Enrollment Packet 2025-2026

Bethlehem Lutheran Childcare

2153 Salisbury St. Saint Louis, MO. 63107 | (314) 231-4702

BLC Core Values:

Faith Formation, Community Outreach, Compassionate Care, Youth and Children's Ministry Support, & Leadership Development

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Child's Name: _____

Child's Date of Birth: _____

Age/Class Applying For:

- ☐ Pre-K 2
- ☐ Pre-K 3
- ☐ Pre-K 4
- ☐ Kindergarten

To complete enrollment please complete & return this packet along with copies of the following documents:

- ☐ BLC Enrollment Packet
- ☐ Up-to-date Immunization Record
- ☐ Physical with the last year
- ☐ Child's Birth Certificate
- ☐ Payment Plans or proof of state subsidy (at least applied)
- ☐ Copy of Legal Guardianship (if applicable)
- ☐ IEP (if applicable)

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

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE

CHILD CARE ENROLLMENT FORM

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

IDENTIFYING INFORMATION

PARENT/GUARDIAN NAME	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS ☐	
EMAIL ADDRESS	
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER

PARENT/GUARDIAN NAME	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS ☐	
EMAIL ADDRESS	
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER

If you or a member of your immediate family ever served in the U.S. Armed Forces, click here for more information about military-related services in Missouri or visit www.dese.mo.gov/veterans-services.

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 NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

COMMENTS ON CHILD'S DEVELOPMENT (PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)

CACFP REQUIREMENT

RELATED CHILD

☐ Yes ☐ No	CHILD'S RELATION TO CHILD CARE PROVIDER

ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)

Are you of Hispanic or Latino origin? ☐ Yes ☐ No

What is your race? (Select one or more.)	☐ American Indian or Alaskan native	☐ Asian	☐ Black or African American	☐ Native Hawaiian or other Pacific Islander	☐ White

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

Will child attend: ☐ Full time ☐ Part time Check what days your child will attend.		When does your child usually arrive each day?	When does your child usually leave each day?	Describe any changes or variations in usual attendance, including shift changes.
Monday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Tuesday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Wednesday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Thursday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Friday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Saturday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Sunday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	

MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

☑ Breakfast ☑ Morning snack ☑ Lunch ☑ Afternoon snack ☐ Supper ☐ Evening snack ☐ None

HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY

▣ New Year's Day	▣ Easter	▣ Labor Day
▣ Martin Luther King, Jr.'s Birthday	☐ Truman Day	☐ Columbus Day
☐ Lincoln's Birthday	▣ Memorial Day	☐ Veterans Day
▣ Washington's Birthday	▣ Juneteenth	▣ Thanksgiving Day
	▣ Independence Day	▣ Christmas Day

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in the event 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 the necessary arrangements, or in a critical emergency requiring medical care, I authorize

Bethlehem Lutheran Childcare

(CHILDCARE FACILITY NAME)

to contact the following:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER

PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER

ACKNOWLEDGMENTS

A	I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.	PARENT/GUARDIAN INITIALS
B	I have been informed that a copy of the licensing rules for child care home or the licensing rules for group child care homes and centers is available at this facility for review.	PARENT/GUARDIAN INITIALS
C	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.	PARENT/GUARDIAN INITIALS
D	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
E	I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.	PARENT/GUARDIAN INITIALS
F	I ☐ do ☐ do not give permission for field trips/excursions. I understand that I will be notified in advance when they are planned.	PARENT/GUARDIAN INITIALS
G	I ☐ do ☐ do not give permission for the facility to transport my child.	PARENT/GUARDIAN INITIALS
H	I have been informed and have received a copy of the facility's safe sleep policy when enrolling a child less than one (1) year of age.	PARENT/GUARDIAN INITIALS
I	I have been notified that I may request notice at initial enrollment or at any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	PARENT/GUARDIAN INITIALS

PARENT/GUARDIAN SIGNATURE	DATE

CACFP REQUIREMENT

FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number **for all of the children listed in Part 1.**

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER
		/ /		
		/ /		
		/ /		
		/ /		

PART 2: HOUSEHOLD AND INCOME INFORMATION

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE) ☐ YEARLY ☐ MONTHLY ☐ 2 X A MONTH ☐ EVERY 2 WEEKS ☐ WEEKLY

HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER

PART 3: RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? ☐ YES ☐ NO

What is your race? (Select one or more)

AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
☐	☐	☐	☐	☐

PART 4: SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY)	DATE
	XXX-XX-	/ /
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER
		( ) -

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE): YEAR ☐	MONTH ☐	2 X A MONTH ☐	EVERY 2 WEEKS ☐	WEEKLY ☐	SNAP (Food Stamp) ☐	TEMPORARY ASSISTANCE ☐

Eligibility Determination: ☐ Free ☐ Reduced ☐ Paid

SIGNATURE OF CENTER REPRESENTATIVE	DATE

MO 580-1314 (2-11) CACFP-205

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

RELIGIOUS ORGANIZATION CHILD CARE FACILITY NOTICE OF PARENTAL RESPONSIBILITY

LEGAL NAME OF FACILITY	DVN
Bethlehem Lutheran Church	000207181

PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE)
2153 Salisbury Street, St Louis, MO, 63107

FACILITY TELEPHONE NUMBER	FACILITY E-MAIL ADDRESS
[314] 231-4702	bethlehem.childcare@bethlehemstlouis.org

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	PO BOX 480,	314-877-0223	PENDING ☐ APPROVED ☒ NOT APPROVED ☐	11/19/2
Fire Marshal's Office (Fire Safety Inspection)	PO BOX 844,		PENDING ☐ APPROVED ☒ NOT APPROVED ☐	12/17/2
Local Health Office or DHSS (Sanitation Inspection)			PENDING ☐ APPROVED ☒ NOT APPROVED ☐	06/25/24

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	0	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	10	3 and 4 years of age	1 staff member for every	10
TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY: 84			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:

Bethlehem Lutheran Childcare uses trauma informed discipline practices. Our philosophy is rooted in compassionate care.

THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

At Bethlehem Lutheran Childcare, we are committed to providing a nurturing, Christ-centered environment where children can grow spiritually, emotionally, intellectually, and socially. Our philosophy is rooted in the belief that every child is a unique creation of God, loved and valued, and deserving of a high-quality early education that fosters their development and lays the foundation for a lifetime of

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	DATE 7JAN2025
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC.	DATE 7JAN2025

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

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

SAVE PRINT RESET

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

Medical / Physician Release / Medication Authorization / Insurance Information

_____ has my permission to attend all Childcare
(NAME OF CHILD) activities and field trips sponsored by Bethlehem Lutheran Church – Childcare..

This consent form also gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of the named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given my/our consent for him/her to attend events being organized by the Church/Childcare. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the camp ministry staff member.

Primary Physician: _____ Phone #_____

Preferred Hospital: _____ Phone #_____

Name of Person carrying insurance coverage _____

Medical Insurance Company Name and Policy Number _____

Parent/guardian signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

In the event your child may need certain over-the-counter medications, Bethlehem Lutheran Childcare staff can administer appropriate medications to help your child feel better during the day. The dosages given will be those listed on the sides of the container of medications. Below is a list of authorized over-the-counter medications which may be given to your child. In every case, this will be documented and parents will be alerted when any medication is given. Please CIRCLE all medication your child may be given, and CROSS OUT all medications you do not give your permission for BLC staff to administer.

Non Scented Lotion Sunscreen Hydrocortisone Anti-Itch Cream

Ibuprofen: Dosage _____ Zarbee's Cough Syrup: Dosage _____

Tylenol (Acetaminophen): Dosage _____ Benadryl: Dosage _____

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

MEDICATION AUTHORIZATION

SAVE
PRINT
RESET

MEDICATION REQUIREMENT

PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. A SEPARATE FORM IS NEEDED FOR EACH MEDICATION. THIS FORM IS VALID ONLY FOR THE DATES INDICATED BELOW.

I AUTHORIZE CHILD CARE PERSONNEL TO ADMINISTER THE FOLLOWING MEDICATION TO MY CHILD:

(PROPER NAME OF MEDICATION)

CHILD'S FULL NAME	DATE MEDICATION TAKEN FROM	UNTIL

DOSAGE	TIME(S) OF DAY

POSSIBLE SIDE EFFECTS

SIGNATURE OF PARENT(S) OR GUARDIAN	DATE

RECORD OF ADMINISTRATION

STAFF NAME	DATE	MEDICATION NAME	DOSAGE	TIME

FORM TO BE RETAINED IN CHILD'S RECORD

Bethlehem Lutheran Childcare

Media Release Form

Full Name of Child: _____

Date of Birth: _____

Parent/Guardian Full Name: _____

Address:

_____

Phone Number: _____

Email:

_____

Media Release Agreement

I, the undersigned, hereby grant permission to Bethlehem Lutheran Childcare, located at 2153 Salisbury Street, St. Louis, MO 63107, to take and use photographs, video recordings, and/or audio recordings of my child for the purposes specified below:

Types of Media Covered:

- Photographs
- Video Recordings
- Audio Recordings

Purpose and Use:

- Bethlehem Lutheran Childcare website
- Social media platforms
- Promotional materials (brochures, flyers, etc.)
- Educational and training materials

Consent Details

I understand that:

1. These images and recordings may be used in public relations and marketing efforts to promote Bethlehem Lutheran Childcare.

2. My child's name may be used in connection with these images and recordings.
3. I can withdraw my consent at any time by submitting a written request to Bethlehem Lutheran Childcare at the address provided above. This withdrawal will not apply to materials already published or in production.

Additional Clauses

1. Duration of Consent: This consent is granted for an indefinite period unless revoked in writing.
2. Specific Events or Activities Covered: This release applies to all activities and events sponsored by Bethlehem Lutheran Childcare.

Release and Waiver

I hereby release and discharge Bethlehem Lutheran Childcare, its officers, employees, and agents from any and all claims and demands arising out of or in connection with the use of these images and recordings, including any claims for libel or invasion of privacy.

Signature Section

I have read and understand the terms of this Media Release Form. By signing below, I consent to the use of media as described above.

Parent/Guardian Signature: _____

Date:

_____

Bethlehem Lutheran Childcare Representative Name: _____

Title:

_____

Signature:

_____

Date:

_____