

**Children must be 3 years of age before August 1<sup>st</sup> 2021 and 100% potty trained to enroll at WCP.**



**Registration Date:** \_\_\_\_\_

**Child Information**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Home Address with City: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth/Age: \_\_\_\_\_ / \_\_\_\_\_ Church home: \_\_\_\_\_

*\*Children must be 3 years of age before August 1st to enroll at the preschool.*

What school district do you live in? \_\_\_\_\_

What elementary school will your child go to in Kindergarten? \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Which parent/guardian should we contact first with sickness: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Hospital preferred: \_\_\_\_\_

**Please sign:**

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_ suffer an injury or illness while in the care of Wentzville Christian Preschool and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

May we take and maintain a photo of your child for social media? ☐ Yes ☐ No

**Acknowledgements:**

\*When my child is ill, I understand and agree that he/she may not be accepted for care or remain in care (initial) \_\_\_\_\_

\*I have been notified that I may request notice at initial enrollment or anytime there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed (initial) \_\_\_\_\_

\*I ☐ do or ☐ do not give permission for field trips/excursions. I understand I will be notified in advance when they are planned. (initial) \_\_\_\_\_

\*I ☐ do or ☐ do not give permission for the facility to transport my child (initial) \_\_\_\_\_

**Parent/Guardian Information****Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: (    ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Cell phone carrier (circle one): AT&amp;T      Sprint      T-mobile      Verizon      Other

☐ Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other \_\_\_\_\_**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: (    ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Cell phone carrier (circle one): AT&amp;T      Sprint      T-mobile      Verizon      Other

☐ Custodial Parent (If married, mark both parents) Email#: \_\_\_\_\_Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other \_\_\_\_\_**Emergency Contacts & Authorized Pickup Persons for:** \_\_\_\_\_

Emergency contact name : \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**4<sup>th</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**Who may NOT pick up your child:** \_\_\_\_\_**List your child's siblings and ages:** \_\_\_\_\_

\_\_\_\_\_

# 2021/2022 WENTZVILLE CHRISTIAN PRESCHOOL REGISTRATION FORM SHEET 3 OF 6

## Tuition / Payment Information:

\*Tuition at Wentzville Christian Preschool can be paid in one of two ways (choose one below):

- 1) One lump sum payable at the beginning of the school year with a discount (see Ms. Nyla)
- 2) The yearly tuition divided by 10 equal payments over the school year due on the 1<sup>st</sup> of each month (August – May)

\*A non-refundable registration fee is due upon the day of registration to ensure your child's spot. If your child is put on a wait list, we will not collect a registration fee until a spot has been secured. The registration fee secures their spot and goes towards their school supply needs for the year. WCP asks families to provide a backpack, lunch bag, re-sealable water bottle and bedding for our 3 and 4 year old's.

\*WCP accepts cash, checks, debit and credit card payments. If you are writing a check, please make it out to Wentzville Christian Church or WCC and in the memo section write your child's name.

\*Before and aftercare is available at an additional charge and is invoiced separately at the end of each month. See below for times.

\*WCP's school day is from 8:30 a.m. to 2:30 p.m.

**\*Children must be 3 years of age before August 1<sup>st</sup> 2020 and 100% potty trained to enroll at the preschool.**

Please **CIRCLE** the program/tuition you are interested in:

<u>Program</u>	<u>Registration Fee</u>	<u>Yearly Tuition</u>	<u>10 Payments</u>
<b>3/4 year olds</b> 3 day - M/W/F	\$230 (non-refundable) (due at registration)	\$3100	\$310/month (due Aug. 1 <sup>st</sup> )
<b>3/4 year olds</b> 2 day - T/Th	\$210 (non-refundable) (due at registration)	\$2200	\$220/month (due Aug. 1 <sup>st</sup> )
<b>3/4 year olds</b> 5 day - M - F	\$250 (non-refundable) (due at registration)	\$4350	\$435/month (due Aug. 1 <sup>st</sup> )
<b>Kindergarten Readiness</b> (Pre-K 4 & 5 year olds) 3 day - T/W/Th	\$230 (non-refundable) (due at registration)	\$3100	\$310/month (due Aug. 1 <sup>st</sup> )
<b>Kindergarten Readiness</b> (Pre-K 4 and 5 year olds) 5 day M - F	\$250 (non-refundable) (due at registration)	\$4350	\$435/month (due Aug. 1 <sup>st</sup> )

### Daily – Monday-Friday

Before – 7:00 to 8:30 a.m.

After – 2:30 to 5:00 p.m.

Before care \$8 per day

After care \$12 per day

Both \$16 per day

Please outline below whom is responsible for payment of tuition, before/after care and fees.

**All registration fees are non-refundable** and will secure your child's spot in Wentzville Christian Preschool. This enrollment form is an annual, binding agreement to pay tuition. I hereby understand & agree to this policy.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature

**In addition to the enrollment form, please submit a copy of your child's current immunizations and a child medical examination report (see page 5) from your physician. These can be faxed to our office at 636.327.1864 to the attention of Nyla Sanderson.**

**Additional Comments & Information:**

Is there is any other information that that would be helpful to our teaching staff?

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**Signature:**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent handbook, tuition invoices will be sent out in the Summer of 2021.

Welcome to WCP!

Thank You!

Nyla Sanderson  
Preschool Director  
nyla@wentzvillecc.org

Wentzville Christian Preschool  
Wentzville Christian Church  
1507 Highway Z  
Wentzville, MO 63385  
636.327.6622 ext. 17  
[www.wentzvillecc.org/preschool](http://www.wentzvillecc.org/preschool)


MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION

**CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)**

SAVE

PRINT

RESET

**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.

*(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



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 <b>Wentzville Christian Preschool</b>		DVN <b>002056377</b>	
PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) <b>1507 Highway Z - Wentzville, MO 63385</b>			
FACILITY TELEPHONE NUMBER <b>636-327-6622 ext. 17</b>		FACILITY E-MAIL ADDRESS <b>nyla@wentzvillecc.org</b>	
<b>INSPECTIONS</b>			
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 <a href="https://health.mo.gov/safety/childcare/">https://health.mo.gov/safety/childcare/</a>			
NAME OF AGENCY AND TYPE OF INSPECTION	ADDRESS	TELEPHONE NUMBER	INSPECTION
Section for Child Care Regulation (Health and Safety Inspection)	220 S. Jefferson, St. Louis, MO 63103	314.877.0223	PENDING <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> <b>9.16.19</b>
Fire Marshal's Office (Fire Safety Inspection)	PO Box 644, Jefferson City, MO 65102	573.751.2930	PENDING <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> <b>9.9.19</b>
Local Health Office or DHSS (Sanitation Inspection)	815 Olive Street, St. Louis, MO 63101	314.340.7360	PENDING <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> <b>7.23.19</b>
<b>STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY</b>		<b>STAFF/CHILD RATIOS FOR LICENSED CENTERS</b>	
AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN	AGE RANGE
Under 2 years of age	1 staff member for every		Under 2 years of age
2 to 4 years of age	1 staff member for every	10	2 years of age
5 years of age and older	1 staff member for every	10	3 and 4 years of age
TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY: <b>68</b>		5 years of age and older	
		1 staff member for every	
		16	
<b>BACKGROUND CHECK REQUIREMENTS</b>			
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:			
<ul style="list-style-type: none"> <li>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 210.1080.9(1) RSMo.</li> <li>Facilities operated by a religious organization and that <u>do not</u> receive federal funds for providing care for children <u>are not</u> required to have qualifying background screening results for all child care staff members pursuant to 210.1080.9 RSMo.</li> <li>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.</li> <li>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.</li> </ul>			
<input checked="" type="checkbox"/> BACKGROUND CHECKS HAVE BEEN CONDUCTED AS REQUIRED BY SECTION 210.1080 RSMO. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES</b>			
THE DISCIPLINARY PHILOSOPHY AND POLICIES OF THIS FACILITY ARE: <b>See preschool handbook.</b>			
THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE: <b>See preschool handbook.</b>			
<b>REQUIRED SIGNATURES</b>			
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>[Signature]</i>		DATE <b>8/28/20</b>	
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION - PASTOR, MINISTER, PRIEST, ETC. <i>[Signature]</i>		DATE <b>8/28/20</b>	