



Calvary Church ~ Big Creek

2805 Dietrich Road

Foristell, MO 63348

636.720.1872

appletree@calvaryonline.cc

2020-2021 Enrollment Packet

Checklist for Registration:

- Registration form completed
- Medical Release Form completed by doctor
- Copy of current immunization records
- Registration fee included (non-refundable)

Please return all required forms along with the registration fee as soon as possible to secure your child's spot for the 2020-2021 school year.

Enrollment is on a first-come, first-filled basis. A waiting list will be created once our rosters are full. All medical forms must be received within 30 days of enrollment.



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Registration Form 2020-21 School Year

Child's Full Name: _____

Name Child Goes By: _____

Age: _____ Date of Birth: _____ Male: [] Female: []

Child's Home Address: _____

City: _____ State: _____

Zip Code: _____ Home Phone Number _____

Parent or Guardian Information

Father's Name: _____ Phone: _____

eMail Address _____

Place of
Employment: _____

Employer's
Address: _____

Employer's Telephone Number: _____

Work schedule: _____

(parent/guardian information ~ cont.)

Mother's Name: _____ **Phone:** _____

eMail Address _____

Place of
Employment: _____

Employer's
Address: _____

Employer's Telephone
Number: _____

Work
schedule: _____

Which parent/guardian should be the main point of contact regarding your child?
 Mom Dad Both Other: _____

Family/Church Information

Sisters and/or brothers (names and ages):

Current
Church: _____

Pick Up

Persons authorized to pick up my child:

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

(keep going...you are doing great!)

(authorized pick up persons ~ cont.)

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Anyone besides a parent will be required to show their driver's license at time of pickup.

Health History

List any allergies or health problems below that your child may have:

NOTE: If allergy requires an Epipen or Benadryl to treat allergic reaction, this must be supplied by parent and will be kept at the school in your child's file and will be returned at the end of the school year.

Medication taken regularly:

Please list below any emotional, social or developmental concerns you may have regarding your child so that we may be prepared to better serve him/her in the classroom:

(almost there!)

Emergency Numbers

Pediatrician's Name _____

Address _____

Phone Number _____

Preferred hospital: _____

Phone Number _____

Please list persons, other than parents, to be reached in an emergency:

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

(the State makes us do all this...trust us...we know it's a lot!)

**Please indicate below into which program
you would like to enroll your child:**

Your child must be potty-trained by the first day of school. We are not licensed for
diapering and diapers or pull-ups are not allowed.

Fees Are Due Upon Registration

\$150 non-refundable registration fee for *returning families* due upon registration
to ensure your child's spot.

\$200 non-refundable registration fee for *new families* due upon registration to
ensure your child's spot.

Tuition is payable at the beginning of the school year, or 9 equal payments over
the school year.

10% sibling discount provided.

3s and 4s*

Monday-Friday

Tuition

\$4,500

Monthly (over 9 month period)

\$500

T/W/Th

\$3,375

\$375

**(select if your child will NOT be going to Kindergarten the following school year)*

Kindergarten

Readiness (Pre-K)*

Monday-Friday

Tuition

\$4,500

Monthly (over 9 month period)

\$500

T/W/Th

\$3,375

\$375

**(select if your child WILL be going to Kindergarten the following school year)*

Before and after care is available on an as-needed basis. See next page for
details.

FOR OFFICE USE ONLY:

Registration Fee Paid: Cash / Check # _____ Amount: \$ _____

Before and After Care Program

We offer before care beginning at 7:00am, and after care from 2:45-5:00, Monday through Friday.

The cost for before care is \$5/day and after care is \$10/day. If both are utilized on the same day, the cost is \$13/day. Snacks are provided during after care for your child. Payments for this program are separate from tuition and are invoiced monthly.

Will you be needing before care for your child? **yes** **no**

Will you be needing after care for your child? **yes** **no**

Tuition Payment Options

There are several options when it comes to paying for tuition:

- One lump sum cash/check payment for tuition paid before school starts.
- 9 equal monthly payments or lump sums paying ahead by cash or check to our tuition drop box.
- 9 equal monthly payments or lump sums paying ahead by online bill pay from your bank to Apple Tree Academy, 2805 Dietrich Road, Foristell, MO 63348. Your child's name as the account number and/or in memo line.

(on the home stretch now!)

Authorization for Medical Care and Off-Site Activities

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care with the physicians or hospital of my choice. If I cannot be reached to make the necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Apple Tree Academy to provide medical care.

Field trips will require a signed permission slip that will be sent home with each student prior to the planned activity. An appropriate car seat or booster seat may be needed on the day of the field trip in order for your child to participate. Parent volunteers are welcome to join us and help chaperone.

Please initial below:

I have been informed of the required health and safety inspections and the inspection forms are available for review.

I understand that enrolling my child and paying the registration fee secures his/her spot and binds me to pay tuition due for the entire school year as outlined above.

When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.

I give permission for field trips/excursions.

I understand I will be notified in advance when they are planned.

I have been notified that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending the preschool for whom an immunization exemption has been filed.

Signature of Parent/Legal Guardian

Date _____

Thank you for giving us accurate information.

We look forward to a great year with you and your child!

(Great job! Thanks for hanging in there!)



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 Apple Tree Academy - Calvary Church	DVN 002048840
PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) 2805 Dietrich Road, Foristell MO 63348	
FACILITY TELEPHONE NUMBER 636.720.1872	FACILITY E-MAIL ADDRESS trudi.johnson@calvaryonline.cc

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)	220 S. Jefferson, St. Louis MO 63103	314.877.2860	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	09/13/2019
Fire Marshal's Office (Fire Safety Inspection)	PO BOX 844, Jefferson City, MO 65102	573.248.2095	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	10/03/19
Local Health Office or DHSS (Sanitation Inspection)	220 S. Jefferson, St. Louis MO 63103	314.877.0216	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	12/13/19

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	0	Under 2 years of age	1 staff member for every	4
2 to 4 years of age	1 staff member for every	7	2 years of age	1 staff member for every	8
5 years of age and older	1 staff member for every	7	3 and 4 years of age	1 staff member for every	10
TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY: 53			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:

As stated in the Apple Tree Academy Handbook.

THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

As stated in the Apple Tree Academy Handbook.

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>Trudi Johnson</i>	DATE 12/11/2019
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC. <i>[Signature]</i>	DATE 12/11/2019

Information To Know

- All classes start at 8:45am on Tuesday, September 8, 2020. Access to the classrooms will not be allowed until 8:45am each morning, unless utilizing the before care program.
- Each child is to provide their own snack (except for after care) and lunch. Please do not send anything that needs to be cooked or heated. Also, to help preserve the church carpeting, no dark colored juices are allowed.
- We will not nap. There will be quiet time after lunch, however. If for some reason your child does fall asleep, we will let him/her rest for a little bit before waking them if you prefer.
- Our class ratios are lower than other area preschools and the state ratios.
- Dance Time, LLC ballet, Building Blocks Baseball, and Soccer Shots are extracurricular programs offered through Apple Tree Academy on-site for your convenience and are both excellent programs that our children have always loved.
- All of our teachers are educated and carry a combined 80 years of educational experience, with DESE certified educators. Each member of our staff has a heart of gold and love for what they do and the children and God we serve.
- Safety and security is of utmost importance to us when it comes to your child. You will be required to drop your child to the classroom each morning and pick up at the classroom each afternoon.
- If your child is not feeling well, please adhere to the following guidelines as he/she will not be allowed to attend school unless there exists:
 - No fever over 99.9 within the last 24 hours
 - No vomiting or diarrhea within the last 24 hours
 - No runny yellow discharge from the nose
 - No sore throat
 - No unexplained rashes or skin infections
 - No eye infections
 - No childhood diseases such as chicken pox, mumps, measles, rubella, etc.
- If at any time you have any questions or concerns, please contact your child's teacher or Miss Trudi. Communications are sent out regularly from this email address. If you do not receive them, then please notify Miss Trudi at appletree@calvaryonline.cc , trudi.johnson@calvaryonline.cc, or your child's teacher. We would hate for you to be missing out on important information!
- Like us on Facebook! Communications and fun photos are posted on our Facebook page, Apple Tree Academy – Calvary Church Big Creek Campus.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

BUREAU OF CHILD CARE

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.

(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.)

Multiple horizontal lines for writing physician instructions.

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