



**3-4-5 Academy  
at Keetsville Manor**  
Washburn, Missouri



**CHILD'S FACE SHEET / ENROLLMENT FORM CHILD'S INFORMATION:**

Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Place of Birth:(City/Town) \_\_\_\_\_  
Child's Identifying Information (required by Dept. of early Education & Care regulations):  
Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Skin Color: \_\_\_\_\_  
Identifying Marks: \_\_\_\_\_  
Allergies: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

<b>Parent/Guardian #1</b>	<b>Parent/Guardian #2</b>
SS#: _____	SS#: _____
<b>Parent/Guard. Name:</b>	<b>Parent/Guard. Name:</b>
_____	_____
<b>Relationship to child:</b> _____	<b>Relationship to child:</b> _____
<b>Home Address:</b>	<b>Home Address:</b>
_____	_____
<b>City/Zip:</b>	<b>City/Zip:</b>
_____	_____
<b>Home Telephone:</b> _____	<b>Home Telephone:</b> _____
<b>Cell/Pager #:</b> _____	<b>Cell/Pager #:</b> _____
<b>Business Name:</b> _____	<b>Business Name:</b> _____
<b>Address:</b>	<b>Address:</b>
_____	_____
<b>City/State:</b> _____	<b>City/State:</b> _____
<b>Work Number:</b> _____	<b>Work Number:</b> _____
<b>E-MAIL ADDRESS:</b>	<b>E-MAIL ADDRESS:</b>
_____	_____

If parents cannot be contacted, notify:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_

Siblings/Ages: \_\_\_\_\_

Child's Physician /Clinic: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are there any special custody arrangements staff should be aware of? \_\_\_\_\_ If so, please describe:

\_\_\_\_\_



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### **AUTHORIZATION AND CONSENT FORM**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, \_\_\_\_\_. However, if I cannot be reached, I hereby authorize the 3-4-5 Academy, LLC. to secure emergency transportation for my child to the nearest hospital and to secure the necessary medical treatment. I understand the teachers in the childcare center are trained in the basics of First Aid and selected staff are CPR certified. I authorize them to give my child first aid when appropriate. I also understand that any expenses incurred will be borne by me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

*A copy of your health insurance card must accompany this form.*

Field Trips Emergency information and first aid kit will be taken on all field trips. Parent(s) will be notified of any event requiring emergency medical attention at the earliest possible time. Authorized Persons I hereby authorize the 3-4-5 Academy, LLC to release my child to the following persons (other than parents):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Tel # (home) \_\_\_\_\_ (work) \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Tel # (home) \_\_\_\_\_ (work) \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Tel # (home) \_\_\_\_\_ (work) \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

*A copy of this form is available upon request.*

## DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Note: Please provide information for Infants and Toddlers (marked) as appropriate to the age of your child.

### DEVELOPMENTAL HISTORY

Age began sitting \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_ talking \_\_\_\_\_

\*Does your child pull up? \_\_\_\_\_ \*Crawl \_\_\_\_\_ \*Walk with support? \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Special words to describe needs \_\_\_\_\_

Language spoken at home \_\_\_\_\_

\*Any history of colic? \_\_\_\_\_

\*Does your child use pacifier or suck thumb? \_\_\_\_\_

\*When? \_\_\_\_\_

\*Does your child have a fussy time? \_\_\_\_\_ \* When? \_\_\_\_\_

\*How do you handle this time? \_\_\_\_\_

### HEALTH

Any known complications at birth? \_\_\_\_\_

Serious illnesses and/or hospitalizations: \_\_\_\_\_

Special physical conditions, disabilities: \_\_\_\_\_

Allergies, i.e. asthma, hay fever, insect bites, medicine, food reactions (must have physician documentation): \_\_\_\_\_

Regular medications: \_\_\_\_\_

### EATING HABITS

Special characteristics or difficulties: \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Foods refused: \_\_\_\_\_

### TOILET HABITS

\*Is child potty trained? \_\_\_\_\_

Does the child have accidents? \_\_\_\_\_

\*Are bowel movements regular? \_\_\_\_\_ How many per day? \_\_\_\_\_

\*Is there a problem with diarrhea? \_\_\_\_\_ constipation? \_\_\_\_\_

How does your child indicate bathroom needs (include special words): \_\_\_\_\_

Is your child ever reluctant to use the bathroom? \_\_\_\_\_

(3-4-5 Academy requires its students to be potty trained)

### SLEEPING HABITS

\*Does your child sleep in a crib? \_\_\_\_\_ Bed? \_\_\_\_\_

Does your child become tired or nap during the day (include when and how long)? \_\_\_\_\_

When does your child go to bed at night? \_\_\_\_\_ and get up in the morning? \_\_\_\_\_

Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc.) \_\_\_\_\_

**SOCIAL RELATIONSHIPS**

How would you describe your child: \_\_\_\_\_

Previous experience with other children / daycare: \_\_\_\_\_

Reactions to strangers: \_\_\_\_\_ Able to play alone? \_\_\_\_\_

Favorite toys and activities: \_\_\_\_\_

Fears (the dark, animals, etc.) \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

What is the method of behavior management / discipline at home? \_\_\_\_\_

What would you like your child to gain from this childcare experience? \_\_\_\_\_

**DAILY SCHEDULE:**

Please describe your child's schedule on a typical day. please include awakening, eating, napping, toilet habits, fussy time, night bedtime, etc.

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Is there anything else we should know about your child?

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3-4-5 Academy strives to be sensitive to the needs of all families enrolled. Please share any additional information that might be useful in program planning, event planning, etc. throughout the year (i.e. information on religion, home language, ethnic history, culture and family structure.)

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Multiple Permission Form**

**Center Activities**

I give permission for my child to use all of the play equipment and participate in all of the activities at 3-4-5 Academy..

Date\_\_\_\_\_ Signature of Parent\_\_\_\_\_

**Antiseptic**

I give permission for first aid certified staff members to use antiseptic as part of the first aid process if necessary

Date\_\_\_\_\_ Signature of Parent\_\_\_\_\_

**Walking Trips and Field Trips**

I give permission to 3-4-5 Academy staff to accompany my child on supervised walking trips.. When 3-4-5 Academy plans to take my child on a field trip to a specific location outside the center, I will be notified and asked to sign a detailed permission slip.

Date\_\_\_\_\_ Signature of Parent\_\_\_\_\_

**Photographs / Videotaping**

I give permission to 3-4-5 Academy to take photographs/videotape of my child and to use them in classroom displays, classroom or center portfolios or during promotional events. I understand that he/she may be identified by first name (*no last names will be used*). I understand my child's photo may be placed on the website, Facebook page or used in formal promotional materials.

Date\_\_\_\_\_ Signature of Parent\_\_\_\_\_

**Observations/Educational Research**

I give permission to 3-4-5 Academy to allow observation of my child by center visitors, Early Childhood Professionals, and/or college students.

Date\_\_\_\_\_ Signature of Parent\_\_\_\_\_

**Email, Address & Phone Number**

I give permission to 3-4-5 Academy to release (to enrolled parents/staff only) my email address, home address and phone number for the purpose of parent communication, parent references, or use by children's parents for birthday parties, play groups, etc.

Please list any information you do not wish to be given out.

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Date\_\_\_\_\_ Signature of Parent\_\_\_\_\_



## POLICY AGREEMENT

\_\_\_\_\_  
Child's Name

I, \_\_\_\_\_, have read and understand the 3-4-5 Academy policies as outlined in the Parent Handbook and agree to abide by them.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Outlined below are certain policies which we feel are important to keep in mind.**  
***However, we suggest you use the handbook to familiarize yourself with ALL our policies.***

1. 3-4-5 Academy Calendar & Hours of operation will follow Southwest R-V School Calendar and Hours of operation.
2. A \$185.50 deposit is due with application.
3. Tuition of \$37.50 per day will be due one week in advance, payable by 3:15 p.m. on Friday for the following week.
4. For payments received after 3:15 p.m. on Friday, a \$20.00 late fee will be assessed.
5. A \$25.00 fee will be paid for any returned check. If two checks are returned within six months, tuition will be paid by cash or money order.
6. If a child is picked up past his/her departure time, the parent(s) will be charged \$1.00 per minute, per child, no exceptions. This is a fine, not a program option.
7. Absences and vacation time will require full payment in order to hold a place for your child.
8. Two (2) weeks written notice MUST be submitted to 3-4-5 Academy Director indicating date of withdrawal. 3-4-5 Academy reserves the right to bill for (2) week's tuition, if less than two (2) weeks or no notice is given. Withdrawal prior to declared date will require full financial responsibility.
9. A \$50.00 fee will be assessed upon withdrawing your child before the end of the year.
10. 3-4-5 Academy requires students to be potty trained.

## ONLINE FORMS DASHBOARD

DESE CHILD ENROLLMENT FORM

<https://dese.mo.gov/media/pdf/mo-500-3317-child-care-enrollment-form>

APPLICATION FOR CHILD CARE SUBSIDY FOR CHILDREN AND FAMILIES

<https://dese.mo.gov/media/pdf/application-child-care-subsidy-children-and-families>

INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS CACFP

[https://health.mo.gov/living/dnhs\\_pdfs/R\\_CACFP\\_205\\_IEF\\_child.pdf](https://health.mo.gov/living/dnhs_pdfs/R_CACFP_205_IEF_child.pdf)

CHILD MEDICAL EXAMINATION REPORT (PRE-SCHOOL)

[https://dese.mo.gov/sites/dese/files/media/pdf/2021/08/mo500-3303-child-medical-examination-report\\_3.pdf](https://dese.mo.gov/sites/dese/files/media/pdf/2021/08/mo500-3303-child-medical-examination-report_3.pdf)

CHILD CARE/PRESCHOOL IMMUNIZATION STATUS REPORT

<https://health.mo.gov/living/wellness/immunizations/pdf/2425statusreport.pdf>

MEDICATION AUTHORIZATION FORM

<https://dese.mo.gov/sites/dese/files/media/pdf/2021/08/mo500-3301-medication-authorization.pdf>