

Harper Chapel UMC • Shining Stars

5567 Osage Beach Pkwy • Osage Beach, MO 65065

573-348-2617 • preschool@harperchapel.org • office@harperchapel.org

We are now taking registrations for our Shining Stars Pre-School, After-School, and Summer Pre-School 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, which are explained below. We will also be offering a 7:30 am early drop off option for an additional fee. See the Registration form for more details and pricing for each class.

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.***



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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 • \$135/month

☐ 7:30 am - 11:30 am • \$170/month

Monday • Wednesday • Friday (K-Prep Class)

☐ 8:30 am - 2:30 pm • \$235/month

☐ 7:30 am - 11:30 am • \$270/month

Tuesday • Thursday

☐ 8:30 am - 11:30 am • \$100/month

☐ 7:30 am - 11:30 am • \$125/month

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

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

NOTE ON 7:30 AM CLASSES: 7:30 am - 8:30 am will be supervised play time only. We will NOT serve breakfast, but your child may bring something to eat here. 5 children minimum.

✗ **Please mark the box above that is next to the program your child will be enrolled in.**

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 Pre-School 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) | | | |
| IDENTIFYING INFORMATION | | | |
| 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 | |
| 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 | |

| 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 Shining Stars Pre-School and After-School | | DVN 002188636 |
| PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) 5567 Osage Beach Pkwy • Osage Beach, MO 65065 | | |
| FACILITY TELEPHONE NUMBER 573-348-2617 | | FACILITY E-MAIL ADDRESS preschool@harperchapel.org |
| INSPECTIONS | | |
| 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 https://health.mo.gov/safety/childcare/find . | | |
| NAME OF AGENCY AND TYPE OF INSPECTION | ADDRESS | TELEPHONE NUMBER |
| Section for Child Care Regulation (Health and Safety Inspection) | PO Box 570 Jefferson City, MO 65102 | 573-751-6400 |
| Fire Marshal's Office (Fire Safety Inspection) | PO Box 844 Jefferson City, MO 65102 | 573-522-6207 |
| Local Health Office or DHSS (Sanitation Inspection) | PO Box 816 Camdenton, MO 65020 | 573-751-2891 |
| INSPECTION | | |
| PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/> | | |
| DATE | | |
| 1-12-21 | | |
| 10-21-20 | | |
| 11-16-20 | | |
| STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY | | |
| AGE RANGE | NUMBER OF STAFF | NUMBER OF CHILDREN |
| Under 2 years of age | 1 staff member for every | N/A |
| 2 to 4 years of age | 1 staff member for every | 10 |
| 5 years of age and older | 1 staff member for every | 16 |
| TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY: 20/preschool 48/after school | | |
| STAFF/CHILD RATIOS FOR LICENSED CENTERS | | |
| AGE RANGE | NUMBER OF STAFF | NUMBER OF CHILDREN |
| Under 2 years of age | 1 staff member for every | 4 |
| 2 years of age | 1 staff member for every | 8 |
| 3 and 4 years of age | 1 staff member for every | 10 |
| 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: | | |
| <ul style="list-style-type: none">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 <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.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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES | | |
| THE DISCIPLINARY PHILOSOPHY AND POLICIES OF THIS FACILITY ARE: | | |
| 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. | | |
| THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE: | | |
| 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. | | |
| 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>Kristi K. McGraw</i> | DATE 5-12-2021 |
| INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC. | <i>[Signature]</i> | DATE 5-12-2021 |

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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