



The Peanuts Gang Learning Center  
551 Salt Lick Rd  
St. Peters, Mo 63376  
(636) 387-1481

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**St. Peters • Lake St. Louis**

# **Preschool Enrollment Paperwork**

**The goals of our program are:**

- To provide children with a safe learning environment that allows them to develop and grow at an individual rate.**
- To provide children with the opportunity to explore and discover themselves and their ability to succeed.**
- To promote self respect for themselves as well as others.**
- To give children the social skills to help them grow as individuals as well as a group.**



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## **Parent Policies and Procedures**

- **Locations-** The Peanuts Gang Learning Center (PGLC) is located in St. Peters, Missouri. The hours of operation are from 6:00am-6:00pm, Monday through Friday. PGLC will not be open New Year's Eve, New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve and Christmas Day. If holidays fall on a weekend, the standard day of observation will apply.
- **Curriculum-** Curriculum activities are completed daily in each classroom. The curriculum weaves together art projects, letters, shapes, colors, numbers and a weekly them. Curricular activities are posted in the front office.
- **Program Goals-** PGLC uses the most current, academically endorsed methods to ensure that children have fun while learning the skills they need for long-term success in school and in life.
- **Philosophy-** PGLC promotes S.T.E.A.M. (Science, Technology, Engineering, Arts, and Mathematics), a nurturing environment, safety and enrichment for all.
- **Admission Policy-** Enrollment at PGLC is open to all children six weeks to 16 years, regardless of race, color, national origin, sex, age, or disability. Parents seeking enrollment for their children will be invited to tour our center virtually on the website. Parents

can also find information about the center and complete a "New Child Packet" prior to enrollment into the program.

- **Registration Fee-** There is a non-refundable registration fee in the amount of \$100.00 per child or \$125.00 per family. This must be paid prior to enrollment and is required in order to be placed on the wait list. A wait list is maintained from which vacancies are filled. Please call the center with any questions regarding our wait list policies and procedures. Priority will be given to siblings of children currently enrolled at the center.
- **Activity Fee-** A \$100.00 fee will be charged to the account on the second week of January on an annual basis. The activity fee covers the cost of curriculum and extra-curricular activities throughout the year. It is required to be paid in full by January 31<sup>st</sup>.
- **Tuition-** Tuition payments are due the Monday before the week of care is provided. Payments can be made weekly, bi-weekly or monthly if they are paid in advance. PGLC accepts payment in the form of cash, check or credit card. Tuition can be automatically withdrawn from a checking or savings account at no additional cost. All families are required to have a Tuition Express agreement on file. If a family receives state child care assistance and the state fails to pay your childcare for any reason, it is the parent's responsibility for the full payment amount and late fees that accrue for nonpayment.
- **Late Tuition Fee-** A \$10.00 per day late fee will be accrued on all account balances after one week of non-payment until the balance is paid in full. Childcare services will be discontinued after two weeks of non-payment.

- School-Age Rate- PGLC does allow school age children to attend full days throughout the school year if the public school is closed. Children enrolled in our before and after school program will be charged an additional fee of \$15.00 per day for late start/half day care and a \$15.00 charge for full day care. If only or before or after school care is required, a \$20.00 charge per day will apply.
- Late Pick-up Fee- PGLC closes at 6:00pm, Monday through Friday. Parents are responsible for paying a fee of \$15.00 per child if they are 1 to 15 minutes late picking up their child/children. An additional \$1.00 per minute/per child will be charged after the first 15 minutes for every additional minute a parent is late. All late pick-up fees are expected to be paid the next day before your child is admitted.
- Returned checks- If a check is returned due to insufficient funds, there will be a fee of \$35.00 added to the tuition. If a check is returned due to insufficient funds, the parent will be required to make payments in the form of cash or credit only.
- Rate Increases- Tuition is subject to yearly increases. Parents will be notified 30 days in advance of any changes in tuition.
- Tuition during Illness- If your child is absent for 3 consecutive days, parents are responsible for 50% of their tuition rate if a doctor's note is provided. If no doctor's note is received, the parent will be responsible for 100% of the tuition rate for that week. \_\_\_\_\_
- Absences- Parents are asked to call the center before 10:00am to report that their child will be absent for the day. PGLC reserves the right to deny a family the 50% off for a full week of absenteeism if the parent does not call to report the absence

or provide a doctor's note. There is no refund or discount for snow days which the center is not open.

- Illness policy- We understand that it is difficult for parents to take time off when a child is ill. It is for the protection of your child and the other children at the center that we require a child to be sent home if the following symptoms are present: Fever over 100.0 degrees, 2 or more bouts of diarrhea or vomiting, severe coughing, difficulty breathing, unusual spots or rashes, itching of the scalp. If a child is sent home for illness with a fever, a child cannot return until they have been fever free without fever reducing medications (Tylenol, Motrin, etc.) for 24 hours. \_\_\_\_\_
- Medical Requirements- PGLC is required to have updated shot records and a Medical Form on file for each child. We request that parents provide ongoing updates to ensure that we have the most current records. Those children who do not have shot records and/or a medical form on file within 30 days after enrollment will not be allowed to attend until the proper documentation is received by PGLC.
- Medication- PGLC will only administer medication to a child if a "Medication Authorization Form" is completed by the parent. Signature is required as well as the recommended time/dosage. All medications must be brought in the original labeled container with the child's name on it.
- Meals- Breakfast, lunch, and an afternoon snack are included in the weekly tuition rate. Meal times are as follows: Breakfast 7:30-8:00am, Lunch- 11:30-12:00pm, Afternoon Snack- 2:30-3:00pm. Meals will not be served after these designated times. Parents are expected to provide breakfast for any child arriving

after 8:00am. Lunch will need to be provided by the parent if the child will be arriving after 12:00pm. Parents are responsible for providing formula and/or breast milk for infants enrolled at PGLC. Bottles must be premade by the parent and brought in from home for the daycare staff to use. Mixing formula is not permitted due to Health Department regulations. Outside food is not permitted unless required and documented by a physician.

- Calendar- Each month a calendar outlining the studies and upcoming events will be made available.
- Daily reports- Parents are provided with a written or electronic daily report for each child. The daily report will keep the parents informed about their child's day including meals, nap times, daily activities, and reminders for parents.
- Nap Time- PGLC will have a designated quiet/nap time daily from 12:30-2:30pm. Cribs and cots will be individually labeled and provided by the center. Parents will be responsible for providing sheets for the cots. It is required that each child be provided with a personal blanket from home for nap time. A pillow is optional; however, it may not be larger than a travel size pillow.
- Outside Play- Children will go outside daily if the weather permits. The Department of Elementary and Secondary Education has determined that any temperature between 32 degrees and 90 degrees is a safe temperature and children should be permitted to play outside for a minimum of 5 minutes per day.
- Potty Training- Potty training will not be conducted inside the infant room. All potty training will be conducted inside the toddler room where a small potty is provided to conduct potty training.

- Schedule- Part time care is available for children 2 years of age and older. Part time schedules consist of a minimum of 2 days, and a maximum of 4 days. A part time schedule must be consistent each week. Any schedule change request must be in written form and submitted and approved two weeks prior to the change.
- Vacation Time- Families will earn one week of vacation time after one year of attendance at PGLC. Vacation days can be used one week at a time. Please fill out a vacation form at least one week in advance. Families cannot use vacation days for sick, holiday, or inclement weather days.
- Sign in/out Policy- Parents are required to sign their child in and out daily. Please accompany your child into the building and ensure that they are dropped off to an authorized staff member.
- Termination of Services- PGLC requires a two (2) week written notice if the parent wishes to terminate childcare services. PGLC reserves the right to terminate services at any time.
- Emergency- In the event of a medical emergency, PGLC is authorized to administer medical care and it is understood that a child will be taken to the nearest hospital to receive medical attention if deemed necessary.
- Environmental Emergencies- Storms, tornadoes and other weather related events can occur at any time. Parents are asked to bring a set of emergency clothing for each child. Parents are also asked to include a picture of the family and a special toy or comfort item that might make their child feel safe in case of the need to spend the night at the center.

- Safety Drills- PGLC is inspected regularly by the state fire marshal. Fire and tornado drills are held each month. Intruder drills are practiced four times throughout the year. PGLC has a full-service fire alarm system.
- Safety and Security- The doors to the facility remain locked from the outside to ensure that unauthorized individuals do not enter the building. Photo identification is required before a child is released to anyone on the authorized pick up list. Parents are to advise the office staff in writing if a person not listed on the enrollment form will be picking up the child. This person will be required to show identification before the child will be released.
- Parking- Parents are not permitted to leave children unattended in vehicles or on the parking lot. Vehicles should not be left running. Drive slowly when in the parking lot. Make sure children are holding the hand of an adult when walking to and from the center and inside the building.
- Discipline Policy-PGLC believes that all children learn best in a stress-free environment. We strongly believe that re-teaching and redirection are the best methods for addressing undesired behavior. PGLC uses positive methods of encouragement for self-control, self-direction, self-esteem and cooperation. No physical or corporal punishment is allowed. When it becomes necessary to redirect a child, certain steps are followed.
  - : Talking to the child to guide them in making better choices
  - : Redirection or moving the child to another activity
  - : Timeout to allow the child to calm down briefly (one minute for each year of a child's age)If behaviors persist, the following interventions will occur:



Hold a conference with the parents to work together on an action plan.

Possible referral to the school district for ideas in behavioral intervention.

Parent/teacher communication is imperative, and we ask the parents to update the teacher if any changes in the child's routine are present.

**\*\*If all strategies have been exhausted, the child may be withdrawn from the center.\*\***

- Termination or Discharge of Child Policy- Consistent disruptive behaviors by a child that causes excessive classroom management problems for staff and/or special developmental needs which the staff cannot adequately meet are subject to termination. Habitual late pickup or continued use of the center beyond normal scheduled hours may also be grounds for termination. Children that display verbal, physical, or psychological abuse of staff, parents, other children, or anyone connected with the center by an adult associated with the child or the child themselves may be discharged from the center with no prior verbal or written notice.
- Licensing Rules and Regulations- PGLC retains a copy of the licensing rules and regulations set forth by the Department of Elementary and Secondary Education. A copy is available for your review upon request.

I, \_\_\_\_\_ acknowledge and understand that these policies are not intended to cover every situation that may

arise while my child is attending The Peanuts Gang Learning Center. It is simply the general guide to the goals, policies, and practices of the center. By my signature below, I acknowledge and agree to comply with the information provided to me in this handout.

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Parent Signature

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Date



**CHILD CARE ENROLLMENT FORM**

|  |  |                       |                     |
|--|--|-----------------------|---------------------|
| FACILITY/PROVIDER NAME   |  | ADMISSION DATE        | DISCHARGE DATE      |
| CHILD'S NAME   |  | GENDER                | BIRTHDATE           |
| ADDRESS (STREET, CITY, STATE, ZIP CODE)  |  |                       |                     |
| <b>IDENTIFYING INFORMATION</b>   |  |                       |                     |
| MOTHER'S/GUARDIAN'S NAME   |  | TELEPHONE NUMBER      |                     |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE  |  |                       |                     |
| E-MAIL ADDRESS   |  |                       |                     |
| EMPLOYER OR SCHOOL   |  | WORK/SCHOOL SCHEDULE  |                     |
| EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)  |  | WORK TELEPHONE NUMBER |                     |
| FATHER'S/GUARDIAN'S NAME   |  | TELEPHONE NUMBER      |                     |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE  |  |                       |                     |
| E-MAIL ADDRESS   |  |                       |                     |
| EMPLOYER OR SCHOOL   |  | WORK/SCHOOL SCHEDULE  |                     |
| EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)  |  | WORK TELEPHONE NUMBER |                     |
| <b>EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY<br/>(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED</b> |  |                       |                     |
| NAME   |  | RELATIONSHIP TO CHILD | TELEPHONE NUMBER(S) |
| ADDRESS (STREET, CITY, STATE, ZIP CODE)  |  |                       |                     |
| NAME   |  | RELATIONSHIP TO CHILD | TELEPHONE NUMBER(S) |
| ADDRESS (STREET, CITY, STATE, ZIP CODE)  |  |                       |                     |
| <b>COMMENTS ON CHILD'S DEVELOPMENT<br/>(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, &amp; INDIVIDUAL NEEDS)</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).

**RELATED CHILD**

|     |    |   |
|-----|----|---|
| YES | NO | HOW IS CHILD RELATED TO CHILD CARE PROVIDER |
|-----|----|---|

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

| WILL CHILD ATTEND:<br>FULL TIME      PART TIME | CHECK WHAT DAYS THE CHILD WILL ATTEND | WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? | WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? | WRITE ANY COMMENTS, CHANGES, OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES |
|--|---------------------------------------|--|---|--|
|  |                                       |  |   |  |
|  | MONDAY                                |  |   |  |
|  | TUESDAY                               |  |   |  |
|  | WEDNESDAY                             |  |   |  |
|  | THURSDAY                              |  |   |  |
|  | FRIDAY                                |  |   |  |
|  | SATURDAY                              |  |   |  |
|  | SUNDAY                                |  |   |  |

**CACFP REQUIREMENT**

**CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY**

|           |               |       |                 |        |               |      |
|-----------|---------------|-------|-----------------|--------|---------------|------|
| BREAKFAST | MORNING SNACK | LUNCH | AFTERNOON SNACK | SUPPER | EVENING SNACK | NONE |
|-----------|---------------|-------|-----------------|--------|---------------|------|

**CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY**

|                          |   |                            |                          |
|--------------------------|---|----------------------------|--------------------------|
| NEW YEAR'S DAY (JANUARY) | MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY) | PRESIDENT'S DAY (FEBRUARY) | EASTER (MARCH/APRIL)     |
| MEMORIAL DAY (MAY)       | INDEPENDENCE DAY (JULY)                     | LABOR DAY (SEPTEMBER)      | COLUMBUS DAY (OCTOBER)   |
| VETERANS DAY (NOVEMBER)  | ELECTION DAY (NOVEMBER)                     | THANKSGIVING (NOVEMBER)    | CHRISTMAS DAY (DECEMBER) |

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

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 ARRANGEMENT, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE

\_\_\_\_\_ (LIST CHILDCARE FACILITY NAME HERE)

TO CONTACT THE FOLLOWING:

**PHYSICIAN OR CLINIC**

|      |                  |
|------|------------------|
| NAME | TELEPHONE NUMBER |
|------|------------------|

**PREFERRED HOSPITAL**

|      |                  |
|------|------------------|
| NAME | TELEPHONE NUMBER |
|------|------------------|

**ACKNOWLEDGEMENTS**

|          |   |                          |
|----------|---|--------------------------|
| <b>A</b> | I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.   | PARENT/GUARDIAN INITIALS |
| <b>B</b> | I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOME OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW. | PARENT/GUARDIAN INITIALS |
| <b>C</b> | THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR, AND INDIVIDUAL NEEDS.   | PARENT/GUARDIAN INITIALS |
| <b>D</b> | 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 |
| <b>E</b> | 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 |
| <b>F</b> | I DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.  | PARENT/GUARDIAN INITIALS |
| <b>G</b> | I DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.  | PARENT/GUARDIAN INITIALS |

|                               |  |                          |                          |
|-------------------------------|--|--------------------------|--------------------------|
| <b>H</b>                      | 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 |
| <b>I</b>                      | 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<br/>REQUIREMENT</b>  | FIRST ANNUAL UPDATE  | PARENT/GUARIAN SIGNATURE | DATE                     |
|                               | SECOND ANNUAL UPDATE   | PARENT/GUARIAN SIGNATURE | DATE                     |
|                               | THIRD ANNUAL UPDATE  | PARENT/GUARIAN SIGNATURE | DATE                     |

### USDA Nondiscrimination Statement

For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- 1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- 2) Fax: (202) 690-7442; or
- 3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE  
**CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)**

**IDENTIFYING INFORMATION**

|              |           |
|--------------|-----------|
| CHILD'S NAME | BIRTHDATE |
|--------------|-----------|

**CURRENT STATE OF HEALTH**

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.)*

**PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE**

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.)

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|   |      |
|---|------|
| 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

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).



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## Emergency Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Work Hours \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Extension \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Work Hours \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Extension \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Alternate Contacts:**

|                                    |                                    |
|------------------------------------|------------------------------------|
| Name _____                         | Relationship _____                 |
| 1 <sup>st</sup> Phone Number _____ | 2 <sup>nd</sup> Phone Number _____ |
| Name _____                         | Relationship _____                 |
| 1 <sup>st</sup> Phone Number _____ | 2 <sup>nd</sup> Phone Number _____ |
| Name _____                         | Relationship _____                 |
| 1 <sup>st</sup> Phone Number _____ | 2 <sup>nd</sup> Phone Number _____ |

### **Medical Contact Info:**

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Important Medical Information/Allergies \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list anyone other than your emergency contacts that is authorized to  
 pick up your child from The Peanuts Gang Learning Center :

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |



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## Playground Release Form

Parent(s) Name(s) \_\_\_\_\_

Child's Name(s) \_\_\_\_\_

DOB \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

I hereby consent my child(ren) \_\_\_\_\_  
to use all of the playground equipment at The Peanuts Gang Learning Center.  
Equipment of the playground includes climbing structures, slides, bikes, scooters, hula  
hoops, balls, etc. I recognize that injuries may occur. I fully understand that the  
members of The Peanuts Gang Learning Center are not physicians or medical  
practitioners of any kind. With the above in mind, I hereby allow the staff members  
of The Peanuts Gang Learning center to render first aid to my child or children in the  
event of any injury or illness. Furthermore, if deemed necessary by The Peanuts Gang  
Learning Center, I give them my permission to call 911 to seek medical help, including  
transportation to any health care facility or hospital.

I understand that it is the express intent of The Peanuts Gang Learning Center to  
provide for the safety and protection of my child(ren), and in consideration for  
allowing my child(ren) to play on the playground equipment. I hereby release The  
Peanuts Gang Learning Center, its employees, and owners from all liability for any and  
all damages and injuries suffered by my child (ren) while playing with/on the  
playground equipment. I also affirm that I now have and will continue to provide  
proper hospitalization, health, and accident insurance coverage, which I consider  
adequate for my child (ren) protection and my own protection. I also understand that  
my child (ren) will be with supervision at all times they are playing with/on the  
playground equipment. This acknowledgment of risk and waiver of liability, having been  
read thoroughly and understood completely, is signed voluntarily as to its content and  
intent.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date





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### **Cot Consent**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to sleep on a cot once they are over the age of 12 months and have transferred to the toddler unit. I consent to my child sleeping on a cot and I am aware that the cots are raised an average of 6 inches off of the ground.

### **Sunblock Consent**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to be administered sun block when going outdoors. I understand that sunblock will be provided by the parent and will be kept at the center at all times.

### **Bug Spray Consent**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to be administered bug spray when going outdoors. I understand that bug spray will be provided by the parent and will be kept at the center at all times.

### **Photo Consent**

I, \_\_\_\_\_, give permission for The Peanuts Gang Learning Center to use my child, \_\_\_\_\_, photo for the purpose of printing/publishing them in newspapers, magazines, flyer's, posters, articles, advertisements, banners, signs, Facebook, etc.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



The Peanuts Gang Learning Center  
 551 Salt Lick Rd  
 St. Peters, Mo 63376  
 (636) 387-1481

## Photo Consent Form

Printed name of person completing this form: \_\_\_\_\_

I have been informed that The Peanuts Gang Learning Center does utilize pictures of the children for marketing tools on multiple forums. By initialing the lines below, I grant The Peanuts Gang Learning Center and its affiliates to use my child's images for the purposes outlined in the description. I agree that allowing my child's photograph to be used is on a voluntary basis and that I will not receive any monetary compensation for the release of these photos. Furthermore, I hereby release The Peanuts Gang Learning Center and its legal representatives from all claims and any liability relating to these images. I understand that I can deny consent for my child's photographs to be used by completing the section at the bottom labeled "Refusal of Content."

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

Please list the first and last name of the child(ren) below each line if you are consenting to the photo release of their images. Children under one household will not be photographed unless they are outlined individually in each initialed section.

- \_\_\_\_\_ **Photographs can be used for classroom projects and may be displayed throughout the center**  
 Permission granted for: \_\_\_\_\_
- \_\_\_\_\_ **Photographs can be posted on social media forums, including but not limited to, Facebook, Instagram, Twitter, etc.**  
 Permission granted for: \_\_\_\_\_
- \_\_\_\_\_ **Photographs can be used for promotional materials, such as brochures and fliers**  
 Permission granted for: \_\_\_\_\_
- \_\_\_\_\_ **Photographs can be used for fundraising purposes and to raise awareness about upcoming events at the center**  
 Permission granted for: \_\_\_\_\_
- \_\_\_\_\_ **Photographs can be used for newspaper or magazine publication**  
 Permission granted for: \_\_\_\_\_
- \_\_\_\_\_ **Photographs can be posted on the company web site for promotional purposes**  
 Permission granted for: \_\_\_\_\_

\*Please see the other side of this form and complete additional information



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## Photo Consent Form

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

I \_\_\_\_\_ am the parent/legal guardian of the children listed on this form. I hereby grant permission to The Peanuts Gang Learning Center to take and use digital images of my child for the specific use identified by my initials. I recognize that this agreement is in full affect and that it is my responsibility to update this form if I would like to make changes to the release.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Refusal of Consent

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

I \_\_\_\_\_ have read the information outlined on this form and do **not** consent to the release of my child's digital images for any purpose. I understand that this includes the use of photographs for any classroom projects that my child may create during curriculum.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## All About Me

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Parents Names: \_\_\_\_\_

I have \_\_\_ brothers and \_\_\_ sisters, their names and ages are: \_\_\_\_\_

---

Has your child been in childcare before? Yes \_\_\_ No \_\_\_

Does your child have a regular bedtime schedule? Yes \_\_\_ No \_\_\_

What time does your child usually wake up in the morning? \_\_\_\_\_

Are there any special dolls, blankets, etc. that your child needs to go to sleep?

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Has or does your child have any known health problems? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

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Does your child take daily medications? Yes \_\_\_ No \_\_\_

If yes, what medication and when is it given? \_\_\_\_\_

Does your child have any known allergies? Yes \_\_\_ No \_\_\_

If yes, please list allergies: \_\_\_\_\_

Is your child prone to: upset stomach, colds, seasonal allergies, ear aches,

headaches, sore throats, nose bleeds, other: \_\_\_\_\_

Are there any indications of hearing or vision problems? \_\_\_\_\_

Does your child have any physical or mental disabilities? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain: \_\_\_\_\_

What are your child's eating habits? (Trying new things, picky eater, eats great)

\_\_\_\_\_

Does your child have a special diet? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_

\_\_\_\_\_

Are there any recent family events or changes? (moving, death, divorce, marriage, new sibling, etc.) \_\_\_\_\_

\_\_\_\_\_

Your normal drop off time will be \_\_\_\_\_ and pick up will be \_\_\_\_\_

Is there anything you would like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

What are your expectations of this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

These questions were answered by: \_\_\_\_\_



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## Tuition Express Agreement

The Peanuts Gang Learning Center utilizes ProCare software and Tuition Express for all tuition information, charges, and payments. This is to make tuition payments and account information more convenient for families.

The Peanuts Gang Learning Center is a self-supporting program. Registration, tuition, and yearly fees are used to cover operating expenses for our school. Tuition is due the Friday before the week of care by 6:00pm to not be considered late. A late fee of \$10.00 per day will be charged each day after payment is due. If a payment is declined or returned for any reason, a \$35.00 fee will be charged to your account.

You have the option to pay weekly tuition by:

- ACH Payment (auto withdrawal from a checking account)
- Credit Card Payment (in person or online - a 2.5% processing fee will be applied)
- Cash, Check, or Money Order

Our company requires every family enrolled at The Peanuts Gang Learning Center to have a credit card/checking account on file (See the attached Credit and ACH authorization paperwork). The Peanuts Gang Learning Center reserves the right to charge the account on file if the outstanding balance is two weeks past due.

If the parent decides to terminate childcare services, The Peanuts Gang Learning Center does require a written two-week notice informing the Center Director of the change. The Peanuts Gang Learning Center will charge any outstanding balance to your credit card or checking account on file if payments are not made in full by the last date of attendance. For any tuition questions or comments, contact your Center Director.



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## Tuition Express Agreement

I want to enroll in Tuition Express and have my weekly tuition automatically withdrawn from my Checking/Savings account:

Yes  No

I want to enroll in Tuition Express and have my weekly tuition automatically withdrawn from my credit/debit card and understand there will be a 2.5% processing fee applied to each payment:

Yes  No

I will have an updated credit/debit card or checking account on file at all times while my child is enrolled at The Peanuts Gang Learning Center

---

Parent or Guardian Signature

---

Date

I have read the Tuition Express Agreement and understand that my credit card or checking account on file will be charged if my outstanding balance is two weeks delinquent and/or services are terminated with a remaining balance owed.

---

Parent or Guardian Signature

---

Date





# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

|                      |                 |
|----------------------|-----------------|
| Cardholder Name      | Phone #         |
| Cardholder Address   | City State Zip  |
| Account Number       | Expiration Date |
| Cardholder Signature | Date            |

#### SECTION B (Bank Account)

|   |                                   |                                   |                                  |     |
|---|-----------------------------------|-----------------------------------|----------------------------------|-----|
| Your Name                                 | Phone #                           |                                   |                                  |     |
| Address                                   | City State Zip                    |                                   |                                  |     |
| Bank or Credit Union Name                 | Bank or Credit Union Address      | City                              | State                            | Zip |
| Routing Transit Number (see sample below) | Account Number (see sample below) | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |     |
| Authorized Signature                      | Date                              |                                   |                                  |     |

#### For Official Use Only

|                    |
|--------------------|
| Date Received      |
|                    |
| Employee Signature |
|                    |

