



# First Step Preschool

A Mission of First Christian Church

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

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

## Child Enrollment Form

Child's Name				Gender		Birthdate	
<b>Identifying Information</b>							
Mother's/Guardian Name				Home #		Cell #	
Address			City	State		Zip	
Email Address:							
Employer/School				Work/School Schedule		Work Telephone #	
Employer/School Address			City	State		Zip	
Father's/Guardian Name				Home #		Cell #	
Address			City	State		Zip	
Email Address:							
Employer/School				Work/School Schedule		Work Telephone #	
Employer/School Address			City	State		Zip	
<b>Emergency contact and persons authorized to take child from facility (other than parent) <i>At least one emergency contact is required.</i></b>							
Name			Relationship to child	Home #		Cell #	
Address			City	State		Zip	
Name			Relationship to child	Home #		Cell #	
Address			City	State		Zip	
<b>Authorization for Emergency Medical Care</b>							
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 arrangements, or in a critical emergency requiring medical care, I authorize FIRST STEP PRESCHOOL to contact the following:							
Child's Physician			Name of facility		Telephone #		Fax #
Address			City	State		Zip	
Child's Dentist			Name of facility		Telephone #		Fax #
Address			City	State		Zip	
Preferred Hospital:				Telephone #			
Address			City	State		Zip	

CACFP Requirements					
Is your child related to the child care provider?		Y / N		If Yes, How?	
Days child will attend? (circle please)	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival time:					
Departure time:					
Write any comments, changes or variations in usual attendance in this section including shift changes:					
Ethnic and Race Information ( You are not required to answer this section) (Please Circle One)					
Are you of Hispanic or Latino origin? Yes/No	American Indian or Alaskan native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White
Circle the meals your child is usually given at the facility:					
<input checked="" type="checkbox"/> Breakfast	<input type="checkbox"/> <del>Morning-Snack</del>	<input checked="" type="checkbox"/> Lunch	<input checked="" type="checkbox"/> Afternoon snack	<input type="checkbox"/> <del>Supper</del>	<input type="checkbox"/> <del>Evening-snack</del> None
Circle the days your child is in care at the facility:					
<input type="checkbox"/> <del>New Years Day</del>	<input checked="" type="checkbox"/> MLK Jr's Birthday	<input checked="" type="checkbox"/> President's Day	<input type="checkbox"/> Easter	<input type="checkbox"/> Memorial Day	<input type="checkbox"/> Independence Day
<input type="checkbox"/> <del>Labor Day</del>	<input checked="" type="checkbox"/> Columbus Day	<input checked="" type="checkbox"/> Veterans Day	<input checked="" type="checkbox"/> Election Day	<input type="checkbox"/> Thanksgiving	<input type="checkbox"/> Christmas Day
<b>Acknowledgements</b>					
I am aware that a copy FSP policies pertaining to the admission, care and discharge of children can be found in the Student Handbook at <a href="http://Fccroy.com">Fccroy.com</a> . I understand that I may obtain a copy of the Student Handbook from FSP at anytime.					Parent/Guardian Initials
I have been informed that a copy of the licensing rules for child care centers is available at FSP for review.					Parent/Guardian Initials
FSP and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs. The plan can be found in the Student Handbook.					Parent/Guardian Initials
When my child is ill, I understand and agree that he/she may not be accepted for care or remain in care.					Parent/Guardian Initials
I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations.					Parent/Guardian Initials
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. I understand that FSP does not allow immunization exemptions.					Parent/Guardian Initials
I DO give permission for field trips/excursions. I understand I will be notified in advance when they are planned.					Parent/Guardian Initials
I DO give permission for my child to participate in water days as well as walk to the park across the street.					Parent/Guardian Initials
I DO give permission for the facility to transport my child.					Parent/Guardian Initials
I have been informed that I can access the First Step Preschool Student Handbook online at <a href="http://Fccroy.com">Fccroy.com</a> or obtain a copy from FSP at any time. I understand and agree to the policies, rules, and regulations outlined in the Student Handbook, regarding student attendance at First Step Preschool.					Parent/Guardian Initials
In the event of an emergency FSP will call 911. I authorize FSP to transfer any and all necessary records to a local hospital.					Parent/Guardian Initials
Parent's/Guardian Signature					Date
<b>CACFP Requirement</b>					
First annual update	Parent's/Guardian Signature				Date
Second annual update	Parent's/Guardian Signature				Date
Third annual update	Parent's/Guardian Signature				Date



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## Medical Examination Form (To be signed by a Physician)

### Identifying Information

Child's Name

Birthdate

### Current State of Health

I have examined the above name child and verify that this child's medical history and current state of health is satisfactory for participation in a preschool setting.

### Physician's Instructions for Specialized Care (*Attach Action Plan*)

Complete this section only if child requires special care at preschool, e.g. Special Diet, Allergies, Ear Infections, Convulsions, Diabetes, Asthma, Behavior Problems, Hearing or Vision Impairments, etc. (Attach additional pages if needed.)

### Please fill in Immunizations below

*Immunization*

*Dates Given*

DTaP/DT

\_\_\_\_\_

IPV (Polio)

\_\_\_\_\_

Hib

\_\_\_\_\_

Hepatitis B

\_\_\_\_\_

PCV (Pneumococcal)

\_\_\_\_\_

MMR

\_\_\_\_\_

Varicella

\_\_\_\_\_

Signature of Physician or Registered Nurse under the supervision of a Physician

Date

Physician's or Nurse's Name (Please Print)

Name and Address of Clinic, Group, Practice or Other (may use stamp)

If Nurse is supervised by a Physician, indicate Physician's name

Telephone #

Fax #



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

**RELIGIOUS ORGANIZATION CHILD CARE FACILITY NOTICE OF PARENTAL RESPONSIBILITY**

LEGAL NAME OF FACILITY First Step Preschool	DVN 000557017
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PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE)  
1302 Boone St. Troy, MO 63379

FACILITY TELEPHONE NUMBER 636-528-5683	FACILITY E-MAIL ADDRESS firststeppreschool@fcctroy.com
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**INSPECTIONS**

Section 210.211 RSMo exempts this religious organization child care facility from state licensing and supervision by the Department of Elementary and Secondary Education (DESE). It is state inspected only for fire, health, and sanitation requirements as indicated below. Inspections are available on the Show Me Child Care Provider Search and can be accessed at <https://dese.mo.gov/childhood/child-care/find-care>

NAME OF AGENCY AND TYPE OF INSPECTION	ADDRESS	TELEPHONE NUMBER	INSPECTION			DATE
Office of Childhood - Child Care Compliance	1500 Vandiver Dr. Columbia MO	1-573-4416226	PENDING <input type="checkbox"/>	APPROVED <input checked="" type="checkbox"/>	NOT APPROVED <input type="checkbox"/>	4/7/2022
Fire Marshal's Office (Fire Safety Inspection)	P.O Box 844 Jefferson City, MO	1-573-522-6027	PENDING <input type="checkbox"/>	APPROVED <input checked="" type="checkbox"/>	NOT APPROVED <input type="checkbox"/>	3/3/22
Local Health Office or DHSS (Sanitation Inspection)	930 Wildwood, Jefferson City, MO	1-314-877-2860	PENDING <input type="checkbox"/>	APPROVED <input checked="" type="checkbox"/>	NOT APPROVED <input type="checkbox"/>	2/10/22

**STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY**

AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN	STAFF/CHILD RATIOS FOR LICENSED CENTERS
Under 2 years of age	1 staff member for every	n/a	Under 2 years of age 1 staff member for every 4
2 to 4 years of age	1 staff member for every	age 2 (8), Age 3/4 (10)	2 years of age 1 staff member for every 8
5 years of age and older	1 staff member for every	16	3 and 4 years of age 1 staff member for every 10
<b>TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY: 99</b>			5 years of age and older 1 staff member for every 16

**BACKGROUND CHECK REQUIREMENTS**

Section 210.254 RSMo requires notification that background checks have been conducted under the provisions of section 210.1080 RSMo. Section 210.1080 RSMo specifies criminal background checks for child care staff members. The requirements for religious organizations operating a child care facility are as follows:

- Facilities operated by a religious organization that receive federal funds for providing care for children must have qualifying background screening results for child care staff members as defined in 210.1080.1(1) RSMo.
- Facilities operated by a religious organization and that do not receive federal funds for providing care for children are not required to have qualifying background screening results for all child care staff members pursuant to 210.1080.9 RSMo.
- Child care staff members of facilities operated by a religious organization that receive federal funds for providing care for children, with disqualifying background screening results are prohibited from being on the premises during child care hours.
- Facilities operated by a religious organization that receive federal funds for providing care for children, must request criminal background checks for child care staff members every 5 years, as defined in 210.1080.1(1) RSMo.

BACKGROUND CHECKS HAVE BEEN CONDUCTED AS REQUIRED BY SECTION 210.1080 RSMO.

Yes  No

**FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES**

THE DISCIPLINARY PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

Our facility believes in positive behavior supports for teaching all children

THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

Our curriculum is theme based and follows Missouri Early Learning Standards

**REQUIRED SIGNATURES**

Section 210.254, RSMo requires the facility to furnish two copies of this document to a parent(s) upon enrollment of a child. Parents acknowledge by signature that they have read and accepted the information contained in this document. One copy of this signed document is given to the parent(s); the other copy is retained in the child's record at the facility.

PARENT(S)	DATE
PRINCIPAL OPERATING OFFICER/FACILITY DIRECTOR	DATE 4/7/22
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC. <i>Jeffrey J. Moore</i>	DATE 4-7-2022

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).



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Child Personal Information Sheet					
Child's Name				Date of Birth	
With whom does your child live?			Siblings		
Guardian Name		Name/Age	Name/Age	Name/Age	
Guardian Name		Name/Age	Name/Age	Name/Age	
Are there any court custody arrangements we need to be aware of? Please describe:			Y / N	Copy of court papers attached? Y / N	
Has your child ever attended another Preschool/Daycare? Y / N		Name of Preschool/Daycare?		Name of Preschool/Daycare?	
		Reason for leaving?		Reason for leaving?	
Name of elementary school child attends?					
Does your child need help dressing/undressing?		Y / N	Does your child drink from a regular cup?		Y / N
Is your child FULLY potty trained?(see handbook for explanation) Y / N			Does your child feed self?		Y / N
Does your child wear underwear?		Y / N	Is your child a picky eater?		Y / N
Does your child have any special fears? Yes, _____ No					
Does your child have any security items (pacifier, blanket, stuffed animal)? Yes, _____ No					
Does your child sleep in thier own bed?		Y / N	How does your child sleep at night?		Great / So So / Not well
Does your child nap? Y / N How long? _____			Other bed habits _____		
How does your child deal with seperation from parents/loved ones?					
How would you describe your child's personality?					
My child really likes (activities, toys, books, songs, etc).					
Does your child have history of:					
Vision problems?		Y / N	Hearing Impairments?		Y / N
Speech Problems?		Y / N	Ear Infection?		Y / N
Asthma?		Y / N		Dental issues?	
Y / N		Y / N		Y / N	
Specialist Name		Phone #	Specialist Name		Phone #
Does your child have any existing illness? Yes, _____ No					
Does your child have and prescription or food allergies? Yes, _____ No					
Has your child ever been tested or diagnosed with a learning disability, developmental delay or behavior concern?					Y / N
Does your child have an IEP					Y / N
Please describe:					
Does your child take any medication on a daily basis? Yes, _____ No					
Any additional information that First Step Preschool needs to know about your child...					
Parent Signature					Date

## First Step Preschool Photo Use Policy

First Step Preschool requires a signed release form from each family in order to use photographs at preschool, on the First Christian church website, on the church or preschool Facebook page, or in any other form of publication or social media. We frequently take photographs of the children while they are at preschool. If given permission these photographs are also used in a photo presentation at our preschool programs and sometimes are on display throughout the preschool. On occasion the child's name will be identified in a photograph.

However, we also realize the importance of safety, particularly for children when it comes to the use of their photographs. We ensure the following when regarding your child's photographs:

- No names or other identifying information will be disclosed if your child's photograph is used as described above.
- If we want to identify your child in any of the forms described above, we will ask you for written permission. Or, you can consent below, and this will be your written permission.

### Photo Release and Consent Permission

I hereby grant permission to First Step Preschool to use my child's photograph as described above without further consent. I understand that no names or identifying information will be used in any way unless specific permission is given to the preschool Director or by consent on this form. This permission form will be placed in your child's file and will be a part of their record at First Step Preschool.

\_\_\_\_\_ Yes, I give my consent for my child's photograph to be used as described above.

\_\_\_\_\_ Yes, I give consent for my child to be identified in a photograph as described above.

\_\_\_\_\_ No, I do NOT give my consent for my child's photograph to be used.

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

\_\_\_\_\_  
Parent or Guardians Signature

\_\_\_\_\_  
Date

## AUTHORIZATION FOR NON-PRESCRIPTION TOPICAL APPLICATIONS

According to licensing regulations a signed form is required with the name of medication for items such as Sunscreen, Neosporin, Chapstick/Vaseline and Diaper Rash Cream. Therefore, we need authorization for the following:

*Before going outside FSP can apply Sunscreen:*

- I **DO** want FSP to apply **"Equate SPF 50 Kid sunscreen"** on my child before going outside.
- I will supply my own **sunscreen** for my child. The name of the sunscreen I will supply is " \_\_\_\_\_ " and I **DO** want FSP to apply this sunscreen on my child before going outside.
- I **DO NOT** want sunscreen applied on my child.

*In case of a scrape/cut FSP will wash with soap and water. After cleaning the wound with soap and water:*

- I **DO** want FSP to apply **"Equate Triple Antibiotic Ointment Neosporin"** on my child's wound.
- I **DO NOT** want FSP to apply **"Equate Triple Antibiotic Ointment Neosporin"** on my child's wound.

*In case of a chapped lips/ cheeks/ nose FSP can apply Chapstick or Vaseline:*

- I **DO** want FSP to apply **"Equate Chapstick or Equate Petroleum Jelly (Vaseline)"** on my child as needed.
- I will supply my own **Chapstick and/or Vaseline** for my child. The name of the Chapstick and Vaseline I will supply is " \_\_\_\_\_ ", " \_\_\_\_\_ " and I **DO** want FSP to apply it my child as needed.
- I **DO NOT** want FSP to apply Chapstick or Vaseline on my child.

*In case of diaper rash or underwear area rash or irritation FSP can apply Diaper Rash Cream:*

- I **DO** want FSP to apply **"Equate Diaper Rash Ointment"** on my child as needed.
- I will supply my own **Diaper Rash Cream** for my child " \_\_\_\_\_ " and I **DO** want FSP to apply it on my child as needed.
- I **DO NOT** want FSP to apply diaper rash cream on my child.

Childs Name \_\_\_\_\_

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



### How does CACFP work?

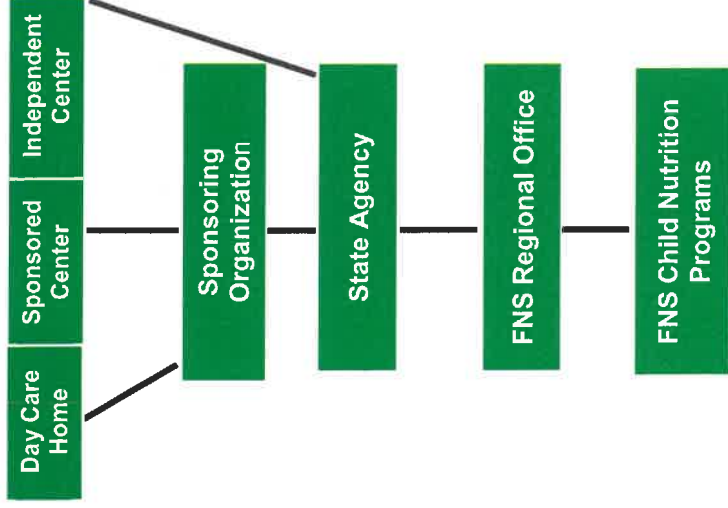
Day care homes and centers receive money for serving nutritious meals. The Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA) oversees CACFP.

States approve sponsors and centers to operate the program. States also monitor and provide training and guidance to make sure CACFP runs right.

Sponsoring organizations support day care homes and centers with training and monitoring. All day care homes participate in CACFP through a sponsor.



### CACFP Partners



# Building for The Future



# In the Child and Adult Care Food Program (CACFP)

### Contacts

*Here is space for the  
State agency and  
sponsoring organization  
to add contact  
information.*



FNS-319  
October 2019  
USDA is an equal  
opportunity provider,  
employer and funder.



# Building for the Future in the CACFP

## What is CACFP?

CACFP is the Child and Adult Care Food Program. It is a Federal program that pays for healthy meals and snacks for children and adults in day care.

CACFP improves the quality of day care. It makes the cost of day care cheaper for many low-income families.

Besides providing meals in day care, CACFP makes afterschool programs more appealing to at-risk children and youth. Serving afterschool meals and snacks attracts students to learning activities that are safe and fun.

Children and youth who are homeless can also receive meals at shelters that participate in CACFP.

## Who is eligible for CACFP meals?

- Children under age 13,
- Migrant children under age 16,
- Children and youth under age 19 in afterschool programs in low-income areas,
- Children and youth under age 19 who live in homeless shelters, and
- Adults who are impaired or over age 60 and enrolled in adult day care

## What kinds of meals are served?

CACFP meals follow USDA nutrition standards.

- Breakfast consists of milk, fruits or vegetables, and grains.
- Lunch and Supper require milk, grains, meat or other proteins, fruits, and vegetables.
- Snacks include two different servings from the five components: milk, fruits, vegetables, grains, or meat or other proteins.

## Where are CACFP meals served?

Many types of facilities participate in CACFP.

### Child Care Centers:

Licensed child care centers and Head Start programs provide day care with meals and snacks to large numbers of children.

### Outside-School-Hours Care Centers:

Licensed centers offer before or afterschool care with meals and snacks to large numbers of school-aged children.

### Family Day Care Homes:

Licensed providers offer family child care with free meals and snacks to small groups of children in private homes.

### “At-Risk” Afterschool Care Programs:

Centers in low-income areas provide learning activities with free meals and snacks to school-age children and youth.

### Emergency Shelters:

Homeless, domestic violence, and runaway youth shelters provide places to live with free meals for children and youth.

### Adult Day Care Centers:

Licensed centers provide day care with meals and snacks to enrolled adults.

*Here is space for the State agency and sponsoring organization to add contact information.*

**Child and Adult Care Food Program  
Parent Letter – Non-Pricing Child Care Centers  
July 1, 2022 through June 30, 2023**

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	\$25,142	5	\$60,070
2	\$33,874	6	\$68,802
3	\$42,606	7	\$77,534
4	\$51,338	8	\$86,266

For each additional family member, add \$8,732

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, 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/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.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)  
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
**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)

AMERICAN INDIAN OR ALASKA NATIVE   
  ASIAN   
  BLACK OR AFRICAN AMERICAN   
  NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER   
  WHITE

**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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# Sign up for important updates from Jaimie and Paula.

Get information for **First Step Preschool** right on your phone—not on handouts.

Pick a way to receive messages for **First Step Preschool**:

**A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

[rmd.at/29bag](https://rmd.at/29bag)

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



**B** If you don't have a smartphone, get text notifications.

Text the message [@29bag](https://t.me/@29bag) to the number **81010**.

If you're having trouble with **81010**, try texting [@29bag](https://t.me/@29bag) to **(810) 250-7858**.

*\* Standard text message rates apply.*



Don't have a mobile phone? Go to [rmd.at/29bag](https://rmd.at/29bag) on a desktop computer to sign up for email notifications.

Dear Parent/Guardian:

In the event of an emergency situation, First Step Preschool, has outlined the below response plan. Please know that First Step Preschool, will make every attempt to notify you so it is vital that you keep your emergency contact information up-to-date. Keep this letter with you so that you will know how to contact us in the event of an emergency.

### **Evacuation/Relocation**

1. If the emergency is confined to the immediate area at First Step Preschool, e.g. fire, and the children cannot stay on the premises, the children will be taken to McCoy and Blossom Funeral Home. The children and staff will remain at this location while you or your emergency contact is notified of the situation.
2. If the emergency is more wide spread and encompasses a larger area such as the neighborhood due to an environmental threat, e.g. flood, and the children cannot remain in the immediate area, they will be transported to City of Troy Police Department. The children and staff will remain at this location while you or your emergency contact is notified of the situation.

### **Notification**

1. Every effort will be made to contact you as soon as the children and staff are safe. If we cannot reach you, we will contact your alternate emergency contact. Children will only be released to you or your alternate contact during times of emergency.
2. Information about the event can be obtained through radio stations, 99.9 KFAV and 100.7 The Viper.

### **Emergency Supplies**

1. We encourage you to bring individual emergency packs for each child to keep at our facility that includes a change of clothes, a few family photos, and a comfort item like a small teddy bear to help comfort your child during a crisis. These individual packs will be stored in a safe room, and only accessed during an emergency.

Please rest assure that First Step Preschool staff will remain with and care for the children at all times during an emergency to ensure the children's safety. As always, please don't hesitate to contact me if you have any questions or concerns.

Sincerely,

Jaimie Simms, Director

Dear Parents:

Pursuant to Federal and State laws, the Department of Social Services below are the background check requirements and process for all volunteers.

All staff and volunteers need the Family Care Safety Registration Background Screening.

Below are instructions of what to do for the Required Fingerprint Screenings if you would like to attend events at FSP.

You will need to go to <https://health.mo.gov/safety/fcsr/>

Go to the register online tab

Click on Registration, register online

Once you are registered you can Call the FCSR toll-free at (866) 422-6872 and they will complete a background screening and will email the results.

Once you have completed the Family Care Safety Registry background screening please bring a copy to FSP.

If you have any questions please feel free to contact me at 636-528-5683. Thank you.

Sincerely,

Jaimie Simms  
Director  
First Step Preschool  
1302 Boone St.  
Troy, MO 63379