



Big Creek Church  
2805 Dietrich Road  
Foristell, MO 63348

### 2024-2025 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 discount for upfront payment of tuition for the entire year. 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)

Tuesday through Friday

8:45am - 2:45pm \$700.00/month

**Kindergarten Readiness (Pre-K) Program:**

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

Tuesday through Friday

8:45am - 2:45pm \$650.00/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 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 8:45am-2:45pm Tuesday-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 3rd.

Thank you for giving us accurate information.

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 <b>Little Seedlings Academy</b>		DVN <b>002961817</b>
PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) <b>2805 Dietrich Road, Foristell, MO 63348</b>		
FACILITY TELEPHONE NUMBER <b>(636) 248-4328</b>		FACILITY E-MAIL ADDRESS <b>morganpallardy@gmail.com</b>
<b>INSPECTIONS</b>		
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 <a href="https://dese.mo.gov/childhood/child-care/find-care">https://dese.mo.gov/childhood/child-care/find-care</a>		
<b>NAME OF AGENCY AND TYPE OF INSPECTION</b>	<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>
Office of Childhood - Child Care Compliance	220 S. Jefferson, St. Louis MO 63103	<b>314.877.2860</b>
Fire Marshal's Office (Fire Safety Inspection)	PO Box 844, Jefferson City MO 65102	<b>573.248.2095</b>
Local Health Office or DHSS (Sanitation Inspection)	220 S. Jefferson, St. Louis MO 63103	<b>314.877.0216</b>
		<b>INSPECTION</b>
		PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>
		PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>
		PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>
		<b>DATE</b>
		<b>9/18/2023</b>
		<b>7/26/2023</b>
		<b>7/6/2023</b>
<b>STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY</b>		
<b>AGE RANGE</b>	<b>NUMBER OF STAFF</b>	<b>NUMBER OF CHILDREN</b>
Under 2 years of age	1 staff member for every	n/a
2 to 4 years of age	1 staff member for every	12
5 years of age and older	1 staff member for every	12
<b>TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY: max 40</b>		
<b>STAFF/CHILD RATIOS FOR LICENSED CENTERS</b>		
<b>AGE RANGE</b>	<b>NUMBER OF STAFF</b>	<b>NUMBER OF CHILDREN</b>
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
<b>BACKGROUND CHECK REQUIREMENTS</b>		
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:		
<ul style="list-style-type: none"> <li>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.</li> <li>Facilities operated by a religious organization and that <u>do not</u> receive federal funds for providing care for children <u>are not</u> required to have qualifying background screening results for all child care staff members pursuant to 210.1080.9 RSMo.</li> <li>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.</li> <li>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.</li> </ul>		
BACKGROUND CHECKS HAVE BEEN CONDUCTED AS REQUIRED BY SECTION 210.1080 RSMO. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES</b>		
THE DISCIPLINARY PHILOSOPHY AND POLICIES OF THIS FACILITY ARE: <b>As stated in the Little Seedlings Academy Handbook.</b>		
THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE: <b>As stated in the Little Seedlings Academy Handbook.</b>		
<b>REQUIRED SIGNATURES</b>		
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 <b>1-4-24</b>
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC.	<i>[Signature]</i>	DATE <b>1-4-24</b>

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](mailto:civilrights@dese.mo.gov).

