



Dear Parents,

Thank you for your interest in KidSteps Preschool. Our preschool is a ministry of First Baptist Church of Warrensburg. We provide an early childhood education program for children from age three to five using developmentally appropriate curriculum.

We offer two-day/week (Tuesday/Thursday) classes for 3 year olds and three-day/week (Monday/Wednesday/Friday) classes for 4 year olds. The maximum class size is twelve children with two teachers for each class. All classes are three hours long; classes start at 8:30 and end at 11:30.

There is a registration fee of \$50 and a materials fee of \$80. Tuition is \$150/month for 3 year olds and \$195/month for 4 year olds.

We provide experiences for young children that include pre-literacy skills, beginning math concepts, basic science investigations; art, music and movement activities; fine and gross motor skill development, and a nurturing atmosphere in which to grow emotionally and socially.

Additionally, we present weekly Bible stories that are age appropriate. These are reinforced with simple songs that preschoolers understand as we seek to make them increasingly aware of God's love and care.

We honor a child's natural path to learning--free exploratory play which stimulates the brain's senses and opens an exciting world of learning for the young child. Curiosity leads the preschooler to explore a bucket of seashells, an earthworm on the sidewalk, or reflections seen in a puddle of water. Research has found that exploratory play "encodes the love of learning, a natural curiosity and a zest of the process of discovery more than any other activity."1

Our fenced natural playground offers another stimulating learning environment. Here, children are free to run, slide down the berm slide, dig in our giant sand area, ride wheeled toys, play special outdoor musical instruments, draw and paint, sit with a friend, smell the herbs and flowers grown just for them, and "perform" on a child-size stage to an audience of their teachers and friends.

Your child's safety is a primary concern when they are at preschool. Our doors are locked during preschool hours and parents must sign in and out during drop off and pick up times.

We would consider it a privilege to teach your child. We also would like to support and encourage you since parents are a child's first teacher.

Sincerely,

Sonya Davenport, KidSteps Director & Teacher

1. Jensen, Eric. Enriching the Brain. San Francisco: Jossey-Bass, 2006.

First Baptist Church - KidSteps Enrollment Form							
3 Year Olds (Tuesday/Thursday) 4 Year Olds (Monday/Wednesday/Friday)							
Child's Name	Gender	Birthdate					
Address (Street, City, Zip)	•						
Identifying Information							
Mother's/Guardian's Name	Preferred Phone Number						
Father's/Guardian's Name	Preferred Phone Number						
E-Mail Address							
Child lives with ( ) Both Parents ( ) Mother Only ( ) Other:	Father Only ( ) Joint Custod	y ( ) Legal Guardian					
Other children in the household (Name and age)							
Other 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 KidSteps Preschool?							
How did you learn about KidSteps Preschool?							
Please tell us about your child's temperament and any special interests.							
Please list any other information you think would help your child's teacher (allergies, habits, special language, etc.).							
Does your family attend church? ( ) Yes ( ) No If yes, where?							
Please write the hours of your work/home schedule. We must have both the mother's and father's schedule, regardless of which parent the child lives with; include workplace name, address and phone number. If your schedule varies, please specify as best							
Mother's Schedule Fat	her's Schedule						

Emergency Contacts								
Name and Address Relationship to Child Phone Number								
Name and Address	Relationship to Child	Phone Number						
Person(s) Authorized to Take Child From Facility								
Name and Address	Name and Address Relationship to Child F							
Name and Address	Relationship to Child	Phone Number						
Name and Address	Relationship to Child	Phone Number						
Authorization for Emergency Medical Care								
I understand that I will be notified at once in case of an emergence of my child with the physicial or hospital of my choice. If I cannot emergency requiring medical care, I authorize FBC KidSteps person	be reached to make necessary ar	_						
Physician	n of Clinic							
Name and Address		Phone Number						
Preferred	d Hospital							
Name and Address Phone Number								
Acknowledgements								
<ul> <li>I have been informed of the required health and safety inspe inspection forms are available for review.</li> </ul>	Parent/Guardian Initials							
B. When my child is ill, I understand and agree the she/he may remain in care .	Parent/Guardian Initials							
C. I do / do not give permission for the facility to transperse.	Parent/Guardian Initials							
D. I understand that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending the facility for who an immunization exemption has been filed.  Parent/Guardian Initials								
Health Report								
<ul> <li>My child is in good health, is able to participate in group care, has no special health or medical requirements.</li> <li>My child is able to participate in group care but has special health or medical requirements as listed below.</li> </ul>								
Any allergies, special medical condition, including chronic health problems								
Any special medications and/or restrictions								
Parent/Guardian Signature	Date							



# Photo/Video Release Form

#### **KidSteps Preschool**

1302 S. Maguire Warrensburg, MO 64093

From time to time we may take the opportunity to take pictures or video of the activities in our preschool to use in our church service, on our website or in publicity or other printed materials. We ask that parents of minor children take the time to fill out this form. Parents have the right to either *give* or *decline* permission for the preschool to use their children's photos/video.

Please feel free to call the church office if you have any questions—(660) 747-9186.

Please fill out and sign the appropriate statement to either give or to decline permission to use pictures/videos of your child for preschool publicity. With regard to the use of photos/video on our website, it is the policy of KidSteps Preschool that children in photos not be identified by name.

Please	return this form to the preschool d	rector.
	Name of Minor Child	
	Street Address, City, State & Zip	Code Phone Number
	To <b>GRANT</b> permission to use yo	ur child's pictures:
I,		(please print your name) grant permission for KidSteps child named above on the preschool website or in the preschool's
press ream the o	leases or other publicity informatichild's parent or legal guardian. I	child named above on the preschool website or in the preschool's on. I further state that I have the right to give this permission as I understand that if I give notice to the Preschool Director that I he website, it will be removed as soon as possible.
	Signed	Date
	To <b>DECLINE</b> permission to use y	our child's pictures:
prescho	Steps Preschool to publish pictures ol's press releases or other publicition as I am the child's parent or le	(please print your name) decline to grant permission of my child named above on the preschool's website or in the ty information. I further state that I have the right to decline this gal guardian.
	Signed	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	
CURRENT STATE OF HEALTH			
Based on my assessment of this child's medical history, current state of this child can participate in a child care program. This child has no spe			,
(Date of medical examination m	nust be within the last 12 months.	)	
PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE			
Complete this section only if child requires special care at a child diabetes, asthma, behavior problems, hearing or visual impairment, e			ons,
			_
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			_
SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION (	OF A PHYSICIAN D	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 PHY (PLEASE PRINT.)	YSICIAN, INDICATE PHYSICIAN'S NAME	
	TELEPHONE NUMBER		
MO 580-1878 (6-14) TO BE FILED IN CHILD'S REC	ORD AT CHILD CARE FACILITY	В	BCC-6A

#### **School Copy**



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION OFFICE OF CHILDHOOD – CHILD CARE COMPLIANCE

## RELIGIOUS ORGANIZATION CHILD CARE FACILITY NOTICE OF PARENTAL RESPONSIBILITY

PAREN	TAL RE	SPONSIL	<b>SILITY</b>								
LEGAL NAME OF FACILITY First Baptist Church					DVN 002341193						
PHYSICAL ADDRESS (ST	REET, CITY,	STATE, ZIP CO	DDE)					100201	1100		
1302 S. Maguire Str		ırrensburg,	MO. 64093			EAGUITATE MAIL	ADDDECO				
FACILITY TELEPHONE NU 660-747-9186	IMBEK					sdavenport@f		q			
				INSPECT							
Section 210.211 RSMo exemit is state inspected only for fat https://dese.mo.gov/childh	ire, health, an	d sanitation requi	child care facility from rements as indicated	state licensing below. Inspec	and sup tions are	ervision by the Departr available on the Show	ment of Elementary Me Child Care Pro	y and Second ovider Search	ary Education and can be a	(DESE). ccessed	
NAME OF AGENCY AND INSPECTION			DRESS	TELEPHONE NUMBER		INSPECTION		1		DATE	
Office of Childhood -			0 E. 63rd town, MO	816-400-9		PENDING ☐ APPROVED ☒ NOT APPROVE		ROVED	4/1/24		
Fire Marshal's Office (Fire Safety Inspection)			Box 844 on City, MO	573-508-8	8789	PENDING ☐ APPROVED ☒ NOT APPROVED ☐			ROVED 🗆	2/21/24	
Local Health Office or DHS (Sanitation Inspection)		Ray	0 E. 63rd lown, MO	816-350-		PENDING ☐ APPROVED █ NOT APPROVED ☐			2/06/24		
STANDARD STAFFIC						F/CHILD RATIOS				OF CHILDDEN	
AGE RANGE	NUMBER C	ber for every	NUMBER OF C	HILDREN	W08   85	2 years of age	NUMBER OF S 1 staff member		NOWBER	OF CHILDREN 4	
Under 2 years of age 2 to 4 years of age		ber for every	6			s of age	1 staff member			8 .	
5 years of age and older		ber for every	6			4 years of age	1 staff member			10	
TOTAL NUMBER OF CHIL			l			s of age and older			16		
Santa Britania de	- 175-112			OUND CHEC		UIREMENTS					
Facilities operated by a 210.1080.1(1) RSMo.     Facilities operated by a staff members pursuant     Child care staff member being on the premises die Facilities operated by a defined in 210.1080.1(1)  BACKGROUND CHECKS  Yes  No	religious organi to 210.1080.9 I s of facilities op uring child care religious organ I RSMo.	ization and that <u>do</u> RSMo. perated by a religion hours. nization that receiv	not receive federal fu us organization that rec re federal funds for pro	unds for providing ceive federal fun oviding care for SECTION 210	g care for ds for pro children, 0.1080 R	children <u>are not</u> require viding care for children, must request criminal b SMO.	ed to have qualifying with disqualifying ba	background s	creening result	s for all child care	
THE DISCIPLINARY PHILO	OCODUV AN				TIONA	L PHILOSOPHY/I	POLICIES	\$ C 27 840			
Teachers will tre					Tecl	ners promote	e cooperat	tion, em	pathy.	and	
negotiation. The											
reasons why act	•			-					•		
reasonable expe				p		.,					
THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:											
We seek to meet the needs of the whole child, individualizing the program to meet each child's needs.											
We recognize the importance of child-initiated activity and the significanc of play as a vehicle for learning. We create flexible, stimulating classroom environments. We use an integrated curriculum											
where children le			•					negran	ou cum	Julum	
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			RE	QUIRED SI	GNATI	IRFS			**************************************		
Section 210.254, RSMo require	s the facility to	furnish two copies	of this document to a p	parent(s) upon er	rollment	of a child. Parents acknow	wedge by signature	that they have	e read and acc	epted the	
PARENT(S)	cument. One or	upy or this signed o	tocument is given to the	e parent(s); the o	лпег сору	is retained in the child's	record at the jacility	DATE			
PRINCIPAL OPERATING	OFFICERIFA	CILITY DIRECT	OR					DATE	スーつ	021	
INDIVIDIAL DESDONGIBI	F FOR THE	RELIGIOUS OF	RGANIZATION - P	ASTOR MINIS	TEP P	RIEST ETC		DATE	5-2	UZT	
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION - PASTOR, MINISTER, PRIEST, ETC.					4 3 2024						

The Degathent of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

#### **Parent Copy**



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION OFFICE OF CHILDHOOD – CHILD CARE COMPLIANCE

### RELIGIOUS ORGANIZATION CHILD CARE FACILITY NOTICE OF PARENTAL RESPONSIBILITY

		SPUNSIE	DILI I Y					,		
LEGAL NAME OF FACILITY D							DVN 002341193			
PHYSICAL ADDRESS (STI 1302 S. Maguire Sti	reet. Wa	STATE, ZIP CO Irrensburg,	DE) MO. 64093							
FACILITY TELEPHONE NUMBER  660-747-9186  FACILITY E-MAIL ADDRESS sdavenport@fbcwburg.org										
				INSPECT	IONS	100		***************************************		
Section 210.211 RSMo exen	ire, health, and	d sanitation requi	child care facility from rements as indicated	state licensing	and sup	ervision by the Departm available on the Show	nent of Elementary Me Child Care Pro	and Second vider Search	ary Education and can be a	(DESE). accessed
	at https://dese.mo.gov/childhood/child-care/find-care  NAME OF AGENCY AND TYPE OF ADDRESS TELEPHONE INSPECTION DATE INSPECTION NUMBER								DATE	
Office of Childhood - Child Care Compliance			0 E. 63rd lown, MO			PENDING 🗆 🖟	APPROVED 🗷	NOT APPROVED □		4/1/24
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Local Health Office or DHS (Sanitation Inspection)		Ray	0 E. 63rd lown, MO	816-350-	5460	PENDING ☐ APPROVED ■		NOT APPROVED □ 2		2/06/24
STANDARD STAFFIC	HILD RATI	OS ESTABLI	SHED BY THIS I	ACILITY	STAF	F/CHILD RATIOS	FOR LICENSE	D CENTE		
AGE RANGE	NUMBER C	OF STAFF	NUMBER OF C	HILDREN	AGE F	RANGE	NUMBER OF S	TAFF	NUMBER (	OF CHILDREN
Under 2 years of age	1 staff mem	ber for every	. 4		Under	2 years of age	1 staff member	for every		4
2 to 4 years of age		ber for every	6			s of age	1 staff member	•		8 .
5 years of age and older		iber for every	6			4 years of age	1 staff member	•		10
TOTAL NUMBER OF CHIL	DKEN ENK	OLLED BY THIS		UND CHEC		s of age and older	1 staff member	for every		16
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 staff members or 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					TIONA	L PHILOSOPHY/F	POLICIES	7 9 641		::
THE DISCIPLINARY PHILE Teachers will tre	at all ch	ildren wit	h love and i	respect.						
negotiation. The										
reasons why act			ble or unac	ceptable	. Th	ey use logica	al consequ	iences	and ha	ve
reasonable expectations.										
THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:										
We seek to meet the needs of the whole child, individualizing the program to meet each child's needs.										
We recognize the importance of child-initiated activity and the significanc of play as a vehicle for										
learning. We create flexible, stimulating classroom environments. We use an integrated curriculum										
where children learn by doing, and give children choices about hos they learn.										
		<del> </del>	DE	OHIDED CO	CNIATI	IDES				77 78 · 1.1
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)	Carrent One a	or una signed d	Council is given to the	parentia), trie (	mei wpy	to retained in the cillus	at the laulity	DATE		
PRINCIPAL OPERATING		CILITY DIRECT						DATE	-3-2	024
INDIVIDUAL RESPONSIBI	E FOR THE	RELIGIOUS OF		STOR, MINIS	STER, P	RIEST, ETC.		DATE	1/0/000	) <u>U</u>
July IVI .	I ame								1/5/200	V-1

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