



# The BrainStation

*Preschool  
& Daycare*

450 Bailey Road | PO Box 161

Crystal City, MO 63019

(P) 636-933-7355

(SMS) 651-243-2546

[thebrainstationdaycare@gmail.com](mailto:thebrainstationdaycare@gmail.com)

Infant/Toddler Enrollment Packet

Please complete the enclosed forms in order to register your child for care:

- Parent Agreement
- Enrollment Form
- Child and Adult Care Food Program Eligibility Form
  - Parent's Specialized Instructions
- Medical Examination Report (Give to doctor and return within 30 days)

Not enclosed but required:

- Current immunization record - no exceptions

Thank you for choosing The Brain Station!

## The Brain Station: Parent Agreement

Please read the following items carefully and initial on each line to indicate you have read and agree to the information contained within:

### *Enrollment*

- \_\_\_\_\_ 1. **All forms must be completed and returned** before beginning childcare with The Brain Station.
- \_\_\_\_\_ 2. A current copy of your child's **immunization record is required** on or before the first day of childcare.
- \_\_\_\_\_ 3. An **Enrollment Fee of \$40** is required to reserve a spot in The Brain Station. Enrollment fee for any **additional children is \$20 each**. The enrollment fee assures that a spot will be saved and available for your child. Without payment of the Enrollment Fee, it cannot be assured there will be a spot available when you need it.
- \_\_\_\_\_ 4. **Medicine forms must be filled out** correctly before any medication may be administered at our center.
- \_\_\_\_\_ 5. **The Brain Station is a licensed facility**, and follows the rules set by the Missouri Department of Health and Senior Services. A list of all of the rules and regulations that our facility follow, can be seen at <http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-62.pdf> . We encourage all families to review and be familiar with the rules and regulations. We also have a handbook available in our facility for review. Please feel free to ask questions about how our center meets these guidelines.
- \_\_\_\_\_ 6. **The Brain Station will inform you of any accidents that involve your child during the day**. Accident forms are required to be filled out, signed by the staff and kept in the child's file for review by the state. For small bumps and bruises, The Brain Station will contact you by your preferred contact method (circle one below), but in the case of serious injury or emergencies, you will be contacted directly by phone.  
It is absolutely necessary that you inform The Brain Station of any changes to your contact information.

Please circle how you wish to be contacted for non-critical matters:

Phone call

Text message

Email

The address or number I wish to be contacted at is: \_\_\_\_\_

### *Rules of Operation*

- \_\_\_\_\_ 1. The Brain Station is open for childcare from 6 a.m. until 6 p.m. Monday through Friday. Pick up time is no later than 6 pm unless prior arrangements have been made with the Director. If you are late picking up your child, you will be charged a late fee of **\$5 per child for every minute past closing time, which is 6 pm**. Late pick up fees must be paid before your child is able to return for care the following day.
- \_\_\_\_\_ 2. **Full time tuition includes up to 10 hours a day**, five days a week. Anything over 10 hours a day, or 50 hours a week will be charged \$5 an hour.
- \_\_\_\_\_ 3. **Parents will be charged for a full week whether or not the child attends all five days**. This includes days missed due to illness.
- \_\_\_\_\_ 4. **Holidays and closures are charged at the standard rate even if the center is not available for care**. The Brain Station is closed, and not available for care of the following days: New Year's Day, Good Friday, Easter Monday Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Black Friday, Christmas Eve and Christmas Day. If the holiday falls on a weekend The Brain Station reserves the right to close on the Friday or Monday before or after the holiday. A full list of closures is outlined in advance and available in the office at your request.
- \_\_\_\_\_ 5. After a child is enrolled at The Brain Station for four months with their account is in good standing, they may take a week of unpaid leave for a vacation. Notice of intent to use vacation must be given in writing prior to the actual week, in order to be credited. One week of vacation time will be given for each calendar year from

January through December. Any unused vacation time will be forfeited if not used within the calendar year. If your child is gone for one week or more without written notification, we will consider your child has been dismissed. A text message is sufficient notification for vacations and extended absences.

6. Inclement weather may cause our center to close early or close entirely, in cases of closure you will be notified by your preferred contact method as soon as information becomes available. **Inclement weather does not exempt parents from late pick up fees of \$5 per minute per child.** For example: If The Brain Station closes early at 4:00 PM due to snow and a family with one child picks up at 4:15 PM they will be charged \$5 per minute after 4:00 PM for a total charge of \$75.

### *Drop off and Pickup Procedures*

1. **Parents must sign their child in and out every day.** This is accomplished by utilizing the **keypad** outside the building. This ensures that all attendance records are accurate in case of emergency. **DO NOT** enter the building to pick up or drop off your child without using the keypad. Also please do not hold the door open for other people...they must also use their code! **These times are used in place of paper sign in and out forms for both our center and Missouri Childcare Assistance and are very important.**
2. **Your child will not be released to anyone other than the people designated on the child's enrollment form.** Please use a Change of Information Form when needing to add or take someone off the list.
3. Your child may be picked up earlier than scheduled time, but please **alert the director if there is a change to later for pickup.** Picking up after your designated time could result in an extra charge. Please call if there is an emergency and you cannot be on time to pick up your child.
4. When you are dropping off or picking up your child, please be respectful of the other children learning. **Do not allow your child to run through the center unattended.** Do not expect the teacher to stop teaching to stand and talk with you for an extended period of time. If you have any questions or concerns please see the office. 😊
5. **No preschool or school age children are allowed in the infant and toddler unit.** Please drop off and pick up your children accordingly.
6. **Please call our center by 9:30 AM to let us know if your child is arriving late.** The state requires that we maintain proper ratios of teachers to students. If you do not us inform us, we will assume that your child is not attending that day, and we may send staff home if they are not needed. Arriving after 9:30 AM may result in your child being sent home for the day.

### *Illness*

1. **If your child is contagiously sick, please do not bring them into The Brain Station.** You will need to find alternative arrangements for childcare. As soon as your child is no longer contagious and is healthy enough for active play with other children, they may return to the center. This protects the health and well-being of all children at the daycare and it enables us to provide the best possible environment for all children.
2. These are the common symptoms that a child is not well enough for daycare and may be contagious: diarrhea more than once in a 24 hour period, severe coughing, difficulty breathing, yellow skin or eyes, pinkeye, unusual spots or rashes, sore throat or trouble swallowing, infected skin patches, unusually dark tea-colored urine, grey or white stool, fever over one hundred degrees Fahrenheit by mouth or ninety-nine degrees Fahrenheit under arm, headache and stiff neck, vomiting more than once, or severe itching of the body or scalp. **If your child is sent home for illness they must be picked up immediately and be excluded for care based on Missouri Health Department guidelines.**

## *Discipline Policy*

1. **Positive behavior support will be used.** Acceptable behavior will be taught to the children, expectations will be clearly stated and modeled in age appropriate ways, teachers will assist in talking out issues, and redirection will be used. If necessary, time-out may be used. Time out involves removing the child from the problematic situation to have a cooling off/ reflection time. This method will be used sparingly, only with children who are developmentally ready to understand cause and effect, and at maximum, for a period of one minute for each year of the child's age. Children will remain supervised at all times.
2. If a child has continual disciplinary problems, the director will work with the teacher and the parents to rectify the problem. **If the problem persists or worsens children may be dismissed without notice.**
3. We will notify a parent if their child has bitten another child. Typically, together we will find a way to curb the biting, but **we will reserve the right to temporarily or permanently discharge a child for excessive biting.**

## *Termination*

1. **Children new to our facility will be placed in our care on a two-week trial basis.** This allows time for both parties to get acquainted with each other and during this time; both parties have the opportunity to terminate this agreement. We would greatly appreciate the opportunity to address any questions or concerns that you may have.
2. The daycare provider reserves the right to terminate this agreement at any time for any sufficient reason, including, but not limited to late payment. **If your account is 2 or more weeks past due you are subject to dismissal without advance notice.** The daycare staff will make every effort to give a reasonable notice to allow parents time to obtain alternate childcare.
3. Parents have the right to withdraw their child from daycare at any time, for any reason. However, **you must give The Brain Station a two week notice in writing when canceling services. If a two week notice is not given, you will be required to pay for those two weeks anyway.**

## *Emergency Preparedness:*

1. **Parents must update phone numbers immediately.** Keep us informed of any new contact information. This includes personal cell phone numbers, home phone numbers, and work phone numbers for all people on the emergency contact list.
2. The Brain Station has an extensive emergency plan in place and will take every precaution to assure children's safety. The emergency plan is available for review upon request from a member of the office staff. As part of this plan, children will regularly practice safety drills.
3. If a disaster occurs and the building needs to be evacuated, parents will be contacted as soon as possible. If the event is localized to the childcare center, your child will be moved to the Crystal City Post Office, which is located at 324 Bailey Road. In the event an evacuation out of the area is required, your child will be taken to the YMCA at 1303 YMCA Drive, Festus.

## Meals

1. At the Brain Station we believe that in order to be ready to learn and grow, your child needs proper nutrition. We will provide your child with well-balanced breakfasts and lunches, and a healthy afternoon snack. **Breakfast service ends at 8:30 AM.** If your child is dropped off after that time, we will assume that your child has been given breakfast before arriving.
2. Children who attend our center in the Infant and Toddler Unit are allowed to bring a sippy cup from home. All other children will be given open cups to drink from. **Please do not bring cups of milk or juice into the preschool rooms.** Water bottles with names written on them are permitted.

## Additional Paperwork Requirements:

1. **The parent/guardian is responsible for reporting to us any additional shots that a child receives during the course of our care.** State regulations require that these records be kept in the child's file.
2. **Once a year the income eligibility form must be filled out for the food program.** This form is required, whether or not you qualify for services. This form is confidential and is required by the government. It needs to be filled out promptly and returned to the director.
3. Additional paperwork may be placed in your child's cubby. Please check it daily for papers and notes. **A daily report of activities may be sent home with your child at your request.**

## Required Fees and Supplies:

1. **Payment is due in full prior to the start of the week for which your child will be receiving care.** Typically, this means that payment will be due by the end of the day Monday for the following week. Payment may be made in cash, check, money order, debit or credit cards, and PayPal. Checks may be placed in the payment box near the entrance, but all other forms of payment need to be made directly to the office staff so they can give you a receipt. Please do not put cash in the box or hand it to anyone but the office staff. **Payment that is not made on time will be charged a \$5 a day late fee for each child.**
2. **If you leave The Brain Station with a delinquent balance you are responsible for all collection costs and attorney's fees. Delinquent accounts are subject to collection activities including but not limited to: suspension of childcare assistance, assignment of account to debt collection services, litigation, and credit reporting.**
3. **Checks will not be accepted postdated.** They must be dated for the day services are being provided.
4. **Alternative payment arrangements must be approved by the office** (Bi-weekly, Monthly, etc.) Payment plans that span greater than a week may require you to pay for the current week and a week ahead. **Missing your arranged payment due date will still result in a late fee charge of \$5 per day.**
5. **Returned checks** will be assessed fees payable in cash or money order for the full amount of the check, and **\$25.00 service fee**, and any additional fees incurred through the bank as a result of the returned check.
6. If two checks have been returned, you must pay from then on by a different method.
7. **If payment becomes two payments behind your child will be subject to dismissal.** This includes the additional fees for children receiving state assistance that are not covered by the state. There will be **no exceptions** to this rule. Those receiving state assistance must have their bill paid in full before attempting to use their benefits in another childcare center or they may be subject to a freeze of all Missouri State Assistance.
8. All children younger than school age have a rest or nap time. You are welcome to bring from home a small pillow, crib sheet, and a small blanket for your child to use at naptime. These items need to be taken home each

week on Friday to be washed and dried in a hot dryer before returning them the following week. If you prefer we may supply your child with bedding. Each week the bedding is washed and each child is assigned new bedding for the week. **Children under the age of two are not allowed to have pillows while they sleep.**

9. If your child wears pull-ups or diapers, **you need to provide the supplies necessary for their toileting.** Please keep a minimum of 10 diapers and at least half of a pack of wipes at a time. **Failing to provide diapers and wipes after two requests will result in a \$5 per day fee until the necessary supplies are provided.** Your child's name will be written on their supplies and will only be used for their personal care. If your child requires special creams or powders, supply them, and be sure to fill out a Medication Form informing us of how and when to use it.
10. All children need to keep an **extra change of clothing at the daycare.** This needs to include underwear, pants, shirt, and socks. These clothes should have their name clearly written on the tag. We will remind you to switch out the clothes as the seasons change. **Extra clothes sent home and not returned to the office will be charged to your account as follows: \$2 Underwear, \$3 Shirts, \$5 Pants**
11. **Please do not allow your child to bring toys or valuable to daycare.** We cannot be held responsible for lost or stolen items, so please leave valuables at home.
12. **School Age families with a past due balance will not be allowed to attend full days** throughout the year or during the summer unless their balance is paid in full or an appropriate payment plan is arranged and followed accordingly.

By signing this form, you agree that this is a legally binding contract. Failure to abide by the policies mentioned may result in litigation. This policy agreement is subject to change with two week notice.

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Mother/Guardian's Signature

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Date

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Father/Guardian's Signature

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Date

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Representative of The Brain Station

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Date



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

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

**IDENTIFYING INFORMATION**

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

**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY**  
(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.

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

**COMMENTS ON CHILD'S DEVELOPMENT**

(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, &amp; INDIVIDUAL NEEDS)

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**RELATED CHILD**☐ YES ☐ NO

HOW IS CHILD RELATED TO CHILD CARE PROVIDER?

**CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED**

CACFP REQUIREMENT	CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: <input type="checkbox"/> FULL TIME OR <input type="checkbox"/> PART 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.
	MONDAY	<input type="checkbox"/>	AM PM	AM PM	
	TUESDAY	<input type="checkbox"/>	AM PM	AM PM	
	WEDNESDAY	<input type="checkbox"/>	AM PM	AM PM	
	THURSDAY	<input type="checkbox"/>	AM PM	AM PM	
	FRIDAY	<input type="checkbox"/>	AM PM	AM PM	
	SATURDAY	<input type="checkbox"/>	AM PM	AM PM	
	SUNDAY	<input type="checkbox"/>	AM PM	AM PM	

CACFP REQUIREMENT	<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 YEAR'S DAY (JANUARY)    CLOSED	<input type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	<input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)	<input type="checkbox"/> EASTER (MARCH/APRIL) CLOSED
	<input type="checkbox"/> MEMORIAL DAY (MAY) CLOSED	<input type="checkbox"/> INDEPENDENCE DAY (JULY)    CLOSED	<input type="checkbox"/> LABOR DAY (SEPTEMBER)    CLOSED	<input type="checkbox"/> COLUMBUS DAY (OCTOBER)
<input type="checkbox"/> VETERANS DAY (NOVEMBER)	<input type="checkbox"/> ELECTION DAY (NOVEMBER)	<input type="checkbox"/> THANKSGIVING (NOVEMBER)    CLOSED	<input type="checkbox"/> CHRISTMAS DAY (DECEMBER)    CLOSED	
<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;">           The Brain Station            DAY CARE PROVIDER OR HOME PROVIDER         </div> 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	<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	
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	
CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	



# The Brain Station

*About the Federal Food Program*

Dear Parent or Guardian:

Our center is currently participating in the Child and Adult Care Food Program. This program reimburses the center for the partial cost of meals provided to children and allows the center to provide nutritious meals. If your yearly income is equal to or below the amount listed for your family size on the chart below, your child is eligible for free or reduced-price meals. If your income is higher than the amount listed for your family size, you do not need to complete the income application.

Family Size	Yearly Income	Family Size	Yearly Income
1	\$23,606	5	\$56,758
2	\$31,894	6	\$65,046
3	\$40,182	7	\$73,334
4	\$48,470	8	\$81,622


For each additional family member, add \$8,288

To apply for free or reduced-price meal benefits for your children, you must complete the attached form. Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided. You should notify the center if any member(s) of the household becomes unemployed. A child may be eligible for free or reduced-price meals during the period of unemployment. This application is valid for twelve months from the date it is signed by the center representative.

Based on the information provided on the application, your child may be eligible for free or reduced price meals. If you disagree with the center's classification of your child, you may appeal our decision. Appeal procedures may be requested from the center personnel.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 1-800-795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Sincerely,

  
Nita Jones  
Director/Owner  
The Brain Station



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
CHILD AND ADULT CARE FOOD PROGRAM  
**INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS**

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

**PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER**

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number **for all of the children listed in Part 1.**

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)	YEARLY <input type="checkbox"/>	MONTHLY <input type="checkbox"/>	2 X A MONTH <input type="checkbox"/>	EVERY 2 WEEKS <input type="checkbox"/>	WEEKLY <input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

**PART 3 RACIAL ETHNIC INFORMATION** (You are not required to answer this section)

Are you of Hispanic or Latino origin? ☐ YES ☐ NO

What is your race? (Select one or more)

AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/>	ASIAN <input type="checkbox"/>	BLACK OR AFRICAN AMERICAN <input type="checkbox"/>	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/>	WHITE <input type="checkbox"/>
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**PART 4 SIGNATURE**

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY)	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**FOR CENTER USE ONLY**

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):	YEAR <input type="checkbox"/>	MONTH <input type="checkbox"/>	2 X A MONTH <input type="checkbox"/>	EVERY 2 WEEKS <input type="checkbox"/>	WEEKLY <input type="checkbox"/>	SNAP (Food Stamp) <input type="checkbox"/>	TEMPORARY ASSISTANCE <input type="checkbox"/>
Eligibility Determination: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid									
SIGNATURE OF CENTER REPRESENTATIVE								DATE	



IDENTIFYING INFORMATION	
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BIRTHDATE

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on \_\_\_\_ / \_\_\_\_ / \_\_\_\_, this child can participate in a child care program. This child has no special care needs unless specified below.

*(Date of medical examination must be within the last 12 months.)*

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

DATE
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PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME  
(PLEASE PRINT.)

TELEPHONE NUMBER



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION  
**PARENT'S SPECIALIZED INSTRUCTIONS FOR INFANTS AND TODDLERS**

CHILD'S NAME		DATE OF BIRTH	DATE ENROLLED
INSTRUCTIONS TO PARENTS: <ul style="list-style-type: none"><li>• Please complete for child who is less than 24 months of age.</li><li>• Update diet information as needed until child is on complete table food. Use a new form or initial/date changes on this form.</li></ul>			
<b>FEEDING METHOD</b>			
(Check all that apply.) <input type="checkbox"/> SPOON <input type="checkbox"/> CUP <input type="checkbox"/> BOTTLE <input type="checkbox"/> WARM BOTTLE <input type="checkbox"/> HOLDS OWN BOTTLE <input type="checkbox"/> FEEDS SELF <input type="checkbox"/> FEEDING TABLE OR CHAIR			
<b>TYPE OF FOOD</b>	<b>FEEDING TIME</b>	<b>KINDS OF FOOD</b>	<b>AMOUNT OF FOOD</b>
FORMULA			
WHOLE MILK			
INFANT FOOD			
JUNIOR FOOD			
TABLE FOOD			
<b>ARRANGEMENTS FOR SLEEP</b> (The American Academy of Pediatrics and other nationally recognized authorities for infant health advise that infants should be placed on their backs to sleep to reduce the risk of Sudden Infant Death Syndrome.)			
TIME CHILD USUALLY NAPS		USUAL LENGTH OF NAP	
SPECIAL NEEDS/INSTRUCTIONS RELATED TO SLEEPING			
My child is 12 months old or older, and I give permission for my child to sleep on a cot.  _____ (PARENT'S SIGNATURE) _____ (DATE)			
<b>DIAPERING INSTRUCTIONS</b>			
I give permission for caregivers to use _____ on my child for: (Lotions and/or ointments, etc. that I have provided)			
<input type="checkbox"/> WET <input type="checkbox"/> BOWEL MOVEMENT <input type="checkbox"/> RASH <input type="checkbox"/> OTHER			
<input type="checkbox"/> I do not want caregivers to use any lotions, powders, ointments or similar items on my child.			
I will furnish the following baby supplies for my child:          			
<b>SPECIAL INSTRUCTIONS FOR CARE (Restrictions, allergies, etc.)</b>			
PARENT/LEGAL GUARDIAN SIGNATURE		DATE	



### RATE EXPLANATION/PAYMENT AGREEMENT

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Weekly/Daily Rate: \_\_\_\_\_

-Daycare Subsidy Amount: \_\_\_\_\_

Total for Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Weekly/Daily Rate: \_\_\_\_\_

-Daycare Subsidy Amount: \_\_\_\_\_

Total for Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Weekly/Daily Rate: \_\_\_\_\_

-Daycare Subsidy Amount: \_\_\_\_\_

Total for Child: \_\_\_\_\_

DISCOUNTS PER WEEK: \_\_\_\_\_

**Pay Schedule:** Weekly    Biweekly    Monthly    Other: \_\_\_\_\_

TOTAL OUT OF POCKET COST PER PAYMENT: \_\_\_\_\_

I understand the rate(s) for care as explained above. I understand that changing or failing to maintain my payment schedule without approval may result in late fees or dismissal. Failure to pay my balance may result in my account being turned over to a collections agency. I understand that I am responsible for all collection fees.

X

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE

X

\_\_\_\_\_  
OWNER, THE BRAIN STATION

\_\_\_\_\_  
DATE



### **Holiday Closures 2020/2021 (Effective 1/8/20)**

Below are the dates our facility will be closed for the remainder of 2020 and all of 2021. Please note, other than situations with inclement weather these are the only weekdays our facility will be closed.

As always, we greatly appreciate your business and welcome any questions you may have.

<b>2020 Closures</b>	
Wednesday January 1 <sup>st</sup>	New Year's Day
Friday April 10 <sup>th</sup>	Good Friday
Monday April 13 <sup>th</sup>	Easter Monday
Monday May 25 <sup>th</sup>	Memorial Day
Friday July 3 <sup>rd</sup>	Independence Day
Monday September 7 <sup>th</sup>	Labor Day
Thursday November 26 <sup>th</sup>	Thanksgiving
Friday November 27 <sup>th</sup>	Black Friday
Thursday December 24 <sup>th</sup>	Christmas Eve
Friday December 25 <sup>th</sup>	Christmas
Thursday December 31 <sup>st</sup>	New Year's Eve

<b>2021 Closures</b>	
Friday January 1 <sup>st</sup>	New Year's Day
Friday April 2 <sup>nd</sup>	Good Friday
Monday April 5 <sup>th</sup>	Easter Monday
Monday May 31 <sup>st</sup>	Memorial Day
Monday July 5 <sup>th</sup>	Independence Day
Monday September 6 <sup>th</sup>	Labor Day
Thursday November 25 <sup>th</sup>	Thanksgiving
Friday November 26 <sup>th</sup>	Black Friday
Thursday December 23 <sup>rd</sup>	Christmas Break
Friday December 24 <sup>th</sup>	Christmas Break
Friday December 31 <sup>st</sup>	New Year's Eve