Footprints

Weekday Preschool Program

The following forms must be completed and returned to our church office by July 15, 2019.

Please contact Desera Nations, Footprints Director, with any questions.
dnations@lynwoodbc.org
573-334-4600

Thank you for allowing us to teach your preschoolers!

Lynwood Baptist Church
2935 Lynwood Hills Drive Cape Girardeau, MO 63701
573/334-4600
cjones@lynwoodbc.org www.lynwoodbc.org

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

CHILD ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES

Child's Name	Birthdate:
Address (Street, City, State, Zip)	

IDENTIFYING INFORMATION

A) Mother's Name	Home Phone No. ( )
Address (Street, City, State, Zip)	
Employed By	Hours of Employment From To
Address (Street, City, State, Zip)	Business Telephone No. ( )
B) Father's Name	Home Phone No. ( )
Address (Street, City, State, Zip)	
Employed By	Hours of Employment From To
Address (Street, City, State, Zip)	Business Telephone No. ( )

EMERGENCY CONTACT(S) (OTHER THAN PARENT(S) OR DOCTOR)

Name	Telephone No. ( )
Address (Street, City, State, Zip)	
Name	Telephone No. ( )
Address (Street, City, State, Zip)	

PERSON(S) AUTHORIZED TO TAKE CHILD FROM THE CHILD CARE FACILITY

Name	Name

TO BE COMPLETED BY CHILD CARE FACILITY

Admission Date_____

Discharge Date_____

(Form to be retained for one year after discharge)

FILING: File form in child's individual record.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

PHYSICIAN AND PREFERRED HOSPITAL TO BE USED IN AN EMERGENCY	
I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are:	
Doctor/Clinic: Name:	Telephone ( )
Preferred Hospital:	
Name	Telephone ( )

FIELD TRIPS AND TRANSPORTATION (Complete this section only if facility takes field trips or provides transportation.)

I ☐ do ☐ do not give consent for my child to take part in field trips or excursions with this day care facility under proper supervision. It is my understanding that I will be notified when such trips are planned.

AGREEMENTS

A. I have been informed of the required health and safety inspections and that the inspection forms are available for review.

B. When my child is ill, I understand and agree that my child may not be accepted for care.

Parent/Legal Guardian Signature	Date

HEALTH REPORT FOR SCHOOL-AGE CHILD

CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS
Any allergies, special medical conditions, including chronic health problems:
Any special medications and/or restrictions:

This certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in day care.

Parent/Legal Guardian Signature	Date

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

CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

SAVE
PRINT
RESET

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE

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

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

*for one year olds only.

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

PARENT'S SPECIALIZED INSTRUCTIONS FOR INFANTS AND TODDLERS

CHILD'S NAME	DATE OF BIRTH	DATE ENROLLED

INSTRUCTIONS TO PARENTS

- Please complete for child who is less than 24 months of age.
- Update diet information as needed until child is on complete table food. Use a new form or initial/date changes on this form.

FEEDING METHOD

CHECK ALL THAT APPLY

☐ SPOON ☐ CUP ☐ BOTTLE ☐ WARM BOTTLE ☐ HOLDS OWN BOTTLE ☐ FEEDS SELF ☐ FEEDING TABLE OR CHAIR

TYPE OF FOOD	FEEDING TIME	KINDS OF FOOD	AMOUNT OF FOOD
FORMULA OR BREASTMILK			
WHOLE MILK			
INFANT FOOD			
JUNIOR FOOD			
TABLE FOOD			

ARRANGEMENTS FOR SLEEP – Licensing rules require that infants be placed in a crib, on their back, to sleep.

TIME CHILD USUALLY NAPS	USUAL LENGTH OF NAP

SPECIAL NEEDS/INSTRUCTIONS RELATED TO SLEEPING

My child is 12 months or older, and I give my permission for my child to sleep on a cot.

PARENT'S SIGNATURE	DATE

DIAPERING INSTRUCTIONS

LIST ANY LOTIONS AND/OR OINTMENTS, ETC. THAT YOU HAVE PROVIDED AND GIVE PERMISSION FOR CAREGIVERS TO USE ON YOUR CHILD

_____ FOR ☐ WET ☐ BOWEL MOVEMENT ☐ RASH ☐ OTHER

☐ I do not want caregivers to use any lotions, powders, ointments or similar items on my child.

I WILL FURNISH THE FOLLOWING BABY SUPPLIES FOR MY CHILD; CLEARLY LABELED WITH MY CHILD'S NAME

SPECIAL INSTRUCTIONS FOR CARE (RESTRICTIONS, ALLERGIES, ETC.)

PARENT/LEGAL GUARDIAN SIGNATURE	DATE

* all children *

OVER THE COUNTER (OTC) MEDICATION PERMISSION FORM

THIS FORM AUTHORIZES Footprints Preschool TO ADMINISTER
(Name of Facility)

(Check all that apply:)

☐ Sunscreen: N/A (Brand/Type or "Any") Parent/guardian must apply all sunscreens and/or insect repellants before attending class.

☐ Insect Repellant: N/A (Brand/Type or "Any")

☒ Diaper Cream: (if necessary) and provided by parents/guardians. (Brand/Type or "Any")

To: _____
(Name of Child)

The following conditions apply:

1. If you bring a brand of OTC medication different than what is listed above, a new form must be completed and on file.
2. This form must be updated annually (yearly).
3. One form must be completed for each child.
4. Manufacture's guidelines for application will be followed.

Parent/Guardian Signature: _____ Date: _____

This authorization expires on: _____ (One year from date signed.)

EMERGENCY INFORMATION & AUTHORIZED PICK-UP LIST

Child's Name _____ **Date of Birth** _____

Home Address _____

Mother's Name _____ **Email** _____

Home Phone _____ **Work Phone** _____ **Cell** _____

Father's Name _____ **Email** _____

Home Phone _____ **Work Phone** _____ **Cell** _____

Emergency Contacts:

In case of an emergency, and we are unable to contact the parents, please list below the names and telephone numbers of the persons you wish for us to contact, in the order of priority.

Name	Relationship to Child	Telephone Number

Allergies:

Please list all of your child's known allergies, including level of severity and appropriate treatment or response.

_____

_____

_____

Pick-Up List

List the individuals, other than the parents, who may pick up the above-named child from this facility. We are unable to release your child to anyone who is not listed as an authorized pick-up person below.

Name	Relationship to Child	Telephone Number

Footprints

Electronic Fund Transfer (EFT) Enrollment Form for Footprints Tuition

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZATION PAYMENTS

I hereby authorize **Lynwood Baptist Church** to initiate electronic debit entries (e-payments) to my/our account(s) as indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I acknowledge that the origination of ACH transactions to my/our account must comply with provisions of U.S. law.

CHECKING ACCOUNT

Bank Name _____ Bank Location/City _____

Account Number _____ Routing Number _____

☐ Begin Direct Debit (e-payment) ☐ Change Direct Debit (e-payment) ☐ Cancel Direct Debit

Start date _____ Change date _____ Cancellation date _____

Amount $ _____ Amount $ _____

☐ Monthly debit on 1st Thursday of month ☐ Monthly debit on 1st Thursday of month

Please attach a copy of a voided check.

SAVINGS ACCOUNT

Bank Name _____ Bank Location/City _____

Account Number _____ Routing Number _____

☐ Begin Direct Debit (e-payment) ☐ Change Direct Debit (e-payment) ☐ Cancel Direct Debit

Start date _____ Change date _____ Cancellation date _____

Amount $ _____ Amount $ _____

☐ Monthly debit on 1st Thursday of month ☐ Monthly debit on 1st Thursday of month

Please attach a copy of a voided deposit slip.

This authorization is to remain in full force and effect until **Lynwood Baptist Church** has received written notification from me/either of us at least one week prior to its termination/modification in such time and manner as to afford **Lynwood Baptist Church** and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name (please print) _____ Date _____

Signature _____ Child's Name _____

PLEASE RETURN THIS FORM TO: Lynwood Baptist Church, 2935 Lynwood Hills Drive, Cape Girardeau, MO

Photo Release Form

I hereby grant permission to the employees, teachers, and director of Footprints Weekday Preschool at Lynwood Baptist Church of Cape Girardeau, MO to use my child's name and/or photographs and videos of my child in their publications, such as newsletters, Facebook posts, Twitter posts, display boards, slide shows at Footprints events, and/or in DVD's given away. This also includes videos & photographs displayed on Lynwood Baptist Church's website.

I hereby waive any right to inspect or approve the finished photographs or printed matter that may be used in conjunction with them now or in the future.
I hereby agree to release, defend, and hold harmless the employees, teachers, and director of Lynwood Baptist Church Footprints Weekday Preschool program.

Your Name (please print) _____

Child's Name (please print) _____

Address: _____

I am the above named individual. I have read this release before signing below, and I fully understand the contents and meaning and impact of this release.

Signature: _____

Footprints

ONES
School Supply List 2019-2020

- **One-year–olds:**
- 1 box JUMBO crayons (8 pack)
- 2 packages of baby wipes
- 1 box of Kleenex
- 1 roll of paper towels
- 1-inch binder, with clear front pocket
- 1 package of sturdy paper plates
- 2 Elmer's glue sticks

*Please bring all supplies to Back-to-School Night.

*All supplies will be used as a class, so there is no need to lavel supplies.

Each day, your child will need to bring the following items with them to school:

-Backpack (preferably big enough to put lunch box and folder inside)

-Complete change of clothing in a large zip-lock bag (labeled with your child's name). Accidents happen!

-Lunch labeled with your child's name (we do not have the ability to warm anything or keep anything in the refrigerator).

-Remember the utensils! Please include a spoon or fork in your child's lunch (when needed).

-Make sure you have 5 diapers in their bag each day.

-Nap materials (each child may bring ONE stuffed animal and special blanket for nap time. Please do not bring any "talking" animals.)

Thank you for helping purchase supplies for our class to share as we make learning fun for every age!

We look forward to a wonderful year with you and your child!

Footprints Preschool Team

Footprints

TWOS
School Supply List 2019-2020

Two-year-olds:

- Backpack or book-bag labeled with your child's name (preferably big enough to put lunch box and folder inside)
- Red and Blue KinderMat and blanket for rest time (labeled with your child's name)
- 16 pack of Crayola watercolor paints
- 1 box of Crayola 8-pack crayons
- 4 packs of play-doh
- 2 bottles of Elmer's Glue-All
- 1 box of Kleenex
- 2-inch binder (labeled with child's name)
- 1 package of sturdy paper plates
- Girls bring one package of baby wipes
- Boys bring one roll of paper towels
- Girls bring one box of quart-size Ziploc bags
- Boys bring one box of gallon-size Ziploc bags

Each day, your child will need to bring the following items with them to school:

-Backpack and nap materials that can be assembled and packed away in a timely manner.

-Complete change of clothing in a large zip-lock bag (labeled with your child's name). Remember to include socks and undies. Accidents happen!

-Lunch labeled with your child's name (we do not have the ability to warm anything or keep anything in the refrigerator).

-Don't forget to send a drink!

-Remember the utensils! Please include a disposable spoon or fork in your child's lunch (when needed).

-Each child may bring ONE stuffed animal or special blanket for nap time. Please do not bring any "talking" animals.

-All supplies will be used as a class, so there is no need to label supplies.

*Please bring all supplies to Back-to-School Night.

Thank you for helping purchase supplies for our class to share as we make learning fun for every age!
We look forward to a wonderful year with you and your child!

Footprints Preschool Team

Footprints

THREES

School Supply List 2019-2020

Three-year-olds:

Backpack or book-bag labeled with your child's name (preferably big enough to put lunch box and folder inside)

Red and Blue KinderMat and blanket for rest time (labeled with your child's name)

1 box of Crayola colored pencils

1 box of Crayola 24-pack crayons

1-8 X 11 Dry Erase Board

1-6 pack Fine Point Dry Erase Markers with Eraser on end

1 packs of Elmer's glue sticks

1 bottle of Elmer's school glue

1 box of Kleenex

1 box of quart-size Ziploc bags

2-inch binder with clear pocket on front (labeled with child's name)

Girls bring one package of baby wipes

Boys bring one package of paper towels

*Please bring all supplies to Back-to-School Night.

Each day, your child will need to bring the following items with them to school:

-Backpack and nap materials that can be assembled and packed away in a timely manner.

-Complete change of clothing in a large zip-lock bag (labeled with your child's name). Remember to include socks and underwear. Accidents happen!

-Lunch labeled with your child's name (we do not have the ability to warm anything or keep anything in the refrigerator).

-Remember the utensils! Please include a disposable spoon or fork in your child's lunch (when needed).

-Pack lunches and drinks that are easy for children to help open, as this will help with fine motor skills.

-Each child may bring ONE stuffed animal or special blanket for nap time. Please do not bring "talking" animals.

-All supplies will be used as a class, so there is no need to label supplies.

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Footprints Preschool Team

Footprints

PRE-K

School Supply List 2019-2020

Pre-K Class (4's & 5's)

Backpack or book-bag labeled with your child's name
(preferably big enough to put lunch box and folder inside)

Red and Blue KinderMat and blanket used for rest time
(labeled with your child's name)

2 Elmer's glue sticks

1 bottle Elmer's school glue

1 box Crayola 24 count crayons

1 box of Crayola washable markers

4 pack of Play-doh

4 pack of Dry Erase markers (fine-tip)

1 8 X 11 Dry Erase Board

1 pair of child scissors (blunt tip)

1 inch binder

1 Highlighter pen

1 large box Kleenex

2 rolls of paper towels

1 refill pack of baby wipes

Girls bring one box of quart-size Ziploc bags

Boys bring one box of gallon-size Ziploc bags

Something to include in our writing center (can be stationary, index cards, stickers, envelopes, small pads of paper, etc...)

Each day, your child will need to bring the following items with them to school:

-Backpack and nap materials that can be assembled and packed away in a timely manner.

-Complete change of clothing in a large zip-lock bag (labeled with your child's name). Remember to include socks and undies. Accidents happen!

-Lunch labeled with your child's name (we do not have the ability to warm anything or keep anything in the refrigerator).

-Remember the utensils! Please include a disposable spoon or fork in your child's lunch (when needed).

-Pack lunches that are easy for children to help open, as this will help with fine motor skills.

-Teacher Correspondence Folder

-Each child may bring ONE stuffed animal or special blanket for nap time. Please do not bring "talking" animals.

-All supplies will be used as a class, so there is no need to label supplies.

*Please bring all supplies to Back-to-School Night.

Thank you for helping purchase supplies for our class to share as we make learning fun for every age!
We look forward to a wonderful year with you and your child!

Footprints Preschool Team

Footprints

Weekday Preschool Program

Parent Handbook Acknowledgement Form

It is important that you are aware of Footprints Preschool policies. These policies are regulations pursuant to our licensing with the state of Missouri and expectations of Lynwood Baptist Church. By signing this form, you are acknowledging that you have read, understand, and are willing to adhere to the policies listed within the parent handbook.

I acknowledge that I have read, understand, and are willing to adhere to the policies and regulations set forth in the Footprints Preschool Parent Handbook.

Child's Name _____

Parent's Name _____

Parent's Signature _____

Date _____

Lynwood Baptist Church
2935 Lynwood Hills Drive Cape Girardeau, MO 63701
573/334-4600