



St. Peter Early Learning Center
Growing your child's natural curiosity

2025 Summer Camp Enrollment Form

Child's First Name:	Middle:	Last:
Home Address:	Gender: M F	DOB: / /
City:	State:	Zip:
What weeks will your child be attending: (Please Circle): 1 2 3 4 5 6 7 8 9	Start Date: End Date:	T-Shirt Size: XS S M L XL

Family Information

Mother's Name:	
Home Address (if different from child's):	Home Phone: ()
	Cell Phone: ()
Email address:	
Place of Employment:	Work phone: ()
Employment Address:	Work schedule:
Father's Name:	
Home Address (if different from child's):	Home Phone: ()
	Cell Phone: ()
Email address:	
Place of Employment:	Work Phone: ()
Employment Address:	Work schedule:

Emergency Contacts and Persons authorized to pick up child from the Early Learning Center (Must include at least one contact other than parent)

Name:	Address:
Relationship to Child:	Phone Number:
Name:	Address:
Relationship to Child:	Phone Number:
Name:	Address:
Relationship to Child:	Phone Number:

Please turn over to finish filling out the remainder of the form.



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333 S. Second Street
St. Charles, MO 63301
636-344-700

Tuition/Fees & Handbook Agreement Form

Please sign and return this form to St. Peter Early Learning Center with the enrollment packet. The registration fee and weekly rate will be pulled from the account information provided on the Tuition Express form.

Child's Name (please print) _____

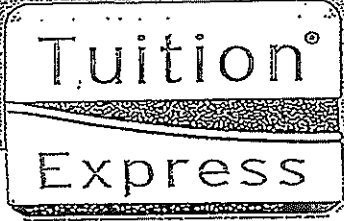
Parent's Name/Person Responsible for Tuition (please print)

Registration Fee \$ 100

Weekly Rate \$ 150

I understand that some field trips will require additional costs that will not be included in your summer camp tuition.

Signature _____ Date _____



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

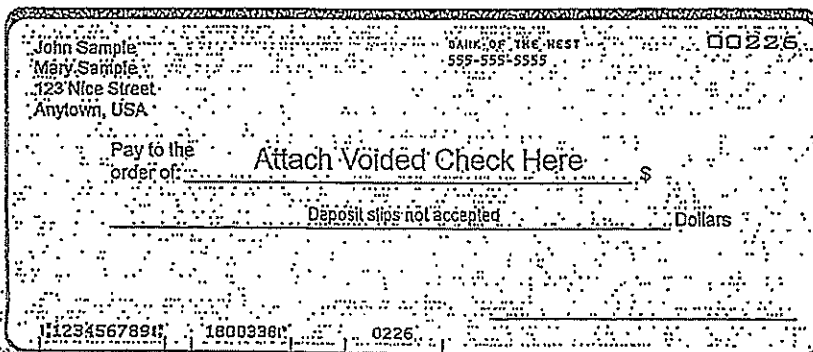
SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Authorized Signature	Date
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For Official Use Only

Date Received
Employee Signature



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MEDIA AUTHORIZATION FORM

For marketing and publicity purposes, there may be times when the archdiocese wishes to use your and/or your child/ren's image, name, recording, or academic work in various media for marketing and/or publicity purposes. You may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family on one form.

AUTHORIZATION

Archdiocese of St. Louis: I grant permission to use my or my child/ren's image, name, recording, or academic work in communications that include, but are not limited to, archstl.org, St. Louis Review, Catholic St. Louis magazine, archdiocesan social media, and any publication(s) by agencies administered by the Archdiocese of St. Louis.

Yes No

Parish/School: I grant permission to use my or my child/ren's image, name, recording, or academic work in communications that include, but are not limited to, parish bulletin, school newsletter, student newspaper, admission videos, parish/school website and social media.

Yes No

Sponsoring organizations: I grant permission to use my or my child/ren's image, name, recording, or academic work in websites, videos, and publications created by independent foundations and corporations that support Catholic education but are not legally connected to the Archdiocese of St. Louis, including, but not limited to, Today and Tomorrow Educational Foundation, Roman Catholic Foundation of Eastern Missouri, Access Academies, English Tutoring Project, and United Way.

Yes No

Secular media outlets: I grant permission to use my or my child/ren's image, name, recording, or academic work in secular media communications including, but not limited to, print, radio, TV and internet (Examples: St. Louis Post-Dispatch, KMOX radio, and KSDK-TV).

Yes No

AUTHORIZATION (Please print clearly.)

Full Name:
Phone:
Email:
School Name:
Parish (if applicable):
Parent 1 Name:
Parent 2 Name:

Child/ren's Name/s:	Grade:	Age:

Signature:	Date:
Notes (for staff only):	



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 St. Peter Early Learning Center	DVN 002406515
PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) 333 S. Second Street St. Charles, MO 63301	
FACILITY TELEPHONE NUMBER (636) 344-7000	FACILITY E-MAIL ADDRESS abeach@stpstc.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	205 Jefferson Street Jeff City, MO 65101	(314) 877-0216	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	8/2/2024
Fire Marshal's Office (Fire Safety Inspection)	PO Box 844 Jeff City, MO 65102	(573)751-2930	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	6/17/2024
Local Health Office or DHSS (Sanitation Inspection)	220 S. Jefferson Ave. St. Louis, MO 63103	(573)508-8073	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	6/28/2024

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	Under 2 years of age	1 staff member for every	4
2 to 4 years of age	1 staff member for every	8 for 2 YO/10 for 3-5 YO	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
TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY: 135			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:

St. Peter ELC utilizes redirection and positive reinforcement as the main component of our classroom management plan. For children 2 years of age and older, we may utilize a positive time out of 1 minute per year of age to allow the child to calm down in a safe and quiet part of the classroom under the teacher supervision. For behaviors that persist and present potential harm to others, a parent conference will be called with the teacher, parents/guardians, and center director to create a plan of action to help support the student be successful in the classroom. Our discipline policy is also outlined in our Parent Handbook provided at registration.

THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

The St. Peter ELC nurtures the whole child. All classroom activities are aligned with the MO Early Learning Standards. 2-5 year old classrooms utilize small group centers as the main presentation of curriculum as well as circle time as a large group. Infants and toddlers are supported through small group activities that encourage social development, cognitive, and physical growth. St. Peter ELC incorporates spiritual growth through the use of mealtime prayers, bible stories, and character building activities. Our Educational Philosophy is also outlined in our Parent Handbook provided at registration.

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>Dison Beach</i>	DATE 8/2/2024
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC. <i>Re...</i>	DATE 8-2-24

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/S04/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.