

Oasis Day Care & Preschool

208-459-6000 - 611 13th Ave. Caldwell, ID

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



Oasis Day Care & Preschool Enrollment Forms 2021

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 of \$75.00
4. Provided a copy of current immunizations
(Immunizations are required to attend)

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 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. When you are on vacation, you still must pay your rent or a mortgage payment.

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 10th 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 15th, we will no longer provide Day Care until your account is settled.

We accept ICCP. The child must be approved from ICCP before your child may attend the Daycare so that we have a letter from ICCP stating what ICCP portion 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 promptly, your bill will be turned over to a collection agency.

Application Fee for Preschool and Daycare

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

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

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

Rates: 2021

10 hours a day We bill weekly except for ICCP

	Weekly	Weekly	Weekly	Weekly	Monthly
	Six Weeks-12 months	13-30 months or not potty-trained	31-60 months	61-72 months	Preschool Only 9-11:15am
5 days	157.50	152.25	147.00	136.50	\$225.00
4 days	136.50	131.25	126.00	115.50	
3 days	115.50	110.25	105.00	94.50	\$135.00
2 days	84.00	78.75	78.75	73.50	

(Two days only are for children who already have this schedule)

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

	Weekly Full-Time School	Weekly Full-Time School
	Before/After School	Before/After w/Transportation
5 days	89.25	99.75
4 days	71.40	79.80
3 days	53.55	59.85
No School Day Charge	24.00	

- 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 regular 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 9–11:15 am/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

The Day Camp is for ages six years and above. If you do not desire your child to participate, 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- All Information needs to kept updated throughout the year.

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: _____

The child is a Napper or Non-Napper (Please circle) For ages three 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: _____

1st Alternate Contact if child is ill: _____

Approved to pick up the 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?

2nd Alternate Contact if child is ill: _____

Approved to pick up the 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:	
Child's Dentist (or name of Facility)	
Preferred Dentist:	
Street Address:	
City, State, Zip:	
Telephone Number:	
Previous Daycare Name	
Director	
Street Address:	
City, State, Zip:	
Telephone Number:	

Reference	
Name	
Street Address:	
City, State, Zip:	
Telephone Number:	

Reference	
Name	
Street Address:	
City, State, Zip:	
Telephone Number:	

Reference	
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 the child is released to someone on your approved pick up the 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 the owners or the lead teacher in charge in writing so they can be 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:

Suppose a child is sent home with a contagious virus. In that case, 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, they 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, 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. Signing them In and Out is for billing and emergency purposes. A lack of signing in or out will result in a \$5.00 charge for 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 7:30 am -8:30 am Lunch 11:30 to Noon

Daily Child Care Schedule Agreement:

Care Need (Please circle all the days that are needed): This is the 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 regularly scheduled days; if your child is not 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 the only Preschool:

Three Days or Five Days: (Please circle)

Must be at least three years of age by September 1st

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. Pay also includes ICCP Parent Co-payments. Payment unpaid will result in a temporary suspension of childcare 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 this financial agreement's terms and conditions 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 permit 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 three 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 costs.

Parent or Guardian Signature: _____

Parent or Guardian Signature:

Date: _____

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

Date: _____

Name: _____

I give Oasis Daycare & Preschool Staff permission 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 box (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

The parents or guardians must give the first dosage 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 the facility/school permission to administer medications as prescribed above. I also provide the caregiver/teacher permission to contact the prescribing health professional about administering this medicine. I have administered at least one dose of medication 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