

Brad Smith, President

Jason Derrickson, Secretary



Jarad Rinne, High School Principal

Allison Lewis, Junior High Principal

Brad Cooper, Elementary Principal

LICKING SCHOOL DISTRICT R-VIII

Cristina Irwin, Superintendent

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Licking, Mo 65542

Phone: (573) 674-2911

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Dear Parents/ Guardians:

Thank you for your interest in our Wildcat Early Learning Center! We are honored to accept your application of enrollment for the 2019-2020 School year. There have been some changes in the application process in recent years, due to the funding of the program changing to Title 1 Federal Program monies.

With this change, it is required under Every Student Succeeds Act, the school district enroll students that are considered high-needs first when being funded by federal funds. Examples which are considered high-needs are: disabilities, foster care placement, free/reduced lunch qualifications, information obtained from PAT visits, and student(s) personal achievement levels.

Therefore, all applications will be reviewed with these characteristics in mind. The district will enroll students with high-needs characteristics first and then applicants will be placed in the program according to the order in which the application was received.

Again, Thank You for your interest in our Pre-School program. We look forward to meeting you and your student(s) soon.

With Great Regards,

The Wildcat Early Learning Center

To parents/guardians of preschoolers:

Name: Wildcat Early Learning Center

Time of Operation: Preschool classes will be from 7:30-2:00; Monday-Friday.

Transportation: Parents will be required to deliver students, however there will be an in town route to deliver students home or to a daycare of their choice.

Fee: If students qualify for:
Free lunch - the fee will be Free
Reduced lunch - the fee will be \$.90 a day, a
Regular lunch - fee is \$2.75 a day, including breakfast and lunch

✿ Preschool fees are due on the 1st and the 15th of each month. Students will not be permitted to attend classes if fees are later than five days past due.

Each child will need to have:

Birth Certificate, Shot Record, Social Security card (copy) are required prior to child's first day of attendance and Current Physical is due within the first 30 days of attendance.

Director/Teacher: Teresa Clonts
Teacher's Aid: Sheria Macklin

Parent Involvement: We encourage all parents to be involved in the preschool and monthly activities that are provided. All parents are members of the Parent Advisory Committee which meets once each quarter.

Parents as Teachers: A Parents As Teachers program is available for all students 'ages: Prenatal-Kindergarten entry. If you have questions concerning this program feel free to contact Teresa Clonts or Toni Melton at 573-674-3211 ext.200.

Sincerely,

Teresa Clonts
Director/Teacher

All spaces on All enrollment forms MUST be filled in. Return enrollment packets to the Elementary Office.

Supply list for Wildcat Early Learning Center Preschool

1 box of 8 crayons

1 package of chunky markers (basic colors)

2 pencils

Fiskers blunt scissors

Pencil box (cigar box size)

1 bottle of white school glue

A backpack **(to be sent daily)**

1 box of Kleenex tissues

1 pkg. wet wipes

Complete change of clothes



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE
CHILD CARE ENROLLMENT FORM

SAVE

PRINT

FACILITY/PROVIDER NAME Wildcat Early Learning Center	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

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

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)		

YES NO

HOW IS CHILD RELATED TO CHILD CARE PROVIDER?

CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND:		WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM			WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM			WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.
<input checked="" type="checkbox"/> FULL TIME OR	<input type="checkbox"/> PART TIME							
MONDAY	<input checked="" type="checkbox"/>	7:30	AM	PM	2:00	AM	PM	
TUESDAY	<input checked="" type="checkbox"/>	7:30	AM	PM	2:00	AM	PM	
WEDNESDAY	<input checked="" type="checkbox"/>	7:30	AM	PM	2:00	AM	PM	
THURSDAY	<input checked="" type="checkbox"/>	7:30	AM	PM	2:00	AM	PM	
FRIDAY	<input checked="" type="checkbox"/>	7:30	AM	PM	2:00	AM	PM	
SATURDAY	<input type="checkbox"/>		AM	PM		AM	PM	
SUNDAY	<input type="checkbox"/>		AM	PM		AM	PM	

CACFP REQUIREMENT	CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY			
	<input checked="" type="checkbox"/> BREAKFAST	<input type="checkbox"/> MORNING SNACK	<input checked="" type="checkbox"/> LUNCH	<input checked="" type="checkbox"/> AFTERNOON SNACK
	<input type="checkbox"/> SUPPER		<input type="checkbox"/> EVENING SNACK	
	<input type="checkbox"/> NONE			
CACFP REQUIREMENT	CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY			
	<input type="checkbox"/> NEW YEAR'S DAY (JANUARY)	<input type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	<input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)	<input type="checkbox"/> EASTER (MARCH/APRIL)
	<input type="checkbox"/> MEMORIAL DAY (MAY)	<input type="checkbox"/> INDEPENDENCE DAY (JULY)	<input type="checkbox"/> LABOR DAY (SEPTEMBER)	<input type="checkbox"/> COLUMBUS DAY (OCTOBER)
	<input type="checkbox"/> VETERANS DAY (NOVEMBER)	<input type="checkbox"/> ELECTION DAY (NOVEMBER)	<input type="checkbox"/> THANKSGIVING (NOVEMBER)	<input type="checkbox"/> CHRISTMAS DAY (DECEMBER)
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				
WILDCAT EARLY LEARNING CENTER				
DAY CARE PROVIDER OR HOME PROVIDER				
TO CONTACT THE FOLLOWING:				
PHYSICIAN OR CLINIC				
NAME			TELEPHONE NUMBER	
PREFERRED HOSPITAL				
NAME			TELEPHONE NUMBER	
ACKNOWLEDGEMENTS				
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 HOMES 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 <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
G	I <input type="checkbox"/> DO <input type="checkbox"/> 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 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
PARENT'S/GUARDIAN'S 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