

## ***Harper Chapel UMC • Shining Stars***

5567 Osage Beach Pkwy • Osage Beach, MO 65065

573-348-2617 • [preschool@harperchapel.org](mailto:preschool@harperchapel.org) • [office@harperchapel.org](mailto:office@harperchapel.org)

We are now taking registrations for our Shining Stars Pre-School, After-School, Summer Camp, and Student Center Programs. The details for each program is shown below. In order to be completely registered, you will need to make sure you have the following paperwork filled out:

1. Shining Stars Registration Form (one per child)
2. Missouri State Child Care Enrollment Form
3. Missouri State Child Medical Examination Report (for preschool only - completed by your Physician)
4. Copy of Immunization Record
5. Missouri State Notice of Parental Responsibility Form
6. Social Media and Publication Permission Form
7. Non-Refundable Registration Fee

### ***Shining Stars Pre-School***

There are three class options and tuition for each can be found on the Shining Stars Registration Form.

The Monday-Wednesday-Friday classes are for children who will be age 4 by August 1st and will go into Kindergarten the following year. We are offering just a morning class or an extended day/Kindergarten prep class. The extended day offers further Kindergarten preparation by allowing kids to experience bringing their lunch, longer school day, more instructional time and further activities to reinforce readiness for Kindergarten.

The Tuesday-Thursday class is for children who will be 3 by August 1st and have 2 years before Kindergarten.

We use the *Emerging Language and Literacy Curriculum (ELLC)* which prepares preschoolers for kindergarten by providing a strong foundation in oral language and literacy. Through theme-based units, engaging multi-sensory activities, direct instruction, and play-based learning, we nurture physical, emotional, social, intellectual, and spiritual growth and development for every child. There is also a music component with Kathleen Marco from Marco Music Studios.

### ***Shining Stars After-School***

This program runs in sequence with the school year (Camdenton R-III) and operates from the time school lets out to 5:30 pm Monday through Friday. Tuition for After-School can be found on the Shining Stars Registration Form.

Our after school program offers children a place to go after school if their parents are working. It is a time for them to complete their homework and work on any skills needed. In addition, each Wednesday we have a special God-time with activities centered around Scripture and how God is a part of their lives.

### ***Shining Stars Summer Pre-School***

This program runs from June 1st through August 13th. There are three class options, and tuition for each can be found on the Shining Stars Registration Form. All classes are in session from 8:30 am - 11:30 am.

The Monday class is for children who will be age 3 by August 1st. These children could later join our Tuesday-Thursday class for the school year.

The Tuesday-Thursday class is for children who will be age 4 by August 1st. These children could later join our Monday-Wednesday-Friday Kindergarten Readiness class for the school year.

The Wednesday-Friday class is for children who will be age 5 by August 1st and who will be entering Kindergarten in the fall. This class will reinforce readiness for Kindergarten.

All classes will include age appropriate academic activities, play-based learning, outdoor gardening, a music component with Kathleen Marco from Marco Music Studios, and an occasional field trip.

***We look forward to having your child/children as part of our Shining Stars Program(s).***

***If you have any questions regarding any of the programs, what they offer, or how much they cost, feel free to contact the church by calling 573-348-2617 or by email: [preschool@harperchapel.org](mailto:preschool@harperchapel.org).***



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# Shining Stars Registration Form

*Please fill out one form per child. Shining Stars is a Ministry of Harper Chapel United Methodist Church.*

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

*I want to register my child for the following Shining Stars Program(s): (circle each that applies)*

Pre-School

After-School

Summer Pre-School

*Please see back side of this form for each program and fill out information as needed. Thank you!*

## AUTHORIZED PICK UP AND EMERGENCY CONTACT INFORMATION

Please list the names of those authorized to pick up your child or make emergency decisions in the event you cannot be reached. Our staff is instructed to never release your child to anyone not listed on this form. They may ask to see ID.

1.) Name/Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

2.) Name/Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

3.) Name/Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

## **HEALTH HISTORY** (Please Complete)

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Student has or is subject to (check if yes): \_\_\_\_\_ Asthma \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Convulsions  
\_\_\_\_\_ Heart Trouble \_\_\_\_\_ Diabetes \_\_\_\_\_ Bleeding Disorders  
\_\_\_\_\_ Allergies \_\_\_\_\_ Special Diet \_\_\_\_\_ Medications

Explain any and all Checks above \_\_\_\_\_

Any condition now requiring regular medication? \_\_\_\_\_ Name of Medication \_\_\_\_\_

Any restriction of activity for medical reasons? \_\_\_\_\_

Explain \_\_\_\_\_

Does your child have the necessary immunization shots required for his/her age (circle) ? Y N

A copy of those immunization records needs to be on file in the pre-school office for registration to be complete.

## Shining Stars Pre-School

Coordinates Closings with Camdenton R-III School District

Monday • Wednesday • Friday  
8:30 am - 11:30 am

Child attending the M /W /F classes must be age 4 by Aug. 1st and will go into Kindergarten the following year.

Monday • Wednesday • Friday  
8:30 am - 2:30 pm

Kindergarten Prep Class

Tuesday • Thursday  
8:30 am - 11:30 am

Child attending the T /Th class must be age 3 by August 1st and have 2 years before Kindergarten.

Please circle the preschool program your child will be enrolled in:

M/W/F Morning Class  
\$135/month

M/W/F Extended Prep Class  
\$235/month

Tues./Thurs. Class  
\$100/month

Parent Signature \_\_\_\_\_

Registration Fee (\$100) Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date Paid \_\_\_\_\_

Registration Fee is a one time and non-refundable expense.

## Shining Stars After-School

Hours are after school to 5:30 pm  
Coordinates Closings with Camdenton R-III School District

**The tuition for After-School is \$6 per day for Monday thru Thursday, and \$7 for Fridays.** Please select what days your child will be attending. You are responsible for paying for those days whether or not your child attends. This helps us have sufficient staffing to best accommodate the children. We understand schedules change and are happy to work with you if the need arises. You will not be charged for a day when Shining Stars is closed due to bad weather or certain holidays.

Select the days your child will attend (circle): Monday Tuesday Wednesday Thursday Friday

Parent Signature \_\_\_\_\_

Registration Fee (\$10) Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date Paid \_\_\_\_\_

Registration Fee is a one time and non-refundable expense.

## Shining Stars Summer Pre-School

June 1st - August 13th

Monday  
8:30 am - 11:30 am

For children who will be 3 years of age by August 1, 2021

Tuesday • Thursday  
8:30 am - 11:30 am

For children who will be 4 years of age by August 1, 2021

Wednesday • Friday  
8:30 am - 11:30 am

For children who will be 5 years of age by August 1, 2021 and who will be attending Kindergarten in the 2021-2022 school year.

Please circle the summer preschool program your child will be enrolled in:

Monday Class  
\$125/summer

Tuesday/Thursday Class  
\$250/summer

Wednesday/Friday Class  
\$250/summer

Parent Signature \_\_\_\_\_

Registration Fee (\$10) Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date Paid \_\_\_\_\_

Registration Fee is a one time and non-refundable expense. Fees can be paid in monthly installments.

**Thank you for choosing Shining Stars at Harper Chapel UMC for your child's pre-K education.**



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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION

**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)			
<b>IDENTIFYING INFORMATION</b>			
MOTHER'S/GUARDIAN'S NAME		HOME TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>		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 <input type="checkbox"/>		CELL PHONE NUMBER	
E-MAIL ADDRESS			
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE NUMBER	
<b>EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.</b>			
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)			
<b>AUTHORIZATION FOR EMERGENCY MEDICAL CARE</b>			
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:			
<b>PHYSICIAN OR CLINIC</b>			
NAME		TELEPHONE NUMBER	
<b>PREFERRED HOSPITAL</b>			
NAME		TELEPHONE NUMBER	

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 <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
D	I <input type="checkbox"/> DO <input type="checkbox"/> 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		
<input type="checkbox"/> MY CHILD IS IN GOOD HEALTH, IS ABLE TO PARTICIPATE IN GROUP CARE, HAS NO SPECIAL HEALTH OR MEDICAL REQUIREMENTS.		
<input type="checkbox"/> 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.		



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION  
**RELIGIOUS ORGANIZATION CHILD CARE FACILITY**  
**NOTICE OF PARENTAL RESPONSIBILITY**

LEGAL NAME OF FACILITY <b>Shining Stars Pre-School and After-School</b>		DVN <b>002188636</b>			
PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) <b>5567 Osage Beach Pkwy • Osage Beach, MO 65065</b>					
FACILITY TELEPHONE NUMBER <b>573-348-2617</b>		FACILITY E-MAIL ADDRESS <b>preschool@harperchapel.org</b>			
<b>INSPECTIONS</b>					
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. Inspections are available on the Show Me Child Care Provider Search and can be accessed at <a href="https://health.mo.gov/safety/childcare/find">https://health.mo.gov/safety/childcare/find</a> .					
<b>NAME OF AGENCY AND TYPE OF INSPECTION</b>	<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>	<b>INSPECTION</b>	<b>DATE</b>	
Section for Child Care Regulation (Health and Safety Inspection)	PO Box 570	573-751-6400	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	12-6-19	
Fire Marshal's Office (Fire Safety Inspection)	PO Box 844	573-216-4265	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	10-8-19	
Local Health Office or DHSS (Sanitation Inspection)	PO Box 816	573-751-2891	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	10-24-19	
<b>STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY</b>		<b>STAFF/CHILD RATIOS FOR LICENSED CENTERS</b>			
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	16	3 and 4 years of age	1 staff member for every	10
<b>TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY:</b> 20/preschool			5 years of age and older	1 staff member for every	16
<b>BACKGROUND CHECK REQUIREMENTS</b>					
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:					
<ul style="list-style-type: none"><li>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.</li><li>Facilities operated by a religious organization and that <u>do not</u> receive federal funds for providing care for children <u>are not</u> required to have qualifying background screening results for all child care staff members pursuant to 210.1080.9 RSMo.</li><li>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.</li><li>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.</li></ul>					
BACKGROUND CHECKS HAVE BEEN CONDUCTED AS REQUIRED BY SECTION 210.1080 RSMO. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES</b>					
THE DISCIPLINARY PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:					
<p>If a child demonstrates unacceptable behavior, we talk with them about our expectations and model/redirect their activity as needed. If the behavior continues, the child is separated to a private area for a time out. A parent conference may also occur.</p>					
THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:					
<p>We believe the Christian family provides a foundation for children to develop social and cognitive skills. Our goal is to complement this process by nurturing growth and development cognitively, mentally, socially, physically, and spiritually, through play and engaging educational activities.</p>					
<b>REQUIRED SIGNATURES</b>					
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>Kristi K. McGraw</i>				DATE <b>8-3-2020</b>	
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC. <i>[Signature]</i>				DATE <b>8-3-2020</b>	

# Social Media and Publication Permission Form

During the course of the year, we will be taking photographs of your child during the day. Harper Chapel UMC and Shining Stars Preschool have Facebook pages and a website. To grant permission for your child's photograph to be used in those publications, or other various print publications, please sign below.

\_\_\_\_\_ YES, I give permission for my child's photograph to be used on the Harper Chapel UMC or Shining Stars Facebook pages and website, and other various publications.

\_\_\_\_\_ NO, I do not give permission for my child's photograph to be used on the Harper Chapel UMC or Shining Stars Facebook pages and website, and other various publications.

Print Name of Child: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Relationship to Youth/Child: \_\_\_\_\_

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



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