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

CHILD CARE ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES

FACILITY/PROVIDER NAME **KIRKWOOD UNITED METHODIST CHILDREN'S CENTER**	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

IDENTIFYING INFORMATION

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

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY

(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

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

Kirkwood United Methodist Children's Center

DAY CARE PROVIDER

TO CONTACT THE FOLLOWING:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER

PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER

ACKNOWLEDGEMENTS		
A	I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.	PARENT/GUARDIAN INITIALS
B	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ADMITTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
C	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

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

NAME	NAME
NAME	NAME
NAME	NAME
NAME	NAME

Complete - Preschool Only:

Session Applying For (circle and mark 1st & 2nd choice):

Y3's MW 9-11:30_____ TTh 9-11:30_____ F 9-11:30_____

Note: Y3's turn 3 by March of the school year. Friday only may be combined with one of the 2 day Y3's classes.

3 / 4 MWF 9-11:30_____ TTh 9-11:30_____ MWF 9-1:30 _____ MWF 9-3 _____

Pre-K TWTh 9-11:30 _____ M-Th 9-11:30 _____ M-F 9-11:30 _____

MWF 9-1:30 _____ MWF 9-3 _____

Lunch Bunch 11:30 - 1:30 (mark days requesting):

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Early Morning Drop Off 8:00 - 9:00 am (mark days requesting) **Ages 2.5 - 5 years Preschool & CDO**

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Family Church Affiliattion: _____

PARENT/GUARDIAN SIGNATURE	DATE

FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.

FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.

KIRKWOOD UNITED METHODIST CHILDREN'S CENTER

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE
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.)

PLEASE ATTACH IMMUNIZATION RECORDS

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

TO BE FILED IN CHILD'S RECORD AT CHILD CARE FACILITY

Photography/Publicity Release

Periodically, we take photographs or videos of the children to document events and activities. Children are not identified. These photos appear in forms such as display panels throughout the school, videos, brochures, our website, or Facebook pages of KUM Children's Center, Kirkwood United Methodist Church or our community partner, Kirkwood Area Every Child Promise. Parents, children, KUM Children's Center, KUMC and KAEChP do not receive compensation for the child's appearance. Ownership of the photos or videos remains with KUM Preschool.

I understand the statement and **(please check one for each)**

- **I do _____ or I do NOT _____** give permission for my child's photo to be used in print form and displayed throughout the school as described above.

- **I do _____ or I do NOT _____** give permission for my child's photo/video to be used on digital media as described above.

_____ _____

Parent/Legal Guardian Signature Date

Email Information

Please **PRINT** all information. Email addresses will be used for communication from KUM Preschool.
Teachers may share an E-mail list with other parents in your child's class, therefore, addresses may be accessible to other parents in the KUM Children's Center Programs.

I agree to use the KUM Children's Center E-mail data for purposes only related to the preschool.

By signing this you agree to have your E-mail published in the Preschool Buzz Book and/or Class Lists and used for school wide E-mail blasts. The Buzz Book format only allows for one E-mail address, but if you would like to add another for E-mail blasts you may do so below.

Signed_____

Child's Name_____

Parent's Name_____

Email Address_____

KUM Children's Center
Emergency Card

Child's Name_____ Telephone_____
(Last) (First) (Middle)

Home Address_____ Zip_____ Date of Birth_____

Father's Name _____ Phone (work)_____ (cell)_____

Mother's Name _____ Phone (work)_____ (cell)_____

Allergies (Food/Medications)_____

If parents cannot be reached, name two persons to call in case of emergency:

Name_____ Phone_____

Name_____ Phone_____

Child's Physician_____ Phone_____

Child's Name: _____

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

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD – CHILD CARE COMPLIANCE

Child's Name _____
PARENT COPY

RELIGIOUS ORGANIZATION CHILD CARE FACILITY NOTICE OF PARENTAL RESPONSIBILITY

LEGAL NAME OF FACILITY	DVN
Kirkwood United Methodist Children's Center (Preschool and CDO)	000248075

PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE)
201 W. Adams Kirkwood MO 63122

FACILITY TELEPHONE NUMBER	FACILITY E-MAIL ADDRESS
314-9665223	jenny@kirkwoodumc.org

INSPECTIONS

Section 210.211 RSMo exempts this religious organization child care facility from state licensing and supervision by the Department of Elementary and Secondary Education(DESE). It is state inspected only for fire, health, and sanitation requirements as indicated below. Inspections are available on the Show Me Child Care Provider Search and can be accessed at https: //dese.mo.gov/childhood/child-care/find-care

NAME OF AGENCY AND TYPE OF INSPECTION	ADDRESS	TELEPHONE NUMBER	INSPECTION	DATE
Office of Childhood - Child Care Compliance	220 S. Jefferson Ave. St. Louis, MO 63103	(314) 877-0210	PENDING ☐ APPROVED ☒ NOT APPROVED ☐	10/17/2024
Fire Marshal's Office (Fire Safety Inspection)	PO Box 644 205 Jefferson St. Jefferson City, MO 65101	(573) 751-2930	PENDING ☐ APPROVED ☒ NOT APPROVED ☐	8/14/2024
Local Health Office or DHSS (Sanitation Inspection)	220 S. Jefferson Ave. St. Louis, MO 63103	(314) 877-0210	PENDING ☐ APPROVED ☒ NOT APPROVED ☐	10/14/2024

STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY

AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN
Under 2 years of age	1 staff member for every	4
2 to 4 years of age	1 staff member for every	8
5 years of age and older	1 staff member for every	14

TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY: 208

STAFF/CHILD RATIOS FOR LICENSED CENTERS

AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN
Under 2 years of age	1 staff member for every	4
2 years of age	1 staff member for every	8
3 and 4 years of age	1 staff member for every	10
5 years of age and older	1 staff member for every	16

BACKGROUND CHECK REQUIREMENTS

Section 210.254 RSMo requires notification that background checks have been conducted under the provisions of section 210.1080 RSMo.
Section 210.1080 RSMo specifies criminal background checks for child care staff members. The requirements for religious organizations operating a child care facility are as follows:

- Facilities operated by a religious organization that receive federal funds for providing care for children must have qualifying background screening results for child care staff members as defined in 210.1080.1(1) RSMo.
- Facilities operated by a religious organization and that **do not** receive federal funds for providing care for children **are not** required to have qualifying background screening results for all child care staff members pursuant to 210.1080.9 RSMo.
- Child care staff members of facilities operated by a religious organization that receive federal funds for providing care for children, with disqualifying background screening results are prohibited from being on the premises during child care hours.
- Facilities operated by a religious organization that receive federal funds for providing care for children, must request criminal background checks for child care staff members every 5 years, as defined in 210.1080.1(1) RSMo.

BACKGROUND CHECKS HAVE BEEN CONDUCTED AS REQUIRED BY SECTION 210.1080 RSMO.
☒ Yes ☐ No

FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES

THE DISCIPLINARY PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:
In the Kirkwood United Methodist Children's Center Parent Handbook pages 10-11 or online.

THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:
In the Kirkwood United Methodist Children's Center Parent Handbook page 4 or online.

REQUIRED SIGNATURES

Section 210.254, RSMo requires the facility to furnish two copies of this document to a parent(s) upon enrollment of a child. Parents acknowledge by signature that they have read and accepted the information contained in this document. One copy of this signed document is given to the parent(s); the other copy is retained in the child's record at the facility.

	DATE
PARENT(S)	
PRINCIPAL OPERATING OFFICER/FACILITY DIRECTOR Jennifer Hoff	June 10, 2025
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC. Rev Katherine Thulin	June 10, 2025

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE

MEDICATION AUTHORIZATION

SAVE
PRINT
RESET

MEDICATION REQUIREMENT

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

I AUTHORIZE CHILD CARE PERSONNEL TO ADMINISTER THE FOLLOWING MEDICATION TO MY CHILD FROM 9/2/2025-7/31/2026

Hand Sanitizer (any brand) ☐

Diaper Rash Cream ☐

Brand _____

Epi-Pen ☐

AUVI-Q ☐

CHILD'S FULL NAME	
DOSAGE	TIME(S) OF DAY As Needed
POSSIBLE SIDE EFFECTS	
SIGNATURE OF PARENT(S) OR GUARDIAN	DATE

FORM TO BE RETAINED IN CHILD'S RECORD

Required Document: Sign and Return

RECEIPT OF KUMCC HANDBOOK

The undersigned acknowledge that they have accessed and read the KUMCC Handbook (online), and further do agree to abide by the policies, rules, and regulations contained therein. It is further understood that other additional policies, rules, and regulations not specifically referred to herein may be reasonably necessary for admission or retention of a child in the program. KUMCC Handbook is available online at **www.KUMChildrensCenter.org** or you may request a paper copy.

Print Child's Name_____

Parent/Legal Guardian Signature_____

Date _____