



## 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 2018-19 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 per day
- PM Care only = \$38.00 weekly \$7.60 per day
- AM and PM Care = \$59.00 weekly \$11.80 per day

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

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

**2 days per week: pay daily rate**                      **3 days per week: pay daily rate.**  
**4 or 5 days per week: pay weekly rate**

Discover Club offers childcare on 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](mailto:betty.pearson@mrhschools.net) (314) 566-3650

**Registration is June 5<sup>th</sup> at the Early Childhood Center 2801 Oakland Ave. 63143**

**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](mailto: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 <input type="radio"/>		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 <input type="radio"/>		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**

<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.
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

<b>CACFP REQUIREMENT</b>	<b>CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY</b>			
	<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			
	<b>CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY</b>			
	<input type="checkbox"/> NEW YEARS'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)	
<b>AUTHORIZATION FOR EMERGENCY MEDICAL CARE</b>				
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;">_____</div> DAY CARE PROVIDER OR HOME PROVIDER  TO CONTACT THE FOLLOWING:				
<b>PHYSICIAN OR CLINIC</b>				
NAME			TELEPHONE NUMBER	
<b>PREFERRED HOSPITAL</b>				
NAME			TELEPHONE NUMBER	
<b>ACKNOWLEDGEMENTS</b>				
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	
<b>CACFP REQUIREMENT</b>	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	



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.

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**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