

Capital City Christian Church Child Care Center
1512 Swifts Highway Jefferson City, Missouri, 65109
Phone # 573-635-3775 Fax # 573-636-6407

Child Care Center Application Form (Please Print)

Office use only

Letter _____

Date _____

Medical _____

State _____

Starting Date _____

Dir _____

B.D. _____

Days Attending M T W TH F

S.C. _____

Child's Names (First, Middle, Last) _____

Address _____ zip _____

Phone _____ Birth Date _____

Child lives with (circle one) Both parents Mother Father Shared Custody Guardian

Church affiliation _____

Active _____ Moderately _____ Inactive _____ Do Not Have a Home Church _____

Father's Name _____ Cell # _____

Home address _____ Home Phone _____

Father's occupation & work Schedule _____

Place of employment _____ Phone _____

Physical Address of employer _____

Mother's Name _____ Cell # _____

Home address _____ Home Phone _____

Mother's occupation & Work Schedule _____

Place of employment _____ Phone _____

Physical Address of Employer _____

E-Mail Address _____

E-Mail Address _____

Number of children in family _____

Names and relationships of other members in child's household:

Names	Relationship	Birthdates:
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF PARENTS CAN NOT BE REACHED PLEASE CONTACT THE FOLLOWING PERSONS IN CASE OF AN EMERGENCY:

Name _____ Address _____

Relationship to Child _____ Home Phone _____

Wk Phone _____ my child is covered under the following Insurance

Company _____ Policy Number _____

Does your child have special problems, fears or food allergies that the school should be
Made aware?

Does your child have special prescriptions pertaining to the above? _____

Is your child allergic to any medications? _____

Name of Child's physician _____ Ph _____

Who is authorized to bring and pick up the child to and from the center? _____

How did you come in contact with the Center? _____

What do you expect from your child's participation in this Center? _____

**Capital City Christian Church Child Care Center
Consent form for Medical Care**

I, the undersigned (parent/Guardian), do hereby give my permission and consent to the Capital City Christian Church Child Care Center to authorize emergency medical care for my child.

Child's Name _____ in the event that such care is needed and neither I nor my child's physician can be reached. IT IS UNDERSTOOD THAT THE CENTER WILL MAKE EVERY ATTEMPT TO NOTIFY ME OR MY CHILD'S PHYSICIAN BEFORE TAKING ANY ACTION, EXCEPT IN EXTREME CASES.

IT IS ALSO UNDERSTOOD THAT THE INSTRUCTOR AND OTHER ATTENDANTS WILL DO ALL THAT IS FORESEEABLE TO GUARD AGAINST ANY SUCH SITUATION.

I agree to sign this slip and leave it at the Center before my child is registered for attendance at the Center.

Signature _____

Date _____

Please be sure to have this notarized.

Subscribed and sworn before me this _____ Day of _____, 20____

_____ notary my commission expires _____

★ PREFERRED HOSPITAL: _____ Ph# _____

★ Field Trips

_____ Has my permission to go on field trips with a representative of the Capital City Christian Church Child Care Center.

Signature _____

Children Image Release Form
Capital Christian Church Child Care Center
www.capitalcitychristian.net

The Capital City Christian Church website and face book page is a tool to help inform and communicate with the community of Jefferson City. To enhance this experience we use photos to show the involvement in each ministry.

In order for childrens' images to appear on the Capital City Christian Church Child Care Center pages, it is required by Capital City Christian Church Policy that we obtain parental permission. Please fill out the following form acknowledging your preference. No Names will be attached to any of the photos for both the website and facebook pages.

Child' s Name: _____

I am the parent or legal guardian of the child named above. I understand the possible publication of my child' s image on a Capital City Christian Church Child Care Center webpage of the Capital City Christian Church website and agree to the following:

(Please check the appropriate box below :)

I DO give permission to Capital City Christian Church Child Care Center to include my child' s image on the webpage.

I DO NOT give permission for my child' s image to appear on the Capital City Christian Church Child Care Center webpage.

Signature of Parent/Guardian:

* _____ Date: _____

TEXT MESSAGE

Capital City Christian Church Child Care Center

Dear Parents,

We have in enrolled in a new communication system. Text messages will now come from **ccbchurch.com**. You will *not* be able to respond to the texts. This system will only allow one phone number per child. If you have only one child enrolled we have used the mother's cell phone number. If there is a sibling, we have used both mother and father's numbers. If you would like to have this changed, please fill out the form below. Thank you.

I would like to have my text notification number changed to:

Carrier _____

Child's name _____

Sunscreen/Insect Repellant Policy

Capital City Christian Church Child Care Center has my permission to apply sunscreen/insect repellant to my child,

(the brand that the daycare will provide) whenever they deem it necessary.

* Signature _____ Date _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF CHILD CARE
MEDICAL EXAMINATION REPORT (INFANT/TODDLER & PRESCHOOL-AGE CHILD)

I. IDENTIFYING INFORMATION

PATIENT'S NAME	BIRTHDATE
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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 CHILD CARE PROGRAM.

DOES THIS CHILD REQUIRE ANY SPECIALIZED CARE? YES NO
 IF YES, EXPLAIN IN SECTION IV.

III. IMMUNIZATION HISTORY

OUR RECORDS INDICATE THAT THIS CHILD HAS THE FOLLOWING IMMUNIZATIONS:

IMMUNIZATIONS	DATES GIVEN					
	Dose No. 1	Dose No. 2	Dose No. 3	Dose No. 4	Dose No. 5	Dose No. 6
_____ DPT/DT/DTAP						
_____ Polio						
_____ Hepatitis B						
_____ Hib						
_____ MMR						
_____ Varicella						

Please Attach
Immunization Records

IV. COMMENTS/RECOMMENDATIONS

(SPECIAL DIETS, ALLERGIES, EAR INFECTIONS, CONVULSIONS, DIABETES, EMOTIONAL PROBLEMS)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN	DATE	PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)
	NAME OF CLINIC, GROUP PRACTICE, OTHER	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER ()

**Capital City Christian Church
Keyfob Sign-Out Form**

Keyfob Number	
Name	
Phone Number	
Date Assigned	
Date Due	for temporary assignments
Date Returned	

Assignment

Staff

Elder

Deacon

Child Care

Other (check type)

Type (indicate detail where appropriate)

Ministry _____

C4 Event _____

Cleaning _____

Child Care Event _____

Other Event (wedding, reception, etc.)

Doors

Church Level 1 North Entrance

Church Level 2 West Entrance

Child Care Gym Entrance

Child Care East Entrance

Access Times

24/7

M-F 7:00 a.m. – 5:30 p.m.

Other From: 6:00 To: 10:00 Saturday

I have received this keyfob and agree to abide by the guidelines provided to me regarding its use and return. Furthermore, I may be responsible for the condition of the facility as a result of the use of this keyfob (turning off lights, damages, trash, etc.).

★

Signature _____ Date _____

Laura Rader

Approved by _____ Date _____

Amount Received

- \$20 (individual or family)
- \$50 (wedding, reception, etc.)
- \$20 replacement fee

Date _____

Guidelines for Use

1. Keyfobs are for use by persons 19 or older
2. Keyfobs should not be loaned to anyone other than a family member 19 or older
3. A fee will be charged to replace a lost keyfob
4. Keyfobs are only for the doors and times specified
5. Keyfobs must be returned on the date noted
6. Keyfobs must be returned if staff or member discontinues service
7. Lost keyfobs must be reported immediately
8. A copy of this signed form will be maintained

**Religious Organization Child Care Facility
Notice of Parental Responsibility**

Facility Name Capitol City Christian Church
 Address (Street, City, State, Zip Code) 1512 Swifts Highway, Jefferson City

INSPECTIONS

Section 210.211 RSMo exempts this religious organization child care facility from state licensing and supervision by the Department of Health and Senior Services (DHSS). It is state inspected only for fire, health and sanitation requirements as indicated below. Copies of the inspections are available.

NAME OF AGENCY AND TYPE OF VISIT	ADDRESS	TELEPHONE NUMBER	INSPECTION			DATE
			Pending <input type="checkbox"/>	Approved <input checked="" type="checkbox"/>	Not approved <input type="checkbox"/>	
Section for Child Care Regulation (Health and Safety Inspection)	3418 Knipp Suite F	520-5345	Pending <input type="checkbox"/>	Approved <input checked="" type="checkbox"/>	Not approved <input type="checkbox"/>	6/19
Fire Marshal's Office (Fire Safety Inspection)	P.O. Box 844	592-7937	Pending <input type="checkbox"/>	Approved <input checked="" type="checkbox"/>	Not approved <input type="checkbox"/>	8/5
Local Health Office or DHSS (Sanitation Inspection)	320 E. McCarty	777-751-2891	Pending <input type="checkbox"/>	Approved <input checked="" type="checkbox"/>	Not approved <input type="checkbox"/>	9/30

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	
2 to 4 years of age	1 staff member for every 10	38
5 years of age and older	1 staff member for every 10	19

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

Total number of children enrolled by this facility 57

BACKGROUND CHECKS: CHILD ABUSE/NEGLECT AND CRIMINAL RECORD(S)

Statute 210.254 RSMo requires the facility to conduct background checks for child abuse/neglect and criminal record reviews on each individual caregiver and all other personnel (who have contact with children in care) at the facility at the time of employment and every two years thereafter.

Background checks for child abuse and neglect through the Children's Division (CD) and criminal record reviews through the Missouri State Highway Patrol have been conducted on each individual caregiver and all other personnel at the facility as required: Yes No

FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES

The disciplinary philosophy and policies of this facility are:

Handed out policy's to Each Parent during Interview

The education philosophy and policies of this facility are:

Handed out Policy's to Each Parent during Interview

REQUIRED SIGNATURES

Statute 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 9/9/2013
 PARENT(S)
Kevin Ann Decker
 PRINCIPAL OPERATING OFFICER/FACILITY DIRECTOR
 _____ DATE 9/9/2013
Ronald J. Zuphaus
 INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION - PASTOR, MINISTER, PRIEST, ETC.

Statute 210.254 RSMo requires a new facility to file a copy of the Notice of Parental Responsibility with the Section for Child Care Regulation at least five days prior to beginning operation. Each facility must file the Notice of Parental Responsibility annually during the month of August.