



Stepping Stones Preschool

800 NE Tudor Rd.

Lee's Summit, MO 64081

816-525-4769

kportersteppingstones@lschristian.com

www.lschristian.com

Dear Parents,

Thank you for your interest in Stepping Stones Preschool! Stepping Stones is a program sponsored by the **Lee's Summit Christian Church**. A **\$100.00 non-refundable fee that covers enrollment** is required to ensure your child's place in our program. We also require a copy of your child's immunization record and a physician signed physical assessment form **prior to attendance**. If you have any questions concerning our programs for the 2024-2025 school year, please call our office at 816-525-4769. We believe each child is a special gift from God and welcome the opportunity to provide your child with an educational preschool experience in a loving and nurturing environment.

Kelley Porter

Director

Children in the Pre-K and PSIII classes will have creative opportunities to use a "hands on" approach to learn and remember skills. Children **must be potty trained to begin PSIII classes**. No pull-ups. Classroom time provides an environment that is conducive to the physical, social, emotional and cognitive development of each child in our care. Our Pre-K program also offers *Handwriting Without Tears*.

PS2 is designed to provide toddlers with positive interaction with adults and other children of their own age. This is accomplished in a loving Christian atmosphere. This classroom provides an environment that is conducive to the physical, social, emotional and cognitive development of each child in our care. PS2 serves children that are 2 1/2 years old at the start of school.

Conscious Discipline is used at our school. Conscious Discipline is a leader in classroom management and provides a transformational, whole-school solution for social-emotional learning, discipline and self-regulation. Teachers provide safety, support and structure for the children in their care. "Our worth depends on seeing the Worth in Others."

Please mark your choices below. (Make first, second and third choices where applicable.) All fees are decided by the number of days attended in nine months. Payment options are online payment, cash or check. Tuition is due by the 10th of each month. There is no credit for shorter months or increase on longer as tuition is based on the number of days in the school year. Enrollment fee is \$100 per child.

PreK	Remember 1st & 2nd choices
Must be four (4) by July 31	
_____ TWTH	\$300.00
_____ M—TH 9:00-1:00 (Must have 10 children enrolled)	\$395.00

Preschool PS3	Remember 1st, 2nd & 3rd choices
Must be three (3) by July 31 and potty trained	
_____ MW 9:00-1:00	\$210.00
_____ TTH 9:00-1:00	\$210.00
_____ TWTH 9:00-1:00 (Must have 8 children enrolled)	\$300.00

PSII	
Must be two and a half (2 1/2) by July 31	
_____ MW 9:00-1:00	\$210.00
_____ TTH 9:00-1:00	\$210.00

AFTER CARE—MUST HAVE 8 CHILDREN ENROLLED TO OFFER THIS PROGRAM

Fee will be \$15 per day per child. Hours will be 1PM to 3PM.

A monthly calendar of days this will be offered will be provided.

_____ Yes, I would like to do aftercare.

Emergency Medical and Liability Waiver

Child's Name _____

Insurance Information

Name of hospitalization insurance _____		
Policy # _____	Policy holder's name _____	
Family Doctor _____	Doctor's Phone _____	
Preferred hospital _____		
Person to be notified in case of emergency _____		
Relationship _____	Home # (____) _____	Work # (____) _____

Medical Information

Please list any unusual ailments or difficulties your child may experience such as allergies, asthma, medications, seizures, heart disease, or other illnesses of which we should be aware. An allergy or asthma treatment plan from a doctor will be required.

- My child is in good health, is able to participate in group care, has no special health or medical requirements.
 My child is able to participate in group care but has special health or medical requirements as listed below.

I give permission for my child to participate at Stepping Stones Preschool. Also in consideration for allowing my child to participate in Stepping Stones activities, I agree to hold harmless and release Lee's Summit Christian Church and Stepping Stones Preschool directors, officers, employees, volunteers and agents from liability for any fault, mistake, negligence or omission causing damage, loss or injury to my child (hereinafter referred to jointly as Damage) arising from my child's attendance and participation in any activity sponsored by Stepping Stones Preschool including any Damage arising from the provision of emergency medical treatment. I further agree to allow medical treatment in the case of an emergency for my child. I have answered the above statements truthfully and completely.

Signature _____ Date _____

IMMUNIZATIONS: WE MUST HAVE A COPY OF YOUR CHILD'S IMMUNIZATION RECORDED ON FILE. ACCORDING TO STATE REGULATIONS, EACH CHILD IN OUR PROGRAM MUST COMPLY WITH THE IMMUNIZATION SCHEDULE STATED BY THE DEPARTMENT OF HEALTH. THIS SCHEDULE CALLS FOR A CHILD WHO IS 24 MONTHS TO KINDERGARTEN ENTRY TO HAVE THE FOLLOWING DOSES OF VACCINES:

4 DTaP, 3 IPV (Polio), 1 MMR, 3 HepB, 3 Hib, 1 VARIVAX/VARICELLA, 4 PCV (Pneumococcal Conjugate, Prevnar)

ONCE YOUR CHILD'S RECORD IS IN OUR OFFICE, YOU NEED NOT DUPLICATE IT. PLEASE INFORM US OF ANY ADDITIONS TO YOUR CHILD'S RECORD.

PHYSICAL: THE STATE OF MISSOURI ALSO REQUIRES THAT EACH CHILD ENROLLED IN OUR PROGRAM HAVE A PHYSICAL ASSESSMENT FORM SIGNED BY A DOCTOR OR ADVANCED PRACTICE NURSE ON FILE IN OUR OFFICE. THE PHYSICIAN'S ASSESSMENT CAN BE COMPLETED UP TO 12 MONTHS PRIOR TO ADMISSION TO SCHOOL

****NO CHILD WILL BE ALLOWED TO ENTER SCHOOL WITHOUT AN UP-TO-DATE IMMUNIZATION RECORD AND DOCTOR'S SIGNED PHYSICAL ASSESSMENT ON FILE****

Dear Parents,

The attached form is required as part of Stepping Stones' enrollment policy. If a child is to go home with someone other than his/her parent/legal guardian, we must have a Pick-up Authorization form on file giving your written permission for your child to be released to this person. We will allow no exceptions concerning the release of a child to someone not authorized in our files!

If your child will be routinely going home with someone other than yourself (as in the case of babysitters, grandparents, or carpooling), you can fill out the attached form and leave it on file with us for the entire school year. If you wish to allow alternate arrangements on an irregular basis, you will find Pick-up Authorization forms in your child's classroom, and you can fill one out each day specific arrangements are being made. Should you prefer not to designate a pick-up person at this time, please mark the box on the bottom of this form.

Thank you for cooperating with us in this endeavor. As always, our motivation is only the safety and well-being of our children.

**Stepping Stones Preschool
PICK-UP AUTHORIZATION
2024-2025**

Child's Name _____ Date _____

Please list the person/persons, **other than parents**, authorized to pick-up your child from Stepping Stones:

<u>Name of authorized Pick-up Person</u>	<u>Relationship to Child</u>	<u>Telephone</u>	<u>Designated Pick-Up Dates</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

No one other than the parents of this child is authorized to take him/her from Stepping Stones.

Parent/Guardian Signature

Date



Stepping Stones Preschool
800 NE Tudor Rd.
Lee's Summit, MO 64081
816-525-4769
kportersteppingstones@lscchristian.com

February 1, 2024

Dear Parent,

We have children that have many different forms of allergies and many food allergies. **We are a peanut-free school.** Please check labels for peanuts, peanut butter and foods processed in a facility that uses peanuts. You provide your child's on snack and each day. All snacks are to be store-bought (prepackaged). No home-made snacks are allowed.

If you do choose for your child to eat the snacks provided for special occasions, we ask that you sign a permission slip in order for that to happen. Your child's health and welfare is our first priority and we need your help in order to keep everyone healthy.

Please sign this slip and return with your enrollment papers.

Thank you.

Allergy/Snack Consent

My child may eat the snacks brought into Stepping Stones Preschool by other children. I understand that if I do not want my child to eat the snacks provided, I may bring in a snack.

Parent Signature _____

Date _____



Stepping Stones Preschool Photo Release Form

Stepping Stones Preschool must have a signed photo release form from any student's parent or guardian for all photographs taken on preschool property. This rule includes photographs for use in any preschool or Lee's Summit Christian Church publication, such as newsletters, brochures, class books, class projects or other such material. Releases also must be obtained for photographs used on the Web.

This release form had been approved by the Director of Stepping Stones and the Children's Outreach Committee.

I hereby grant Stepping Stones Preschool permission to use _____'s photographs in any and all of its publications.

Name (please print) _____

Signature _____

Relation to subject (child) _____

Date _____



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 Stepping Stones	DVN 000632579
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PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) 800 NE Tudor Rd., Lee's Summit, MO 64086	
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FACILITY TELEPHONE NUMBER 816-525-4769	FACILITY E-MAIL ADDRESS kportersteppingstones@lscchristian.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	3717 S. Whitney Ave, Indep MO 64055	816-350-5450	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	2/16/24
Fire Marshal's Office (Fire Safety Inspection)	1709 Industrial Dr, Jefferson City MO 65109	573-508-8767	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	12/20/23
Local Health Office or DHSS (Sanitation Inspection)	3651 NE Ralph Powell Rd, Lee's Summit MO 64064	816-881-6690	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	11/29/23

STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY

AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN	STAFF/CHILD RATIOS FOR LICENSED CENTERS	AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN
Under 2 years of age	1 staff member for every	0		Under 2 years of age	1 staff member for every	4
2 to 4 years of age	1 staff member for every	2yrs (8) 3/4 (12)		2 years of age	1 staff member for every	8
5 years of age and older	1 staff member for every	12		3 and 4 years of age	1 staff member for every	10
TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY:				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:

Conscious discipline, which is brain based, will be our method of discipline. Children will be taught the star method and will learn the breathing techniques for destressing. A safe place is in each room for the child to use if they are feeling sad, mad or need some time away from the school family. Family pictures will be in each class. Conscious discipline is our practice.

THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

Lee's Summit Christian Church supports our preschool because we believe each child is a special gift from God and it's important for the child to experience the love and nurture of caring adults outside of their family units. Stepping Stones provides an environment that is conducive to the physical, social, emotional and cognitive development of each child in our care.

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 2/21/24
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC.	DATE 2/21/24

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.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

SAVE
PRINT
RESET

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE
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CURRENT STATE OF HEALTH

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on ___ / ___ / ___, this child can participate in a child care program. This child has no special care needs unless specified below.

(Date of medical examination must be within the last 12 months.)

PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN	DATE
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PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER (MAY USE STAMP.)	IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME (PLEASE PRINT.)
	TELEPHONE NUMBER

