

***Noah's Ark Christian Preschool***  
Barbee Memorial Presbyterian Church  
501 Tiger Drive  
Excelsior Springs, MO 64024  
(816) 637-2079

**Jesus said, "Let the children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these."**

Dear Families,

On behalf of the entire staff at Noah's Ark Christian Preschool ....  
**WELCOME, WELCOME, WELCOME!** We are very excited about our upcoming school year and can't wait to meet all our new children and welcome back all those precious ones from this year. Each year brings a wealth of excitement and new opportunities.

We would like you to take this time to fill out the enclosed packet of forms that will be needed for the 2017-18 school year. In order to reserve your child's place in our program, pages 1, 2, and 4 of this packet must be completed and returned to my attention in the church office, along with the registration fee. The registration fee will be \$25 if received prior to May 12, 2017. After May 12<sup>th</sup>, the registration fee will be \$45. The remaining forms are due at our Open House in August. Please note the medical form will need the child's shot record (including Prevnar) and a doctor's or nurse's signature, all others just need the information and signatures.

**Plan now to attend our Open House, Saturday, August 26<sup>th</sup> at 10 a.m., lasting approximately one hour.** Preschool Handbooks with policies and procedures will be given at Open House, as well as calendars for the year, and supply lists. There will be drawings for prizes too. This is an important event to attend!

**For information before school starts check out [www.barbeepc.org](http://www.barbeepc.org), or call (816) 637-2079.**



Sincerely,

*Carol S.*

**Ms. Carol, Administrative Director**

**NOAH'S ARK CHRISTIAN PRESCHOOL  
PRESCHOOL INQUIRY/REFERRAL FORM  
2017-2018**

**Below please check your choice of class.**

**\_\_\_\_ Morning (5 -Day) Pre-Kindergarten Class**

Child usually must be 4 years old by August 1, 2017  
Class meets 5 mornings a week (M-T-W-TH-F -9:00 –11:30 am)  
Yearly tuition is \$1,020.00  
Class size is limited to 24 children (with 2 teachers)

**\_\_\_\_ Morning (3-Day) Pre-Kindergarten Class**

Child usually must be 4 years old by August 1, 2017  
Class meets 3 mornings a week (M-W-F- 9:00–11:30 am)  
Yearly tuition is \$680.00  
Class size limited to 24 children (with 2 teachers)

**\_\_\_\_ Morning (2-Day) Early Preschool Class**

Child usually must be 3 years old by August 1, 2017  
Class meets 2 mornings a week (T-TH-9:00–11:30 am)  
Yearly tuition is \$595.00  
Class size limited to 24 children (with 2 teachers)

**Multiple payment options are available for any class.**

Name of Parent \_\_\_\_\_

Child's **Full** Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Cell # or alternate# \_\_\_\_\_

Parent's E-mail Address \_\_\_\_\_

**A non-refundable enrollment fee of \$45.00 reserves your child's assignment to a class.** This fee also applies toward supplies for the school year. Multiple child family discount may be available, see preschool administrator.

*Barbee Memorial Presbyterian Church (BMPC)*  
*Noah's Ark Christian Preschool*  
*Enrollment Fees Paid*

A non-refundable enrollment fee of \$45 reserves your child's spot in our preschool.

**If enrollment information is received by May 12, 2017,  
the enrollment fee will be only \$25.**

\_\_\_\_\_ Cash

\_\_\_\_\_ Check

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_



***Barbee Memorial Presbyterian Church (BMPC)***  
***Noah's Ark Christian Preschool***  
***Payment Agreement Form***

Preschool Tuition is based on a Yearly Rate regardless of days missed. BMPC Noah's Ark Christian Preschool offers two methods of payment. Make Checks payable to *Barbee Memorial Presbyterian Church (B.M.P.C.)* Please read and indicate your payment preference.

**WEEKLY 5-DAY PRE-KINDERGARTEN**

- \_\_\_\_\_ \*Option 1-Two \$505.00 payments paid by the first day of school and by January 1, 2018 (Receive a \$10.00 tuition discount)  
\_\_\_\_\_ Option 2-Eight \$120.00 payments paid by the first day of each month. The last tuition payment due (May 1, 2018) will be only \$60.00. This adds up to full tuition.

**WEEKLY 3-DAY PRE-KINDERGARTEN**

- \_\_\_\_\_ \*Option 1 - Two \$335.00 payments paid by first day of school and by January 1, 2018 (Receive \$10.00 tuition discount)  
\_\_\_\_\_ Option 2 -Eight \$80.00 payments paid first day of each month. The last tuition payment due (May 1, 2018) will be only \$40.00  
This adds up to full tuition.

**WEEKLY 2-DAY EARLY PRESCHOOL**

- \_\_\_\_\_ \*Option 1 - Two \$292.50 payments paid by first day of school and by January 1, 2018 (Receive \$10.00 tuition discount)  
\_\_\_\_\_ Option 2 - Eight \$70.00 payments paid first day of each month. The last tuition payment due (May 1, 2018) will be only \$35.00  
This adds up to full tuition.

\*Note a discount has been applied for Option 1.

Note: A \$10.00 Late Fee will be added to any of the options that are paid after the first day of the month. If tuition is not paid by the 10<sup>th</sup>, and arrangements have not been made, your child may be withdrawn from the Preschool. A new Registration Fee will be required in order to reinstate your child. Tuition must be paid in full by May 1<sup>st</sup> for your child to participate in graduation.

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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF CHILD CARE  
**CHILD ENROLLMENT FOR LICENSE-EXEMPT FACILITIES**

CHILD'S NAME	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)	

**IDENTIFYING INFORMATION**

A) MOTHER'S NAME	HOME TELEPHONE NUMBER ( )
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
EMPLOYED BY	HOURS OF EMPLOYMENT FROM TO
ADDRESS (STREET, CITY, STATE, ZIP CODE)	BUSINESS TELEPHONE NUMBER ( )
B) FATHER'S NAME	HOME TELEPHONE NUMBER ( )
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
EMPLOYED BY	HOURS OF EMPLOYMENT FROM TO
ADDRESS (STREET, CITY, STATE, ZIP CODE)	BUSINESS TELEPHONE NUMBER ( )

**EMERGENCY CONTACT(S) (OTHER THAN PARENT(S) OR DOCTOR)**

NAME	TELEPHONE NUMBER ( )
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
NAME	TELEPHONE NUMBER ( )
ADDRESS (STREET, CITY, STATE, ZIP CODE)	

**PERSON(S) AUTHORIZED TO TAKE CHILD FROM THE CHILD CARE FACILITY**

NAME	NAME
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PLEASE COMPLETE BACK.

**TO BE COMPLETED BY CHILD CARE FACILITY**

ADMISSION DATE
DISCHARGE DATE

**FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.**

**FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.**

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

**PHYSICIAN AND PREFERRED HOSPITAL TO BE USED IN AN EMERGENCY**

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

DOCTOR/CLINIC NAME	TELEPHONE ( )
PREFERRED HOSPITAL NAME	TELEPHONE ( )

**FIELD TRIPS AND TRANSPORTATION**

(COMPLETE THIS SECTION ONLY IF FACILITY TAKES FIELD TRIPS OR PROVIDES TRANSPORTATION)

I DO     I DO NOT

GIVE CONSENT FOR MY CHILD TO TAKE PART IN FIELD TRIPS OR EXCURSIONS WITH THIS CHILD CARE FACILITY UNDER PROPER SUPERVISION. IT IS MY UNDERSTANDING THAT I WILL BE NOTIFIED WHEN SUCH TRIPS ARE PLANNED.

**AGREEMENTS**

A. I have been informed of the required health and safety inspections and that the inspection forms are available for review.

B. When my child is ill, I understand and agree that my child may not be accepted for care.

PARENT/LEGAL GUARDIAN SIGNATURE

**HEALTH REPORT FOR SCHOOL-AGE CHILD**

**CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS**

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS

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ANY SPECIAL MEDICATIONS AND/OR RESTRICTIONS

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This certifies that my child, is to my knowledge, in good health and free of disabilities that would endanger him/her or other children in day care.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE



# MEDICAL EXAMINATION REPORT (INFANT/TODDLER & PRESCHOOL-AGE CHILD)

## I. IDENTIFYING INFORMATION

PATIENT'S NAME	BIRTHDATE
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## II. CURRENT STATE OF HEALTH

I HAVE EXAMINED THE ABOVE-NAMED CHILD AND VERIFY THAT THIS CHILD'S MEDICAL HISTORY AND CURRENT STATE OF HEALTH:

ARE  ARE NOT SATISFACTORY FOR PARTICIPATION IN A CHILD CARE PROGRAM.

DOES THIS CHILD REQUIRE ANY SPECIALIZED CARE?  YES  NO

IF YES, EXPLAIN IN SECTION IV.

## III. IMMUNIZATION HISTORY

OUR RECORDS INDICATE THAT THIS CHILD HAS THE FOLLOWING IMMUNIZATIONS:

IMMUNIZATIONS	DATES GIVEN					
	Dose No. 1	Dose No. 2	Dose No. 3	Dose No. 4	Dose No. 5	Dose No. 6
_____ DPT/DT/DTAP						
_____ Polio						
_____ Hepatitis B						
_____ Hib						
_____ MMR						
_____ Varicella						

## IV. COMMENTS/RECOMMENDATIONS

*Prevnar*

(SPECIAL DIETS, ALLERGIES, EAR INFECTIONS, CONVULSIONS, DIABETES, EMOTIONAL PROBLEMS)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN	DATE	PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)
NAME OF CLINIC, GROUP PRACTICE, OTHER	IF NURSE IS SUPERVISED BY PHYSICIAN, INDICATE PHYSICIAN'S NAME	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER ( )	

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## Religious Organization Child Care Facility Notice of Parental Responsibility

Facility Name NOAH'S ARK CHRISTIAN PRESCHOOL

Address (Street, City, State, Zip Code) 501 Tiger Drive, Excelsior Springs, MO 64024

### INSPECTIONS

Section 210.211 RSMo exempts this religious organization child care facility from state licensing and supervision by the Department of Health and Senior Services (DHSS). It is state inspected only for fire, health and sanitation requirements as indicated below. Copies of the inspections are available.

NAME OF AGENCY AND TYPE OF VISIT	ADDRESS	TELEPHONE NUMBER	INSPECTION	DATE
Section for Child Care Regulation (Health and Safety Inspection)	3717 Whitney Ave., Independence, MO 64055	816-350-5466	Pending <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Not approved <input type="checkbox"/>	2/8/17
Fire Marshal's Office (Fire Safety Inspection)	2217 Chanticleer, Excelsior Springs, MO 64024	816-630-6716	Pending <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Not approved <input type="checkbox"/>	11/21/16
Local Health Office or DHSS (Sanitation Inspection)	2400 Troost Ave. Ste. 3200, Kansas City, MO 64108	816-513-6315	Pending <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Not approved <input type="checkbox"/>	11/30/16

### STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY STATE CHILD RATIOS FOR LICENSED CENTERS

AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN	AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN
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	10	2 years of age	1 staff member for every	8
5 years of age and older	1 staff member for every	10-12	3 and 4 years of age	1 staff member for every	10
			5 years of age and older	1 staff member for every	16

Total number of children enrolled by this facility 36

### BACKGROUND CHECKS: CHILD ABUSE/NEGLECT AND CRIMINAL RECORD(S)

Statute 210.254 RSMo requires the facility to conduct background checks for child abuse/neglect and criminal record reviews on each individual caregiver and all other personnel (who have contact with children in care) at the facility at the time of employment and every two years thereafter.

Background checks for child abuse and neglect through the Children's Division (CD) and criminal record reviews through the Missouri State Highway Patrol have been conducted on each individual caregiver and all other personnel at the facility as required:  Yes  No

### FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES

The disciplinary philosophy and policies of this facility are: One of the main goals, for children participating in BMPC Noah's Ark Preschool, is the development of appropriate social skills and self discipline. The teachers strive to deal with children by employing methods of teaching, modeling, praising and rewarding positive social behaviors. When praise and reminders are not sufficient to maintain peace, teachers may intervene by redirecting a child's attention or separating the child from the activity or the group for a "time out" in the corner of the room. At all times the staff attempt to discipline children calmly without embarrassing any child.

The education philosophy and policies of this facility are:

A place created to develop the intellectual, physical, emotional, social, and creative abilities of each child by providing a Christian setting, which allows children to fully explore their environment and to participate in planned activities with other children.

### REQUIRED SIGNATURES

Statute 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) <i>Carol A. Spencer, ADMIN. Director</i>	DATE <i>2-14-17</i>
PRINCIPAL OPERATING OFFICER/FACILITY DIRECTOR <i>D. Clark</i>	DATE <i>2/14/17</i>
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION - PASTOR, MINISTER, PRIEST, ETC. <i>P. A. R.</i>	DATE

Statute 210.254 RSMo requires a new facility to file a copy of the Notice of Parental Responsibility with the Section for Child Care Regulation at least five days prior to beginning operation. Each facility must file the Notice of Parental Responsibility annually during the month of August.

# NOAH'S ARK CHRISTIAN PRESCHOOL

Barbee Memorial Presbyterian Church  
501 Tiger Drive, Excelsior Springs, MO 64024  
816-637-2079

www.barbeepc.org

## Financial Agreement

Thank you for choosing Noah's Ark Christian Preschool for your child. Our mission is to provide a program of excellence and to partner with parents to promote a nurturing setting. We are fully committed to teaching Christian values and kindergarten readiness skills in a fun and caring atmosphere.

In order to be good stewards of the resources God has entrusted us with, we at Noah's Ark Christian Preschool ask that you carefully review the following policies. All questions relevant to these policies are to be directed to the accounting administrator and not the Preschool director.

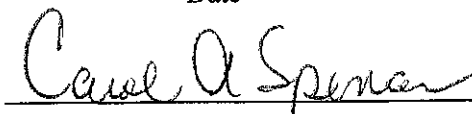
- Monthly invoices will be provided for all students.
- Tuition is due the first (1<sup>st</sup>) of each month.
- Tuition is considered past due the tenth (10<sup>th</sup>) of the month.
- If at any time your account is two (2) months past due, your child will no longer be a student at the Noah's Ark Christian Preschool. However, if you pay in full the outstanding past due tuition, your child will be reinstated as a student. A new Registration Fee of \$45 will be required to reinstate your child.
- A Late Fee of \$10 will be charged for payment(s) not received on time.
- If Noah's Ark Christian Preschool receives a returned check due to insufficient funds on your part, your account will be automatically charged a \$3 service fee.

Your signature below indicates that you have reviewed, understand and accept the above listed policies of the Financial Agreement for the Noah's Ark Christian Preschool.

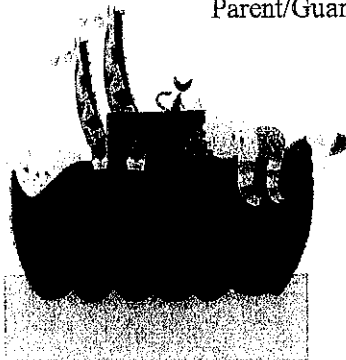
\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

  
Signature of Preschool Representative

\_\_\_\_\_  
Date



“Come Aboard the Ark”

# NOAH'S ARK CHRISTIAN PRESCHOOL

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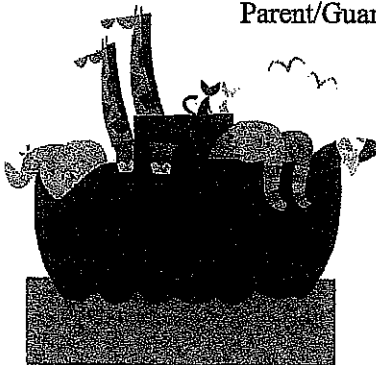
\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Carel A. Spence*  
\_\_\_\_\_  
Signature of Preschool Representative

\_\_\_\_\_  
Date



"Come Aboard the Ark"

# NOAH'S ARK CHRISTIAN PRESCHOOL T-SHIRT ORDER FORM

**T-Shirts are required to be worn on each field trip.**

**Please check here if your child already has a T-Shirt and you do NOT need a new one.**

\_\_\_\_\_  
**Child's Last Name**                      **Child's First Name**                      EARLY

PRE-K

\_\_\_\_\_  
**Parent's Name if different than Childs**                      5-DAY

**CHILD SIZES \$10.00**                      **TOTAL** \_\_\_\_ x \$10 = \_\_\_\_\_

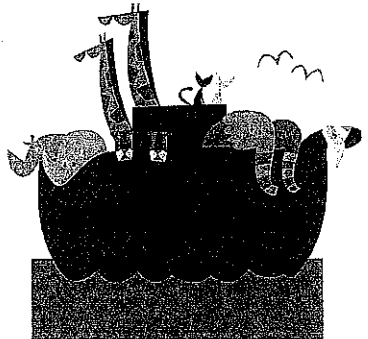
Red	Yellow	Orange	Lt. Blue	Keylime	Hot Pink	Royal Blue
__ XS (2-4)	__ XS (2-4)	__ XS (2-4)	__ XS (2-4)	__ XS (2-4)	__ XS (2-4)	__ XS (2-4)
__ Youth Small (6-8)	__ Youth Small (6-8)	__ Youth Small (6-8)	__ Youth Small (6-8)	__ Youth Small (6-8)	__ Youth Small (6-8)	__ Youth Small (6-8)
__ Youth Med. (10-12)	__ Youth Med. (10-12)	__ Youth Med. (10-12)	__ Youth Med. (10-12)	__ Youth Med. (10-12)	__ Youth Med. (10-12)	__ Youth Med. (10-12)
__ Youth Large (14-16)	__ Youth Large (14-16)	__ Youth Large (14-16)	__ Youth Large (14-16)	__ Youth Large (14-16)	__ Youth Large (14-16)	__ Youth Large (14-16)

**ADULT SIZES \$12.00 S - XL**                      **TOTAL** \_\_\_\_ x \$12 = \_\_\_\_\_

Red	Yellow	Orange	Lt. Blue	Lime	Lt. Pink	Royal Blue
__ Small	__ Small	__ Small	__ Small	__ Small	__ Small	__ Small
__ Med.	__ Med.	__ Med.	__ Med.	__ Med.	__ Med.	__ Med.
__ Large	__ Large	__ Large	__ Large	__ Large	__ Large	__ Large
__ X-Large	__ X-Large	__ X-Large	__ X-Large	__ X-Large	__ X-Large	__ X-Large

**ADULT SIZES \$15.00 XXL - XXXL**                      **TOTAL** \_\_\_\_ x \$15 = \_\_\_\_\_

Red	Yellow	Orange	Lt. Blue	Lime	Lt. Pink	Royal Blue
__ XXL	__ XXL	__ XXL	__ XXL	__ XXL	__ XXL	__ XXL
__ XXXL	__ XXXL	__ XXXL	__ XXXL	__ XXXL	__ XXXL	__ XXXL



**TOTAL AMOUNT DUE: \$** \_\_\_\_\_

**Total Number of Shirts** \_\_\_\_\_

**Total Paid By Check #** \_\_\_\_\_ **\$** \_\_\_\_\_

**Total Paid by Cash** \_\_\_\_\_ **\$** \_\_\_\_\_