



# Trinity Lutheran Church Parents' Day Out Registration Form

School Year  
20\_\_\_\_-20\_\_\_\_

Child's  
Information:

Name: \_\_\_\_\_ Family ID: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home/  
Mailing  
Address:

Address line 1: \_\_\_\_\_

Address line 2: (optional) \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



Mother/  
Guardian:

Name: \_\_\_\_\_

Address is the same as child

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Y  N

Email: \_\_\_\_\_

Address line 1: \_\_\_\_\_

Address line 2: (optional) \_\_\_\_\_ Church affiliation: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



Father/  
Guardian:

Name: \_\_\_\_\_

Address is the same as child

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Y  N

Email: \_\_\_\_\_

Address line 1: \_\_\_\_\_

Address line 2: (optional) \_\_\_\_\_ Church affiliation: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contacts (list 2)	Name:	Name:
	Phone:	Phone:
	Address:	Address:
	Relationship:	Relationship:

Anticipated Weekly Schedule: Days Child will attend: (check all that apply)

Child Start Date: \_\_\_\_\_

MON	TUES	WED	THURS	FRI

**Immunization Forms:** Record of your child's vaccination history and a medical examination report is required before admittance into the TLC/PDO program. We request that all records be turned into TLC/PDO staff no later than 24 hours before your child's first day of school.

For convenience, the forms may be faxed directly to TLC/PDO at **314-822-9290**.

To be completed by TLC/PDO Staff only:	Forms Received: <input type="checkbox"/>	Date _____
	Signature _____	

Acknowledgements:

Parent/Guardian Initials:

\_\_\_\_\_ I give permission for pictures of my child to be used on the Trinity Lutheran Church's Parent's Day Out website, private Facebook group, and any other publications or flyers Trinity Lutheran Church or Parent's Day out may publish. I understand that no first or last names will be published - only pictures of the fun, learning and activities.

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

\_\_\_\_\_ When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.

\_\_\_\_\_ I have been notified that I may request notice at initial enrollment or anytime there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

Registration Fee: ***There is a \$65 registration fee per child. Please make checks payable to "Trinity Lutheran PDO".***

Parent Signature

\_\_\_\_\_

Print

\_\_\_\_\_

Sign

\_\_\_\_\_

Date

Parent Signature

\_\_\_\_\_

Print

\_\_\_\_\_

Sign

\_\_\_\_\_

Date

PDO Acceptance

\_\_\_\_\_

Print

\_\_\_\_\_

Sign

\_\_\_\_\_

Date



# Trinity Lutheran Church Parents' Day Out Emergency Information Form

School Year  
20\_\_\_\_-20\_\_\_\_

## Medical Information

(Please complete.  
For use with healthcare  
providers.)

Child's Name: _____		Birth Date: _____
Nick Name: _____		Faith Affiliation: _____
Address line 1: _____		Home Phone: _____
Address line 2: (optional) _____		
City _____	State: _____	Zip Code: _____

## Parents' Information

Primary Contact

Parent/Guardian's Relationship to Child:	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other (please indicate): <input type="checkbox"/>
Name: _____	Employer: _____		
Phone: _____	Cell Ph: _____	Work Ph: _____	
Address (if different from Child's): _____			
City _____	State: _____	Zip Code: _____	

Secondary Contact

Parent/Guardian's Relationship to Child:	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other (please indicate): <input type="checkbox"/>
Name: _____	Employer: _____		
Cell Ph: _____	Email: _____		
Address (if different from Child's): _____			
City _____	State: _____	Zip Code: _____	

## Emergency Contacts (please list 2)

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

Check one:	
<input type="checkbox"/>	My child is in good health, is able to participate in group care, has no special medical requirements.
<input type="checkbox"/>	My child is able to participate in group care but has special health/medical requirements as listed below:

**Child's Allergies & Medical Conditions**

Medication Allergies & Severity: \_\_\_\_\_

Food/Environmental Allergies & Severity: \_\_\_\_\_

Other Medical Info TLD/PDO and/or Emergency Medical persons should know: \_\_\_\_\_

Y  N  Will child need EpiPen or something similar kept in the classroom in case of severe allergic reactions?

**Emergency Agreement & Authorization**

***Please read each statement & initial to indicate acceptance.***

Initials

I understand that, in an emergency, I will be contacted immediately. \_\_\_\_\_

I agree that I will take appropriate action for my child. \_\_\_\_\_

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring immediate care, I authorize Trinity Lutheran Church Parents' Day Out Program Staff to call 911 and administer First Aid. \_\_\_\_\_

I agree that I will accept financial responsibility for any costs associated with Emergency Actions taken to protect my child, whether or not I was reached for authorization. \_\_\_\_\_

I hereby authorize the Trinity Lutheran Church Parents' Day Out Program staff to release a copy of this Emergency Information Form to healthcare providers treating my child in an emergency. \_\_\_\_\_

I hereby authorize the Trinity Lutheran Church Parents' Day Out Program staff to contact the doctor/hospital listed below. \_\_\_\_\_

Doctor:	Hospital:
Phone:	Phone :

**Parent Signature**

Print \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

**Parent Signature**

Print \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

**PDO Acceptance**

Print \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_



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
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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.)

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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

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 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](mailto:civilrights@dese.mo.gov).



## RELIGIOUS ORGANIZATION CHILD CARE FACILITY NOTICE OF PARENTAL RESPONSIBILITY

LEGAL NAME OF FACILITY Trinity Lutheran Church Parents' Day Out	DVN 002981608
PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) 820 Lockett Rd Kirkwood, MO 63122	
FACILITY TELEPHONE NUMBER 314-822-0096	FACILITY E-MAIL ADDRESS TrinityLutheranPDO@gmail.com

### 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	205 Jefferson St Jefferson City, MO 65101	573-522-8762	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	5/24/23
Fire Marshal's Office (Fire Safety Inspection)	205 Jefferson St, Jefferson City, MO 65102	573 751-2930	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	12/15/22
Local Health Office or DHSS (Sanitation Inspection)	P.O. Box 570 Jefferson City, MO 65102	573-751-6400	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	12/9/22

STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY			STAFF/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	4-5	Under 2 years of age	1 staff member for every	4
2 to 4 years of age	1 staff member for every	8-10	2 years of age	1 staff member for every	8
5 years of age and older	1 staff member for every	10	3 and 4 years of age	1 staff member for every	10
TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY: 55			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:

Teachers and staff at TLC/PDO believe in and follow a preventative, supportive, and corrective philosophy of discipline. Children are never intentionally embarrassed or shamed, and our staff strive to be proactive as opposed to reactive in disciplinary situations. Methods of corporate punishment are strictly prohibited and would result in immediate dismissal of an employee and notification to appropriate authorities.

THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

TLC/PDO follows a play based learning philosophy. Children are challenged to think creatively through purposeful play/exploration and structured age appropriate learning activities. TLC/PDO believes that learning through play is important to the social, emotional, and physical development of all children.

### 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 <i>E. Duenwald</i>	DATE 2/18/24
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC. <i>Rev. Carrie M. Ziegler</i>	DATE 2/12/24

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](mailto:civilrights@dese.mo.gov)