2023-2024



Rates:

St. Mark's Mother's Day Out

A flexible program enabling you to have a little time to yourself.

While your child is playing with other children they are growing in social, emotional, and motor skills.

Hours available: 9:30-12:30 on Tuesdays, Wednesdays, and Thursdays

We are closed if Independence Schools close for weather-related reasons.

Limited Numbers: Check availability online and signup to secure a spot for the days you want.

Sign-ups are available on our website <u>www.mysmallwonderpreschool.com</u> or at www.stmarksparish.com <u>What to Bring</u>: (in a labeled diaper bag or backpack)

for children being potty-trained - at least 2-3 diapers/pull-ups, baby wipes, change of clothes for children potty-trained - 1 change of clothes

<u>What to Wear:</u> Children will be enjoying time creating art projects and playing outdoors if weather permits. Please dress them in comfortable, washable clothing suitable for play.

<u>Staying for Lunch?</u> If staying between 12:00 and 12:30, please pack a lunch in a separate, labeled bag containing ready-to-eat cold lunch, drink/cup, and utensils.

Hourly rate: \$5.00/hour, payable at th	e end of each day	or weekly.		
Payments should be made at the time	you pick up your c	hild. You can pay o	online by credi	t card, cash, or
personal check. If paying by check, ma	ke it out to St. Ma	rk Catholic Church).	
EACH AND EVERY ITEM MUST BE CLEARLY M				diaper bags. lunch
bags, cups, coats, change of clothes, bottles,				
bugs, cups, cours, change of cioties, bottles,	diaper wipe conta	mers, etc.		
Child's Name	Date	of Birth		\ge
2 nd Child's Name	Date	of Birth		√ ge
Child/Children live with:Both parents	Mom	Dad	Other	
Mom/Guardian's Name	Cell/	Home Phone		
Dad/Guardian's Name	Cell/	Home Phone		
Email				
Address				
	City,	State & Zip		
Person (besides parent) to contact in case of a				
Child's Physician P	hone	ŀ	Hospital Prefer	ence



Person(s) authorized to pick up your child includes:
Is there ANYONE WHO IS NOT AUTHORIZED to pick up your child?
Does your child have any known allergies or health concerns of which we should be aware?
Is your child taking prescription medication? If so, what kind and for what purpose?
Anything else you wish us to know about your child?
(I do) (I do not) give St. Mark Small Wonder and Mother's Day Out my consent for my child to be photographed during school activities. This includes but is not limited to, pictures on the parent portal, Brightwheel app, and publication in St. Mark's bulletin.
ALL CHILDREN ARE ACCEPTED ON A TRIAL BASIS.
I have read and understand the above, provided all information to the best of my ability, and hereby request that my child be permitted to participate in the Mother's Day Out program at St. Mark's. I understand that in case of an emergency, every effort will be made to contact me. However, if I cannot be reached, I give permission for me child,
Date:
Parent's Signature
(initial) I hereby grant permission for my student to be included in photographs, videos and

years. I have read, understand and agree to the above statement. $% \label{eq:control_eq}$



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

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Based on my assessment of this child's medical history, current state of health and my physical examination of the child on//				
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		DATE		
SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN DATE				
PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)				
	IF MIRSE IS SUPERVISED BY A F	PHYSICIAN, INDICATE PHYSICIAN'S NAME		
NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER (MAY USE STAMP.)	(PLEASE PRINT.)			
	TELEPHONE NUMBER			

TO BE FILED IN CHILD'S RECORD AT CHILD CARE FACILITY

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 atatus, mental or physical disability, or any other basis prohibited by atatus 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 IX/504/ADA/ADA/AQB 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 800-735-2968; email civilights@dess.mo.gov.

All students are required to have immunization information on file. Please attach a copy of the immunization record or use this form.

Thank you!

MISSOURI IMMUNIZATION RECORD



OFFICIAL DOCUMENT

Retain this document as proof of Immunizations. According to Missouri law, your child must meet the State of Missouri Immunization requirements to be enrolled in school or child care.

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Missouri Depart	ment of Health	and Senior Ser	vices • P.O. E		
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If you desire a copy of this p Health and Senior Servi	oes' immunization pro	oram at 800-699-2313.	Hearing-impaired	citizens may	
contact th	e department by phone	through Missouri Rela	y, 200-130-2000.		
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