



Maplewood Richmond Heights Discover Club

Locations & Hours of Operation

Early Childhood Center (ECC) 2801 Oakland Avenue, Maplewood

AM Care = 6:30 a.m.- 8:00 a.m. (at ECC) **limited availability**

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

- **Grades PreK-2nd** meet at ECC for A.M. and P.M.

Elementary (ELE) 1800 Princeton Place, Richmond Heights- **PM ONLY**

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

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

- **Grades 3-6**

P.M. meets at the ELE

Rates for 2019-20 School Year **** Rates are subject to change

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 p er day
- PM Care only = \$38.00 weekly \$7. 60 p er day
- AM and PM Care = \$59.00 weekly \$11.80 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 (T/Th) per week: pay daily rate 3 days (M/W/F) per week: pay daily rate.

4 or 5 days per week: pay weekly rate

Discover Club offers childcare on **MOST** Professional Development days at a rate of **\$30** per child and is located at **ECC**. **There is limited availability**. Sign up is week before and **payment is due upon signing up**. **Your account must be current for child to attend. Nurse is not on duty.**

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

State pay is accepted. 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 June 3, 8am-5pm, at the ECC, 2801 Oakland Ave. 63143. Proof

of residency required. Please complete one form for each child being enrolled:

- MDHSS CHILDCARE ENROLLMENT
- MDHSS PARENT'S HEALTH STATEMENT FOR SCHOOL-AGED CHILD FORM

Enrollment forms are available in your child's school office and on MRH website.

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) **T/TH**
- 3 days per week (pay daily rate) **MWF**
- 4 or 5 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

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

IDENTIFYING INFORMATION

MOTHER'S/GUARDIAN'S NAME		HOME PHONE	
ADDRESS (STREET, CITY, STATE, ZIP) OR CHECK IF SAME AS ABOVE 0		CELL PHONE	E-MAIL
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)		WORK PHONE	
FATHER'S/GUARDIAN'S NAME		HOME PHONE	
ADDRESS (STREET, CITY, STATE, ZIP) OR CHECK IF SAME AS ABOVE 0		CELL PHONE	E-MAIL
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)		WORK PHONE	

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

0 YES 0NO	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: 0Full Time or 0Part Time		WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM 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.
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	

CACFP REQUIREMENT

CACFP REQUIREMENT	CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY			
	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> MORNING SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> AFTERNOON SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK <input type="checkbox"/> NONE			
	CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY			
	<input type="checkbox"/> NEW YEAR'S DAY (JANUARY)	<input type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	<input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)	<input type="checkbox"/> EASTER (MARCH/APRIL)
<input type="checkbox"/> MEMORIAL DAY (MAY)	<input type="checkbox"/> INDEPENDENCE DAY (JULY)	<input type="checkbox"/> LABOR DAY (SEPTEMBER)	<input type="checkbox"/> COLUMBUS DAY (OCTOBER)	
<input type="checkbox"/> VETERANS DAY (NOVEMBER)	<input type="checkbox"/> ELECTION DAY (NOVEMBER)	<input type="checkbox"/> THANKSGIVING (NOVEMBER)	<input type="checkbox"/> CHRISTMAS DAY (DECEMBER)	
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 <div style="text-align: center;"> MRH SCHOOL DISTRICT DAY CARE PROVIDER OR HOME PROVIDER </div> 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 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	I <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	I <input type="checkbox"/> DO <input type="checkbox"/> 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	
<input type="checkbox"/>				
CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	

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