Otoe-Missouria Daycare Center
8151 Hwy 177, Red Rock, OK 74651
(580)723-4466 Ext. 134 or 135
Fax (580)723-1063

PRE-K & Kindergarten Wrap Around Application

The Otoe-Missouria Tribal Daycare Center will be providing a wrap-around program for students after school and on school breaks. This program will be for Pre-K & Kindergarten. It will run the same hours as the Daycare Center: 7:30-5:00 and the same daily rates will apply. The classroom will be in the Truman Daily Learning Center and will be closed on dates that the Tribal Complex is closed.

1. This program will start Monday, March 2, and we will provide for up to 25 children
2. On school days, your child can get off the Frontier School Bus in front of the Truman Daily Learning Center. A staff member will be outside waiting on the bus so they can assist the children in. Your child will be served a snack and will have a special area set aside to do homework/schoolwork.
3. When your children are out for holidays, school closings, etc. and the center is open, we will take the children who are enrolled in the program all day. They will be served breakfast, lunch, and snack on these days.
4. Your children must be picked up promptly at closing time at 5pm.
5. A completed application does not guarantee immediate admittance. There may be a waiting list. Applications are processed on a first come first serve basis, and you will be notified upon turning in your application if we have an opening, or if your application will be placed on the waiting list.

Please direct any questions regarding the application process to Glenda Lockhart, Center Director @ x135 or via email at Glockhart@omtribe.org or Katy Hudson, Assistant Director @ x134 or via email at kfarmer@omtribe.org
Child Information:
Name of child: ___________________________  Nickname: ___________________________
Birth Date: ________________  Sex:  M  or  F
Home Address: ________________________________________________________________
____________________________________________________________________________
Home Phone: ___________________________  Cell Phone: ___________________________

Parent/Guardian Information:
Parent/Legal Guardian #1: ___________________________  Relationship: ______________
Employer: ___________________________  Employer Address: __________________________
Work Phone: ___________________________  Cell Phone: ___________________________

Parent/Legal Guardian #2: ___________________________  Relationship: ______________
Employer: ___________________________  Employer Address: __________________________
Work Phone: ___________________________  Cell Phone: ___________________________

Child lives with: __________________________________________________________________
Who has Legal Custody? __________________________________________________________________
Are there restrictions?  Yes or No
If yes, please list restrictions with a copy of court documents: ________________________________
____________________________________________________________________________

(If there is a custody situation, please turn in custody papers to the Assistant Director to be kept in
your child’s file. We cannot stop a parent from picking up their child, unless there are court ordered
documents in place)

Daycare Schedule

<table>
<thead>
<tr>
<th>Days</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>After School</td>
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<tr>
<td>Holidays/Breaks</td>
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Emergency Information

Primary Emergency Contact:

Relationship to Child:

Address:

Home Phone: Work Phone:

Secondary Emergency Contact:

Relationship to Child:

Address:

Home Phone: Work Phone:

Authorized Persons to pick-up child: Name and phone number

1.  2.  3.  4.  5.  6.

(All people who are authorized to pick up your child must bring in a photo ID in order for us to release your child to them. Any unauthorized persons will not be allowed to leave with your child. If you know that someone different will be picking your child up, please verbally notify their teacher ahead of time or as soon as possible.)

Medical Information:

Hospital/Clinic Preference:

Physician’s Name: Phone:

Insurance Company: Policy #

Allergies/Illnesses/Special Needs:

I authorize all medical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child if parent/guardian cannot be reach in the case of an emergency.

Parent/Legal Guardian Signature: Date:
Consent for OMDC Activities

Facility Name: Otoe-Missouria Daycare Center
Facility Address: 8151 HWY 177, Red Rock, OK 74651

Name of child: ____________________________________________

Consent is given for the items initialed below:

_______ Walking trips around the complex. (If you want your child to wear sun screen, it will need to be provided by parent/guardian.)

_______ Water Play (weather permitting we will play in the water, notices will be sent out in advance

_______ Special trips (we do not provide transportation, but if there is any special trips note/permission slips will be sent out.)

List any special treatments while on any walking/field trips: ________________________________________________________

I give parental consent for my child’s picture to be taken. I understand that the picture may appear in brochures, articles, newsletters, newspapers, and on the official Otoe-Missouria Tribes social media sites. I will not hold OMDC or their affiliates responsible for any publications of a picture or pictures of my child.

__________________________________________
Parent/Legal Guardian Signature

__________________________________________
Date

Rates and Assistance

Rates: $7.00- Half Day (4 hrs or less) $11.00- Full Day

A $5 late fee will be charged for each child after 5pm

Assistance is available for anyone who qualifies for the Otoe-Missouria CCDF Program. Contact Julia Horinek- at ext. 137 or Tesa Roubedeaux- at ext. 229
Childcare Agreement

I _________________________, the legal guardian of _________________________.

(Parent/Guardian) (Child)

Please initial the following as you read them:

______ I accept responsibility for being informed about the OMDC by reading the notices which are sent out by the center.

______ I understand that it is not fair to the other children to send my child to the center if he/she is sick.

______ I will cooperate with OMDC staff in follow-up on any medical, dental, or developmental needs of my child.

______ I understand that if my child needs medicine administered while at Daycare, I will fill out a medication form to leave on file and will provide the medication.

______ I agree to pay my child’s daycare fee’s every month at the Finance Office.

______ I will not hold the OMDC reliable for personable items such as toys, candy, jewelry, Cups, juice, etc.

______ I agree to sign my child in/out every day that he/she attends.

The Otoe-Missouria Tribal Daycare Center strives to provide your child with a safe, secure and loving atmosphere where your child can grow at their own pace. You can help us achieve these goals by giving us your comments, suggestions, and your daily involvement. Thank you for entrusting your child to us. We are looking forward to working with you.

I have received and read a copy of the OMDC Parent Handbook and agree to adhere to the policies listed.

_____________________________ _________________________
Parent/Legal Guardian Signature Date