



**Maplewood Richmond Heights Discover Club
Before & After School Care**

Locations & Hours of Operation

Early Childhood Center (ECC) 2801 Oakland Avenue, Maplewood

AM Care = 6:30 a.m.- 7:45 a.m. (at ECC)

PM Care = End of school day through **6:00** p.m.

- **Grades PreK-1** meet at ECC for A.M. and P.M.

Elementary (ELE) 1800 Princeton Place, Richmond Heights

AM Care = 6:30 a.m.- 6:55 a.m. **at ECC** (students take MRH bus to ELE)

PM Care = End of school day through **6:00** p.m.

- **Grades 2-6**

P.M. meets at the ELE

Rates for 2015-2016 School Year

There is a Non-refundable registration fee of \$25.00 for the first student, \$35.00 for 2 or more children.

- AM Care only = \$21.00 weekly \$4.20 per day
- PM Care only = \$38.00 weekly \$7.60 per day
- AM and PM Care = \$58.00 weekly \$11.60 per day

A 10% discount is applied to the **2nd student's tuition** and each additional child enrolled.

Children must be enrolled for at least **2** days per week.

2 days enrolled pay daily rate

3 or more days enrolled pay weekly rate.

Discover Club offers childcare on Professional Development days at a rate of \$30/child.

There is limited availability. Sign up is week before. **Payment due when signing up.**

Check or money order payable to: MRHSD – PRINT child/ren's name/s on memo line

Scholarships are not available, but we do accept state pay. Letter due upon enrolling.

If you have questions or for more details, please contact:

Discover Club Supervisor: Betty Pearson. betty.pearson@mrhschools.net (314) 566-3650

Registration is on June 2nd at the ECC. 9-5pm. 2801 Oakland Ave.

Please complete one form for each child being enrolled and return with:

- MDHSS CHILDCARE ENROLLMENT form 580-2994
- MDHSS PARENT'S HEALTH STATEMENT FOR SCHOOL-AGED CHILD form 580-2851

Enrollment forms are available in your child's school office.

Completion of this form does not guarantee a spot, as spaces are limited.

Your deposited check will indicate your child's enrollment in the Discover Club program.

Check or money order payable to: MRHSD– write child/ren's name/s on memo line.

Mail to:

MRH Early Childhood Center

Betty Pearson, Discover Club Supervisor

2801 Oakland Avenue

Maplewood, Mo. 63143

(314) 566-3650

betty.pearson@mrhschools.net



Student Name _____

Grade Level _____

My child requires (check all that apply):

- AM Care Only
- PM Care Only
- AM & PM Care

- 2 days per week (pay daily rate)
- 3 or more days per week (pay weekly rate)

IEP/Special Needs NO _____ YES _____ **Please elaborate:** _____

PARENT/GUARDIAN INFORMATION:

*Mother's Name

*Father's Name

*Mother's Cell Phone

*Father's Cell Phone

*Mother's Email address

*Father's Email address

Guardian's Name if applicable

Guardian's Cell Phone

Guardian's Email address

- I understand I am responsible for paying my child's Discover Club tuition due bi-weekly according to the MRH Discover Club tuition payment schedule.
- **I understand Discover Club closes promptly at 6:00 p.m.** and I am responsible for paying an overtime-fee of \$2 per minute for every minute after 6:00 p.m. that I am late picking up my child.
- I understand that my child's enrollment can be discontinued for non- payment of tuition.
- I understand that turning in this packet does not guarantee a spot in MRH Discover Club, as spaces are limited. And that I will be contacted by the Discover Club Supervisor or designee as to my child's enrollment status.

Parent Signature

Date

*Required information



CHILD CARE ENROLLMENT FORM

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION / BUREAU COMMUNITY FOOD & NUTRITION ASSISTANCE

FACILITY/PROVIDER NAME MRH Discover Club	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE

ADDRESS (STREET, CITY, STATE, ZIP)

IDENTIFYING INFORMATION

MOTHER'S/GUARDIAN'S NAME	HOME PHONE
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ADDRESS (STREET, CITY, STATE, ZIP) OR CHECK IF SAME AS ABOVE <input type="radio"/>	CELL PHONE
	E-MAIL

EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)	WORK PHONE
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FATHER'S/GUARDIAN'S NAME	HOME PHONE
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ADDRESS (STREET, CITY, STATE, ZIP) OR CHECK IF SAME AS ABOVE <input type="radio"/>	CELL PHONE
	E-MAIL

EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)	WORK PHONE
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EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.

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

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

COMMENTS ON CHILD'S DEVELOPMENT

(NOTE CHILD'S PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, AND INDIVIDUAL NEEDS)

RELATED CHILD

<input type="radio"/> YES <input type="radio"/> NO	HOW IS CHILD RELATED TO CHILD CARE PROVIDER?
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CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: <input type="radio"/> Full Time or <input type="radio"/> Part Time	WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE A M OR PM.	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM.	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.
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CACFP REQUIREMENT

MON		AM PM	AM PM
TUES		AM PM	AM PM
WED		AM PM	AM PM
THURS		AM PM	AM PM
FRI		AM PM	AM PM
SAT		AM PM	AM PM
SUN		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 ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE

MRH DISCOVER CLUB

DAY CARE CENTER OR HOME PROVIDER

TO CONTACT THE FOLLOWING:

PHYSICIAN OR CLINIC

NAME	PHONE
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PREFERRED HOSPITAL

NAME	PHONE
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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 HOMES 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	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED	PARENT/GUARDIAN INITIALS
G	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD	PARENT/GUARDIAN INITIALS

PARENT'S/GUARDIAN'S SIGNATURE	DATE
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE
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HEALTH STATEMENT (CHECK ONE)

My child is in good health, is able to participate in group care, has no special health or medical requirements.

My child is able to participate in group care but has special health or medical requirements as listed below.

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
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Discover Club Child Pick-up Form

Additional person/s authorized to pick up your child/ren ***other than yourself.***
It is not necessary to fill each line.

Student/s' name/s

Grade/s

NAME	RELATIONSHIP	LOCAL CONTACT #
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**PLEASE MAKE SURE, WHOEVER PICKS UP YOUR CHILD HAS A PHOTO ID AVAILABLE,
A DISCOVER CLUB TEAM MEMBER WILL ASK FOR IT.
If they have no picture ID available, you will be called to verify the identity of the person
picking up your child/ren.**

Parent Signature

Print Name

Local Contact #

Date