



2023-2024

# 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 sign up to secure a spot for the days you want.

➡ Sign-ups are available on our website [www.mysmallwonderpreschool.com](http://www.mysmallwonderpreschool.com) or at [www.stmarksparish.com](http://www.stmarksparish.com)

What to Bring: (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

What to Wear: Children will be enjoying time creating art projects and playing outdoors if weather permits.

Please dress them in comfortable, washable clothing suitable for play.

Staying for Lunch? 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.

Rates:

\_\_\_\_\_ Hourly rate: \$5.00/hour, payable at the end of each day or weekly.

Payments should be made at the time you pick up your child. You can pay online by credit card, cash, or personal check. If paying by check, make it out to St. Mark Catholic Church.

**EACH AND EVERY ITEM MUST BE CLEARLY MARKED WITH YOUR CHILD'S NAME. This includes diaper bags, lunch bags, cups, coats, change of clothes, bottles, diaper wipe containers, etc.**

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

2<sup>nd</sup> Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

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 an emergency

Child's Physician

Phone

Hospital Preference



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 my child, \_\_\_\_\_ to be taken to the aforementioned doctor and/or hospital for any emergency medical treatment. I further understand that I will be responsible for any costs incurred therein. I hereby release and save harmless St. Mark's Parish and all employees and volunteers from any liability for any injuries.

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

Parent's Signature



\_\_\_\_\_(initial) I hereby grant permission for my student to be included in photographs, videos and other recordings made in connection with St. Mark's Mother's Day Out for a period of three calendar years. I have read, understand and agree to the above statement.



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.

NAME	
DATE OF BIRTH	DCN (Department Client Number)
NAME OF PARENTS OR LEGAL GUARDIAN	
ADDRESS	

**ALWAYS KEEP A RECORD**

The immunization record plays a vital role in protecting the health of the individual throughout life, for health care providers, school, day care, employers.

Missouri Department of Health and Senior Services • P.O. Box 570  
Jefferson City, MO 65102-0570

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
Services provided on a nondiscriminatory basis.

If you desire a copy of this publication in an alternate form because of a disability, contact the Department of Health and Senior Services' immunization program at 800-699-2313. Hearing-impaired citizens may contact the department by phone through Missouri Relay, 800-735-2966.

ALLERGIES / COMMENTS / VACCINE REACTIONS

VACCINE	DATE GIVEN MO/DAY/YR	PHYSICIAN/CLINIC
PNEUMOCOCCAL POLYSACCHARIDE (23 valent)		
INFLUENZA (annual) List mo/day/yr of each vaccine		

**TUBERCULIN SKIN TEST**

DATE GIVEN MO/DAY/YR	DATE READ MO/DAY/YR	PHYSICIAN/NURSE SIGNATURE	RESULTS
			mm
			mm
			mm

**LEAD SCREENING**

LEVEL	DATE	LEVEL	DATE	LEVEL	DATE

IMMP-1 (2-07)

VACCINE	DATE GIVEN MO/DAY/YR	PHYSICIAN/CLINIC
DTaP, DTP, or DT	1	
Diphtheria,	2	
Tetanus, Pertussis	3	
(Whooping	4	
Cough)	5	
specify if DT		
POLIO	1	
Specify	2	
IPV or OPV	3	
	4	
HAEMOPHILUS	1	
INFLUENZAE	2	
type b (Hib)	3	
	4	
HBIG		
HEPATITIS B	1	adult / ped
circle type	2	adult / ped
	3	adult / ped
	4	adult / ped
PNEUMOCOCCAL	1	
CONJUGATE	2	
	3	
	4	
MMR	1	
	2	
VARICELLA	1	
(Chickenpox)	2	
HEPATITIS A		
Tdap/Td		
Tetanus, Pertussis,		
Diphtheria		
Adult		
(every 10 yrs)		
MenIngoccal		
Rotavirus	1	
	2	
	3	
HPV	1	
Human	2	
Papillomavirus	3	
OTHER		