



KINGDOM CHRISTIAN ACADEMY

650 East 8th Street
Fulton, MO 65251
Phone: 573.642.2117
Fax: 573.642.2022
E-mail: office@kcasaints.net
Website: www.kcasaints.org

KINGDOM CHRISTIAN ACADEMY PRESCHOOL

HISTORY OF OUR SCHOOL

The Kingdom Christian Academy Preschool was organized and began its first year at First Baptist Church in the fall of 2007. We are an affiliation of Kingdom Christian Academy. We are an inter-denominational Christian school. Our policies are not governed by any church or denomination, but rather by a corporate Board of Directors composed of Christians from various denominational backgrounds. KCA was established in 1995.

OUR MISSION

The mission of KCA is to glorify God by ensuring a quality, Christ-centered education for our students to equip them to become godly leaders empowered with the core values of integrity, love, obedience, respect, humility, and servant-hood.

OUR VISION

KCA preschool is a Christ-centered learning environment through godly faculty, staff, and parent partnership. This partnership provides a school, which emphasizes our core values, and provides our students with an opportunity for a close personal walk with Christ. It is our desire that these students become servant leaders of Christ and role models in our community, nation, and world.

OUR MOTTO

“Where Academics and Faith Unite”

OUR CURRICULUM

We believe our curriculum should challenge our students to reach their academic potential while teaching Biblical truths as well. The *A Beka* curriculum, published by the Pensacola Christian College, is the primary base of our school materials. This program integrates academic development (with God at the center of each subject) with Christian character building—to obey, to do right, and to love God and country.

PRESCHOOL SCHEDULE

Class options are as follows:

3-year-old classes

Child must have turned 3 or 4 years of age by July 31, of enrollment year and be toilet trained for at least three months.

8:00 a.m. - 11:30 a.m. Tuesday/Thursday

8:00 a.m. - 3:45 p.m. Tuesday/Thursday

\$935/year for half-day (10 or 12 monthly payments)

\$1,870/year for full day (10 or 12 monthly payments)

4-year-old classes

Child must have turned 4 or 5 years of age by July 31 of enrollment year.

8:00 a.m. - 11:30 a.m. Monday/Wednesday/Friday

8:00 a.m. - 3:45 p.m. Monday/Wednesday/Friday

\$1,155/year for half-day (10 or 12 monthly payments)

\$2,310/year for full day (10 or 12 monthly payments)

- Please drop your child off on time to minimize classroom disruptions.
- Afternoon pickup--please have children picked up by 3:45pm.
- Full day students will need to bring a lunch.
- Full day students in the M/W/F class will have the opportunity to purchase a hot lunch on Wednesday.
- Milk may be purchased for lunch.

PAYMENT INFORMATION

- There is a \$35 non-refundable fee per student to start the enrollment process.
- Payments are handled through a tuition management system and are due the 1st of each month. Payments are considered overdue after the 10th. At that time, a \$35 late fee will be assessed.
- The cost of preschool applies whether your child is present or absent. Monthly tuition holds your child's place until they return. If tuition is not paid by the end of the month, your child's place may be filled.
- There will be a \$25 fee for all returned checks.

SNACKS

All parents are asked to bring snacks on designated days set up by the teacher. The snack should include something nutritious and milk or 100% fruit juice. Examples--peanut butter, graham crackers, apples, yogurt, and cheese and crackers. Soda is not allowed.

SCHOOL CLOSINGS

In the event of inclement or hazardous weather conditions, please check the local television stations (Channel 8 KOMU, Channel 13 KRCC, Channel 17 KMIZ) for information regarding school closings or early dismissals. In the event of early dismissal due to weather, please have an alternate plan for picking up your child.

PARENT INVOLVEMENT

Parents are welcome to come and observe their child's preschool class when prior arrangements have been made with the Director. Parents are always welcome to come and join preschool parties, birthdays, and special events. If you have a special talent, skill, or employment that you would like to share, please let your child's teacher know.

DISCIPLINE GUIDELINES AND PROCEDURES

KCA Preschool disciplinary guidelines are necessary for orderly operation of the school.

The objectives of discipline are to:

1. Help students develop self-control.
2. Learn respect for proper authority.
3. Assume increasing responsibility.
4. Develop the ability to exercise freedom wisely.
5. Develop positive attitudes.

The achievement of these objectives requires the cooperative effort of the student, teacher, and parent.

Possible forms of discipline used may be:

- Time out
- Loss of recess
- Apology
- Call to parent

OTHER KCA INFORMATION

The Preschool is invited to participate in KCA activities as well as fundraisers throughout the school year.

Enrollment in KCA preschool does not mean automatic enrollment in KCA Elementary. If you wish to have your child enrolled in KCA Elementary, there is a separate process. For more information, please contact the school office at 573.642.2117.



KINGDOM CHRISTIAN ACADEMY

650 East 8th Street | Fulton, MO 65251
Phone: 573.642.2117 | Fax: 573.642.2022
E-mail: office@kcasaints.net
Website: www.kcasaints.org

CHECKLIST FOR APPLICANTS TO KCA PRESCHOOL

Name of Applicant _____ Date _____

- Application Form
- Application Fee (\$35 per student)
- Parent's/Guardian's Consent Form
- Medical Examination Report - To be returned by the first day of school
- Immunization Record or Exemption Form



KINGDOM CHRISTIAN ACADEMY

650 East 8th Street | Fulton, MO 65251
Phone: 573.642.2117 | Fax: 573.642.2022
E-mail: office@kcasaints.net
Website: www.kcasaints.org

APPLICATION FOR PRESCHOOL ADMISSION

Date: _____

Child's Full Name: _____ Male Female Birth Date: ____ / ____ / ____

Name to be used in preschool if different than name above: _____

Child's Address: _____

Mother's Name: _____ Mother's Phone: _____

Mother's Address: _____

Mother's Email: _____ Mother's Place of Employment: _____

Father's Name: _____ Father's Phone: _____

Father's Address: _____

Father's Email: _____ Father's Place of Employment: _____

Please list all persons living in the household and relationship to child, e.g., Jane Doe, mother; Robert Doe, step-father; Tommy Doe, brother.

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Does child live in this household full time? _____ yes _____ no

Church affiliation:

Special medical information about your child: _____

Special interests of your child: _____

Is there any other information about your child and/or family that your child's teacher might find helpful?

What do you hope your child will gain from this preschool experience?

Please indicate first (1) and second (2) choices for class preference. If your #1 choice is the only one that works for you, enroll early to assure placement in your first class choice. Morning classes fill very quickly.

TUESDAY/THURSDAY CLASSES (3 year old class)

- _____ 8:00 a.m. - 11:30 a.m.
- _____ 8:00 a.m. - 3:45 p.m.

MONDAY/WEDNESDAY/FRIDAY CLASSES (4 year old class)

- _____ 8:00 a.m. - 11:30 a.m.
- _____ 8:00 a.m. - 3:45 p.m.

Please mail or bring the following items to the school office:

- 1. Completed Application Form**
- 2. \$35.00 Application Fee**

KINGDOM CHRISTIAN ACADEMY
Attention: Preschool Enrollment
650 East 8th Street
Fulton, MO 65251

Office Use Only:	
Date received _____	Application Fee _____
Class enrolled _____	Conformation sent _____

KCA PRESCHOOL CONSENT FORM

CONSENT FORM

I state that I am the authorized and proper person to execute this consent, permission and release on behalf of my child, and I hereby consent that my child may be taken from the premises of KCA Preschool by the teacher of my child or the agents of said teacher, for the purpose of class field trips and other educational activities.

This consent shall be effective for the entire school year 2018-2019 unless I deliver to the teacher of my child written revocation thereof.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby release the KCA Preschool, its directors, agents and employees (who are acting in accordance with the guidelines established by the Board of Directors and State of Missouri) from any and all liability for any injury or damage suffered by my child while engaged in, or being transported to or from such trips and activities.

Signature of Parent(s)/Guardian(s): _____ Date: _____

EMERGENCY MEDICAL RELEASE AGREEMENT

I/We, the parent(s)/guardian(s) of _____, do hereby give permission for any KCA Preschool teacher or aide to sign any emergency care consent form for the above named child in my absence for the 2018-2019 school year.

Signature of Parent(s)/Guardian(s): _____ Date: _____

ENROLLMENT AGREEMENT

I have read what is expected of me as a parent or guardian if I wish to keep my child enrolled in the KCA Preschool. I agree to pay the tuition for the class in which my child is enrolled.

Signature of Parent(s)/Guardian(s): _____ Date: _____

PHOTO RELEASE AGREEMENT

KCA Preschool takes great pride in the commitment from our membership, strong A Beka Curriculum, and many years of service to our community. We frequently submit to the local newspaper photos for publication to give the community an opportunity to see what things are happening at KCA Preschool. We also use "preschoolers in action" photos to advertise for enrollment purposes. Please sign below if you allow us to show your child's photo.

I hereby grant KCA Preschool irrevocable permission to print and display photographs of my child taken while at KCA Preschool. These images may be published in any legal manner, including newspapers, flyers, poster, brochures and classroom projects.

Signature of Parent(s)/Guardian(s): _____ Date: _____



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

2017 Missouri Child Care and Preschool Immunization Requirements

- All children must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending child care/preschool.
- The Advisory Committee on Immunization Practices allows a 4-day grace period. Children may receive immunizations up to four days before the due date.
- Immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing. (<http://www.cdc.gov/vaccines/schedules/index.html>).
- Parent/Guardian (Imm.P.11) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from child care/preschool when outbreaks of vaccine-preventable diseases occur.
- To remain in child care/preschool, children "in progress" must have an Immunization In Progress form (Imm.P.14), which includes the appointment date for needed immunizations, on file and must receive immunizations as soon as they become due.

In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the facility. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)

Vaccines Required for Child Care and Preschool Attendance	Dose Required by Age																			
	Birth	1 Month	2 Months	3 Months	4 Months	5 Months	6 Months	7 Months	8 Months	9 Months	10 Months	11 Months	12 Months	13 Months	14 Months	15 Months	16 Months	17 Months	18 Months	19 Months to Kindergarten Entry
DTaP/DT				1	1	2	2	3	3	3	3	3	3	3	3	3	3	3	3	4+
IPV (Polio)				1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3+
Hib				1	1	1+	1+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	3+
Hepatitis B	1	1	1	1+	1+	2	2	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	3+
PCV (Pneumococcal)				1	1	2	2	3	3	3	3	3	3	3	3	3	3	3	3	4+
MMR																				1
Varicella																				1

(†: If a child has been immunized using the ACP timing recommendations, he/she could have more than the required doses for child care.)

