

POWWOW

Strafford After-school Program



Hours –

3:00-6:00 PM
Monday-Friday

Rates/Billing –

\$9/daily
\$45/weekly
\$7/daily per each additional child
\$35/weekly per each additional child

There will be a non-refundable enrollment fee of \$35.00 per child due at the time of enrollment.

*Billing will reflect a set schedule submitted at time of enrollment, regardless of attendance.
Example: if enrolled M-F and your child(ren) do not attend on Thursday, you will still be charged for that missed day.

Accounts are billed on Mondays for the previous week. Tuition is due by that Friday for the previous week; late fees will be applied if your account is past due. A late fee of 10% of your daily rate will be applied for every day your bill is past due. Your child will be removed from the center if you have an outstanding account of more than 2 weeks.

A late fee of \$7.00 will be charged per child, after 6:01 p.m., for every 15 minutes your child is picked up late from the program.

You can pay your Pow Wow Director, Mack Best, via cash/check, or you can pay online at the ProCare website on a laptop/desktop, or by calling 736-7000 (ext. 1108).

Afternoon Snacks –

Snacks will only be provided if your child(ren) fails to bring one for a day. Snacks must be packed, from home, each day, otherwise.

Contact Info –

Director: Mack Best

Phone #: (417) 736-7000 (ext. 2270 [inside phone] or 2271 [outside phone])

Email: mackb@straffordschools.net

Application should be submitted to Mack Best.

A digital copy of the Powwow Handbook will be sent upon application approval.



MISSOURI DEPARTMENT OF ELEMENTARY

MISSOURI DEPARTMENT OF HEALTH AND SENIOR

SERVICES

AND SECONDARY EDUCATION

BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE

OFFICE OF CHILDHOOD – CHILD CARE COMPLIANCE

CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE

CHILD'S ADDRESS (STREET, CITY, STATE, ZIP CODE)

IDENTIFYING INFORMATION

PARENT/GUARDIAN NAME	TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS

EMAIL ADDRESS

EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)

WORK TELEPHONE NUMBER

PARENT/GUARDIAN NAME	TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS

EMAIL ADDRESS

EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
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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 militaryrelated 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)		

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/504/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.

MO 500-3317 (Rev 06-22)

PAGE 1

**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 Asian Black or African Native Hawaiian or White

Alaskan native American other Pacific Islander

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

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

- | | | |
|---|---|---|
| <input type="checkbox"/> New Year's Day | <input type="checkbox"/> Easter | <input type="checkbox"/> Labor Day |
| <input type="checkbox"/> Martin Luther King, Jr.'s Birthday | <input type="checkbox"/> Truman Day | <input type="checkbox"/> Columbus Day |
| <input type="checkbox"/> Lincoln's Birthday | <input type="checkbox"/> Memorial Day | <input type="checkbox"/> Veterans Day |
| <input type="checkbox"/> Washington's Birthday | <input type="checkbox"/> Juneteenth | <input type="checkbox"/> Thanksgiving Day |
| | <input type="checkbox"/> Independence Day | <input type="checkbox"/> 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

(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 D	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.	PARENT/GUARDIAN INITIALS
	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 ageappropriate 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 that 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 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
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE
		DATE

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint

Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form05080002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington,
D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.