

# Check List for New Enrollment

## Ages: Infants and Toddlers

We provide Parents Choice formula, Gerber jar baby food and Gerber rice cereal

1. Diapers
2. Wipes
3. Extra change of clothes (including pants/shorts, shirt, socks)
4. Crib Sheet
5. Blanket (for children over the age of 12 months)
6. Bottle or sippy cup
7. Formula (if you are using your own)
8. Pacifier (if using one)

## Ages 2-Pre-k

1. Crib Sheet
2. Blanket
3. Small pillow (if needed)
4. Extra change of clothes (including pants/shorts, shirt, socks)
5. Diapers/Pull ups
6. Wipes

## School-Agers

1. Extra change of clothes

**Please make sure everything is labeled with your child's first and last name or initials.**



## 2022 PARENT INFORMATION SHEET

### CENTERS & HOURS

ST PETERS -636-387-1114, 3011 Mid Rivers Mall Dr, St. Peters 63376 Hours: 6am-6pm  
O'FALLON -636-978-8887, 192 Frontier Park Lane, O'Fallon 63368, Hours: 6am – 9pm  
ST. CHARLES – 636-925-2400, 1579 Old Hwy 94 S., 63303, Hours: 6am – Midnight  
ST. CHARLES – 636-493-6030, 2559 Raymond Dr, 63301, Hours: 6am – 10:30pm

**Picking up late? :** If you are unable to pick up your child from the Center by closing, please make arrangements for someone to pick up your child (See Release Policy).

***IF YOU ARE ENROLLED FOR DAYTIME CARE***, your pick up time is 6PM. If you need care past your scheduled pick-up time, an additional charge of \$4/hr and \$4 for dinner will be assessed per child. Because evening care is prescheduled, if you are in need of care past 6pm, we can offer it only until the time of the last scheduled staff and child.

***IF YOU ARE ENROLLED IN EVENING CARE***, your pickup time must be pre-arranged with the center Director by advising the Director in writing on the Friday preceding the care needed past 6pm. This allows us to schedule our staff accordingly and to provide dinner.

### LATE PICK UP FEE

**Note:** It is very important that you pick your child up by closing time; otherwise, a late fee of \$10.00/ for the first 15 minutes and \$1.00 each additional minute will be charged and **payable at the time you pick your child up**. No exceptions/no excuses for paying late fees.

**Children's Records:** All records should be updated as information changes. For the safety of your children, please make sure we have all new addresses, employment information and telephone numbers. **ALL CHILDREN MUST HAVE THEIR SHOT RECORDS ON THEIR FIRST DAY, AND PHYSICALS ON FILE WITHIN 30 DAYS OF ENROLLMENT OTHERWISE SERVICE WILL BE INTERRUPTED.** (It is a State Requirement)

**Signing IN/OUT - every family who enrolls will receive a code for signing their children in/out via our tablet electronic system. Every family is expected to sign in and out daily. If you fail to sign in or out, you will see a notification on your tablet account that will advise that you have missing time. Please update it and input the missing time. IF YOU RECEIVE STATE ASSISTANCE, you ONLY have 5 days to make the correction, otherwise the state will not approve that day and you will be fully responsible for the missing payment for service.**

**Snow Closing:** Although it is rare, the center may be closed due to inclement weather. If the center is closed, or opening late, please check KMOV CHANNEL 4 for a listing under daycare or school closing. Also, please check our Facebook Page for the latest and quickest information. (some stations post their closing after the public schools)

**Tuition Payments:** ALL TUITION PAYMENTS ARE DUE ON MONDAY OR THE FIRST DAY OF ATTENDANCE FOR THAT WEEK. **HOLIDAYS** – although the center recognizes several holidays, full tuition payments for those weeks are required.

**Tuition Late Payments:** If tuition payments are not received on Monday, you will be assessed a late fee of \$10.00 per day for a maximum of 5 days. If not paid within 5 days we reserve the right to interrupt service for non-payment.

**Tuition coverage** – please keep in mind that tuition due is for center enrollment not attendance. Whether enrolled in daytime or evening care, your tuition covers up to 10 hours of care. Reminder, care after 6pm is by appointment and prior approval only.

**Holiday Closures** - We are closed on: New Years Day, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving Day, & Christmas. We also reserve the right to close the day following Christmas or Thanksgiving if at least 25% of our families do not sign up for care. Other days such as Halloween, the day prior to Thanksgiving, Christmas Eve and New Years Eve, we typically close early so please check with your center directly for exact times. We reserve the right to modify these closures, and will advise all families if a change is planned.

**Professional Development:** We will be closed on March 4<sup>th</sup>, and August 12<sup>th</sup> for Professional Development.



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

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE

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 <input type="checkbox"/>			
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 <input type="checkbox"/>			
E-MAIL ADDRESS			
EMPLOYER OR SCHOOL		WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE NUMBER	
<p>If you or a member of your immediate family ever served in the U.S. Armed Forces, <a href="#">click here for more information about militaryrelated services in Missouri</a> or visit <a href="http://www.dese.mo.gov/veterans-services">www.dese.mo.gov/veterans-services</a>.</p>			
<b>EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT)</b>			
<b>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)			

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).

**COMMENTS ON CHILD'S DEVELOPMENT (PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)**

**RELATED CHILD**

<input type="checkbox"/> YES	<input type="checkbox"/> 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: <input type="checkbox"/> FULL TIME <input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
SATURDAY	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
SUNDAY	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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**

<input type="checkbox"/> NEW YEAR'S DAY (JANUARY)	<input type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	<input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)	<input type="checkbox"/> EASTER (MARCH/APRIL)
<input type="checkbox"/> MEMORIAL DAY (MAY)	<input type="checkbox"/> INDEPENDENCE DAY (JULY)	<input type="checkbox"/> LABOR DAY (SEPTEMBER)	<input type="checkbox"/> COLUMBUS DAY (OCTOBER)
<input type="checkbox"/> VETERANS DAY (NOVEMBER)	<input type="checkbox"/> ELECTION DAY (NOVEMBER)	<input type="checkbox"/> THANKSGIVING (NOVEMBER)	<input type="checkbox"/> 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
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## 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 <input type="checkbox"/> DO <input type="checkbox"/> 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 <input type="checkbox"/> DO <input type="checkbox"/> 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 REQUIREMENT</b>	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE

### USDA Nondiscrimination Statement

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, audiotope, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, 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:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



**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 military related services in Missouri](#) or visit [www.dese.mo.gov/veterans-services](http://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](mailto: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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# JUST 4 US

Childcare & Learning Center

## EMERGENCY FORM

Child's Name \_\_\_\_\_ AGE \_\_\_\_\_

Birthdate: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHERS NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MOTHERS WORK HOURS \_\_\_\_\_

FATHERS NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FATHERS WORK HOURS \_\_\_\_\_

## ALTERNATE CONTACTS

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE: \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES OR OTHER MEDICAL NEEDS \_\_\_\_\_

PERSONS AUTHORIZED TO PICK CHILD UP FROM CENTER

\_\_\_\_\_  
\_\_\_\_\_

1579 Old Hwy 94 South  
St. Charles, Mo  
T: 636-925-2400  
E: just4uschildcare@gmail.com



Childcare & Learning Center

your ONLY 18 hour childcare  
service provider in  
St. Charles County!



Owner: Trish Frank  
Regional Manager: Sarah Diekemper

### Safe Sleep Practices

1. Infants, less than one year of age, will always be placed on their backs to sleep. When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements, 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. Caregivers will put the infant to sleep as specified in the written instructions.
2. When infants can easily turn from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but shall be allowed to adopt whatever positions they prefer for sleep. The American Academy of Pediatrics recommends that infants are placed on their back to sleep, but when infants can easily turn over from their back to their stomach, they may adopt whatever position they prefer for sleep. We will follow this recommendation by the American Academy of Pediatrics.
3. Sleeping infants shall have a supervised nap period. The caregiver shall check on the infant frequently during napping or sleeping and shall remain in close proximity to the infant in order to hear and see them if they have difficulty during napping or when they awaken.
4. Equipment such as a sound machine, that may interfere with the caregiver's ability to see or hear a child who may be distressed, is prohibited.
5. Steps will be taken to keep infants from overheating by regulating the room temperature, avoiding excess bedding, and not over-dressing or over-wrapping the infant. Infants should be dressed appropriately for the environment, with no more than one (1) layer more than an adult would wear to be comfortable in that environment.
6. The lighting in the room must allow the caregiver/teacher to see each infant's face, to view the color of the infants skin, and to check on the infant's breathing and placement of the pacifier (if used).
7. All caregivers will receive in-person or online training on infant safe sleep based on AAP safe sleep recommendations. This training must be completed within 30 days of employment or volunteering and will be completed every three years.

### Safe Sleep Environment

1. Room temperature will be kept at no less than 68°F and no more than 85°F when measured two feet from the floor. Infants are supervised to ensure they are not overheated or chilled.
2. Infants' heads and face will not be covered during sleep. Infants' cribs will not have blankets or bedding hanging on the sides of the crib. We may use sleep clothing (i.e. sleep sack, sleepers) that is designed to keep an infant warm without the possible hazard of covering the head or face during sleep/nap time.



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3. No blankets, loose bedding, comforters, pillows, bumper pads, or any object that can increase the risk of entrapment, suffocation or strangulation will be used in cribs, playpens or other sleeping equipment.
4. Toys and stuffed animals will be removed from the crib when the infant is sleeping. **When indicated on the *Infant and Toddler Feeding and Care Plan* or with written parent consent, pacifiers will be allowed in infants' cribs while they sleep. The pacifier cannot have cords or attaching mechanisms.**
5. Only an individually-assigned safety-approved crib, portable crib, or playpen with a firm mattress and tight-fitting sheet will be used for infant napping or sleeping.
6. Only one infant may occupy a crib or playpen at one time.
7. Sitting devices such as car safety seats, strollers, swings, infant carriers, infant slings, and other sitting devices will not be used for sleep/nap time. Infants who fall asleep anywhere other than a crib, portable crib, or playpen must be placed in the crib or playpen for the remainder of their sleep or nap time.
8. No person shall smoke or otherwise use tobacco products in any area of the child care facility during the period of time when children cared for under the license are present.
9. Home monitors or commercial devices marketed to reduce the risk of Sudden Infant Death Syndrome (SIDS) shall not be used in place of supervision while children are napping and sleeping.
10. All parents/guardians of infants shall be informed of the facility's written Safe Sleep Policy at enrollment.
11. To promote healthy development, infants who are awake will be given supervised "tummy time" for exercise and for play.

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Date



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St. Charles County!



Regional Manager: Sarah Diekemper

Owner: Trish Frank

APRIL 1, 2016 – DATE POLICY ADOPTED

Facility Name: Just 4 Us Childcare

Facility DVN: 002818964

Date Adopted: APRIL 1, 2016

**Purpose:** The purpose of the Safe Sleep Policy is to maintain a safe sleep environment that reduces the risk of sudden infant death syndrome (SIDS) and sudden unexpected infant deaths (SUIDS) in children less than one year of age. Missouri law (§ 210.223.1, RSMo.) requires all licensed child care facilities that provide care for children less than one year of age to implement and maintain a written safe sleep policy in accordance with the most recent safe sleep recommendations of the American Academy of Pediatrics (AAP). Missouri child care licensing rules require licensed child care facilities to provide parent(s) and/or guardians(s) who have infants in care be provided a copy of the facility's safe sleep policy.

Sudden infant death syndrome is the sudden death of an infant less than one year of age that cannot be explained after a thorough investigation has been conducted, including a complete autopsy, an examination of the death scene, and a review of the clinical history.

Sudden unexpected infant death is the sudden and unexpected death of an infant less than one year of age in which the manner and cause of death are not immediately obvious prior to investigation. Causes of sudden unexpected infant death include, but are not limited to, metabolic disorders, hypothermia or hyperthermia, neglect or homicide, poisoning, and accidental suffocation.

Child care providers can maintain safer sleep environments for infants that help lower the chances of SIDS. Our goal is to take proactive steps to reduce the risk of SIDS in child care and to work with parents to keep infants safer while they sleep. To do so, this facility will practice the following safe sleep policy:



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December 1, 2015

RE: Immunizations

On August 28, 2015, a new law regarding immunizations went into effect. Section 210.003.7, RSMo. States, " All public, private, and parochial day care centers, preschools, and nursery schools shall notify the parent or guardian of each child at the time of initial enrollment in or attendance at the facility that the parent or guardian may request notice of whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

Beginning December 1, 2015, all public, private, and parochial day care centers, preschool, and nursery schools shall notify the parent or guardian of each child currently enrolled in or attending the facility that the parent or guardian may request notice of whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed. Any public, private, or parochial day care center, preschool, or nursery school shall notify the parent or guardian of a child enrolled in or attending the facility, upon request, of whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed."

In accordance with Section 210.003.7, RSMo., the parent or guardian of a child enrolled in or attending Just 4 Us Childcare may request notice of whether there are any children enrolled at our facility with an immunization exemption on file. If you would like to request this information, please contact the center Director and the information will be provided to you. Please note, the name or names if individual children are confidential and will not be released. Our response will be limited to whether or not there are children enrolled at our facility with an immunization exemption on file.

Regards,

Just4 Us Childcare



**JUST 4 US**  
Childcare & Learning Center

your ONLY 18 hour childcare  
service provider in  
St. Charles County!



**COVID Policy: Test Positive:** Must quarantine for 7 days and must have a negative COVID test to return on the 8<sup>th</sup> day. **Exposed:** Must quarantine for 10 days and can return on the 11<sup>th</sup> day if no symptoms. If symptoms arise you must have a negative test to return. During quarantine tuition is still due. If your quarantine is Mon-Fri, your tuition for that week is half.

**Vacation Days:** If your child is enrolled full time and is going to be out for a week, half of your child's tuition will be due for that week to hold your child's slot.

**Sick Child** – if your child is sick, please do not bring them to school until they are virus free. Bringing your child to school can/will make both children and staff sick. If your child is sick and running a fever while in our care, we will call the parents and/or emergency pick up contact to pick the child up. Your child must be 24 hour fever and medicine free prior to returning for care.

**Un-enrolling** – We do require a 2 week paid notice prior to un-enrolling your child/ren. Please remit your written notice to your Center Manager, so we can notify your child's teacher and appropriate personnel.

I have received this Parent Information notification and understand its contents.

---

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
Date:

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

Like us on Facebook! For up to date news  
And inclement weather updates!

FOR OFFICE USE ONLY:

DOOR CODE: \_\_\_\_\_

Child and Adult Care Food Program  
Income Eligibility Guidance for Child Care Centers

**Parent/Guardian Instructions for Completing the Income Eligibility Form (IEF)**

**PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER**

- List all children that you are applying to enroll in the child care.
- List each child's birth date.
- If you are applying for a foster child, the foster child is eligible for free meals regardless of household income, and you do not need to complete the IEF. Talk to the child care center director regarding documentation of a foster child's eligibility.
- If your child receives Temporary Assistance (formerly AFDC, now funded by TANF) payments or Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete part 2.
- If you have a SNAP or Temporary Assistance case number for at least one of your children enrolled at the center, the eligibility extends to all of your children enrolled at the center. You do not need to complete Part 2.
- If you do not participate in SNAP or TANF, you must complete all sections of the form including Part 1, 2, 3, and 4.

**PART 2: HOUSEHOLD AND INCOME INFORMATION – Not completed if case number for SNAP or TANF is provided in Part 1.**

- List all members of the household not included in Part 1. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).
- Report the monthly income by source for each household member.
- The income reported on the application must include all income before taxes and before other deductions.
- Income Exclusions not to be reported or counted include:
  1. Payments received for the care of foster children.
  2. Student financial assistance provided for the costs of attendance at an educational institution, such as grants and scholarships.
  3. Loans, such as bank or student loans, since these funds are only temporarily available and must be repaid.



- (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.

This statement implementation date is November 2015.

**Child and Adult Care Food Program  
Parent Letter – Non-Pricing Child Care Centers  
July 1, 2020 through June 30, 2021**

Dear Parent or Legal Guardian:

Our center is currently participating in the Child and Adult Care Food Program. This program reimburses the center for the partial cost of meals provided to children and allows the center to provide nutritious meals without increasing the center's fees to you. If your yearly income is equal to or below the amount listed for your family size on the chart below, your child is eligible for free or reduced-price meals. If the income is higher than the amount listed for your family size, you do not need to complete the income application.

<b>Family Size</b>	<b>Yearly Income</b>	<b>Family Size</b>	<b>Yearly Income</b>
1	\$23,606	5	\$56,758
2	\$31,894	6	\$65,046
3	\$40,182	7	\$73,334
4	\$48,470	8	\$81,622

For each additional family member, add \$8,288

To apply for free or reduced-price meal benefits for your children, you must complete the attached Income Eligibility Form (IEF). Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided; however, you are not required to complete the IEF. Notify the center should the household income decrease and/or if the household size increases. A participant may be eligible for free or reduced-price meals. The application is valid until the last day of the month in which the form was approved/dated/signed one year earlier.

Sincerely,

Center Owner/Director

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.

Child and Adult Care Food Program  
Income Eligibility Guidance for Child Care Centers

**PART 3: RACIAL ETHNIC INFORMATION - Completion is Voluntary**

**PART 4: SIGNATURE**

- The adult household member completing the application must sign and date the application.
- If the child(ren) is not a Temporary Assistance or SNAP recipient, the adult signing the application must provide the last four digits of his/her social security number.
- If you do not have a social security number, write "none" in the space provided.
- Failure to provide the last four digits of your social security number, if you have one, will make the income application invalid if the child(ren) is not a SNAP or Temporary Assistance recipient.
- The adult household member completing the IEF must attest to the fact that the information provided is correct, that it is being given in connection with the receipt of federal funds, that it is subject to verification, and that the deliberate misrepresentation of facts will subject the individual to prosecution under applicable state and federal statutes.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS**

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

**PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER**

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number for all of the children listed in Part 1.

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER
		/ /		
		/ /		
		/ /		
		/ /		

**PART 2: HOUSEHOLD AND INCOME INFORMATION**

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)  YEARLY  MONTHLY  2 X A MONTH  EVERY 2 WEEKS  WEEKLY

HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER

**PART 3: RACIAL ETHNIC INFORMATION (You are not required to answer this section)**

Are you of Hispanic or Latino origin?  YES  NO

What is your race? (Select one or more)

<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE	<input type="checkbox"/> ASIAN	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	<input type="checkbox"/> WHITE
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**PART 4: SIGNATURE**

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY) XXX-XX-	DATE / /
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER ( ) -

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**FOR CENTER USE ONLY**

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):					SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR	MONTH	2 X A MONTH	EVERY 2 WEEKS	WEEKLY		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Eligibility Determination:  Free  Reduced  Paid

SIGNATURE OF CENTER REPRESENTATIVE	DATE
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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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [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).

# JUST 4 US

Childcare & Learning Center

Date: \_\_\_\_\_ To: \_\_\_\_\_

From: Just 4 Us –Director

Our enrollment record for \_\_\_\_\_ indicates that the child has one of the following health conditions:

\_\_\_\_\_ Asthma

\_\_\_\_\_ Allergies

\_\_\_\_\_ Immunization Records/  
Immunization Updates

\_\_\_\_\_ Add or ADHD

\_\_\_\_\_ Other

Please advise what triggers any of the above actions, or any medications used to control these actions. We are in need of this information to insure that the child is quarantined from any triggers, and to reduce the chance of a medical reaction.

Below is the parent authorization for release of such information.

---

I, \_\_\_\_\_ parent of \_\_\_\_\_, authorize your office to release information relative to the medical condition listed above.

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

\_\_\_\_\_  
Date

\*\*\*\* PLEASE FAX BACK TO: 636-925-0500\*\*\*\*

# JUST 4 US

Childcare & Learning Center

TO: ALL JUST 4 US FAMILIES

FROM: CENTER DIRECTOR

RE: Picture Release

Dear Parents:

As we strive to provide you with more information and pictures of your children enjoying their day at Just 4 Us, we will be posting pictures both within the center, on our website, and now on Facebook, so you don't have to miss special days, we'll post the pictures.

Please check below to indicate your approval or opt out option.

*I agree to allow the posting of my child's/children's pictures on Just 4 Us website, Facebook site, or within the center.*

**OPT OUT OPTION:**

*I DO NOT GIVE PERMISSION FOR THE USE OF MY CHILD'S PICTURE ON EITHER JUST 4 US WEBSITE, FACEBOOK, OR WITHIN THE CENTER DIRECTLY.*

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

\_\_\_\_\_  
Date



**TO: ALL FAMILIES RECEIVING STATE ASSISTED CHILDCARE SERVICES**

This notice is to advise you that the State of Missouri DFS Office requires you to sign your child(ren) in and out every day you receive services from our facility. The center sends your sign IN/OUT sheets to the state for payment. FAILURE TO SIGN IN/OUT DAILY RESULTS IN NON-PAYMENT FROM THE STATE FOR OUR SERVICES. If the state refuses to pay the center because of your failure to sign in/out, it will YOUR responsibility to pay the center directly for the full cost of your tuition. We simply cannot monitor all families' sheets daily; therefore it is your responsibility to ensure that you are following the rules and procedures as dictated by the State of Missouri.

Additionally, if your coverage expires, and you have failed to renew your coverage, you will be required to pay full tuition UNTIL we receive notification from the state with regards to your new approval terms and sliding fee.

By signing this, you recognize and understand the above and agree to pay for services received, but not paid for by the state, due to your non-compliance of procedures as set forth by state.

---

Parent Signature

---

Date



# tadpoles



## Accessing Your Child's Information

Last Updated: Sep 17, 2015 07:34PM EDT

Daily reports, photos, videos & notes sent through Tadpoles can be accessed by parents in a variety of ways. All families automatically receive emails from Tadpoles which contain photos and details about their child's day. There are, however, some other options for receiving that information. Here's a quick breakdown of each!

**Parent App (for Apple & Android)** - The Tadpoles Parent app allows families to receive new photos & daily reports via the app. When a new item is available, a push notification would alert you and allow you to launch the app to view that photo/video/report. It allows you to go back month by month and review all of the developments that your child has made since they started at their school. You can also add morning drop-off information and mark your child as out sick directly from the app! The Tadpoles Parent app is free to all families and is available in the App Store, as well as the Google Play store. Just search for, "Tadpoles Parent!"

For tips on how to use the many features of the app, click [here!](#)

**Parent Website** - The Tadpoles website also contains a parent portal for families to access their child's data. Parents are able to go back month by month and view photos, videos, daily reports and notes. Just go to <http://www.tadpoles.com> > log in > parent!

Both the app & parent website are accessed through a parent account. You can create an account in either spot & use your login interchangeably.

### To create your account on the app:

- Download, "Tadpoles Parent"
- Click, "Sign Up"
- Create an account using the email where you receive your Tadpoles messages.
- Check your email & set up a password.
- Marvel at your awesome kiddo!

### To create your account on the website:

- Go to <http://www.tadpoles.com>
- Click, "Log in"
- Choose, "Parent"
- Select, "Sign Up"
- Create an account using the email where you receive your Tadpoles messages.
- Check your email & set up a password.
- Marvel at your awesome kiddo!