



WEEKDAY PRESCHOOL AND KINDERGARTEN

# 2020-2021 Enrollment Application

(ages 1—Pre K)

At James River Weekday Preschool we love God and we love kids!

**Program Highlights:**

- Faith Based
- Safe & Secure
- On-site Security
- Structured Classroom
- Fantastic Curriculum
- Amazing Teachers
- Music
- PE
- Science
- Arts/Crafts
- Technology
- Indoor/Outdoor Playland
- Naptime
- Classroom Parties
- Special Days (Date with Mom, Date with Dad & Grandparent's Day)
- Christmas Program
- Graduation Program (Lil K Students)

"X"	Enrollment process consists of:
	<b>1. Complete enrollment application</b>
	<b>2. Turn in the enrollment application with the non-refundable enrollment fee to a payment box</b> * James River Weekday Preschool NON-REFUNDABLE enrollment fee of \$85  * PLEASE NOTE: Little K has an additional NON-REFUNDABLE curriculum fee of \$95. The curriculum fee covers a Tech Lab
	<b>3. You will receive an email confirming your child's enrollment in the preschool</b>
	<b>4. You will need to turn in the following required forms for your child prior to their first day of preschool</b>  State Law requires the following forms to be on file: A. Completed James River Weekday Preschool enrollment form B. Medical examination report signed by a physician or nurse C. A copy of your child's most recent immunization history <i>If you are choosing for your child not to have all of these immunizations, you will need to complete an exemption form.</i> D. A signed copy of the Notice of Parental Responsibility form <i>This form will be provided at Open House.</i>
	<b>5. Your first month's tuition is due by August 1st</b>

For more info call 581.8617 or email  
[weekdaypreschool@jamesriver.church](mailto:weekdaypreschool@jamesriver.church)



## WEEKDAY PRESCHOOL AND KINDERGARTEN

### 2020-2021 AGE GROUP CHART

Class Groups	Student:Teacher Ratio	Class Group Definition	Birthdate Range
<b>The Butterflies</b> <i>only available at the South Campus</i>	4:1 (12-24 months)	1 year old <b>on or after 8/1/2020</b>	8/1/19 or after
	6:1 (24+ months)		
<b>The Tadpoles</b>	<b>8:1</b>	2 years old <b>on or after 8/1/2020</b>	8/1/18 or after
<b>The Lily Pads</b>	<b>8:1</b>	must be 2 years old <b>before 8/1/2020</b>	8/1/17 - 7/31/18
<b>The Zoo</b>	<b>10:1</b>	must be 3 years old <b>before 8/1/2020</b> <i>and potty trained</i>	8/1/16 - 7/31/17
<b>Little K</b>	<b>10:1</b>	must be 4 years old <b>before 8/1/2020</b> <i>and potty trained</i>	8/1/15 - 7/31/16

### A WEEK AT PRESCHOOL INCLUDES

Butterfly, Tadpole & Lily Pad	Zoo	Little K (Pre-K)*	Additional Extended Program Activities
<ul style="list-style-type: none"> <li>-Fun &amp; educational activities</li> <li>-Gross motor development</li> <li>-Music &amp; Movement</li> <li>-Fine motor development</li> <li>-Sensory time</li> <li>-Story time</li> <li>-Baby Circle time</li> <li>-Playland time</li> <li>-Nap time</li> </ul> <p><b><u>Tadpole &amp; Lily Pad Students ONLY</u></b></p> <ul style="list-style-type: none"> <li>-Christmas Program</li> <li>-Zooper Church</li> </ul>	<ul style="list-style-type: none"> <li>-Fun &amp; educational curriculum</li> <li>-Physical Education class</li> <li>-Music class</li> <li>-Exploring Science class</li> <li>-Arts/Crafts</li> <li>-Baby Circle time</li> <li>-Playland time</li> <li>-Zooper Church</li> <li>-Nap/rest time</li> <li>-Christmas Program</li> </ul>	<ul style="list-style-type: none"> <li>-Fun &amp; educational curriculum</li> <li>-Physical Education class</li> <li>-Music class</li> <li>-Exploring Science class</li> <li>-Arts/Crafts</li> <li>-Baby Circle time</li> <li>-Playland time</li> <li>-Zooper Church</li> <li>-Computer class</li> <li>-Nap/rest time for students in our full year program</li> <li>-Christmas Program</li> <li>-Graduation Program</li> </ul> <p><i>*Please note that there is a curriculum fee of \$95.00 for this program. This covers a Tech Lab and Student Workbook.</i></p>	<ul style="list-style-type: none"> <li>-Fun &amp; educational curriculum</li> <li>-Playland time</li> <li>-Technology Integration</li> <li>-Story time</li> </ul>

2020-2021 ENROLLMENT APPLICATION

Please complete all requested information as required by the state (19CSR30-60.120) :

Date \_\_\_\_\_

Child's full name \_\_\_\_\_ Sex \_\_\_\_\_

Name used at home \_\_\_\_\_ T-shirt size (circle one) 2T 3T 4T YS YM

Child's DOB \_\_\_\_\_ Age as of 8/1/2020 \_\_\_\_\_ Current School District \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary # for contact \_\_\_\_\_ Secondary # for contact \_\_\_\_\_

Cell Phone Service Provider \_\_\_\_\_

Primary email address for correspondence \_\_\_\_\_

Parental Information:

Father's Name or Guardian \_\_\_\_\_
Home address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Home # \_\_\_\_\_ and/or Cell # \_\_\_\_\_
Email address \_\_\_\_\_
Father's Employer \_\_\_\_\_
Work address \_\_\_\_\_
Work # \_\_\_\_\_ Work schedule \_\_\_\_\_

Mother's Name or Guardian \_\_\_\_\_
Home address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Home # \_\_\_\_\_ and/or Cell # \_\_\_\_\_
Email address \_\_\_\_\_
Mother's Employer \_\_\_\_\_
Work address \_\_\_\_\_
Work # \_\_\_\_\_ Work schedule \_\_\_\_\_

Emergency contacts and persons authorized to pick-up child from facility other than parents:

Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ and Cell # \_\_\_\_\_

Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ and Cell # \_\_\_\_\_

Physician and Preferred Hospital to be used in case of an emergency: I understand that in the case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are:

Doctor \_\_\_\_\_ Office # \_\_\_\_\_

Hospital \_\_\_\_\_ Hospital # \_\_\_\_\_

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

**Medical information of child:**

Allergies to food, animals, etc. \_\_\_\_\_

Hearing, vision, or speech difficulties \_\_\_\_\_

Other medical information \_\_\_\_\_

Physical limitations \_\_\_\_\_

**Family situations that might help us know your child better:**

Names & ages of other children in the home \_\_\_\_\_

Is child adopted? \_\_\_\_\_ Is this a foster child? \_\_\_\_\_

Are parents divorced? \_\_\_\_\_

Is child right/left handed? \_\_\_\_\_ Well coordinated? \_\_\_\_\_ Shy? \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Is your child **currently** potty trained? \_\_\_\_\_

Has your child been dismissed from another preschool or childcare facility? \_\_\_\_\_ If so, why? \_\_\_\_\_

Does child attend Sunday School and/or church? \_\_\_\_\_

Where? \_\_\_\_\_

## Media & Photography Release

**James River Church / 6100 N. 19<sup>th</sup> St. / Ozark, MO 65721**

I, \_\_\_\_\_ (Parent/Guardian Name), give consent to James River Church or James River Charities, and their assigns, licensees or representatives, to use my child's photograph taken in connection with Weekday Preschool for the 2020-2021 school year for any purpose including, but not limited to, use in publications (periodicals, books, brochures, etc.), video and audio productions, advertising and promotional materials, or other media.

I release James River Church or James River Charities, and their assigns, licensees or representatives, from any and all liability that may arise in connection with such use.

I am the parent or legal guardian of the child named below and have the legal authority to execute this consent and release.

Signature of Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

## 2020-2021 ENROLLMENT SELECTION

Please mark your enrollment selection below to have your seat reserved for 2020-2021 based upon your child's age prior to 8/1/2020:

<b>SOUTH CAMPUS LOCATION</b> <i>Ozark @ HWY 65 &amp; CC</i>		
"x"	Academic Preschool Classes Available for ages 2—Pre-K 9:30am-2:30pm (September – May)	Monthly Tuition
	2 Day Class Tues/Thurs	\$187.00
	3 Day Class Mon/Wed/Fri	\$265.00
	4 Day Class Mon-Thurs <i>(must be 4 years old before 8/1/2020)</i>	\$366.00
"x"	Before Care drop off begins @ 7:30am	Monthly Tuition
	2 Day Class Tues/Thurs	\$60.00
	3 Day Class Mon/Wed/Fri	\$85.00
	4 Day Class Mon-Thurs <i>(must be 4 years old before 8/1/2020)</i>	\$119.00
"x"	After Care pick up by 5:30pm	Monthly Tuition
	2 Day Class Tues/Thurs	\$91.00
	3 Day Class Mon/Wed/Fri	\$127.00
	4 Day Class Mon-Thurs <i>(must be 4 years old before 8/1/2020)</i>	\$178.00
"x"	Full Year Extended Program Available for ages 1—Pre-K 7:30am-5:30pm (closed for 10 holidays)	Monthly Tuition
	5 Day Full Year Program Mon-Fri (12-24 months)	\$824.00
	5 Day Full Year Program Mon-Fri (2-Pre-K)	\$700.00

<b>WEST CAMPUS LOCATION</b> <i>Springfield @ HWY 60 &amp; FF</i>		
"x"	Academic Preschool Classes Available for ages 2—Pre-K 9:30am-2:30pm (September – May)	Monthly Tuition
	2 Day Class Tues/Thurs	\$187.00
	3 Day Class Mon/Wed/Fri	\$265.00
"x"	Before Care drop off begins @ 7:30am	Monthly Tuition
	2 Day Class Tues/Thurs	\$60.00
	3 Day Class Mon/Wed/Fri	\$85.00
"x"	After Care pick up by 5:30pm	Monthly Tuition
	2 Day Class Tues/Thurs	\$91.00
	3 Day Class Mon/Wed/Fri	\$127.00
"x"	Full Year Extended Program Available for ages 2—Pre-K 7:30am-5:30pm (closed for 10 holidays)	Monthly Tuition
	5 Day Full Year Program Mon-Fri (2-Pre-K)	\$700.00

<b>NORTH CAMPUS LOCATION</b> <i>Springfield @ I44 &amp; West Bypass</i>		
"x"	Academic Preschool Classes Available for ages 2—Pre-K 9:30am-2:30pm (September – May)	Monthly Tuition
	2 Day Class Tues/Thurs	\$187.00

<b>JOPLIN CAMPUS LOCATION</b> <i>Maiden Lane</i>		
"x"	Academic Preschool Classes Available for ages 2—Pre-K 9:30am-2:30pm (September – May)	Monthly Tuition
	2 Day Class Tues/Thurs	\$187.00



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

## 2020-2021 WEEKDAY PRESCHOOL AGREEMENTS

ACKNOWLEDGEMENTS	PARENT/GUARDIAN INITIALS
A. When my child is ill, I understand that my child will not be accepted in school or remain in school. In the event of illness or rash a doctor's note may be required.	
B. I authorize my email and phone number to be entered in the church database for emails.	
C. I give permission for James River Preschool to publish or give out my child's name, parent's names, addresses and phone number to others attending school. This is done primarily for birthday parties and play date invitations.	
D. I give permission for my child to be photographed and the photos used for school brochures, website or other presentations that show the activities children do at school. I have also received and signed a copy of the Media Release.	
E. I understand it is necessary to complete all state required forms and provide a medical examination report along with proof of completed age-appropriate immunizations or an exemption from immunizations form prior to attending preschool.	
F. I understand that I may request notice at initial enrollment or anytime thereafter whether there are children currently enrolled in or attending the facility for whom an "Immunization Exemption" has been filed.	
G. I agree to communicate with the school if my child is sick or going to be absent for more than one (1) week.	
H. I understand that payment is due on the 1st of each month for the next month in advance. Payment is considered late on the 2nd and a late fee of \$20.00 will be added to my invoice.	
I. I understand that there will be a \$25.00 return check fee if any check is returned.	
J. I understand that I need to give thirty (30) days written notice if I withdraw my child from the program and no records will be released until my child's account is paid in full.	
K. I understand that the preschool day ends at 2:40pm and I will be charged a late fee of \$10.00 beginning at 2:41pm and \$15.00 for each additional 15-minute increment. I further understand that the Extended Program ends at 5:30pm and the same charges apply beginning at 5:31pm.	
L. I have received a Weekday Preschool calendar and am aware of the dates there is no preschool offered.	
M. I understand that if preschool is cancelled due to inclement weather the preschool will <b>not</b> schedule make-up day(s) or issue a credit for day(s) missed.	
N. <b>2, 3, &amp; 4 DAY ACADEMIC PRESCHOOL STUDENTS ONLY</b> —I understand if the Weekday Preschool is closed for inclement weather, it will be communicated via the news channel school closing list and a mass email and text message will be sent.	
O. <b>FULL YEAR STUDENTS ONLY</b> — I understand that if James River Church is closed for extreme winter weather conditions that it will be communicated by text or email and I will not receive a credit for day(s) missed. I can also call the preschool office at 581-8617. <i>*Please know that the FULL YEAR students may still have child care even if Ozark or Springfield cancel school due to inclement weather.</i>	

**Please return this application to the Weekday Preschool office with your *non-refundable* enrollment fee(s).**

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



# Immunizations

Missouri State Law, Section 210.003, RSMo, requires all children attending public, private, parochial day care centers, preschools or nursery schools to be adequately immunized, in the process of being immunized, or to have a written exemption on file for the following diseases:

**Hepatitis B (HB)**

**Diphtheria/Tetanus/Pertussis (DTaP/DT)**

**Polio (IPV or OPV)**

**Haemophilus Influenzae type b (Hib)**

**Measles/Mumps/ Rubella (MMR)**

**Varicella (VZV) or written proof of disease (chickenpox)**

**Pneumococcal Conjugate (PCV, Prevnar)**

Number of doses that the state requires for children 19 months until Kindergarten entry are as follows:

VACCINES REQUIRED	DOSES REQUIRED	DOSE/SPACING REQUIREMENTS  If the vaccine is given 4 days early, the child is considered adequately immunized.
Hepatitis B	3	<ul style="list-style-type: none"> <li>• Last dose must be on or after 24 weeks (6 months) of age.</li> </ul>
DTaP/DT	4	
Polio	3	
Hib	3/2/1	<ul style="list-style-type: none"> <li>• 3 doses with final dose on or after 12 months of age; or</li> <li>• 2 doses with 1 dose on or after 15 months of age; or</li> <li>• 1 dose on or after 15 months of age; or</li> <li>• If the current age is 5 years or older, no new or additional doses are required.</li> </ul>
MMR	1	<ul style="list-style-type: none"> <li>• Must be given on or after 12 months of age.</li> </ul>
Varicella	1 or written proof from physician	<ul style="list-style-type: none"> <li>• Must be given on or after 12 months of age.</li> <li>• If child has had chickenpox disease and it is documented by a health care provider, the child has met the varicella requirement.</li> </ul>
PCV	4/3/2/1	<ul style="list-style-type: none"> <li>• 4 doses with dose 4 on or after 12 months of age; or</li> <li>• 3 doses with 1 dose on or after 12 months of age; or</li> <li>• 2 doses with both doses on or after 12 months of age; or</li> <li>• 1 dose on or after 24 months of age.</li> <li>• If the current age is 5 years or older, no new or additional doses are required.</li> </ul>

**Please attach a copy of your child's immunization record. If you are choosing for your child not to have all of these immunizations, you will need to complete an exemption form.**