

# **Oasis Day Care & Preschool**

**208-459-6000 - 611 13<sup>th</sup> Ave. Caldwell, ID**

**Email:owc@oasiswc.org Web:oasis-daycare.org**



## **Oasis Day Care & Preschool Enrollment Forms 2020**

Please read and complete all the following forms. Everything must be filled out completely.

Your child/children become officially enrolled once you have:

1. Returned the completed forms
2. Visited the Facility with your child
3. Paid the non-refundable Application Fee \$75.00
4. Provided a copy of current immunizations

In this Enrollment/Application packet you will find:

**Enrollment Form Parent Approved Pick up List**

**Enrollment Information Price Agreement**

**Program Policies**

**General Health Policy**

Thank you again for considering Oasis Day Care and Preschool.

## **Prices and Agreement**

The application fee does not hold a spot for your child.

All Daycare fees are based on the contract schedule you have established upon enrollment. Parents are paying the Daycare to be ready and prepared to offer your child professional care five days a week or days based on the contract schedule that you have set in advance of at least two weeks. If your child is not present one day, we cannot fill the space for that day. You are paying to hold your child's spot, not necessarily for using it. When in college, you pay tuition based on enrollment, even though you might not attend all the classes. You pay rent or mortgage even when you are on vacation.

**Daycare services are due the first of each month or each week. Daycare services are always prepaid at the beginning of each week or month.**

**Monthly Daycare services not paid by the 10<sup>th</sup> will be subject to a late fee of \$20.00, which will be added to your bill.**

**Weekly Daycare services if your account is not current from the previous month you will be charged a \$20.00 late fee in the current month.**

**If your bill is not paid by the 15<sup>th</sup> we will no longer provide Day Care until your bill is paid.**

We accept ICCP. The child must be approved from ICCP before your child may attend the Daycare so that we have letter from ICCP stating what ICCP portion ICCP will cover and the parent or guardian's co-payment. Co-payments must be prepaid at the beginning of each month.

If arrangements for delinquent accounts, have not been made in a timely manner your account will be turned over to a collection's agency.

### **Application Fee for Preschool and Daycare**

There is a non-refundable \$75 Application fee to be paid at time of contract signing.

Children 5 years and down (no longer sleeping in a Play & Pack) will be required to purchase a pillow blanket roll-up for their own individual use at rest time at the cost of \$25.00 or bring their own blanket from home which must be washed weekly.

Please note your child or children are considered Full Time even if you are scheduled part-time if child attends over 30 hours a week or more.

**Rates: 2020**

**10 hours a day We bill weekly except for ICCP**

	Weekly	Weekly	Weekly	Weekly	Monthly
	<b>Six Weeks-12 months</b>	<b>13-30 months or not potty-trained</b>	<b>31-60 months</b>	<b>61-72 months</b>	<b>Preschool Only 9-11:15am</b>
<b>5 days</b>	<b>150.00</b>	<b>145.00</b>	<b>140.00</b>	<b>130.00</b>	<b>\$225.00</b>
<b>4 days</b>	<b>130.00</b>	<b>125.00</b>	<b>120.00</b>	<b>110.00</b>	
<b>3 days</b>	<b>110.00</b>	<b>105.00</b>	<b>100.00</b>	<b>90.00</b>	<b>\$135.00</b>
<b>2 days</b>	<b>80.00</b>	<b>75.00</b>	<b>75.00</b>	<b>70.00</b>	

**2 days based on availability**

**We do not enroll children who will only be attending every other week.**

	Weekly	Weekly
	<b>Before/After School</b>	<b>Before/After w/Transportation</b>
<b>5 days</b>	<b>85.00</b>	<b>95.00</b>
<b>4 days</b>	<b>68.00</b>	<b>76.00</b>
<b>3 days</b>	<b>51.00</b>	<b>57.00</b>
<b>No School Day Charge</b>	<b>23.00 a day</b>	

- A 10% discount is given for additional Full Time and Part Time children enrolled from the same home. (Discount applies to the lesser fee)

**Transportation changes must be reported the day before a change. Failure to report these changes will result in an extra fee of \$15.00 since we will assume the child needs to be taken or picked up on the ordinary route and have already scheduled staff.**

**Preschool Only: (September – May) - This is also a part of Daycare**

Class Time: 9-11:15 AM/ Tuesday, Wednesday & Thursday

\$135.00 per month (Prepaid each month)

Class Time 9-11:15AM/Monday-Friday

\$225.00 per month (Prepaid each month)

**Summer Rate For Day Camp:** (When School gets out until children are back in school)

Application (\$75) (For New Students Only)

A Schedule, Program & Cost will be provided in May

This is for ages 6 years and above. If you do not desire for your child to participate then you need to talk to the owners.

*Thank you for choosing Oasis Day Care and Preschool*

**Enrollment Form (Please print) These forms must be complete with all information unless it does not apply then write N/A**

Child's Name: \_\_\_\_\_

Male or Female (Circle) Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Name of Elementary School if they attend: \_\_\_\_\_

**Please specify all Medical Conditions: (Examples: Special Needs, Skin Conditions, Medications)**

**Please circle if any of these apply: 1. ADHD 2. Autistic 3. ADD 4. In Counseling 5. Other please explain**

\_\_\_\_\_  
\_\_\_\_\_

**Please specify Allergies: (Examples: Animals, Medications, Food)**

Miscellaneous Information or Comments: \_\_\_\_\_

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**Child is a Napper or Non-Napper (Please circle) For ages 3 years and up**

Sibling (s) Name:	DOB:	Living in Child's Home: Y or N

**Is this person responsible for Daycare Bill please circle: Yes or No All Information is required**

**Mother's Full Name or Guardian's Full Name:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: (If different from above) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

**Is this person responsible for Daycare Bill please circle: Yes or No**

**Father's Full Name or Guardian's Full Name:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

**1<sup>st</sup> Alternate Contact if child is ill:** \_\_\_\_\_

Approved to pick up child

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is this person authorized to make medical decisions if you cannot be reached?

**2<sup>nd</sup> Alternate Contact if child is ill:** \_\_\_\_\_

Approved to pick up child

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is this person authorized to make medical decisions if you cannot be reached?

**Child's Physician (or name of facility)**

Preferred Physician:	
Street Address:	
City, State, Zip:	
Telephone Number:	
<b>Child's Dentist (or name of facility)</b>	
Preferred Dentist:	
Street Address:	
City, State, Zip:	
Telephone Number:	
<b>Previous Daycare Name</b>	
Director	
Street Address:	
City, State, Zip:	
Telephone Number:	

<b>Reference</b>	
Name	
Street Address:	
City, State, Zip:	
Telephone Number:	

<b>Reference</b>	
Name	
Street Address:	
City, State, Zip:	
Telephone Number:	

<b>Reference</b>	
Name	
Street Address:	
City, State, Zip:	
Telephone Number:	

## **Approved Pick-up List**

Any persons that will or may be picking up your child must be on the pick-up listed below, (include yourself, your spouse, step-parents, etc.) Your child **will not be allowed** to leave the grounds unless authorized by you. **Daycare employees may request picture identification before child is released to someone on your approved pick up list. This is for your child's ultimate protection!** If there is a problem that a child needs to be picked up by someone not on the pick-up list you must communicate with owners or the lead teacher in charge in writing so they can added to our list. The person picking-up the child that day will need to show ID at the daycare. Do not just send someone to pick-up without notification ahead of time.

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Telephone Number \_\_\_\_\_



**General Health Policy:**

If a child is sent home with a communicable virus, he/she may only return with a medical excuse from a physician stating that the child is no longer contagious and may be safely involved in group activities.

**Immunizations**

For your child/children’s enrollment to be accepted, a copy of current immunizations must be attached to this application. PLEASE KEEP IMMUNIZATION RECORDS CURRENT AND TURN IN A COPY TO THE OFFICE WHEN UPDATED.

**Medicine**

If a child needs to have medicine administered during the day, we must have written authorization and dosage information from the legal guardian. Medication must be clearly labeled with the child’s name and given to a staff member. DO NOT place medications in a backpack or bag. The medication will be returned personally at the end of the day. A medication log (stating when your child received their dosage) will be attached to the medication.

Oasis Day Care and Preschool WILL NOT administer medication to lower a child’s fever while in our care, unless the guardian is in transit to pick him/her up or prior permission has been given over the counter medication provided to the Daycare with the child’s name on the bottle.

**Sickness**

If a child displays ANY of the symptoms listed below, he or she will be isolated from the other children, and a guardian will be contacted. If a guardian cannot be reached, then emergency telephone numbers listed on the application form will be used to contact the appropriate persons. **Arrangements must be made to have the child picked up within one hour upon notification.**

Symptoms of concern are the following:

- Diarrhea assisted with acting lethargic, fever, vomiting.
- Severe coughing
- Difficulty breathing or swallowing
- Yellowish skin or eyes
- Symptoms of pink eye (discharge of mucus from the eye)
- Unusual spots or rashes
- Vomiting
- Severe itching of the body or scalp (any indicators of lice)
- Fever of 101 degrees F. or more. The child may not attend daycare until they are fever-free 24 hours without medication
- Low grade fever assisted with acting lethargic or loss of appetite
- Extreme or unusual behavior

No Child with head lice or nits will be allowed to attend preschool or daycare until the lice or nits are not present.

If your child is not well enough to go outside for recess or any other activity, then please DO NOT bring him/her until he/she is better.

I have read, fully understand, and consent to the above agreements and policies:

\_\_\_\_\_  
Signature of Responsible Party

Date

**PLEASE NOTE:**

- You must Sign your child/children In and Out upon arrival and departure. This is for billing and emergency purposes. A lack of signing in or out will result in a \$5.00 charge each missed In or Out.
- A 10% discount is given for additional Full Time and Part Time children enrolled from the same home. (Discount applies to the lesser fee). Your account must be kept current to receive this discount.
- Scheduled Breakfast, Lunch, and Snacks will be served to all enrolled children present. Meals cannot be served before or after scheduled meal times. Breakfast 7:30am -8:30am Lunch 11:30 to Noon

**Daily Child Care Schedule Agreement:**

**Care Need (Please circle all the days that is needed): This is contracted schedule. Your child can only come on contracted days unless you call first to find out if we have space available for an unscheduled day.**

**Monday-Tuesday-Wednesday-Thursday-Friday      Please Initial \_\_\_\_\_**

**Time your child will be dropped off: \_\_\_\_\_**

**Time your child will be picked up: \_\_\_\_\_**

**Whatever days you are scheduled you will be charged for whether your child attends or not or if the daycare is closed for holidays (could include days before or after.) If your child attends extra days than what is scheduled, you will be charged for those days in addition to the regular scheduled days. If your child will not be attending because of illness or some other reason you need to let us know.**

**Transportation needed for school: am, pm or both (Please circle)**

**Name of school child is attending: \_\_\_\_\_**

**For only Preschool:**

**Three Days or Five Days: (Please circle)**

**Must be at least three years of age by September 1<sup>st</sup>**

**A yearly contract for school age children attending Summer Camp must be completed separately each May.**

**Daycare cost:**

**Daily rate:** \_\_\_\_\_ **Non-School Day daily rate:** \_\_\_\_\_

**Preschool Rate:** \_\_\_\_\_

**ICCP Parent Co-Pay amount:** \_\_\_\_\_

**When you plan to pay:**

**Weekly or monthly (Please circle how you will be paying)**

**I agree to pay the tuition for the days and times stated above. I understand fees are due by the 1st of each month or week. This includes ICCP Parent Co-payments. Payment unpaid will result in temporary suspension of child care services unless otherwise agreed upon by the Owners. I understand that any changes made to the status of child care must be made in writing. I assume personal responsibility for all charges, including late fees and those of a collection agency, if necessary. I have read, understood, and agreed to the terms and conditions of this financial agreement and in the Oasis Preschool and Day Care Handbook.**

\_\_\_\_\_  
**Signature of Responsible Party**

\_\_\_\_\_  
**Signature of Daycare Staff**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**Oasis Daycare & Preschool  
Photographs**

**I or we give permission for Oasis Daycare and Preschool staff to take photographs of my child**  
\_\_\_\_\_ (Child's Name)

**Every child will have their photo taken to be used in our records. This for identification for emergencies and staff.**

**Yes or No: To be used in displays at the Daycare and Preschool**

**Yes or No: To show activities of the Daycare and Preschool on the Website**

**Parent or Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Oasis Daycare & Preschool-Off-Premises**

**I or we give permission for Oasis Daycare and Preschool staff for my child to be taken off-premises**  
\_\_\_\_\_ **(Child's Name)**

**Yes or No: To local sites and amenities (example library) (Summer Camp Schedule will be given 6 years and up)**

**Yes or No: Go to the local park, schools and on walks during warmer weather and the Summer Months ages 3 years and up.**

**All children will leave the premises if there is an emergency and we have to evacuate.**

**Parent or Guardian Signature:** \_\_\_\_\_

**Parents or Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Oasis Daycare & Preschool-First Aid

I or we give permission for Oasis Daycare and Preschool staff for my child to administer first-aid.  
\_\_\_\_\_ (Child's Name)

Yes or No: Applying band aids.

Yes or No: Applying Neosporin or Similar Ointment

Yes or No: Spraying Bactine or similar First Aid Spray

Yes or No: Give emergency first aid treatment, by a qualified staff member

We will call 911 and have your child transported to the hospital for emergency treatment if needed.

Parents will be responsible for all cost.

Parent or Guardian Signature: \_\_\_\_\_

Parent or Guardian Signature:

Date: \_\_\_\_\_

**Oasis Daycare & Preschool  
Over-The-Counter Medication Form**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**I give permission for, Oasis Daycare & Preschool Staff to use the following over-the-counter or external preparations as needed according to the directions for use on the container. Note: If the directions for use are not specific on the container, (such as Tylenol for a child under the age of 2), we will need a physician's note with appropriate dosage.**

**\*\* Denotes items that must be supplied by parents. All must be in the original container clearly labeled with the child's name.**

**\*\* Yes or No: Acetaminophen**

**\*\* Yes or No: Ibuprofen**

**\*\* Yes or No: Benadryl**

**\*\* Yes or No: Baby Wipes**

**\*\* Yes or No: Baby Lotion**

**\*\* Yes or No: Baby Powder**

**\*\* Yes or No: Sunscreen**

**\*\* Yes or No: Insect Repellent**

**Parent or Guardian Signature** \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_

# Oasis Daycare & Preschool

## Medication to Give Prescription Medicine

First dosage must be given by the parents or guardians at home.

**TO BE COMPLETED BY PARENT/GUARDIAN**

### CHILD'S INFORMATION

Today's Date: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_ **Name of Child**  
(First and Last)

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name of Medicine \_\_\_\_\_

Reason medicine is needed during school hours \_\_\_\_\_

Dose \_\_\_\_\_

Time to give medicine \_\_\_\_\_

Additional instructions \_\_\_\_\_

Date to start medicine \_\_\_/\_\_\_/\_\_\_ **Stop date** \_\_\_/\_\_\_/\_\_\_

Known side effects of medicine \_\_\_\_\_

Plan of management of side effects \_\_\_\_\_

Child allergies \_\_\_\_\_

### PRESCRIBER'S INFORMATION

**Prescribing Health Professional's Name**

\_\_\_\_\_

Phone Number \_\_\_\_\_

**PERMISSION TO GIVE MEDICINE** I hereby give permission for the facility/school to administer medicine as prescribed above. I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to my child without adverse effects.

\_\_\_\_\_ **Parent or Guardian Name (Print)**

\_\_\_\_\_ **Parent or Guardian Signature**

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_



