



2020 AOK AFTER SCHOOL ENROLLMENT COVER SHEET

QUICK INFO

- ▶ Program starts Monday, **August 24, 2020**.
- ▶ A **\$150** non-refundable enrollment fee is due at time of registration.
- ▶ **Note:** All AOK buildings will close if Lamar School closes for social isolation.
- ▶ Lamar Schools will transport participants from school to the **Wolf Building** (address below).
- ▶ After School will be open until **5:30pm** daily after school and on days that school is scheduled to be out (including most snow days) with the **exception** of these holidays:
Labor Day, Memorial Day, Thanksgiving Day (and the Friday after), Christmas Eve, Christmas Day, New Year's Eve and New Year's Day.

- ▶ Tuition is due prior to the week of attendance and is required **regardless** of attendance:
- ▶ **\$40 per week** (after school until 5:30pm)
- ▶ **Additional \$5** (\$45) per half day ("when school is let out after lunch" until 5:30pm)
- ▶ **Additional \$7** (\$47) per full day (7:30am-5:30pm)

- ▶ **Late Pick-up:** Children must be picked up by 5:30pm each day.
- ▶ A late pick-up fee of \$5 for every 15 minutes late will be charged unless AOK staff has been notified.
- ▶ If your child is picked up late on two separate occasions without notice, he/she may be dismissed from the program.

- ▶ Disaster Manual is available on site and online.
- ▶ Financial assistance is available through the Missouri Department of Social Services.

CHECKLIST

My child/children, _____ NAME OF CHILD / CHILDREN _____ will enroll.

I HAVE ENCLOSED (for each participant):

- _____ State Forms
(Child Care Enrollment, Parents Child Health Statement and Medication Authorization)
- _____ Medical Release Form
- _____ Permission to Leave Facility Form
- _____ Authorization for Immunization Record Release Form
- _____ Parent/Guardian Communication Form
- _____ Credit/Debit Card Agreement
- _____ Policy Agreement
- _____ Enrollment Fee of **\$150**
- _____ Week 1 Tuition of **\$40**

SIGNATURE _____ DATE _____

QUESTIONS?

Contact **Jerod Morey** at 417.682.6002 or jerod@aokyouth.org.

AOK HQ	WOLF BUILDING	NATHAN'S PLACE	P 417.682.6002
208 W. 10TH ST	801 E. 12TH ST	1005 GULF ST	F 417.681.0514
LAMAR, MO 64759	LAMAR, MO 64759	LAMAR, MO 64759	AOKYOUTH.ORG



2020 AOK AFTER SCHOOL ENROLLMENT

RELEASES

MEDICAL RELEASE

I hereby verify that the previously named camper is in normal health and is capable of safe participation in this day camp program. I assume all risks and hazards incidental to the conduct of and transportation to and from this program. I release About Our Kids, Inc. from all claims of liability for my child's participation in the day camp program. I hereby authorize AOK staff to obtain medical treatment for my child if parent(s) and/or the emergency contacts cannot be reached.

SIGNATURE _____ DATE _____

PERMISSION TO LEAVE FACILITY

_____ CHILD'S NAME _____ (please print)

ACTIVITY

About Our Kids, Inc.

DATE OF ACTIVITY

Any (permission is granted from **August 24, 2020** to **May 15, 2021**).

LOCATIONS

To and/or from:

Lamar R-1 Schools Lamar City Park Mary K. Finley Public Library
Lamar Aquatic Park Any other AOK activity

TRANSPORTED BY

Lamar R-1 Schools and/or AOK staff

TIMES LEAVING / RETURNING

Any

SIGNATURE _____ DATE _____

AUTHORIZATION FOR IMMUNIZATION RECORD RELEASE

Please complete your application by reading and providing your written authorization by signing this form.

I, _____ YOUR NAME _____, give Lamar R-1 School District permission to release the immunization records for _____ CHILD'S NAME _____ to About Our Kids, Inc.

SIGNATURE _____ DATE _____

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2020 AOK AFTER SCHOOL ENROLLMENT

RELEASES

PARENT / GUARDIAN COMMUNICATION

AOK will use the forms of social media and technology listed below to stay in contact and up to date with parents/guardians during After School program 2020-21.

Please provide the following information so that AOK can add you to our social media sites as well as Remind, a text-based application that will send direct reminders and communication when special events are to take place, special circumstances arise, etc.

Text messages rates may apply.

FACEBOOK USERNAME _____

INSTAGRAM USERNAME _____

SNAPCHAT USERNAME _____

EMAIL _____

I WANT TO RECEIVE AOK NEWSLETTERS AND UPDATES

MOBILE # _____

SIGNATURE _____

DATE _____

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2020 AOK AFTER SCHOOL ENROLLMENT
CREDIT / DEBIT CARD AGREEMENT

2020 AOK CREDIT / DEBIT CARD ON FILE AGREEMENT

AOK policy requires all AOK clients to keep a credit or debit card on file for payment purposes. Your credit/debit card information will be secure and can only be charged under the terms you specify below.

By providing us with your credit/debit card information, you authorize AOK to automatically charge your card on a weekly or bi-weekly basis.

Please circle how you prefer to be billed and date to start. Cards will be charged every **Monday** unless otherwise noted.

WEEKLY STARTING _____ **BI-WEEKLY** STARTING _____

If the credit/debit card information we have on file changes for any reason, you must notify AOK as soon as possible. If you have questions about a charge, please notify us within 10 days. After 30 days, all charges will be assumed to be correct.

We will maintain a clear record of all payments and charges. However, in the rare case that an overpayment occurs, your account will be credited on the upcoming invoice or if the balance is zero and you no longer bring your child to AOK, your credit/debit card will be reimbursed. An email or text receipt will be sent to you as well as a paid invoice from AOK showing your payment.

In the event of a declined charge, you will be asked for a new credit/debit card number and/or payment before your child can return to AOK.

I HAVE READ AND UNDERSTAND THE CREDIT/DEBIT CARD ON FILE AGREEMENT AND AUTHORIZE ABOUT OUR KIDS, INC, TO CHARGE MY CREDIT/DEBIT CARD AS STATED ABOVE.

VISA MASTERCARD DISCOVER OTHER _____

CARD NUMBER _____

EXPIRATION _____ SECURITY CODE _____ BILLING ZIP _____

NAME ON CARD _____

CHILD'S NAME _____

EMAIL ADDRESS / PHONE NUMBER (FOR RECEIPTS) _____

Billing Address on card (if different from our records):

CARDHOLDER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____ DATE _____



2020 AOK AFTER SCHOOL ENROLLMENT

PARENT / GUARDIAN MANUAL

PROGRAM DETAILS

- ▶ Children are transported to AOK by a Lamar School bus or parents.
- ▶ A **free** nutritious dinner meal is provided Monday–Friday.
- ▶ After School is open to children in Kindergarten thru 5th grade.

TUITION & FEES

AOK recognizes that the cost of childcare is a major expense for families. Prompt payment is appreciated and expected 1 week **in advance**. Checks should be made payable to AOK and include your child’s full name.

TUITION

Tuition is due prior to the week of attendance and is required regardless of attendance.

- ▶ **\$40 per week** (after school until 5:30pm)
- ▶ **Additional \$5** (\$45) per half day (i.e. When school is let out after lunch, until 5:30pm)
- ▶ **Additional \$7** (\$47) per full day (7:30am–5:30pm)

LATE POLICIES

- ▶ A late fee of **\$5 per week** may be charged for late payments.
- ▶ A child may be dismissed from program after 2 weeks of non-payment.
- ▶ Pick ups: Children must be picked up by 5:30pm each day.
- ▶ A late pick-up fee of **\$5 for every 15 minutes late** will be charged unless AOK staff has been notified.
- ▶ If your child is picked up late on two separate occasions without notice, he/she may be dismissed from the program.

PARENT / GUARDIAN CONFERENCES

AOK encourages parents/guardians to schedule conferences as needed throughout the school year. To arrange a conference, simply contact the Director to schedule a time that is mutually suitable.

MEDICAL

AOK is required by law to have these documents on file:

- ▶ Child Care Enrollment Form
- ▶ Current immunization record
- ▶ Parent Health Statement for School Age Children
- ▶ Medical Authorization Form (if a child needs medication while at AOK)

Parents are encouraged to arrange for yearly medical, dental and eye checkups at their own expense.

Participants should be kept at home if:

- ▶ The child has a contagious disease.
AOK should be notified of exposure to any contagious disease.
- ▶ The child has a temperature of 100°F or more. The temperature should be normal for at least 24 hours before allowing the student to return to AOK.

(continued on next page)

ABOUT AOK

BOARD OF DIRECTORS

Kathy Jenkins, President
Brett Boice
Pat O’Neal

MISSION STATEMENT

To empower young people to make positive healthy life choices.

GOALS

- ▶ Support & strengthen the family unit;
- ▶ Assist children to develop to their fullest potential;
- ▶ Deliver a positive program in a safe, supportive and educational environment;
- ▶ Assist children to accept and demonstrate the values of caring, honesty, responsibility and respect.

AOK encourages active parental involvement in each child’s activities and education, which has been shown to increase a child’s success at school, encourage communication and promote self-esteem.

Parents/Guardians/Participants must adhere to all AOK policies, written and/or posted at AOK programs, on site and/or off site activities or programs.

IN ACCORDANCE WITH FEDERAL LAW AND THE US DEPARTMENT OF AGRICULTURE POLICY, ALL PROGRAMS AT AOK ARE PROHIBITED FROM DISCRIMINATING ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY. TO FILE A COMPLAINT OF DISCRIMINATION, WRITE DIRECTOR OF CIVIL RIGHTS, ROOM 326-W WHITTEN BUILDING, 1400 INDEPENDENCE AVENUE S.W., WASHINGTON D.C. 20250-9410.

RULES, POLICIES OR PROCEDURES MAY BE ADDED, CHANGED OR DELETED AT ANY TIME. NEW POLICIES WILL BE POSTED AND ENFORCED IMMEDIATELY.

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- ▶ A general condition exists (i.e. head lice, nose or eyes discharge, persistent cough, sore throat or nausea).

Youth who become ill during the school day will not be allowed at AOK and will be placed in isolation and parents/guardians or designated emergency contact will be notified to pick up the child immediately if sent directly from the school.

INJURIES

Minor injuries will be treated at AOK by a staff member and a report will be filed. In an emergency, AOK staff will attempt to contact the parent/guardian, and possibly 911, and if requested, medical personnel will transport the injured child to the closest emergency room or hospital.

MEDICATION

A child may not receive medication of any type from AOK staff unless required by a doctor. Parent/guardians must complete a medical authorization form and medication must be provided in original container with pharmacy/doctor instructions and unused medication taken home at end of prescription period.

AOK STAFF WILL STRIVE TO GIVE MEDICATION AS REQUESTED BUT CANNOT BE HELD RESPONSIBLE FOR GIVING MEDICATION.

COVID-19 PROCEDURES

AOK has implemented coronavirus screening protocols to evaluate children and employees daily for symptoms and potential past exposures to COVID-19.

DROP-OFF

- ▶ **Please bring your cell phone.**
- ▶ AOK staff will greet children at a sign-in station outside as they arrive.
- ▶ Please observe 6 foot social distancing if you must wait.
- ▶ Hand sanitizer will be provided so that children can clean their hands before they enter.
- ▶ Temperature will be taken on each child. Any child with a fever of 100.4°F or above or other signs of illness will **not** be admitted to the facility.

PICK-UP

- ▶ **Please bring your cell phone.**
- ▶ Parent/guardian **must** call or text 417.681.0559 with child's name.
- ▶ AOK staff will meet parent at sign-in station and assist with electronic sign out documentation.

OTHER POLICY / PROCEDURE CHANGES

- ▶ Only staff and participants will be allowed in the buildings or on the playground.
- ▶ On days when school is out all day, youth will not be allowed to bring anything—except medication—from home (hair accessories, jewelry, electronics, extra clothes, etc.) These things can be brought, cleaned and left in the AOK building and used when the child returns.

(continued on next page)

STAFF

- ▶ AOK staff is directly accountable to the Director or AOK Board depending on position and situation.
- ▶ All staff and volunteers are trained according to AOK policy and have ongoing training and/or staff meetings.
- ▶ After School staff are trained to lead activities and ensure the safety of the After School participants.

AOK DIRECTOR IS DIRECTLY ACCOUNTABLE TO THE AOK BOARD AND IS RESPONSIBLE FOR THE OVERALL ADMINISTRATION OF ABOUT OUR KIDS, INC. PROGRAMS.

DRESS CODE

- ▶ Shorts/skirts must reach bottom of fingertips when hands are held straight down at one's side.
- ▶ Tops must cover belly button, come to top of pants and be at least 1" across at each top of shoulder (no strapless, no ties).
- ▶ Clothing that displays profanity or pictures or slogans regarding tobacco, alcohol or drugs is not allowed.

Note: Determination of appropriate dress is at the discretion of Director.

DRESS FOR FIELD TRIPS WILL DEPEND ON THE NATURE OF THE TRIP AND ACTIVITY. FOR SOME OCCASIONS, DRESS WILL BE SPECIFIED BY THE STAFF OR SPONSOR.

YOUTH WHO VIOLATE DRESS CODE WILL NOT BE ALLOWED TO JOIN IN ACTIVITIES UNTIL OFFENDING CLOTHING HAS BEEN CHANGED.

REPEATED VIOLATIONS MAY RESULT IN LOSS OF PRIVILEGES OR DISMISSAL FROM THE PROGRAM.

LOST & FOUND

AOK recommends that all items, including clothing, are identified with the participant's first and last name.

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2020 AOK AFTER SCHOOL ENROLLMENT

PARENT / GUARDIAN MANUAL

- ▶ All toys and surfaces will be disinfected daily by AOK staff.
- ▶ Any child or staff who have signs or symptoms will be separated from others and sent home as soon as possible.
- ▶ If a child or staff member are diagnosed with COVID-19, AOK will close all buildings indefinitely.

DONATIONS

AOK is a non-profit organization and welcomes donations of money, supplies or volunteering of time.

RELEASES

RELEASE OF INFORMATION / RECORDS

- ▶ Parents with joint custody have the right to request information regarding their children by written request.

AOK AND LAMAR SCHOOL DISTRICT COMMUNICATE AND SHARE PROGRAM INFORMATION.

RELEASE OF PARTICIPANTS

- ▶ All children must be signed-in and signed-out **each day**.
- ▶ Only persons designated by parent/guardian on the enrollment form will be allowed to pick up a child at any scheduled activity.
- ▶ Participants must sign out with a **group leader**. Staff may ask for identification if they do not know persons or child acts suspiciously.

IF THERE IS A FAMILY PLAN COURT ORDER RESTRICTING PARENT VISITATION, AOK MUST HAVE A COPY ON FILE IN ORDER TO DENY A PARENT ACCESS TO THEIR CHILD.

ADDITIONAL POLICIES

SAFETY DRILLS & DISASTER PREPAREDNESS

Monthly fire drills and tornado drills are practiced. A disaster plan is on file and is available for review.

SCHOOL CLOSINGS

If Lamar Schools close early or dismiss because of bad weather or emergency, AOK will be open if possible.

ALCOHOL / TOBACCO / VAPE-FREE

All AOK facilities are alcohol, tobacco and vape-free, and the use of any alcohol, tobacco or vape products in the AOK buildings or on AOK grounds by any person, including participants, parents or visitors is prohibited.

TRANSPORTATION

Enrolled participants may be transported by bus (or approved staff vehicle) to and from Lamar Schools and AOK activities/events only.

SIGN AND RETURN THIS PORTION

Each child **must** have a copy of this page signed by a parent/guardian on file.

2020-21 AOK AFTER SCHOOL POLICY AGREEMENT

I, _____ YOUR NAME _____, have read and understand the rules and guidelines for AOK'S After School program for the school year spanning 2020-2021.

If I have any questions, I may contact Jerod Morey, AOK Executive Director at **417.682.6002** or **jerod@aokyouth.org**.

CHILD'S NAME _____

SIGNATURE _____

DATE _____

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR CHILD CARE REGULATION
 BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE
CHILD CARE ENROLLMENT FORM

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			
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>		CELL PHONE NUMBER			
E-MAIL ADDRESS					
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE			
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE NUMBER			
FATHER'S/GUARDIAN'S NAME		HOME TELEPHONE NUMBER			
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>		CELL PHONE NUMBER			
E-MAIL ADDRESS					
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE			
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE NUMBER			
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)					
COMMENTS ON CHILD'S DEVELOPMENT (PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)					
RELATED CHILD					
<input type="checkbox"/> YES <input type="checkbox"/> NO		HOW IS CHILD RELATED TO CHILD CARE PROVIDER?			
CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED					
CACFP REQUIREMENT	CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: <input type="checkbox"/> FULL TIME OR <input type="checkbox"/> PART TIME		WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.
	MONDAY	<input type="checkbox"/>	AM PM	AM PM	
	TUESDAY	<input type="checkbox"/>	AM PM	AM PM	
	WEDNESDAY	<input type="checkbox"/>	AM PM	AM PM	
	THURSDAY	<input type="checkbox"/>	AM PM	AM PM	
	FRIDAY	<input type="checkbox"/>	AM PM	AM PM	
	SATURDAY	<input type="checkbox"/>	AM PM	AM PM	
	SUNDAY	<input type="checkbox"/>	AM PM	AM PM	

CACFP REQUIREMENT	CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY			
	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> MORNING SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> AFTERNOON SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK <input type="checkbox"/> NONE			
	CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY			
	NEW YEAR'S DAY (JANUARY)	MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	PRESIDENT'S DAY (FEBRUARY)	EASTER (MARCH/APRIL)
	MEMORIAL DAY (MAY)	INDEPENDENCE DAY (JULY)	LABOR DAY (SEPTEMBER)	COLUMBUS DAY (OCTOBER)
VETERANS DAY (NOVEMBER)	ELECTION DAY (NOVEMBER)	THANKSGIVING (NOVEMBER)	CHRISTMAS DAY (DECEMBER)	
AUTHORIZATION FOR EMERGENCY MEDICAL CARE				
<p>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.</p> <p>IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE</p> <p style="text-align: center;">_____ DAY CARE PROVIDER OR HOME PROVIDER</p> <p>TO CONTACT THE FOLLOWING:</p>				
PHYSICIAN OR CLINIC				
NAME			TELEPHONE NUMBER	
PREFERRED HOSPITAL				
NAME			TELEPHONE NUMBER	
ACKNOWLEDGEMENTS				
A	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.		PARENT/GUARDIAN INITIALS	
B	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.		PARENT/GUARDIAN INITIALS	
C	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR, AND INDIVIDUAL NEEDS.		PARENT/GUARDIAN INITIALS	
D	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	
E	I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS.		PARENT/GUARDIAN INITIALS	
F	<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	
G	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.		PARENT/GUARDIAN INITIALS	
H	I HAVE BEEN INFORMED AND HAVE RECEIVED A COPY OF THE FACILITY'S SAFE SLEEP POLICY WHEN ENROLLING A CHILD LESS THAN ONE (1) YEAR OF AGE.		PARENT/GUARDIAN INITIALS	
I	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	
PARENT'S/GUARDIAN'S SIGNATURE ▶			DATE	
CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	

USDA Nondiscrimination Statement

For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

October 14, 2015



PARENT’S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE
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HEALTH STATEMENT (CHECK ONE)

- 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.

SCHOOL-AGE CHILD’S SPECIAL HEALTH OR MEDICAL REQUIREMENTS

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
MEDICATION AUTHORIZATION

MEDICATION REQUIREMENT

PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. A SEPARATE FORM IS NEEDED FOR EACH MEDICATION. THIS FORM IS VALID ONLY FOR THE DATES INDICATED BELOW.

I AUTHORIZE CHILD CARE PERSONNEL TO ADMINISTER THE FOLLOWING MEDICATION TO MY CHILD:

(PROPER NAME OF MEDICATION)

CHILD'S FULL NAME	DATE MEDICATION TAKEN FROM	UNTIL
-------------------	----------------------------	-------

DOSAGE	TIME(S) OF DAY
--------	----------------

POSSIBLE SIDE EFFECTS

SIGNATURE OF PARENT(S) OR GUARDIAN	DATE
------------------------------------	------

RECORD OF ADMINISTRATION

STAFF NAME	DATE	MEDICATION NAME	DOSAGE	TIME