

Tuition & Fees Schedule 2020-2021

Each year each student will have a one-time, non-refundable registration/school supply fee. This fee is due at the time of enrollment. **We cannot reserve a space for your child until we receive the enrollment packet & the enrollment/school supply fee.**

Registration & School Supply Fee Schedule

2 Day Toddlers, Twos & Three Year Olds	\$115.00
All 2-Day + 2-Day Classes	\$145.00
2 Day Pre-K	\$125.00
3 Day Pre-K	\$135.00
All 4-Day PK Classes	\$145.00

Our preschool tuition is based on an annual fee divided into nine equal payments. Payments are due on the 1st of each month beginning **August 1**. The final payment is April 1. There is no May payment. (The August payment covers May.)

Tuition Fee Schedule

Toddlers	1 year old by July 31, 2020	\$175.00 per payment
2 Year Olds	2 years old by July 31, 2020	\$165.00 per payment
3 Year Olds	3 years old by July 31, 2020	\$165.00 per payment
Toddler 2 day + 2 day classes (if available)		\$320.00 per payment
2 & 3 Year Olds 2 day + 2 day classes (if available)		\$290.00 per payment

All three year old and pre-kindergarten students must be potty-trained.

2 Day Pre-K	4 years old by July 31, 2020	\$165.00 per payment
3 Day Pre-K (Tues / Wed / Thursday)	4 years old by July 31, 2020	\$230.00 per payment
4 Day Pre-K (Tues / Wed / Thurs / Friday)	4 years old by July 31, 2020	\$300.00 per payment

Enrollment Packet:

Our enrollment packet includes: a two page student information form, an emergency treatment release & medical authorization form, a media release form, child medical examination report, an Immunization Chart, a copy of Immunization Records and a notice of parental responsibility. If you would like to enroll your child, please complete the two page enrollment form, enclose the registration & School Supply Fee and bring them to the Little Learners Office (Room A-124). The other forms will be due before the first day of classes. We cannot reserve a space for your child until we have received both the two-page student information form and the registration/supply fee.

New Students:

Media Release Form: We like to use pictures of our classes on our blogs and facebook pages. The names of our students are never on these pages. Please consider allowing your child's picture to be put on these pages. This is a great tool for you to see what is going on in their class, and it is also great for perspective families to get a glimpse of the fun and learning taking place at Little Learners.

Child Medical Examination Report: Please note that this form needs to be completed and signed by your child's physician. The date of the examination must be within the last 12 months of when the form is submitted. The doctor's office can fax the form directly to us once it is completed and signed. Our fax number is (816) 778-1155.

Immunization Chart: The state requires Little Learners to submit immunization records in this form. A parent may keep this record to submit, or it can be completed by a physician.

Immunization Record: Please submit a copy of your child's immunization record from your doctor's office.

Notice of Parental Responsibility: There are two copies of this form. Please sign one and return to the office. The other copy is for your records.

Returning Students:

In order to comply with the state licenser, returning students must complete the following:

1. an updated student information form,
2. an updated emergency treatment form,
3. an updated media release,
4. an updated copy of the immunizations from your doctor's office and
5. signed current notice of parental responsibility.

Little Learners

10500 East 350 Highway
Raytown, MO 64138

Thank you for applying to Little Learners Preschool for the 2020-2021 school year.
Please complete this enrollment form and return it with your enrollment fees
to the Little Learners Office. Your child's placement will be confirmed when the
enrollment papers and registration/supply fee is received.

Registration Confirmation Date _____
Payment Amount _____
Form of Pmnt _____ Check # _____

Class Desired	Tues/Thurs	Wed/Fri	Either is OK	Both (4 days)
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Toddlers (1 year old by July 31, 2020)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2 year olds (by July 31, 2020)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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All children in 3 Year Old and Pre-K classes must be potty-trained.

3 year olds (by July 31, 2020)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Two-Day Pre-K (4 years old by July 31, 2020)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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3-Day Pre-K (TWTh)	<input type="checkbox"/>			
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4-Day Pre-K (TWThF)	<input type="checkbox"/>			
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STUDENT INFORMATION

Child's full legal name: _____
Last First Middle

Name child goes by: _____ Home Phone: _____

Child's Home Address: _____
Street address

City State Zip Code

Birth Date: ____/____/____ Age: _____ Boy _____ Girl _____

Personality Traits: (check all that apply)

___ Well-behaved ___ Mischievous ___ Confident ___ Fearful
___ Responsible ___ Considerate ___ Aggressive ___ Strong-willed

Please list any other information that you think would help your child's teacher:

EDUCATIONAL INFORMATION

Has this child ever attended preschool? _____ Yes _____ No

If yes, where, and for how long? _____

Why do you desire to enroll your child in Little Learners? _____

How did you learn about Little Learners? Please be specific. Example: A current teacher, church member, sign, pamphlet, web, etc.

FAMILY INFORMATION

Child lives with: Both Parents _____ Mother only _____ Father only _____
Each parent (joint custody) _____ Legal Guardian _____ Other _____

Mother/Stepmother

Father/Stepfather

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

(Please indicate which email will be designated for school correspondence)

Other children in household:

Name

Age

Does your family attend church services? _____ Yes _____ No

If yes, where do you attend? _____

Please write the hours of your work/home schedule. This is a state requirement. We must have both the mother and father's schedule, regardless of which parent the child lives with. If your schedule varies, please specify as best you can.

Father's Schedule:

Mother's Schedule:



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

CHILD CARE ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES

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
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
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E-MAIL ADDRESS

EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
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FATHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
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E-MAIL ADDRESS

EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
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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)		

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

TO CONTACT THE FOLLOWING:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER
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PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER
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ACKNOWLEDGEMENTS		
A	I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.	PARENT/GUARDIAN INITIALS
B	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
C	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
D	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	PARENT/GUARDIAN INITIALS
E	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

**HEALTH REPORT FOR SCHOOL-AGE CHILD
CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS**

MY CHILD IS IN GOOD HEALTH, IS ABLE TO PARTICIPATE IN GROUP CARE, HAS NO SPECIAL HEALTH OR MEDICAL REQUIREMENTS.

MY CHILD IS ABLE TO PARTICIPATE IN GROUP CARE BUT HAS SPECIAL HEALTH OR MEDICAL REQUIREMENTS AS LISTED BELOW.

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS

ANY SPECIAL MEDICATIONS AND/ OR RESTRICTIONS

PARENT/GUARDIAN SIGNATURE

DATE

FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.

FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.

Little Learners

Media Release Form

I, hereby grant Little Learners Preschool permission to apply the following standards when using photos of my child, _____ during the 2020-2021 school year. **(Please fill in boxes beside all where permission is given.)**

- My child's photograph/s/videos may be used among the school family (Newsletters, slide shows, etc.).
- My child's photograph/s/videos may be used on the following Little Learners web-based uses.
 - No names are used.

The following are the sites where we would ever use student photographs:

website located at www.littlelearnersps.com, the agency

Facebook page located at <https://www.facebook.com/?ref=home#!/pages/Little-Learners-Preschool/188340741211893>.

I understand these images/videos are intended to communicate school activities with Little Learners families, friends and prospective families who might visit these sites. I further understand that no financial compensation will be given. Little Learners Preschool is a non-profit organization.

By signing below, I acknowledge my understanding of the above and grant my permission for use of the photographs/videos.

(please print name) _____
date

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
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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.)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN	DATE
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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

Immunization Chart

Please fill this in and submit it along with a copy of your immunizations.

Immunization	Dose 1	Age (in months)	Dose 2	Age (in months)	Dose 3	Age (in months)	Dose 4	Age (in months)
DTaP								
Hib								
Polio (IPV)								
Hepatitis B								
Pneumococcal (PCV)								
MMR								
Varicella								

*Many times immunizations are grouped together. Here are a few common names of immunizations and which individual shots are combined in them.

- Pediarix (DTaP, IPV, and Hep B)
- Pentacel (DTaP, IPV, HIB)
- Kinrix (DTaP, IPV)
- Prennar (Pneumococcal)

*****Please turn in the completed Immunization Chart with the signed Medical Examination Report and current copy of the student's Immunizaion Records. This may be completed by a parent or Primary Physician. Our FAX number is 816-778-1155.**



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 Little Learners Preschool	DVN
PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) 10500 E. 350 Hwy Raytown, MO 64138	
FACILITY TELEPHONE NUMBER 816-778-1128	FACILITY E-MAIL ADDRESS pj@connectionpoint.tv

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)	3717 S Whitney Ave Independence, MO	816-350-5463	PENDING <input type="checkbox"/>	APPROVED <input checked="" type="checkbox"/>	NOT APPROVED <input type="checkbox"/>	11/6/2019
Fire Marshal's Office (Fire Safety Inspection)	205 Jefferson St. Jefferson City, MO 65102	573-751-2930	PENDING <input type="checkbox"/>	APPROVED <input checked="" type="checkbox"/>	NOT APPROVED <input type="checkbox"/>	10/17/2019
Local Health Office or DHSS (Sanitation Inspection)	313 S. Liberty Independence, MO	816-881-4424	PENDING <input type="checkbox"/>	APPROVED <input checked="" type="checkbox"/>	NOT APPROVED <input type="checkbox"/>	9/6/2019

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	4	Under 2 years of age	1 staff member for every	4
2 to 4 years of age	1 staff member for every	6	2 years of age	1 staff member for every	8
5 years of age and older	1 staff member for every	7/8	3 and 4 years of age	1 staff member for every	10
TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY: 100			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:

We are the mindset that discipline should be effectively managed pro-actively. Our teachers implement positive reinforcement, and work to vary the activities and maintain the proper amount of stimulation to keep little ones busy. Children are offered times of choice throughout the day. When a need arises to address an issue, it is handled by the teacher. A time out is offered where the child may collect himself. When necessary, the director is called for assistance.

THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

Our goal is to introduce Jesus to preschoolers by meeting the academic, emotional, physical, social and spiritual needs of our students and their families. We are committed to providing a safe, loving, Jesus-centered environment where preschoolers are provided with a spiritual foundation on which future knowledge can be built.

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>R.J. Mull</i>	DATE 11/20/19
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION - PASTOR, MINISTER, PRIEST, ETC. <i>Laura L. Davis</i>	DATE 11-20-19

PAYMENT OPTIONS CONTRACT

OPTION 1 – Registration/ Supply Fee will be paid at the time of enrollment
Balance of the nine months of payments prior to the first day of class

OPTION 2 – Registration / Supply Fee paid at the time of enrollment
August – December Tuition payments before the first day of class
January – April tuition payments before the first day of class

OPTION 3 – Registration / Supply Fee at the time of enrollment

Payment #1: August 1	Payment #8: March 1
Payment #2: September 1	Payment #9: April 1
Payment #3: October 1	
Payment #4: November 1	
Payment #5: December 1	
Payment #6: January 1	
Payment #7: February 1	

*** With option 3 the total balance must be paid by the 28th of the month in order for the student to attend class.

OPTION 4 – THIS OPTION IS ONLY AVAILABLE TO THOSE FAMILIES ENROLLING AFTER LABOR DAY.....

Registration / Supply Fee paid at time of enrollment

Payment #1: At enrollment	Payment #7: March 1
Payment #2: October 1	Payment #8: April 1
Payment #3: November 1	Payment #9: May 1
Payment #4: December 1	
Payment #5: January 1	
Payment #6: February 1	

***With Option 4 the total balance must be paid by the 5th of the month in order for e the students to attend class. **May's tuition payment must be paid before/on May 1 in order for the student to attend classes and other activities in May.**

PLEASE CIRCLE THE OPTION YOU CHOOSE TO USE AND SIGN BELOW
