Owners: Beth and Dave Boedeker

Center Director: Beth Boedeker

600 Top Notch Lane

Eureka, MO 63025

Phone: 636-587-6023

Infant Enrollment Packet

Mission Statement:

We understand that the early childhood years are the most crucial years of a child's development. They set the pathway for a lifetime of learning. We provide programs which are developmentally appropriate within our safe and nurturing environment. We recognize that children learn at different rates and we are dedicated to implementing a curriculum that meets the social, emotional, physical and cognitive development needs of all our children enrolled.

FIRST Adventures ACADEMY
6:00 am – 6:00 pm
6 weeks – 12 years

CHILD CARE ENROLLMENT FORM

	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

IDENTIFYING INFORMATION

MOTHER'S/GUARDIAN'S NAME	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE ☐	
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
FATHER'S/GUARDIAN'S NAME	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE ☐	
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL	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 NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

COMMENTS ON CHILD'S DEVELOPMENT (PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

WILL CHILD ATTEND: ☐ FULL TIME ☐ PART TIME CHECK WHAT DAYS THE CHILD WILL ATTEND		WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY?	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY?	WRITE ANY COMMENTS, CHANGES, OR VARIATIONS IN USUAL ATTENDANCE INTHIS SECTION INCLUDING SHIFT CHANGES
MONDAY	☐	☐ AM ☐ PM	☐ AM ☐ PM	
TUESDAY	☐	☐ AM ☐ PM	☐ AM ☐ PM	
WEDNESDAY	☐	☐ AM ☐ PM	☐ AM ☐ PM	
THURSDAY	☐	☐ AM ☐ PM	☐ AM ☐ PM	
FRIDAY	☐	☐ AM ☐ PM	☐ AM ☐ PM	

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 ARRANGEMENT, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE

FIRST ADVENTURES ACADEMY

(LIST CHILDCARE FACILITY NAME HERE)

TO CONTACT THE FOLLOWING:

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 HOME 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	I ☐ DO ☐ DO NOT GIVE PREMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
G	I ☐ DO ☐ 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

Missouri Department of Health and Senior Services
Section for Child Care Regulation and Child and Adult Care Food Program
INFANT AND TODDLER FEEDING AND CARE PLAN

THIS SECTION TO BE COMPLETED BY CHILD CARE FACILITY:
The formula provided by this child care facility is: **NONE**.

(Check a box) ☐**Yes** ☒**No** This child care facility **is participating** in the Child and Adult Care Food Program (CACFP). In order to claim meals for reimbursement, the center must provide infant cereal and other foods when the child is developmentally ready for them.

Instructions to Parents – Please complete for child who is less than 24 months of age. *Update information as needed. Use a new form or initial/date changes on this form.*

CHILD'S NAME	DATE OF BIRTH	DATE ENROLLED

Feeding Information

Type of Food	Feeding Time	Kinds of Food	Amount of Food
Breast Milk			
Formula			
Infant Food			
Table Food	Served at meal times: 8 am / 11:30 am / 2:30 pm		

Who is preparing (mixing) the formula? Check all that apply: ☐Parent ☐Caregiver

Does your child have any problems with feedings, such as choking or spitting up?
☐Yes Explain:_____
☐No

Does your child use a pacifier? ☐Yes ☐No
Note: Pacifiers, if used, cannot be hung around an infant's neck. Pacifier mechanisms or pacifiers that attach to infant clothing cannot be used with sleeping infants.

Infant Feeding Preference (under 12 months)

Mark your preference (check all that apply).

☐ I will provide breast milk for my infant.

☐ I will nurse my infant at the center at these times: _____

The facility's formula may be used to supplement feedings if necessary: ☐Yes ☐No

If breast milk is unavailable for a feeding, the facility should: _____

☐ I request that the formula provided by the child care facility be served to my infant.

☐ I will provide infant formula for my infant. Name of formula: _____

☐ I request that the child care facility provide solid foods for my infant as s/he is ready for them, and after I have discussed it with child care facility staff. **OR**

☐ I will provide solid foods for my infant.

Toddler Feeding Preference (12 through 23 months)			
Check all that apply: ☐Spoon ☐Cup ☐ Feeds Self ☐ Feeding Table or Chair			
Type of Food	**Feeding Time**	**Kinds of Food**	**Amount of Food**
Breast Milk			
Milk	8 am / 11:30 am / 2:30 pm		
Table Food	8 am / 11:30 am / 2:30 pm		

Arrangements for Sleep – Licensing rules require that infants be placed on their back to sleep.	
Time(s) Child Usually Naps	Length of Nap

Additional Instructions Related to Sleeping:
Note: When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those required by rule, the provider must have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant. The caregiver(s) must put the infant to sleep in accordance with such written instructions.

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

Signature of Parent/Legal Guardian	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 (e.g., restrictions, allergies, etc.):

Signature of Parent/Legal Guardian	Date

Family Name: _____

Parent Policies and Procedures

Hours of Operation

First Adventures is open from **6:00 AM to 6:00 PM, Monday through Friday**.
If your child will be absent or arriving late, please notify the center before **9:00 AM**.

Safety and Security

- Facility doors remain locked to prevent unauthorized access.
- Photo identification is required before releasing a child to anyone on the authorized pick-up list.
- High-definition cameras are installed in each classroom and closely monitored in the office.

Sign-In/Out Policy

Parents must **sign their child in and out daily** via Procare. Please escort your child to their classroom and ensure they are received by an authorized staff member.

Curriculum

First Adventures utilizes the **Creative Curriculum**, a play-based model which focuses on the development of the whole child while preparing them for Kindergarten and beyond through hands-on investigations. Play is essential for healthy brain development. Parents will receive a **monthly newsletter** outlining classroom lessons and activities.

Developmental Checklists that include academic and developmental milestones are kept for each of the children and updated daily. These checklists have been developed using a number of resources including the CDC Developmental Milestone Checklist and the Kindergarten readiness scales used by the school districts. Teachers observe the children throughout the day in their activities and track when we are seeing these skills/milestones achieved.

Daily Reports

Parents have access to their child's daily activities through the **Procare app**. A summary will be sent via email when your child is signed out for the day. Teachers will post photos and updates whenever possible; however, on busy days with hands-on activities, fewer updates may be available. Basic essential information will always be logged.

Meals

Breakfast, lunch, and an afternoon snack are included in the weekly tuition. Meal times are as follows:

- **Breakfast:** 8:00 AM – 8:30 AM
- **Lunch:** 11:00 AM – 11:30 AM
- **Snack:** 2:30 PM – 3:00 PM (Infants–Preschool) / 4 PM (School-age)
  Meals will **not** be served after designated times. Parents must provide breakfast for children arriving after 8:30 AM. **No outside food or drinks** are allowed. A doctor's note is required for any meal accommodations.

Birthdays & Holiday Celebrations

Parents are welcome to bring **store-bought treats** for their child's class. Holiday parties are scheduled for **Valentine's Day, Easter, Halloween, and Christmas**. If you do not want your child to participate, please inform the management team.

Family Name: _____

Daily Schedule

When your child arrives at school, it's essential that they are alert, prepared, and ready to engage in the learning process. A consistent and well-structured schedule plays a crucial role in classroom management and setting the tone for the day.

At First Adventures, we prioritize both structured learning and developmental play, recognizing the importance of play in fostering healthy brain development. Our daily schedule includes a variety of activities, each designed to support your child's overall growth.

Circle Time

Circle Time is a foundational part of our day, helping to develop essential skills necessary for school and promoting growth across several key areas:

- Social-Emotional Development: Encourages interaction, empathy, and community-building.
- Cognitive Skills: Stimulates attention span, focus, and critical thinking.
- Language Development: Improves vocabulary, listening, and speaking skills.
- Creativity and Problem-Solving: Fosters imagination and the ability to solve problems.
- Self-Esteem: Helps build confidence and a positive sense of self.

Open-Ended Free Play

Free play offers children the freedom to explore, create, and learn through self-guided activities. This time promotes:

- Creativity and Imagination: Encourages original thinking and exploration.
- Language Development: Supports conversation and language use.
- Problem-Solving Skills: Helps children think critically and find solutions independently.
- Motor Skills: Develops fine motor skills and promotes physical growth.
- Social Skills: Teaches collaboration, sharing, and communication.
- Confidence: Nurtures self-assurance and a positive attitude toward learning.

Outdoor Play

Weather permitting, children enjoy outdoor play each day for a minimum of 5 minutes, as long as temperatures are between **20°F and 90°F**. This daily activity promotes:

- Physical Development: Encourages gross motor skills such as running, jumping, and climbing.
- Connection with Nature: Provides fresh air and a change of environment, enhancing mood and focus.

Parents must provide **weather-appropriate clothing** (e.g., coat, gloves, hat). **Properly fitting closed-toe shoes are required** for safety and comfort**.**

Center Time

Center Time makes up a significant portion of our daily learning schedule, allowing children to move freely through a variety of thoughtfully planned activities designed to foster essential skill development.

Activities are carefully planned by our Curriculum Director to align with the Developmental Checklists and current curriculum theme.

During Center Time, teachers have the opportunity to:

- Assess progress and monitor each child's individual growth and development.
- Identify strengths and areas for improvement
- Track developmental growth

The Curriculum Director uses these insights to adapt future lesson plans to meet the specific needs of each group of children, ensuring a personalized and effective learning experience.

This structured yet flexible approach guarantees a personalized and effective learning experience for every child.

Family Name: _____

Holiday Closures

The center will be closed on the following holidays:

- **Memorial Day**
- **Easter Monday**
- **Independence Day**
- **Labor Day**
- **Thanksgiving Day & the following Friday**
- **Christmas Eve & Christmas Day**
- **New Year's Eve & New Year's Day**

If a holiday falls on a weekend, we may observe it on a weekday. Parents will be notified **at least 30 days** in advance of any changes. **Full tuition is still required for holiday weeks.**

Emergency Procedures

In a medical emergency, **First Adventures is authorized to administer medical care** and, if necessary, transport your child to the nearest hospital. All staff members are **CPR/First Aid certified**.

Medical Requirements

Parents must provide **up-to-date immunization records** and update them as necessary. If your child has **asthma or allergies**, an **action plan** from your child's physician must be on file. For assistance, please contact management.

Illness Policy

To protect all children, we require children to stay home if they exhibit any of the following symptoms:

- Fever over **99°F**
- **Two or more episodes** of diarrhea or vomiting
- Severe coughing or difficulty breathing
- Unusual spots, rashes, or scalp itching

Children must be **symptom-free for 48 hours** before returning.
Physician notes are accepted, but **First Adventures policies may override** a doctor's note if necessary.

Medication Administration

- A **Medication Authorization Form** must be completed by a parent in order for medication to be administered by First Adventures staff. Parent signature, time, and dosage to be given are required.
- Medication must be in its **original labeled container** with the child's name.
- **Pain relievers will not be administered.** Children should be well enough to participate without medication.
- If your child requires an **inhaler or asthma treatment**, an **Asthma Action Plan** must be on file.

Personal Belongings

- **No outside toys** are allowed. Any items brought from home will be stored in the office until pick-up. First Adventures will not be responsible for any items brought from home that are not required for care.
- All belongings must be **labeled with the child's name**.

Licensing Rules & Regulations

A copy of the state licensing regulations set forth by DESE is available upon request.

Nap Time

- Nap time is **12:00 PM – 2:30 PM**.
- Children must lay quietly on a cot. If they do not fall asleep, they will be given a quiet activity.
- **Drop-offs and pick-ups are not allowed during nap time.**
- Naps outside of this time can not be accommodated for any children over 12 months.

Nap Supplies

- Parents must provide a **fitted crib sheet and blanket**.
- First Adventures will provide each child with a **nap bag** for storing their items. All items **must** fit inside the designated nap bag. If it needs to be replaced, you will be required to purchase a new one for $5.
- Nap bags should be taken home **on Fridays** and returned on **Mondays**.
- Small comfort items (e.g., a lovey) must fit in the nap bag and remain there all week.
- All personal items must be **labeled with the child's name**.

Tuition & Fees

- **Tuition is due** the **Friday before the week of care**.
- Payments can be made **weekly or monthly** in advance.
- All payments are paid online through our tuition system.
- A **processing fee** applies to debit/credit card payments.
- **Late Tuition Fee:** $10 per day of non-payment. After 1 week of non-payment, services will be discontinued until the outstanding balance, including late fees and additional accrued tuition is paid in full.
- **Returned Payment Fee:** $35
- **Activity Fee:** $100 per year, charged in January and due by 1/31.
- **Late Pick-Up Fee:** A late fee of **$1 per minute per child** applies after 6:00 PM.
- **School Age Rate:** School age children who are already enrolled for before and after care may attend all day when schools are closed for an additional $10 per day.

Tuition is subject to yearly increases. Parents will be notified 30 days in advance of any changes in tuition.

Absences

- If a child is going to be absent, parents must notify the center by **9:00 AM**. If your child arrives after 9:00 AM without prior notice, we reserve the right to deny entry for the day. If you know in advance that your child will be absent, please notify us as soon as possible.
- Drop-offs are **not allowed after 10:30 AM**.
- If your child must be picked up early (e.g. for an appointment), they will not be allowed to return for the day.
- **Early pick-ups (except for illness) are not allowed between 12:00 PM – 2:30 PM**.

Vacation

- **Two weeks of vacation** per year at no cost (must be requested two weeks in advance).
- Vacation weeks start over each year in January and will not roll over into the following year.

Inclement Weather & Closures

- We will follow the Rockwood School District's snow schedule for closures when they are in session.
- In the event of a closure, families will be notified via ProCare message. Additionally, please check our Facebook page for updates on closings.
- We will make every effort to open late or close early if we determine that staff and families have the ability to safely travel to and from the center.

Family Name: _____

Special Health, Nutritional, or Developmental Needs & Therapy Services

Submission of Documentation

To ensure the well-being and proper care of individuals with **special health, nutritional, or developmental needs**, all relevant supporting documentation must be submitted and maintained on file. This documentation may include, but is not limited to:

- **Individualized Plan for Specialized Care (required)**
- Medical records, diagnoses, and physician's recommendations
- Individualized Health Care Plans (IHCP)
- Allergy action plans and dietary restrictions from a certified healthcare provider
- Individualized Education Plans (IEP) or 504 Plans for developmental and learning needs
- Therapy evaluations, progress notes, accommodations, and recommended tools
- Any other documents outlining necessary accommodations, treatments, or interventions

All documentation should be:

1. **Submitted in a timely manner** – New or updated records must be provided as soon as they become available.
2. **Kept current** – Parents/guardians are responsible for ensuring documents remain up to date.
3. **Reviewed regularly** – Periodic reviews may be conducted to assess the effectiveness of accommodations and update records as needed.
4. **Confidentially maintained** – Records and all submitted documents will be securely stored and accessed only by authorized personnel.

Failure to submit or update required documentation may impact the ability to provide necessary accommodations. If assistance is needed in obtaining or updating records, please speak with the management team.

Therapy Services Requirements

Any child receiving therapy services must have all relevant documentation on file. If therapy services take place at First Adventures, the following guidelines apply:

Therapist Agreement & Requirements

- A Therapist Agreement must be signed by all parties before therapy begins (one per therapist).
- All therapy must be push-in services, meaning it takes place within the classroom, following the daily schedule and minimizing disruptions.
- Additional expectations and policies are outlined in the Therapist Agreement

Parental Responsibilities

- Parents/guardians must notify the center of any scheduled visits, changes in therapy services, therapists, or session frequency.
- If therapy services are discontinued, parents must inform the center promptly.

Therapy sessions must be coordinated in advance and should not interfere with key classroom activities or transitions. In case of scheduling conflicts, alternative arrangements may be required.

By adhering to these guidelines, we aim to provide a supportive and structured environment that ensures each child's individual needs are met while maintaining a positive learning experience for all.

Family Name: _____

Discipline Policy

First Adventures believes all children learn best in a stress-free environment. Our teachers are trained to implement **Conscious Discipline** strategies in the classroom, emphasizing redirection and positive reinforcement. Conscious Discipline is an evidence-based, trauma-informed, social-emotional approach that provides an array of behavior management strategies and classroom structures that teachers can use to turn everyday situations into learning opportunities.

If behavior concerns arise, the following steps will be taken:

1. **Teacher Intervention** – Documented in Procare note
2. **Management Intervention** – Family notified via Procare message.
3. **Removal from Classroom** – If a child is unable to remain safe in the classroom without disrupting the routine or environment for other children, they will be removed from the classroom and a phone call will be made to the parents or guardians. We believe that maintaining a positive and safe learning environment is essential for all children, and sometimes this requires temporary removal from the classroom.

   If a child cannot safely return to the classroom after being removed, they will need to be picked up immediately and will be unable to remain in care for the remainder of the day.

   To ensure transparency and accountability, this incident will be documented and signed by all involved parties. This helps us maintain clear communication and work together with families to support the child's needs.
4. **Three Classroom Removals** – A meeting with parents is required to create a supportive plan of action that aligns with the child's needs and well-being and ensure we can work together to address any concerns.
5. **Probationary Period (30 Days)** – If no improvement is seen, alternative care options will be discussed.

Trial Period & Termination

- A **30-day trial period** is in place to ensure the program is a good fit for both the child and the family. During this period, both parties will have regular communication regarding the transition and any concerns. If it is determined that the program is not the best fit, First Adventures will collaborate with the family to refer them to a more suitable program.
- First Adventures reserves the right to terminate services at any time.
- If a family decides to terminate services, a **two-week written notice** is required. Parents will be responsible for the payment of the final two weeks of tuition at the time the termination notice is submitted.

I, _____, acknowledge and understand that these policies serve as a general guide to First Adventures' goals, policies, and practices. By signing below, I agree to comply with the information provided.

Parent Signature: _____ **Date:** _____

Getting to Know You Questionnaire

Child's Information

- **Child's Full Name:** _____ _____ _____
  First Middle Last

  Preferred Name/Nickname: _____ **Date of Birth:** _____
- What elementary school will your child go to? _____
- **Contact Information You Would Like Your Child To Learn:**

  Phone Number: _____ Address: _____

Family Information

- **Parents'/Step-Parents' Names:**

  Parent 1: _____ **Parent 2:** _____

  Step-Parent 1: _____ Step-Parent 2: _____
- **Siblings (Names & Ages):**

  Brothers: _____

  Sisters: _____
- **Who does the child live with?** _____
- **Does your child have any pets?** ☐ No ☐ Yes (Name(s)/what kind):_____

Personality & Preferences

- What three words best describe your child? _____
- What are your child's strengths? _____
- What would you like to see them improve on? _____
- What motivates them? _____
- **Favorites:**

  Songs/music: _____ Books/stories: _____

  Indoor activities: _____ Outdoor activities: _____

  Toys/comfort objects: _____ Characters: _____
- Other likes/interests: _____
- Is there anything culturally significant or family traditions we should know about?

  _____
- Holidays your family does/does not observe or celebrate: _____

Daily Routine & Comfort

1. **Sleeping Habits:**
   - Does your child have a regular sleep schedule? ▢ No ▢ Yes
     Typical wake up time:_____ Bedtime:_____
   - Does your child nap? ▢ No ▢ Yes Preferred nap times: _____
   - Any sleep aids (pacifier, blanket, stuffed animal)? ▢ No ▢ Yes:_____
   - Where does your child sleep at home? _____
   - Special bedtime/nap-time routines: _____
   - Do they require help or encouragement falling asleep? ▢ No ▢ Yes
2. **Eating Habits:**
   - Allergies or dietary restrictions? ▢ No ▢ Yes: _____
   - Favorite foods/snacks: _____
   - Foods your child dislikes: _____
   - Is your child a picky eater? ▢ No ▢ Yes
   - Feeding method (bottle, spoon-fed, self-feeding): _____
   - Do they require help or encouragement eating? ▢ No ▢ Yes
   - Anything else we should know about your child's eating habits: _____
3. **Toileting & Diapering:**
   - Potty training: ▢ potty trained ▢ actively in training ▢ not interested ▢ not yet started
   - Child wears: ▢ diapers ▢ underwear ▢ pull-ups/diaper for nap only
   - Special words/indications used for toileting:_____
   - Do they have accidents? ▢ No ▢ Rarely ▢ Sometimes ▢ Often
   - How do you address accidents? _____

Health & Development

- **Does your child have any medical conditions, special needs, or developmental concerns?**
  ▢ No ▢ Yes: _____
- **Is your child currently taking any medications?** ▢ No ▢ Yes
  - Medications & what they are taken for: _____
  - Side effects: _____
- **Any past illnesses, hospitalizations, or injuries we should be aware of?** ▢ No ▢ Yes:
  _____
- **Is your child prone to:**

▢ colds	▢ ear infections	▢ nose bleeds	▢ seasonal allergies
▢ headaches	▢ upset stomach	▢ breathing issues	▢ febrile seizures
▢ diarrhea	▢ constipation	▢ sore throat / strep	▢ dry/itchy skin / rash
▢ UTI	▢ Other: _____		

- **Does your child have sensitivities to any products?** ▢ No ▢ Yes _____
- **Habits/Tendencies:** _____

Social & Emotional Well-being

- How does your child get along with other children? _____
- Is there anything they are afraid of or strongly dislike? _____
- How does your child usually react to new people and environments?

  ▢ Excited ▢ Cautious ▢ Shy ▢ Upset ▢ Other: _____
- Do they separate easily from you? ▢ No ▢ Yes
- Do they have difficulty with transitions? ▢ No ▢ Yes
- What does your child like to do outside of school? _____
- Things that upset them: _____
- How do they react when upset? _____
- What helps calm your child when upset? _____
- Something that cheers them up when they are feeling down: _____
- How do you handle discipline at home? _____

Previous Child Care Experience

- Has your child been in child care before? ▢ No ▢ Yes

  If yes, what type? (daycare center, in-home care, preschool, etc.) _____
- What did you like most about your previous child care provider? _____
- What did you not like about your previous provider? _____
- Did your child have any issues in a previous child care setting? ▢ No ▢ Yes (please explain)

  _____

Additional Information

- What goals do you have for your child's development in our care?

  _____
- Is there anything else we should know to help make your child's experience a positive one?

  _____

Form Completed By:

Name: _____ **Relationship to child:** _____

Date: _____

Thank you for sharing this important information with us! The information provided will help us better understand your child's needs, preferences, and routines. We look forward to getting to know your child and family.

FIRST Adventures ACADEMY
6:00 am - 6:00 pm
6 weeks - 12 years

Consent Form

I, _____, give permission for my child,
(Parent/Guardian Name)

_____, to:
(Child Name)

_____ (initials) sleep on a cot once they are over the age of 12 months and have transferred to the toddler unit. I consent to my child sleeping on a cot and I am aware that the cots are raised an average of 6 inches off of the ground.

_____ (initials) be administered Coppertone SPF 50 sunblock when going outdoors during the months of May-September. I understand that sunblock will be applied two times a day before outdoor play.

_____ (initials) have their photo used for the purpose of printing/publishing them in newspapers, magazines, flyers, posters, articles, advertisements, banners, signs, Facebook, etc. for First Adventures Academy.

_____ _____
Parent Signature Date

Playground Release Form

Child's Name _____ DOB _____

Parent(s) Name(s) _____

Phone Number_____ Address _____

I hereby consent my child(ren) _____ to use all of the playground/classroom equipment at First Adventures Academy. Equipment of the playground includes climbing structures, slides, bikes, scooters, hula hoops, balls, etc. I recognize that injuries may occur. I fully understand that the members of First Adventures Academy are not physicians or medical practitioners of any kind. With the above in mind, I hereby allow the staff members of First Adventures Academy to render first aid to my child or children in the event of any injury or illness. Furthermore, if deemed necessary by First Adventures Academy, I give them my permission to call 911 to seek medical help, including transportation to any health care facility or hospital.

I understand that it is the express intent of First Adventures Academy to provide for the safety and protection of my child(ren), and in consideration for allowing my child(ren) to play both indoors and outdoors on the equipment provided. I hereby release First Adventures Academy, its employees, and owners from all liability for any and all damages and injuries suffered by my child(ren) while playing with/on this equipment. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for protection of my child(ren) and myself. I also understand that my child(ren) will be supervised at all times while they are playing both inside the classroom and outside on the playground equipment. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

_____ _____

Parent or Legal Guardian Signature Date

Purpose: The purpose of the Safe Sleep Policy is to maintain a safe sleep environment that reduces the risk of sudden infant death syndrome (SIDS) and sudden unexpected infant deaths (SUIDS) in children less than one year of age. Missouri law requires all licensed child care facilities that provide care for children less than one year of age to implement and maintain a written safe sleep policy in accordance with the most recent safe sleep recommendations of the American Academy of Pediatrics (AAP). Missouri child care licensing rules require licensed child care facilities to provide parent(s) and/or guardians who have infants in care be provided a copy of the facility's safe sleep policy. Child care providers can maintain safer sleep environments for infants that help lower the chances of SIDS. Our goal is to take proactive steps to reduce the risk of SIDS in child care and to work with parents to keep infants safe while they sleep. To do so, this facility will practice the following safe sleep policy:

Safe Sleep Practices

1. Infants will always be placed on their backs to sleep.

2. When infants can easily turn from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but shall be allowed to adopt whatever positions they prefer for sleep. We will follow this recommendation by the American Academy of Pediatrics.

3. Sleeping infants shall have a supervised nap period. The caregiver shall check on the infant frequently during napping or sleeping and shall remain in close proximity to the infant in order to hear and see them if they have difficulty during napping or when they awaken.

4. Steps will be taken to keep infants from overheating by regulating the room temperature, avoiding excess bedding, and not over-dressing or over-wrapping the infant. Infants should be dressed appropriately for the environment, with no more than one (1) layer more than an adult would wear to be comfortable in that environment.

5. All caregivers will receive in-person or online training on infant safe sleep based on AAP safe sleep recommendations. This training must be completed within 30 days of employment or volunteering and will be completed every three years.

6. A doctor's note is required to alternate sleep positions in any fashion.

Safe Sleep Environment

Room temperature will be kept at no less than 68 degrees F and no more than 85 degrees F when measured two feet from the floor. Infants are supervised to ensure they are not overheated or chilled.

1. Infants' heads and face will not be covered during sleep. Infants' cribs will not have blankets or bedding hanging on the sides of the crib. **We may use sleep clothing (i.e. sleep sack, sleepers) that is designed to keep an infant warm without the possible hazard of covering the head or face during sleep/nap time.**

2. No blankets, loose bedding, comforters, pillows, bumper pads, or any object that can increase the risk of entrapment, suffocation or strangulation will be used in cribs, playpens or other sleeping equipment. No blanket or soft bedding will cover a crib or playpen.
3. Toys and stuffed animals will be removed from the crib when the infant is sleeping. **When indicated on the *Infant and Toddler Feeding and Care Plan* or with written parent consent, pacifiers will be allowed in infants' cribs while they sleep. The pacifier cannot have cords or attaching mechanisms.**

4. Only an individually-assigned safety-approved crib, portable crib, or playpen with a firm mattress and tight-fitting sheet will be used for infant napping or sleeping.

5. Only one infant may occupy a crib or playpen at one time.

6. Sitting devices such as car safety seats, strollers, swings, infant carriers, infant slings, and other sitting devices will not be used for sleep/nap time. Infants who fall asleep anywhere other than a crib, portable crib, or playpen must be placed in the crib or playpen for the remainder of their sleep or nap time.

7. No person shall smoke or otherwise use tobacco products in any area of the child care facility during the period of time when children are cared for under the license are present.

8. Home monitors or commercial devices marketed to reduce the risk of Sudden Infant Death Syndrome (SIDS) shall not be used in place of supervision while children are napping and sleeping.

9. All parents/guardians of infants shall be informed of the facility's written Safe Sleep Policy at enrollment. Parents must obtain a doctor's note for any alternate sleep positions.

10. To promote healthy development, infants who are awake will be given supervised "tummy time" for exercise and for play.

11. Lights will remain off from 12 pm until 2:30 pm to promote nap time in the infant/toddler unit. Natural light will be used during that time to ensure safety of children who are still awake and to ensure that the staff can still see all of the children.

12. A sound machine will play lullabies or appropriate natural sounds during the designated 12 pm- 2:30 pm nap time. The sound will be kept at an appropriate volume to ensure that all children can be heard by staff.

If you have any questions regarding this information please do not hesitate to speak with a member of the management team. Please sign below to acknowledge that you have read through this form and that you understand the information that is provided. First Adventures Academy will provide each family with a copy of this safe sleep policy.

_____ _____

Parent 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

CURRICULUM HIGHLIGHTS

An insight into our curriculum, how it works & what we hope to accomplish with it!

The Creative Curriculum®

Creative Curriculum is the art of learning through play. We do many hands-on investigations. There are very many family involved activities that we encourage the families to do. We have a whole set of Creative Curriculum resources. They range from infants to prek. There are different focus units such as water, buildings, exercise & many more! Each box has step by step instructional books, explaining how teachers can conduct circle time, make quality observations & what books to read. If you'd like to know more, ask Ms. Kalina or visit their website!

CIRCLE TIME

Circle time is full of learning! We know kids don't like sitting for prolonged periods of time & they shouldn't have to! During our quick center time, we talk about our question of the day, pick classroom jobs, fill out the calendar/weather & read our book! After we read our book. The teachers & kids talk about what the book was about & our favorite parts! Each class also practices the pledge every morning! Circle time sets the tone for the whole day, so it's a staple part of the day!

CENTER TIME

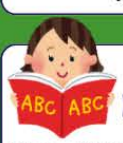
Center time is the bulk of our learning time! Everyday there are 5-7 different centers out for the kids. It's a free range time & the kids choose the centers they go to. We don't force kids to do each center, but we encourage them to try new ones! We meet the kids where they are at, so if one child enjoys block play, we can play with them at the blocks & catch some milestones there!

OPEN ENDED PLAY

Our whole curriculum is straight open ended play! Open ended play is so important, because it helps naturally build a child's creativity, imagination & problem solving skills. Kids will have the power to take lead on their own without having a step by step activity. It's always so rewarding to see a how a child can play differently, just by simply allowing them to play!

ARTWORK

Our curriculum focuses on encouraging creativity & open ended activities, so we tend steer away from coloring sheets, & other rigid, step-by-step type projects. We love to tell the kids to draw something & then see the outcome! Mixing paints to discover new colors is a favorite! Sometimes we have the kids do observation drawings, where we show an example & the rest is up to them! We love exploring different media too! they can use; paint, markers, glitter, crayons & more!



LITERACY & NUMBERS

Since we teach the kids through play, we avoid paper & pencil work as much as we can. Instead, we explore literacy through fun & creative ways. We utilize Play-Doh mats, writing in sand & building letters/numbers out of blocks. These practices also help with fine motor skills! In the pre-k room, they do more paper & pencil so they can get ready for kindergarten!

KINDERGARTEN READINESS

One of our top goals here, is preparing kids for kindergarten. Kindergarten readiness focuses largely on academics. Routine, social interaction & a school setting also play a big part. Exposing children to a school family before kindergarten, only helps them! Aside from academics, we make sure the kids can interact with other kids appropriately, know their feelings & can address them & perform simple daily tasks. While sending them to kindergarten is bittersweet, we are always proud of our adventurers!

CHECKLISTS

Each child has their own checklist that include milestones; physical, emotional, social & academics. We base the checklist off of kindergarten readiness scales & the CDC milestone checklist. Through play, the teachers observe when they see these milestones completed. We don't mark a milestone after seeing it once, we like to be able to say the kids can confidently complete it! This helps the curriculum director better plan lessons that target milestones that aren't quite reached yet! You can ask to see your child's whenever!

Contact us if you'd like to know more or if you'd like help coming up with activities for home that use learning through play!

www.firstadventuresacademy.com

636-587-6023

Curriculum.firstadventures@gmail.com