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

Family Name: _____

Preschool Summer Camp
Parent Policies and Procedures

Hours of Operation

First Adventures Preschool Summer Camp is from **8:00 AM to 4:00 PM, Monday through Friday**.
If your child will be absent or arriving late, please notify the center before **8:00 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.

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.

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:** 11:30 AM – 12:00 AM
- **Snack:** 2:00 PM – 2:30 PM
  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 Celebrations

Parents are welcome to bring **store-bought treats** for their child's class. If you do not want your child to participate, please inform the management team.

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**.

Family Name: _____

Daily Schedule

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

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**. **Properly fitting closed-toe shoes are required** for safety and comfort**.**

8:00-8:30 AM – Welcome Games (simple group games, music, movement)

8:30-9:00 AM – Breakfast

9:00-9:30 AM – Morning Meeting & Group Time (songs, theme discussion, calendar, weather)

9:30-9:45 AM – Bathroom break

9:45 AM-11:15 AM – Indoor or Outdoor Activities & Water Play (theme-based crafts, games, sensory activities)

11:15-11:30 AM – Handwashing & Bathroom

11:30 AM-12:00 PM – Lunch

12:00-12:30 PM – Yoga (gentle stretching, movement, relaxation)

12:30-1:00 PM – Meditation & Storytime (breathing exercises, mindfulness, engaging storytelling)

1:00-2:00 PM – Rest Time (for nappers) / Outdoor Play or Quiet Indoor Activities (for non-nappers)

2:00-2:30 PM – Snack

2:30-3:15 PM – Outdoor Activities (games, nature exploration, obstacle courses)

3:15-3:30 PM – Handwashing & Bathroom

3:30-4:00 PM – Closing Games (group games, music, movement, reflections on the day)

Absences

- If a child is going to be absent, parents must notify the center by **8:00 AM**. If your child arrives after 8:30 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.
- If your child must be picked up early (e.g. for an appointment), they will not be allowed to return for the day.

Nap Time

Nap time throughout the center is from **12:00 PM – 2:30 PM**, during which **drop-offs and pick-ups are not permitted** to minimize disruptions.

For children attending **summer camp**, nap time will be structured to accommodate those who may not nap:

- **12:00 PM – 12:30 PM** Yoga
- **12:30 PM – 1:00 PM** Meditation/Storytime (all children rest on a nap mat)
- **1:00 PM – 2:00 PM** Rest time for children who sleep; outside time or quiet indoor activities for those who do not.

State licensing regulations require that **all children under the age of 5 rest for a minimum of 30 minutes each day**. To meet this requirement, all children will lie on a nap mat during the meditation/storytime period.

Items Needed:

- Parents must provide a **fitted crib sheet and a blanket** for their child's nap mat.
- These items should be sent in a **labeled bag or backpack** and will remain at the center for the week.
- Ensure all items are **clearly labeled** with the child's name.

If you would like your child to take a full nap, please inform us in advance.

Family Name: _____

Tuition & Fees

- **Tuition Payment:** Tuition is due in full **30 days prior** to the first day of camp. Failure to make full payment by this deadline will result in forfeiture of your child's spot, which will then be offered to a child on the waitlist.
- **Payment System:** All payments must be made online through **ProCare**.
- **Processing Fee:** A processing fee applies to all **debit/credit card payments**.
- **Returned Payment Fee:** A **$35 fee** will be charged for any returned payments.
- **Late Pick-Up Fee:** A late fee of **$1 per minute per child** applies after **4:00 PM**.

For families needing extended care, we offer:

- **Before Care:** Available from **7:00 – 8:00 AM** for **$25 per week**.
- **After Care:** Available from **4:00 – 5:30 PM** for **$25 per week**.

Families must register in advance for Before and/or After Care. Fees for these services are non-refundable and must be paid along with tuition.

Licensing Rules & Regulations

First Adventures Academy is a licensed child care facility. A copy of the state licensing regulations set forth by DESE is available upon request.

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.

Family Name: _____

Special Health, Nutritional, or Developmental Needs

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

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.

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.

First Adventures reserves the right to terminate services at any time.

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:** _____

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

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.

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