will be taken to keep infants from overheating by regulating the room temperature, avoiding excess bedding, and not over-dressing or over-wrapping the infant. Infants should be dressed appropriately for the environment, with no more than one (1) layer more than an adult would wear to be comfortable in that environment. Caregivers will conduct physical checks of the infant to ensure the infant is not overheated or distressed.

6. The lighting in the room must allow the caregiver/teacher to see each infant's face, to view the color of the infant's skin, and to check on the infant's breathing and placement of the pacifier (if used).

7. All caregivers will receive in-person or online training on infant safe sleep based on AAP safe sleep recommendations. This training must be completed within 30 days of employment or volunteering and will be completed every three years.

Safe Sleep Environment

1. Room temperature will be kept at no less than 68°F and no more than 85°F when measured two feet from the floor. Infants are supervised to ensure they are not overheated or chilled.

2. Infants' heads and face will not be covered during sleep. Infants' cribs will not have blankets or bedding hanging on the sides of the crib. **We may use sleep clothing (i.e. sleep sack, sleepers) that is designed to keep an infant warm without the possible hazard of covering the head or face during sleep/nap time.**

3. No blankets, loose bedding, comforters, pillows, bumper pads, or any object that can increase the risk of entrapment, suffocation or strangulation will be used in cribs, playpens or other sleeping equipment.
4. Toys and stuffed animals will be removed from the crib when the infant is sleeping. **When indicated on the Infant and Toddler Feeding and Care Plan or with written parent consent, pacifiers will be allowed in infants' cribs while they sleep. The pacifier cannot have cords or attaching mechanisms.**
5. Only an individually-assigned safety-approved crib, portable crib, or playpen with a firm mattress and tight-fitting sheet will be used for infant napping or sleeping.
6. Only one infant may occupy a crib or playpen at one time.
7. Sitting devices such as car safety seats, strollers, swings, infant carriers, infant slings, and other sitting devices will not be used for sleep/nap time. Infants who fall asleep anywhere other than a crib, portable crib, or playpen must be placed in the crib or playpen for the remainder of their sleep or nap time.
8. No person shall smoke or otherwise use tobacco products in any area of the child care facility during the period of time when children cared for under the license are present.
9. Home monitors or commercial devices marketed to reduce the risk of Sudden Infant Death Syndrome (SIDS) shall not be used in place of supervision while children are napping and sleeping.
10. All parents/guardians of infants shall be informed of and given the facility's written Safe Sleep Policy at enrollment.
11. To promote healthy development, infants who are awake will be given supervised "tummy time" for exercise and for play.

Parent/Caregiver Contract

Please read the following before initialling 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 weeks 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: \$195/week for full time enrollment

_____ 2b: \$60/day for part time enrollment

_____ 2c: State pay-Foster child or Assistance Paperwork on file

_____ 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

YES 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	

CACFP REQUIREMENT	CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY						
	<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
	CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY						
	<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)				
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							
DAY CARE PROVIDER OR HOME PROVIDER							
TO CONTACT THE FOLLOWING:							
PHYSICIAN OR CLINIC							
NAME			TELEPHONE NUMBER				
PREFERRED HOSPITAL							
NAME			TELEPHONE NUMBER				
ACKNOWLEDGEMENTS							
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				
CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE				
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE				
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE				



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION AND CHILDE AND ADULT CARE FOOD PROGRAM
INFANT AND TODDLER FEEDING AND CARE PLAN

THIS SECTION TO BE COMPLETED BY CHILD CARE FACILITY:

The formula provided by this child care facility is: _____.
(Check a box) Yes No This child care facility **is participating** in the Child and Adult Care Food Program (CACFP). In order to claim meals for reimbursement, the center must provide infant cereal and other foods when the child is developmentally ready for them.

Instructions to Parents - Please complete for child who is less than 24 months of age. *Update information as needed. Use a new for or initial/date changes on this form.*

CHILD'S NAME	DATE OF BIRTH	DATE ENROLLED
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FEEDING INFORMATION

TYPE OF FOOD	FEEDING TIME	KINDS OF FOOD	AMOUNT OF FOOD
Breastmilk			
Formula			
Infant Food			
Table Food			

Who is preparing (mixing) the formula? Check all that apply: Parent Caregiver

Does your child have any problems with feedings, such as choking or spitting up?
 Yes Explain: _____
 No

Does your child use a pacifier? Yes No
Note: Pacifiers, if used, cannot be hung around an infant's neck. Pacifier mechanisms or pacifiers that attach to infant clothing cannot be used with sleeping infants.

INFANT FEEDING PREFERENCE (under 12 months)

Mark your preference (check all that apply).
 I will provide breast milk for my infant.
 I will nurse my infant at the center at these times: _____
The facility's formula may be used to supplement feedings if necessary: Yes No
If breast milk is unavailable for a feeding, the facility should: _____
 I request that the formula provided by the child care facility be served to my infant
 I will provide infant formula for my infant. Name of formula: _____
 I request that the child care facility provide solid foods for my infant as s/he is ready for them, and after I have discussed it with child care facility staff. **OR**
 I will provide solid foods for my infant.

In accordance with Federal civil rights law and U.S. Department of agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/bascrib/ow-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/bascrib/ow-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail to U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, by fax (202) 690-7442, or email at program.intake@usda.gov. This institution is an equal opportunity employer.

TODDLER FEEDING PREFERENCE (12 through 23 months)

Check all that apply: Spoon Cup Feeds Self Feeding Table or Chair

TYPE OF FOOD	FEEDING TIME	KINDS OF FOOD	AMOUNT OF FOOD
Breast Milk			
Milk			
Table Food			

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. _____

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

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? _____

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. _____

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 in case 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 allowed 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 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 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:

