



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

St. Peters • Lake St. Louis

Infant/Toddler 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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551 Salt Lick Rd
St. Peters, Mo 63376
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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 31st.
- **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.

Parent Signature

Date



CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME		ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME		GENDER	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
IDENTIFYING INFORMATION			
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	
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 NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
NAME		RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
COMMENTS ON CHILD'S DEVELOPMENT (PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)			

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.

RELATED CHILD

YES	NO	HOW IS CHILD RELATED TO CHILD CARE PROVIDER
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CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

WILL CHILD ATTEND: 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
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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
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PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER
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ACKNOWLEDGEMENTS

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 HOME 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	I DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
G	I 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/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.

This institution is an equal opportunity provider.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE
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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.)

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



INFANT AND TODDLER FEEDING AND CARE PLAN

FOR CHILD CARE FACILITY USE

The formula provided by this child care facility is: _____

CHECK A BOX
 YES
 NO

This child care facility is **participating** in the Child and Adult Care Food Program (CACFP). In order to claim meals and reimbursement, the center must provide infant cereal and other foods when the child is developmentally ready for them.

INSTRUCTIONS (FOR PARENTS)

Please complete for child who is less than 24 months of age. **Update information as needed.** Use a new form or initial/date changes on this form.

CHILD'S NAME	DATE OF BIRTH	DATE ENROLLED
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If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about militaryrelated services in Missouri](#) or visit www.dese.mo.gov/veterans-services.

FEEDING INFORMATION

TYPE OF FOOD	FEEDING TIME	KINDS OF FOOD	AMOUNT OF FOOD
Breastmilk			
Formula			
Infant Food			
Table Food			

Who is preparing (mixing) the formula? Check all that apply: Parent Caregiver

Does your child have any problems with feedings, such as choking or spitting up?

Yes Explain: _____
 No

Does your child use a pacifier? Yes No

Note: Pacifiers, if used, cannot be hung around an infant's neck. Pacifier mechanisms or pacifiers that attach to infant clothing cannot be used with sleeping infants.

INFANT FEEDING PREFERENCE (under 12 months)

MARK YOUR PREFERENCE (CHECK ALL THAT APPLY).

I will provide breast milk for my infant.

I will nurse my infant at the center at these times: _____

The facility's formula may be used to supplement feedings if necessary: Yes No

If breast milk is unavailable for a feeding, the facility should: _____

I request that the formula provided by the child care facility be served to my infant.

I will provide infant formula for my infant. Name of formula: _____

I request that the child care facility provide solid foods for my infant as s/he is ready for them, and after I have discussed it with child care facility staff. **OR**

I will provide solid foods for my infant.

TODDLER FEEDING PREFERENCE (12 THROUGH 23 MONTHS)

Check all that apply: Spoon Cup Feeds Self Feeding Table or Chair

TYPE OF FOOD	FEEDING TIME	KINDS OF FOOD	AMOUNT OF FOOD
Breastmilk			
Milk			
Table Food			

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDAOASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 6329992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by mail to U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, by fax (833) 256-1665 or (202) 690-7442, or email at program.intake@usda.gov. This institution is an equal opportunity provider.

ARRANGEMENTS FOR SLEEP – Licensing rules require that infants be placed on their back to sleep.

TIME(S) CHILD USUALLY NAPS	LENGTH OF NAP
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ADDITIONAL INSTRUCTIONS RELATED TO SLEEPING:

Note: When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those required by rule, the provider must have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant. The caregiver(s) must put the infant to sleep in accordance with such written instructions.

My child is 12 months or older, and I give my permission for my child to sleep on a cot.

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
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DIAPERING INSTRUCTIONS

LIST ANY LOTIONS AND/OR OINTMENTS, ETC. THAT YOU HAVE PROVIDED AND GIVE PERMISSION FOR CAREGIVERS TO USE ON YOUR CHILD:

FOR WET BOWEL MOVEMENT RASH OTHER

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; CLEARLY LABELED WITH MY CHILD'S NAME:

SPECIAL INSTRUCTIONS FOR CARE (E.G., RESTRICTIONS, ALLERGIES, ETC.):

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
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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 st Phone Number _____	2 nd Phone Number _____
Name _____	Relationship _____
1 st Phone Number _____	2 nd Phone Number _____
Name _____	Relationship _____
1 st Phone Number _____	2 nd 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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Toilet Training Service Agreement

At The Peanuts Gang Learning Center, it is our goal to help your child reach their developmental milestones while enrolled in our program. Toilet training is a critical part of development and it is our mission to assist your family with reaching this goal. Each child presents with their own unique set of circumstances that influence the duration of time it takes to achieve completion. Continued reinforcement at home plays an important role in ensuring that your child will have the highest rate of success. It is important for parents to recognize that we do not provide any guarantees. Collaboration between the teacher and parent is necessary during the toilet training process. We encourage you to consult with your child's pediatrician to evaluate if he/she is developmentally ready before beginning the toilet training process.

It is the responsibility of the parent/guardian to provide all necessary items prior to beginning the toilet training process. These items include but are not limited to: **(3) extra changes of clothes, pull-ups or training undergarments, and wipes.** These items are of great necessity to the toilet training process and must be kept at the center always. Soiled clothing will be sent home in a bag at pick up and it will be the responsibility of the parent to launder those items. Toilet training will include positive reinforcement and will follow a routine established between Peanuts Gang Learning Center and the parents/guardians. The teacher will provide ongoing feedback about your child's progress and a daily report of scheduled bathroom breaks and their outcome.

I, the parent/legal guardian of the child listed below, hereby give my full consent and approval for my child to participate in the toilet training process. I certify that my child is fully capable of participating in toilet training and there are no restrictions placed upon him/her that would hinder this process. In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the organization of Peanuts Gang Learning Center for any injury that may be suffered by my child in the normal course of participation in the toilet training process. I agree to keep the teacher updated on progress at home and provide all necessary items outlined in this service agreement. I understand that failure to provide these items may void this agreement and that toilet training services will be interrupted until the supplies are provided.

Name of Child: _____

Date to begin toilet training: _____

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?

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

If yes, please describe: _____

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

