OCE

Faithfully serving families since 1979

Three locations to serve your family!

North Kansas City

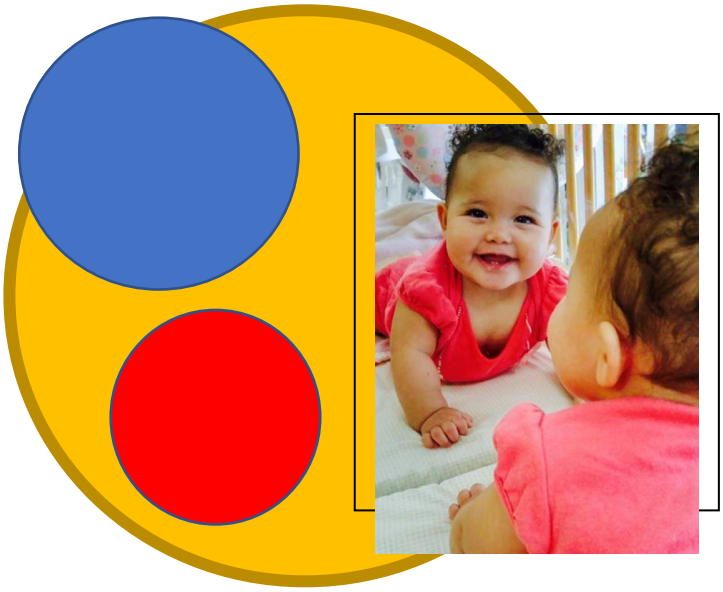
2900 NE Cates
KCMO 64117
816.455.5575

Riverside

2920 NW Vivion Road
Riverside, MO 64150
816.741.7701

Platte Woods

5800 NW 68th Terr
KCMO 64151
816.741.1050



Registration fee: $75.00
Academic Fee (24 months): $65.00

Infants-Toddlers

Ages: 0-2yr $230.00
Part time: $205.00
(3 days maximum)

Registration fee: $75.00
Academic fee: $65.00

Wee-Pre &

Jr Pre-Prep

Ages: 2-3yr $230.00
Part time: $205.00
(3 days maximum)

Registration fee: $75.00
Academic fee: $150.00

Pre-Prep

(3 before July 31)
3-year-olds: $205.00
Part time: $185.00
(3 days maximum)

Pre-Kindergarten

(4 before July 31)
4 + years: $195.00
Part time: $175.00
(3 days maximum)

Licensing and Policies

Outreach Christian Education Early Academic Centers are operated by Outreach Christian Education Private School System, a license-exempt religious organization, under the exempt status of subdivisions 5 of Section 210.211 RSMo. We work closely with local public officials to meet all health and safety regulations. It is the goal of Outreach Christian Education to meet the needs of the family. We have an excellent staff that provides faith-based academic training with exceptional, nurturing and loving care. We desire you to feel comfortable leaving your child in our care and thank you for placing your trust in us. If you should have any questions concerning your child's care, caretaker or tuition, please contact the office and speak to the center's Director. _____I understand this policy.

Hours of Operation / Days of Operation

- NKC / Riverside 6:30 a.m. to 6:00 p.m. Monday – Friday
- Plattewoods 7:00 a.m. to 6:00 p.m. Monday – Friday

OCE closes at 4:00 p.m. on the following dates:

- New Year's Eve
- Christmas Eve

We are closed on the following holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day and Black Friday
- Christmas Day

If Christmas falls on Saturday, we will be closed the Friday before (which will be Christmas Eve) and will close at 4:00 p.m. on the day before Christmas Eve. If Christmas falls on a Sunday, we will be closed the following day (Monday) and will close at 4:00 p.m. the Friday before Christmas Eve. If any of the above listed holidays occur during the week, a full week of tuition must still be paid.

_____ **HOLIDAYS:** I understand the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Black Friday & Christmas Day. I agree that I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

_____ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days.

Arrival and Departure Procedure

Arrival--When arriving at OCE, we require that you sign your child in giving your name, child's name, and the time you are checking your child in. Your child should then be taken to their classroom or the classroom used for meeting until the arrival of all teachers. Make sure the child's caregiver knows your child has arrived and that you are leaving. *Children not arriving at the beginning of the day cannot be dropped off during nap*. Children must be dropped off by 9:00a.m. unless previously approved by Director. Please call the OCE office **each day** your child will miss class unless they are on an approved vacation. We worry when we don't know the reason for a child's absence. _____I understand this policy.

Departure--When picking up your child, we require that your sign your child out giving your name, child's name, and the time you are checking your child out of OCE. Please inform the caregiver that you are taking your child. Each child is to be picked up and signed out by closing or earlier, if possible. You are asked to designate the time you anticipate picking up your child and adhere to that time. If you know you are going to be late picking up your child, we ask that you notify the office or Director; this ensures that the appropriate number of staff are available to properly supervise your child. _____I understand this policy.

We require a list of all people who will be picking up your child. Please list those people on the attached form, *which must be notarized*. These names will be added to our computer program for easy access. If someone other than those listed on the form is picking up your child, please follow the following procedure:

- Give **written** notice that someone not originally listed will be picking up.
- State their relationship to you or your child.
- Provide their name and driver's license number.
- Name and driver's license will be required at time of pick up.
- ***Children will not be released unless these procedures are followed!** _____I understand this policy.

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged a maximum fee of $5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures

Tuition and Fees

Enrollment

- An annual enrollment fee is due each August.

Tuition

- Each full-time student is required to pay full tuition regardless of whether the child is in attendance. Once a child has taken a full-time enrollment space, staffing and services are provided based on a full-time student.
- When taking your child out of OCE, a formal two-week notice is necessary or full tuition will be required. *We do not refund tuition if your child is taken out of OCE prior to a two-week notice.*
- Tuition payments are due every Friday for the week to follow unless you have made other arrangements with the OCE Director. You may pay for your child's care weekly, biweekly or monthly if it is "payment in advance." We cannot provide services for those who have not paid their tuition.

Late Fees

There is a late charge for any child not picked up by closing. If your child is picked up after closing, you are required to pay the teacher on duty. There are no exceptions. The fees are as follows:

- One-minute past closing is an automatic $10 charge. **PLEASE PAY THE TEACHER IMMEDIATELY.** An additional $5 for each 5 minutes thereafter will be charged.

_____**CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from _____ a.m. to _____ p.m., Monday through Friday, all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged an automatic fee of $10 one-minute past closing (6pm) and $5 per every 5 minutes, per child, until the child(ren) are picked up.

_____ **RETURNED CHECKS:** I understand that a $30.00 processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six–month period, I will be required to pay by an alternate method of payment. The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees

_____ **ABSENCES/VACATIONS**: I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e. sickness). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I understand I receive 2 vacation weeks per year.

_____ **WITHDRAWAL FROM PROGRAM**: I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

_____ **REGISTRATION FEE:** I understand that the payment of a non-refundable registration fee is required one time during enrollment and not an annual fee. If I decide to give my two weeks or pull my student from the OCE program I will have to pay another non-refundable REG fee for re-enrollment.

_____ **TUITION AND MODIFICATIONS CONDITIONS:** $_____ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows their board–specific required time frames on tuition and modifications notices.

_____ **PAYMENT OF TUITION**: I understand that tuition is due and payable, on the first day of attendance each week. Appropriate alternate Tuition Fees must be paid during school breaks, NO school days, and summer camp.

_____ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of $30 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows their board–specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **ADDITIONAL FEES:** Summer camp will be open during the summer months and scheduled school breaks according to the local public and OCE school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other Learning Center students are subject to Activity Fees as well. Please consult the director for details

Reward / Fundraisers

- Outreach rewards families who recommend this early academic center. New students enrolling at your recommendation will earn your family a one-time discount of $50 off one week's tuition.
- There will be two fund-raisers each year. One in Spring and one in the Fall. Fund-raisers help us keep tuition as low as possible while supplementing funds for equipment or facility upgrades. _____I understand this policy.

Lost & Found

Outreach Christian is not responsible for the loss of any personal property. Parents/Guardians are requested to insure all articles of clothing and any personal possessions be labeled with the student's name. Every effort will be made in helping to return to the student any items found that they may have lost. Lost and found boxes of unclaimed items are kept in the church office and after a considerable amount of time are donated to a local charity. _____I understand this policy.

Parking Lot Etiquette

When driving in the OCE parking lot please maintain a speed of no more than 5 miles per hour. **Take extra precaution when backing up in the OCE parking lot.** Little children may dart into the parking lot and could be unseen in your rear-view mirror. **Always** hold your child(ren)'s hand(s) when crossing the parking lot. Please also speak to your child about and enforce safety rules when arriving and leaving school. It is imperative that you focus your attention on your children during this arrival and departure time to avoid all possibility of accidents happening.

If cones are up, blocking traffic **DO NOT DRIVE THROUGH THEM**! Thank you! _____I understand this policy.

Education Policy

OCE maintains the highest in quality education both academically and spiritually.
Our curriculum is a combination of Biblical and advanced academic learning.
We are training children from infancy through pre-kindergarten age according to God's instruction to "Train up a child in the way he should go and when he is old he will not depart from it". Outreach Christian Education believes in and does all it can to support the FAMILY. We believe the family comes in all shapes, sizes and colors. We believe that the term "marriage" has only one, legitimate meaning, and that is marriage sanctioned by God, which joins one man and one woman in a single, conventional union, as delineated by Scripture. (Gen. 2:24; Rom. 7:2; 1 Cor. 7:10; Eph. 5:22-23) _____I understand this policy.

Behavior and Discipline Policy

All OCE children are expected to behave. Foul language, kicking, hitting, and causing harm to other children or staff will not be tolerated. *All children are required to be respectful to the staff; this is a must.* We reserve the right to dismiss any child not complying with the rules of OCE. We also reserve the right to refuse any application. God gives charge to the parent to discipline their children. We understand that every parent has their own guidelines, morals, and personal convictions when it comes to discipline. It is our desire to work with each family as an individual unit on all matters including discipline. Discipline is managed by first issuing a time out followed by a loss privileges. If there is a discipline problem that cannot be resolved, we do reserve the right to dismiss your child from OCE; however, only as a last resort. Please be assured we are here to work with your home according to your convictions.
_____I understand this policy.

Supplies

All children must furnish and replenish their own supplies. (See attached supply list!) If your child is in diapers/ pull-ups, please bring your own disposable diapers/pull-ups. If you do not maintain a supply of diapers/pull-ups and OCE provides them for you, you will be charged *75¢* per diaper/pull-up used. Potty trainers and preschool students need to have an ample supply of clean underwear and outfits in the event of potty related accidents. _____I understand this policy.

Illness/ Medication

If your child is on medication and you need your OCE provider to administer a dosage, it must be in the original container with the pharmacy label showing the prescription number, date, name of the medication, dosage, child's name, and doctor's name. **Prescription medication will not be administered without a note authorizing dispensation of medication**. Tylenol, cough syrup, etc. will be administered if the parent/guardian sends a note of consent. (PLEASE make sure to fill out Medical Form in front office for medication to be dispensed.)

_____ **ILLNESS**: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook

HEALTH & ILLNESS POLICY

For the protection of all children in our care as well as the health of your own child(ren) we enforce and encourage the following policies and procedures. When caring for an ill child, the ability to provide high quality care to all children in our care is jeopardized. We ask our parents assist us by keeping sick children at home and adhering to our HEALTH & ILLNESS POLICY.
In the event that a child becomes sick while in our care, you will be notified and it is expected that prompt pick up arrangements be made. If your child is sick, unable to play outdoors, and/or unable to participate in regular daily activities, alternate arrangements for care must be made.

Medication: All prescription medication must be prescribed by a doctor specifically for your child. All medication must be in its original un-expired container. All medication must be accompanied by a written schedule of when and how much medication to give your child. Only your center's Director or designated staff will dispense medication when the "Authorization to Administer Prescription and Non-Prescription Medication" form is completed by parent or guardian.

Antibiotics: A child with a contagious condition for which antibiotics have been prescribed may NOT attend daycare if he/she shows signs of illnesses as outlined below. This policy is for the benefit and protection of all children and staff.

Vomiting: A vomiting child MUST go home if he/she becomes ill while in our care. He/She cannot return until vomiting has stopped for at least 24 hours.

Diarrhea: A child with diarrhea must stay (or go) home until the diarrhea has stopped and normal bowel movements have resumed.

Fever: When a child has a fever above 100 degrees orally (including the night or morning before attendance) he/she must stay home until they have been fever-free for 24 hours WITHOUT the help of fever reducing medication. If fever reducing medication was required the day/night before or day of returning to care they will not be permitted to attend. If a fever develops during the day, you will be called and expected to promptly pick up your child.

Head Lice: A child with head lice must stay home until specific treatment is completed and lice and nits are no longer present.

Rash: Rashes occur with various explanations/illness, some of which are contagious. You will be called upon discovery of a rash and prompt pick up is expected. Please consult a doctor. Your child will need a note stating your child is not contagious before return. If the rash is contagious, please notify the office of the illness/ type of rash so we can swiftly notify those who have been exposed.

Impetigo and Conjunctivitis: These are very contagious conditions and must be treated with antibiotics before your child may attend. If your child has red, runny eyes or scabby sores, you will be notified and prompt pick up is required. Your child MUST remain at home until he / she has been seen by a doctor and been on medication for AT LEAST 48 hours.

Runny Nose/Common Cold: Generally, a clear discharge is okay, and a thick yellow-greenish discharge is a sign of a more serious infection. This is more dangerous for younger, rather than older children, and we will use our discretion when asking you to keep your child home.

Strep Throat: A child with strep throat must not attend daycare until he/she has been on antibiotics for AT LEAST 24 hours and is symptom-free and feeling well.

Immunization Records: You are required to provide a photocopy of your child's shot records for our records. As your child has additional shots, we also need our photocopy updated.

Before returning to care: A child may return when he or she is free from symptoms and no longer infectious. The child should also be well enough to actively participate throughout the day. If your child has seen a doctor because of an illness, we require a note from the doctor explaining the illness, treatment, and when your child may return. In case of serious or unexplainable illness, a doctor's medical clearance may be required prior to admission back into care.

Please sign below stating that you have read and understand Outreach Christian Education's Health & Illness Policy. Thank you for being courteous of all OCE's families in adhering to the above stated policies!

Father's Signature: _____ Date: _____
Mother's Signature: _____ Date: _____

ENROLLMENT REGISTRATION INFORMATION

CHILD PROFILE

Child's Name: _____

Age: _____ Date: _____

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?

_____

2. What does your child enjoy doing the most?

_____

_____

3. What are your child's favorite toys?

_____

_____

4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS:

Name: _____Relationship: _____

Name: _____Relationship: _____

Name: _____Relationship: _____

CHILDREN:

Name: _____Age: _____

Name: _____Age: _____

Name: _____Age: _____

5. Who also cares for your child(ren)?

_____

6. What language is spoken in your home?

_____

7. Does your child have any medical or physical needs? Explain:

_____

8. Does your child have any allergies? Explain:

_____

9. What are the foods your child likes best?

_____

Least? _____

10. What are your child's mealtime routines at home?

_____

11. How many hours of sleep does your child receive at night?

_____

12. Does your child need to be awakened in the morning to attend the school?

_____

13. What are your child's sleeping arrangements? Check all boxes that apply.

❑ Own room ❑ Shares room with _____ ❑ Sleeps in crib ❑ Sleeps in bed

14.What are your child's bedtime rituals?

_____

_____

15. Do you attend church regularly as a family? (Where do you attend church?)

_____

16. Does your child take naps? ❑ Yes ❑ No How long?

_____

17. Non-Infant Enrollment Only: Does your child need a comfort item for a nap? ❑ Yes ❑ No

18. What words are spoken in your house for toileting?

_____

19. How does your child express anger or react to frustration?

_____

20. Does your child have any particular fears?

_____

21. How does your child react to change (such as being left by parents)?

_____

22. How does your child comfort himself/herself?

_____

23. What are your child's play interests (preference for creative, dramatic, or construction play)?

_____

24. How do you discipline your child?

_____

_____

25. When did your child begin to use language words/language?

_____

26. How would you describe your child (personality characteristics)?

_____

27. What do you enjoy the most about your child?

_____

28. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

_____

_____

29. Has your child had previous preschool experiences?

_____

30. Are you available to help us with field trips or other special events?

_____

31. Do you have a special interest or hobby you would like to share with the children?

_____

32. What family or cultural traditions are important in your home?

_____

Parent/Guardian Signature: _____
Date: _____

Student Information

Student's Legal Name: _____
Last First Middle Name Child Goes By

Soc. Sec. # (required): _____ **DOB:**_____ **Gender** _____ **Age** _____

Home Address: _____
Street City State Zip

Home Phone Number: _____ **Cell Phone Number**_____ **Start Date:** _____

Family Information

	Natural Father	Natural Mother
Full Name:	_____	_____
	Mr. ☐ Dr. ☐	Mrs. ☐ Ms. ☐ Dr. ☐
SSN (required):	_____	_____
Address:	_____	_____
	_____	_____
Cell Phone:	_____	_____
E-mail Address:	_____	_____
Employer:	_____	_____
Work Phone:	_____	_____
Position/Title:	_____	_____
Education Level:	_____	_____
	Parents Married ☐ Parents Divorced ☐ Father Remarried ☐ Lives with Father ☐ Father Deceased ☐	Parents Separated ☐ Single Parent ☐ Mother Remarried ☐ Lives with Mother ☐ Mother Deceased ☐

	Step Father	Step Mother
Full Name:	_____	_____
	Mr. ☐ Dr. ☐	Mrs. ☐ Ms. ☐ Dr. ☐
SSN (required):	_____	_____
Address:	_____	_____
	_____	_____
Cell Phone:	_____	_____
E-mail Address:	_____	_____
Employer:	_____	_____
Work Number:	_____	_____
Position/Title:	_____	_____
Education Level:	_____	_____

How did you hear about us? Online? ☐ Advertisement? ☐ Friend? ☐ **Name:** _____

If natural parents are not in the same household, please give legal custody arrangements: _____
Who is responsible for financial obligations? _____ *(Please furnish a copy of current custody arrangements.)*

Please list the name of any person other than the legal guardian who is *legally required to* receive information or communication regarding this student:

Name: _____ _____ Relationship: _____

Address: _____ Phone #: _____

Academic Information

Daycare/School last attended: _____ Class/Grade: _____
Has student ever had discipline problems? _____ If so, please explain:_
_____
Has student ever been expelled or suspended from school? _____ If so, state reason: _____
_____
Why do you wish to enroll your child(ren) in OCE? _____
_____

Authorization

Please list the names of those who may pick up your child and make medical decisions for them.

List names in the order you would like persons to be called (including parents).			**Authorization**	
Name	**Relationship**	**Phone # (cell)**	**Pick Up**	**Medical**

Is your child currently receiving medical treatment? _____ If so, what is treatment for? _____
May we have permission to give your child acetaminophen (Tylenol) or Ibuprofen (Advil) in the event of a headache or elevated temperature? Yes ☐ No ☐
Physician's Name _____ Phone: _____

Enrollment

I wish to enroll my child(ren) in:

☐ Infant/Toddler Care ☐ Preschool (all day) ☐ Preschool (mornings) ☐ Part Time (min 3 days) ☐ Full Time

Drop off and Pick Up

Missouri law allows students a 10-hour day in childcare. If your child will be dropped off earlier or pickup later than noted here it is required that you call and let the Director know. Staffing is done according to the number of children enrolled.

I will drop my child(ren) off at: _____ a.m. and I will pick my child(ren) up at: _____ p.m.

Agreements

Our signatures below indicate that:

- When my child(ren) is ill, I understand and agree that my child may not be accepted for care. If my child becomes ill during the day, I will be called to pick him/her up.
- Tuition must be paid in advance and on time.
- I have read this packet in its entirety. By initialing all policies- I understand and accept the rules and policies included in this packet.

_____ _____
Father's Signature Date

_____ _____
Mother's Signature Date

Medical Examination Report

1. Identifying Information	
Patient's Name	Birth date

II. Current State of Health

I have examined the above-named child and verify that this child's medical history and current state of health

☐ are ☐ are not satisfactory for participation in a day care program.

Does this child require any specialized care? ☐ Yes ☐ No
If yes, explain in section IV.

III. Immunization History- MUST BE SUBMITTED WITHIN THE FIRST WEEK OF ATTENDANCE!

IV. Comments /Recommendations/Allergies/EpiPen

(Special diets, allergies, EpiPen, ear infections, convulsions, diabetes, seizures, emotional problems, etc.)

_____

_____

_____

_____

_____

MEDICAL HISTORY

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
Distinguishing Marks: _____ Date of Birth: _____

1. Medication that will be administered regularly at the school:

_____

2. Special Dietary Needs:

_____

3. Is your child able to walk? ❑ Yes ❑ No Explain: _____

4. Can your child effectively communicate his or her needs? ❑ Yes ❑ No Explain: _____

5. Is your child toilet trained? ❑ Yes ❑ No

Please provide special instructions concerning any other illnesses, as necessary:

_____

Allergies (please list all that apply)

_____

Are any of the allergies severe or life-threatening? ❑ Yes ❑ No If yes, please provide special instructions:

_____

V. Signatures

Signature of Physician or Registered Nurse under the supervision of a Physician	Physician's or Nurse's Name (Please Print)	
Name of Clinic, Group Practice, Other	If Nurse is Supervised by Physician, indicate Physician's Name	
Address (Street, City, State, Zip)	Telephone Number ( )	Date

Parent's Report of Medical History

Note: This form should be completed by parents prior to physician's examination.

Student's Name: _____ Birth date: _____

Father's Name: _____ Mother's Name: _____

SS#: _____ SS#: _____

Father's condition of health: _____

_____

Mother's condition of health: _____

_____

Brothers (ages and health): _____ Sisters (ages and health): _____

_____ _____

General Condition of Health (Please check or explain any of the below.)

Abdominal pain	☐	Frequent sore throat	☐	Muscle cramps	☐
Allergies	☐	Frequent boils, sties, infections	☐	Nose bleed	☐
Seizures	☐	Frequent urination	☐	Persistent cough	☐
Dental defects	☐	How often?	☐	Poor vision	☐
Diarrhea	☐	Frequent leg pains	☐	Parasites (worms)	☐
Dizziness	☐	Headaches	☐	Speech difficulty	☐
Earaches	☐	Hearing difficulty	☐	Shortness of breath	☐
Fainting spells	☐	Hernia	☐	Tires easily	☐

How many colds has student in last 12 months? _____

Personal Record (Please answer each of the following.)

	Yes	No		Yes	No		Yes	No
Does student have disabilities?	☐	☐	Deformities?	☐	☐	Is student shy?	☐	☐
Overactive?	☐	☐	Bites fingernails?	☐	☐	Does he/she suck thumb?	☐	☐
Have excessive fears?	☐	☐	Temper tantrums?	☐	☐	Does he/she like school?	☐	☐
Play well with others?	☐	☐	Eat breakfast?	☐	☐			
Does he/she take a nap?	☐	☐	time: _____					

When is his/her regular bed time? _____ Rising time? _____

Outreach Christian Education

This page must be NOTORIZED.

Child's Name:

_____

(First) (Middle) (Last) (Name child goes by)

Mother's Name: _____ Phone Number: _____

Street Address: _____ City/State/Zip: _____

Father's Name: _____ Phone Number: _____

Street Address: _____City/State/Zip: _____

Authorized Pick Up and Emergency Notification

Name:	*Relationship to child:*	*Driver's License #*	*Phone Number(s):*

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your director for additional information.

On admission of my child to **Outreach Christian Education** I agree to observe the regulations as set forth. **Outreach Christian Education** does not assume financial responsibility but will provide or arrange emergency care. By singing this paper you are giving the appropriate personnel the authority to call EMS, to transport, or to obtain medical care in the case of an emergency. I hereby grant permission for emergency medical/nursing care to be given by the attending physician and/or personnel. I also give permission for EMS to be called and/or my child to be transported as deemed necessary by the appropriate school personnel. I will NOT hold **Outreach Christian Education** financially responsible for the emergency, and/or transporting of my child. I take full responsibility for the medical expenses for my child.

Father's Signature: _____ Mother's Signature: _____

NOTARY:

On this _____ day of _____ 20_____, personally appeared before me, a notary Public in and of the State of Missouri, the above-named individuals who, being duly sworn, executed the above authorization and acknowledge the same as a free act and deed.

NOTARY PUBLIC: _____ **My commission expires:** _____

This will be kept for emergency access.
Please keep OCE updated with any changes.
It is important the staff can reach you while your child is in our care.

Photo Release Form

At OCE we love sending text messages to our new parents to help with the transition of starting at a new school! Please sign below to allow your Director (Name: _____) to take pictures or videos of your child on her personal cell phone to send to you during your child's first days/weeks at Outreach!

These pictures and videos will be deleted from phones immediately after being sent.

At OCE we post pictures and or videos of our students to our Facebook page, website and bulletin boards, and Class DoJo around our Center. Please check the following allowing Outreach Christian Education to post pictures/videos of your child.

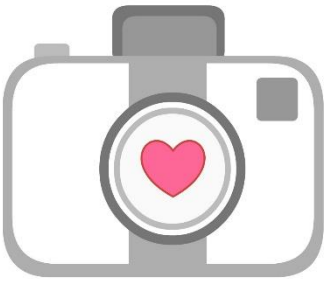
I allow the following:

☐ Text messages (pictures and videos) to be sent to my phone.

☐ Pictures and videos of my child on OCE's Facebook.

☐ Pictures and videos on OCE's website.

☐ Pictures of my child on OCE's bulletin boards and class DoJo.



Parent signature: _____

Cell Phone for text/picture messages: _____

Date: _____

Please send in a written notice if for any reason you wish to rescind this form!