

# 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 November 2022**

Read and complete all the following forms. Please fill everything out completely.

Your child/children become officially enrolled once you have:

1. Returned the completed forms for ages 6 weeks to 11 years
2. Visited the Facility with your child
3. Paid the non-refundable Application Fee of \$75.00
4. Paid the yearly supply fee of \$50.00
5. Provided a copy of current immunizations  
(Immunizations are required to attend and must be up to date.)

In this Enrollment/Application packet, you will find:

**Enrollment Information Price Agreement**

**Enrollment Form Parent Approved Pick-up List**

**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 place for your child. You would need to pay the weekly or monthly fee to keep a place.

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 give 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 spot for that day. You pay to hold your child's spot, not necessarily for using it. 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 on the first of each month or each week. Daycare services are always prepaid at the beginning of each week or month. If you are a week late, we will charge your account a late fee of \$25.00. Each week your account is not paid, there will be an additional late fee of \$25.00. Payments will apply to the late fee first and then your balance. If your account is two weeks behind, your child will be withdrawn from Daycare and will no longer be able to attend. Immediately we will send your account to collections. You will be unable to make payments to Oasis Daycare.**

**We accept ICCP. If we accept your child before approval of ICCP you are consider private pay and are responsible for all cost until ICCP gives written approval. Co-payments must be paid at the beginning of each month as stated above.**

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

**There is a non-refundable \$75 Application fee to be paid at the time of contract signing. You will need to pay the yearly supply fee of \$50.00**

**Children should bring a blanket from home for when they rest daily. The blanket will be sent home weekly to be washed.**

**Rates: As of Nov 2022**

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

	Weekly	Weekly	Weekly	Weekly
	Six Weeks- 23 months	24-35 months or not potty- trained	36-59 months	5yrs until school
Five days	190.00	180.00	165.00	160.00
Four days		160.00	145.00	140.00

	Weekly	Weekly
	Before/After School	Before/After w/Transportation
Five days	100.00	120.00
Four days	80.00	96.00
No School Day Charge	32.00	Update July 2022 Fuel Increase

- A 10% discount is given for additional Full-Time children enrolled from the same home. (Discount applies to the lesser fee). This discount is granted as long as your account is kept current.

**School Child that are transported:**

**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.**

**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 be kept updated throughout the year.**

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

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

Race: \_\_\_\_\_

Ethnicity: Hispanic, Latino, or Spanish Origin or Non-Hispanic, Latino, or Spanish Origin (Circle One)

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

Grade in School \_\_\_\_\_

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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The child is a Napper or Non-Napper (Please circle)

The child is Potty Trained Yes \_\_\_\_\_ No \_\_\_\_\_

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 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?

**2<sup>nd</sup> 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:	
<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 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 30 minutes upon notification.**

Symptoms of concern are the following:

- Diarrhea associated 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 associated 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 in and out is for security purposes. **A lack of signing in or out will result in a \$5.00 charge for each missed In or out.**
- 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 -8:15 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: \_\_\_\_\_

Transportation needed for School- am, pm or both (Please circle)

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.**

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

**Daycare cost:**

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

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

**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. 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.**

\_\_\_\_\_  
**Print Name of Responsible Party**

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

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

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

\_\_\_\_\_  
**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)

Yes or No: Go to the local park, schools, and on walks during warmer weather and the Summer Months,  
ages two 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 \_\_\_\_\_

