



Big Creek Church
2805 Dietrich Road
Foristell, MO 63348

2025-2026 Enrollment Packet

Enrollment is on a first-come, first-filled basis. A waiting list will be created once our rosters are full.

Child's Full Name: _____ Name Child Goes By: _____

Age: _____ Date of Birth: _____ Male: [] Female: []

Child's Home Address: _____ City: _____

Zip Code: _____ Home Phone Number: _____

Parent or Guardian Information

Father's Name: _____ **Phone:** _____

eMail Address: _____

Place of Employment: _____

Employer's Address: _____ **Phone:** _____

Work Schedule: _____

Mother's Name: _____ **Phone:** _____

eMail Address: _____

Place of Employment: _____

Employer's Address: _____ **Phone:** _____

Work Schedule: _____

First point of contact regarding your child: _____

Pick-Up

Persons authorized to pick up my child:

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Anyone besides a parent will be required to show their driver's license the first time they pick up.

Health History

List any allergies or health problems below that your child may have:

NOTE: If allergy requires an EpiPen or Benadryl to treat allergic reaction, this must be supplied by the parent and will be kept at the school in your child's file to be returned at the end of the school year.

Medication(s) taken regularly:

Please list below any emotional, social, or developmental concerns you may have regarding our child so that we may be prepared to better serve him/her in the classroom.

Emergency Numbers

Pediatrician's Name: _____

Address: _____

Phone Number: _____

Preferred Hospital: _____

Phone Number: _____

Please list persons, other than parents, to be reached in an emergency:

Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Siblings names and Ages: _____

Current Church: _____

School district you live in: _____

Media/Photography: May we take and post photos of your child to share with you and other parents for places such as our class and school Facebook pages, yearbook, and videos for end of year programs, etc?

☐ YES ☐ NO

Fees and Tuition:

Registration Fees

A \$200.00 non-refundable registration fee is due upon registration to ensure your child's spot.

Tuition

Tuition is payable at the beginning of each month on the 1st of the month, or in full at the beginning of the school year. Monthly tuition is divided into 9 equal payments payable September - May. A 10% sibling discount is available. There is a 10% discount for upfront payment of tuition for the entire year if paid on or before May 23rd, 2025. There is a 5% discount for upfront payment of tuition for the entire year if paid between May 24th, 2025 and August 31st, 2025. There is a 10% discount to families who are members of Big Creek Church. Please reach out if this is a payment arrangement that you desire to make. Tuition can be paid by cash, check (made out to Little Seedlings Academy), or debit/credit card/Venmo. Invoices will be emailed to you once per month.

Please indicate which program your child will be attending:

3s/4s Program:

(we are not licensed for diapering/pull-ups, so your child MUST be potty-trained)

- | | |
|---|--|
| <input type="checkbox"/> Monday through Friday
9am - 3:00pm \$750.00/month | <input type="checkbox"/> Tuesday through Friday
9am-3:00pm \$700.00/month |
| <input type="checkbox"/> Tuesday, Wednesday and Thursday
9am - 3:00pm \$525.00/month | <input type="checkbox"/> Tuesday/Thursday or Wednesday/Friday
9am-3:00pm \$350.00/month |

Kindergarten Readiness (Pre-K) Program:

(select if your child will be attending kindergarten the following school year)

- | | |
|--|---|
| <input type="checkbox"/> Tuesday through Friday
9am - 3:00pm \$650.00/month | <input type="checkbox"/> Monday through Friday
9am-3:00pm \$750.00/month |
|--|---|

Before and After Care Program

We offer before care beginning at 7:00am and aftercare until 5:00pm, Tuesday through Friday. The cost for before care is \$7/day and aftercare is \$10/day. If both are utilized on the same day the cost is \$15/day. Snacks are provided during after care for your child. Payments for this program are separate from tuition and are invoiced monthly. *Educator discounts, first responder discounts, and military discounts are provided.

Will you be needing before care for your child? ☐ YES ☐ NO

Will you be needing after care for your child? ☐ YES ☐ NO

Additional forms needed to complete enrollment within 30 days of enrolling:

- Signed NPR form (attached)
- Current immunization records for your child
- Child medical exam form signed by your child's doctor (attached)

If forms are not received within 30 days of enrollment, your child's spot may be forfeited.

Authorization for Medical Care and Off-Site Activities

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care with the physicians or hospital of my choice. If I cannot be reached to make the necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Little Seedlings Academy to provide medical care.

Please initial below:

_____ I have been informed of the required health and safety inspections and the inspection forms are available for review.

_____ I understand that enrolling my child and paying the registration fee secures his/her spot and binds me to pay tuition due.

_____ When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.

_____ I give permission for field trips/excursions and understand that I will be notified in advance when they are planned.

_____ I understand that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending for whom an immunization exemption has been filed.

Signature of Parent/Legal Guardian _____

Date: _____

School hours are 9:00am-3:00pm Monday-Friday. Your child will need a full-sized backpack, water bottle, and lunch daily. Welcome letters from teachers and a short supply list will be coming out later this summer, along with more details and information about our Orientation/Meet the Teacher Night which will be held at the end of August. The first day of school will be Tuesday, September 2nd.

Thank you for giving us accurate information. Your form must be completed entirely to be processed.

We look forward to a wonderful year with you and your family.

Date registration form received: _____ No. _____

Registration Fee Paid: ☐ cash ☐ Check no. _____ ☐ Debit/Credit ☐ Venmo

Date medical form received: _____

Date of notification of enrollment: _____

Parent Acknowledgement: ☐ Yes ☐ No



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD – CHILD CARE COMPLIANCE

**RELIGIOUS ORGANIZATION CHILD CARE FACILITY NOTICE OF
PARENTAL RESPONSIBILITY**

LEGAL NAME OF FACILITY Little Seedlings Academy	DVN 002961817
PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) 2805 Dietrich Road, Foristell, MO 63348	
FACILITY TELEPHONE NUMBER 636-248-4328	FACILITY E-MAIL ADDRESS morganpallardy@gmail.com

INSPECTIONS

Section 210.211 RSMo exempts this religious organization child care facility from state licensing and supervision by the Department of Elementary and Secondary Education (DESE). It is state inspected only for fire, health, and sanitation requirements as indicated below. Inspections are available on the Show Me Child Care Provider Search and can be accessed at <https://dese.mo.gov/childhood/child-care/find-care>

NAME OF AGENCY AND TYPE OF INSPECTION	ADDRESS	TELEPHONE NUMBER	INSPECTION	DATE
Office of Childhood - Child Care Compliance	220 S. Jefferson, St. Louis, MO 63103	314-877-2860	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	10/9/2024
Fire Marshal's Office (Fire Safety Inspection)	PO Box 844, Jefferson City, MO 65102	573-248-2095	PENDING <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>	8/28/2024
Local Health Office or DHSS (Sanitation Inspection)	220 S. Jefferson, St. Louis, MO 63103	314-877-0216	PENDING <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>	7/25/2024

STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY

STAFF/CHILD RATIOS FOR LICENSED CENTERS

AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN	AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN
Under 2 years of age	1 staff member for every	n/a	Under 2 years of age	1 staff member for every	4
2 to 4 years of age	1 staff member for every	10	2 years of age	1 staff member for every	8
5 years of age and older	1 staff member for every	16	3 and 4 years of age	1 staff member for every	10
TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY:			5 years of age and older	1 staff member for every	16

BACKGROUND CHECK REQUIREMENTS

Section 210.254 RSMo requires notification that background checks have been conducted under the provisions of section 210.1080 RSMo.

Section 210.1080 RSMo specifies criminal background checks for child care staff members. The requirements for religious organizations operating a child care facility are as follows:

- Facilities operated by a religious organization that receive federal funds for providing care for children must have qualifying background screening results for child care staff members as defined in 210.1080.1(1) RSMo.
- Facilities operated by a religious organization and that **do not** receive federal funds for providing care for children **are not** required to have qualifying background screening results for all child care staff members pursuant to 210.1080.9 RSMo.
- Child care staff members of facilities operated by a religious organization that receive federal funds for providing care for children, with disqualifying background screening results are prohibited from being on the premises during child care hours.
- Facilities operated by a religious organization that receive federal funds for providing care for children, must request criminal background checks for child care staff members every 5 years, as defined in 210.1080.1(1) RSMo.

BACKGROUND CHECKS HAVE BEEN CONDUCTED AS REQUIRED BY SECTION 210.1080 RSMO.

☒ Yes ☐ No

FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES

THE DISCIPLINARY PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

As stated in the Little Seedlings Academy Handbook.

THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

As stated in the Little Seedlings Academy Handbook.

REQUIRED SIGNATURES

Section 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.

PARENT(S)	DATE
PRINCIPAL OPERATING OFFICER/FACILITY DIRECTOR <i>Morgan Pallardy</i>	DATE 12/9/2024
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC. <i>Pastor</i>	DATE 12/9/24

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.



RESET

CHILD'S NAME

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 single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN

DATE _____

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

NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER
(MAY USE STAMP.)

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

TELEPHONE NUMBER

TO BE FILED IN CHILD'S RECORD AT CHILD CARE FACILITY

