



2021-2022 Enrollment Packet

Apple Tree Academy

Calvary Church ~ Big Creek Campus

2805 Dietrich Road

Foristell, Missouri 63348

636.720.1872

trudi.johnson@calvary.church

"Train up a child in the way he should go, and when he is old, he will not depart from it." - Proverbs 22:6

Enrollment is on a first-come, first-filled basis. A waiting list will be created once our rosters are full.

Child's Full Name: _____ Name Child Goes By: _____

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

Child's Home Address: _____ City: _____ Zip Code: _____

Home Phone Number _____

Parent or Guardian Information

Father's Name: _____ Phone: _____

eMail Address _____

Place of Employment: _____

Employer's Address: _____ Phone Number: _____

Work schedule: _____

Mother's Name: _____ Phone: _____

eMail Address _____

Place of Employment: _____

Employer's Address: _____ Phone Number: _____

Work schedule: _____

First point of contact regarding your child: _____

Pick Up

Persons authorized to pick up my child:

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Anyone besides a parent will be required to show their driver's license the first time they 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 the 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:

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: _____

Siblings names and ages: _____

Current church: _____

School district you live in: _____

Media/Photography: May we take and post photos of your child to share with you and other parents for places such as our class and school Facebook pages, yearbook, and videos for end of year programs, etc?

☐ YES ☐ NO

The Money Part:

Fees Are Due Upon Registration

\$150 non-refundable registration fee for *current 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 each month on the 1st of the month, or in full at the beginning of the school year. Monthly tuition is divided into 9 equal payments. 10% sibling discount provided.

Please indicate which days your child will be attending:

3s/4s Program:

(we are not licensed for diapering/pull-ups, so your child MUST be potty-trained)

☐ Tuesday-Wednesday-Thursdays \$375/month \$3375/school year

Kindergarten Readiness (Pre-K) Program:

(select if your child WILL be attending kindergarten the following year)

☐ Tuesday through Friday \$450/month \$4050/school year

☐ Monday through Friday \$500/month \$4500/school year

Choice of enrollment will be pending enrollment fulfillment of each class.

Before and After Care Program

We offer before care beginning at 7:00am, and after care until 5:00pm, 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

Tuition can be paid by cash, check (made out to Apple Tree Academy), or debit/credit card. Invoices will be emailed to you once per month. If you wish to pay the full year in advance, a discount may apply. Please contact Trudi Johnson for more details.

Additional forms needed to complete enrollment within 30 days of enrolling:

- Signed NPR form (attached)
- Current immunization records for your child
- Child medical exam form signed by your child's doctor (attached)

If forms are not received within 30 day of enrollment, your child's spot may be forfeited.

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.

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.
- ☐ 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 and understand I will be notified in advance when they are planned.
- ☐ I understand I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending for whom an immunization exemption has been filed.

Signature of Parent/Legal Guardian _____

Date _____

School hours are 8:45am-2:45pm. Your child will need a full-sized backpack, water bottle, lunch and snack daily. Welcome letters from teachers and a short supply list will be coming out later this summer, along with more details and information about our Orientation/Meet the Teacher Night.

Thank you for giving us accurate information.

We look forward to a wonderful year with you and your family.



FOR OFFICE USE ONLY:

Date registration form received: _____

Registration fee paid: Cash [] Check # [] Debit/Credit [] Amount: _____



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
Section for Child Care Regulation (Health and Safety Inspection)	220 S. Jefferson St	314.877.2860
Fire Marshal's Office (Fire Safety Inspection)	PO BOX 844	573.248.2095
Local Health Office or DHSS (Sanitation Inspection)	220 S. Jefferson St	314.877.2860
PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>		
DATE		
12/9/2019		
10/3/2019		
9/13/2019		
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	0
2 to 4 years of age	1 staff member for every	7
5 years of age and older	1 staff member for every	7
TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY: 45		
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 years of age	1 staff member for every	8
3 and 4 years of age	1 staff member for every	10
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: <ul style="list-style-type: none">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 <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.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. <input type="checkbox"/> Yes <input type="checkbox"/> 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	8.3.2020
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION - PASTOR, MINISTER, PRIEST, ETC. <i>[Signature]</i>	DATE	8.3.2020

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.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page, possibly from a composition book. The edges of the paper are slightly irregular, suggesting it might be a scan of a physical document. There is no handwriting or other markings on the page.

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