BRIGHT CHERUBS
PRESCHOOL

# New student Enrollment Packet

# 2026-2027

# Bright Cherubs Enrollment Form

**Child's name**_____

**Date of birth**_____**Age on July 31, 2026**_____

**Parents Name**_____

**Parents Address**_____

**Parent/Guardian Name and phone number:** _____

**Parent/Guardian Name and phone number:**_____

**Nanny/grandparent phone numbers that regularly pick up:**_____

_____

**Food Allergies:**_____

**CIRCLE ONE: Bright Cherubs has permission to share my contact info with families in my child's classroom for birthday parties.** YES NO

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**Tuition is due on the first preschool day of the month.** Tuition will be considered late if not paid by the 10th of the month. A late fee of $20.00 will be charged if paid past the 10th of the month. Tuition payments may be made via check, cash or the Givelify link that can be found at raymorecc.org.

- We follow the Ray-Pec school district calendar for days off and inclement weather. We will be in session from **August 24** until mid May. You will be given a calendar of events/days off in August at Meet the Teacher night. Parents are responsible for providing lunch each day.
- **Annual enrollment fee of $120.00 must be attached to secure your child's spot.** Enrollment fees cover staff salaries, in house field trips and overhead/ misc. costs. Enrollment fee is due at time of registration. **Enrollment fee is non-refundable and no tuition refunds will be given.**
- **Family discount:** We offer a 10% discount for the 2nd child and 20% for the 3rd child.

**Sept.-May tuition is split into 9 equal payments. Please choose one of the following:**

_____**Option 1 (Traditional Day): M/W/F, 9:00-1:30, $290/month (ages 2 and up)**

_____**Option 2 (Ext. Day): M/W: 9:00-2:30, F: 9:00-1:30, $330/month**

**(Must be 3.5 to be enrolled in ext. day.)**

## Preschool Tuition/Fee Agreement

- Enrollment fees are due at time of enrollment. **Enrollment fees will not be refunded and must be included to guarantee enrollment.**
- Tuition is due between the 1st and 10th of the month. A $20.00 late fee will be charged if not received by the 10th of the month. **There is no tuition reduction for shorter months or increase on longer months as tuition is based on the number of days in the school year and divided evenly between 9 months (with the exception of 1 week in August.)**
- If a child is withdrawing from the program, notice needs to be given to the Director by the 10th of the month. If withdrawal notice is given past the 10th day of the month, a full month tuition is owed.
- **A late pick up fee of $20.00 will be charged if your child is not picked up by 1:35.** Each additional minute is $2.00. Please notify the Director or teacher if you're going to be late picking up your child. Late fees will be applied at the Director's discretion.
- Refunds will not be given for snow days, teacher in service days, holidays, vacation or illness.
- Schedule updates and important information is given out via Facebook. If you choose not to have a Facebook account, it is your responsibility to make sure you stay updated on all information from a friend or family member.
- **Potty training:** Children that are 3 should be actively potty training. **We require that all preschoolers be fully 100% potty trained by age 3.5.**
- **CIRCLE ONE: 100% Potty trained  Working on it  Not working on it**

Enrollment fee:

_____ **$120.00 is due with this enrollment form** to secure my child's spot for enrollment in August 2026.

Enrollment fee paid by (please circle one):  Givelify  Check  Cash

**I have read and agree to comply with the Tuition/Fee Agreement.**

**Parent Signature**_____**Date:**_____

# Child's developmental history and information

**Is this your child's first experience in a Preschool setting?** Y N

**If no, what preschool did they previously attend?**_____

**How did you hear about our program?**_____

**Does your child know any other kids in our program?** Y N
**If so, whom?**_____

**Who does your child live with?**_____

**Siblings with ages**_____

**Have there been any recent changes at home that might affect your child's behavior? (a recent move, new sibling, divorce, death, etc.)**

_____

_____

**Does your child have any special needs or delays?**_____

_____

**Is your child currently working with a behavioral therapist, speech therapist, OT, PT, etc?** Y N

**If yes, please elaborate:**_____

_____

**Does your child have any health concerns? If so, what?**_____

_____

**What time does your child go to bed at night?** _____

**What time does your child wake up in the morning?**_____

**Does your child have experiences playing with other children?** Y N

**Is your child by nature:** Shy Friendly Aggressive Withdrawn

**Do you feel that he/she will adapt easily to our program?** Y N
**If no, please explain.**_____

_____

**How does he/she relate to strangers?**_____

_____

**What makes him/her mad or upset?**_____

_____

**How does he/she show his/her feelings?**_____

_____

**Is he/she frightened by anything specific? If so, please elaborate.**

_____

_____

**Please add any other additional comments which you feel will help us know your child better. Thank you!**

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

# CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

## IDENTIFYING INFORMATION

| CHILD'S NAME | BIRTHDATE |
|---|---|
| | |

## 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 |
|---|---|
| | |

| 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 |

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

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MO 500-3033 (8-21)

**MUST BE SIGNED BY DOCTOR AND RECEIVED WITHIN 10 DAYS OF ENROLLMENT**

**PLEASE ATTACH A COPY OF IMMUNIZATIONS**

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

# CHILD CARE ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES

| FACILITY/PROVIDER NAME | ADMISSION DATE | DISCHARGE DATE |
|---|---|---|
| CHILD'S NAME | GENDER | BIRTHDATE |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | |

**IDENTIFYING INFORMATION**

| MOTHER'S/GUARDIAN'S NAME | HOME TELEPHONE NUMBER |
|---|---|
| ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE ☐ | CELL PHONE NUMBER |
| E-MAIL ADDRESS | |
| EMPLOYER OR SCHOOL ATTEND | WORK/SCHOOL SCHEDULE |
| EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE) | WORK TELEPHONE NUMBER |

| FATHER'S/GUARDIAN'S NAME | HOME TELEPHONE NUMBER |
|---|---|
| ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE ☐ | CELL PHONE NUMBER |
| E-MAIL ADDRESS | |
| EMPLOYER OR SCHOOL ATTEND | WORK/SCHOOL SCHEDULE |
| EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE) | WORK TELEPHONE NUMBER |

**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY**
(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.

| NAME | RELATIONSHIP TO CHILD | TELEPHONE NUMBERS (CELL, WORK, HOME) |
|---|---|---|
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | |

| NAME | RELATIONSHIP TO CHILD | TELEPHONE NUMBERS (CELL, WORK, HOME) |
|---|---|---|
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | |

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

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

DAY CARE PROVIDER

TO CONTACT THE FOLLOWING:

**PHYSICIAN OR CLINIC**

| NAME | TELEPHONE NUMBER |
|---|---|

**PREFERRED HOSPITAL**

| NAME | TELEPHONE NUMBER |
|---|---|

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**MUST BE RECEIVED WITH ENROLLMENT APPLICATION**

| ACKNOWLEDGEMENTS | | |
|---|---|---|
| A | I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW. | PARENT/GUARDIAN INITIALS |
| B | WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE. | PARENT/GUARDIAN INITIALS |
| C | I ☐ DO<br>☐ DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS.<br>I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED. | PARENT/GUARDIAN INITIALS |
| D | I ☐ DO<br>☐ DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD. | PARENT/GUARDIAN INITIALS |
| E | 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. | PARENT/GUARDIAN INITIALS |

**HEALTH REPORT FOR SCHOOL-AGE CHILD**
**CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS**

☐ 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.

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS

ANY SPECIAL MEDICATIONS AND/ OR RESTRICTIONS

| PARENT/GUARDIAN SIGNATURE | DATE |
|---|---|

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

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



**MUST BE RECEIVED WITH ENROLLMENT APPLICATION**