



**Welcome to Walker River Paiute Tribe
Child Care Center**

**All Day/Part Time Child Care Program
(6 Months to 9 Years of age)**

**P.O. Box 220
1031 Hospital Rd.
Schurz, NV 89427 Phone
(775) 773-2306 ex t. 2625**

**PLEASE KEEP THIS HANDBOOK FOR REFERENCE – DETACH APPLICATION
AND TURN IN**

Dear Parents and Guardians:

Thank you for choosing WRPT Child Care Program for your child's daycare/after center needs.

Please read the attached pages and initial where indicated. Contact me and I will be happy to personally answer any questions or concerns you may have.

We are excited to have your child/children here at the WRPT Child Care Program. Based on the most recent child development and brain research, most children's life skills are developed during the first five years of life. Your child's well-being and development needs are our number one priority. Our teachers are well-versed in child development and we have a daily curriculum with lots of creative and learning activities.

Sincerely,

WRPT Childcare Program

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Philosophy Statement and goals of WRPT Child Care

Description of Program:

WRPT Child Care Program offers a daily program of enriching experiences for your child. It fosters a partnership between the parents and the teachers to understand, respect, and enjoy the individuality of the child. The child-centered curriculum is filled with an active hands-on exploration of the world around us. A broad spectrum of art and science with an emphasis on literacy will be included in the curriculum. All these activities are intertwined with academics and will be carried out in an atmosphere of love, acceptance, and encouragement. Nutrition is one of the major components in our pre-center and children will learn to enjoy and experience new foods each week. Child Care should be a positive and fun experience for your child. A ratio of at least one teacher to five children offers a more personal working relationship with the child.

Philosophy:

WRPT Child Care Program believes that children should enjoy and experience their childhood. This program promotes a fun, healthy, and learning environment to help the child become a confident and secure adult.

Mission Statement:

WRPT Child Care Program offers a well-rounded educational and loving environment that will promote the development of the whole child. Parents and teachers will work as a team to help the child grow and learn.

Goals:

1. To build a confident and self-assured child.
2. To promote each child's potential in all areas of development.
3. To nurture and develop each child's love of learning.
4. To help each child realize that they are unique and special.
5. To support and help each child's growth within their world of family, Indian heritage, and community.

Please Initial _____.

Sick Child Policy

For the health and safety of all the staff and children, sick children need to be kept at home. Please do not send your child to center if he/she has had any of the following described conditions during the previous 24-hour period. If your child exhibits any of these symptoms at center, you will be notified immediately.

- Diarrhea
- Difficult or rapid breathing
- Asthma or severe upper respiratory infection
- Vomited within the last 6 hours
- Yellowish skin or eyes
- A temperature of 100.4 degrees Fahrenheit
- Mucus with green or yellow coloring
- Undiagnosed rash
- Sore throat
- Chicken pox, pertussis, measles, mumps, rubella, impetigo, diphtheria or herpes simplex
- Untreated scabies, tinea corporis or capitis (ring worm)
- Ear infection, unless under a doctors' care
- Untreated head lice – To return to center/daycare, a child will have to be treated with shampoo and examined by the nurse.

If your child becomes ill at WRPT Child Care Center, you will be called to pick up your child as soon as possible. This is necessary to ensure that the other children in the center will not get sick.

If your child has been sent home with any of the reasons stated in the sick child policy, **a doctor's note will be required before your child can come back to the center.**

Fire Drills

Fire Drills and Safety evacuations are held every month to help the child learn the necessary safety evacuation procedures.

Please Initial _____.

Notification of WRPT Child Care Program Rules

Parents/Guardians need to read the following rules and initial below before a child will be accepted into the WRPT Child Care program.

- It is parent's responsibility to provide WRPT Child Care Program with updated phone numbers and emergency contacts for each child.
- All Intake records, medical records, birth certificate, and immunizations records must be completed and handed into the center.
- Toys are discouraged; no toy guns, knives, or any toy that promotes violence will be allowed.
- No gum, pop or candy will be allowed.
- **No Outside Food** will be allowed at Drop-off unless a written agreement has been established for food allergy purposes.
- Each day, the children will go outside to play and an extra set of clothes is requiring to be left at the center.
- Please dress the child appropriately for the weather, i.e. boots and gloves.
- Positive discipline methods will be discussed individually with each parent.
- **All childcare payments are expected before the first of each month. If there is an unpaid balance of \$50 or more, it must be paid before your child can come back to center.**
- Please notify us if your child will not be attending the center 24 hours in advance. Our hours of operation will be 7:30 a.m. until 5:30 p.m. A fee of \$10.00 will be charged for each 15 minutes you are late.
- No child will be released to a person not authorized by a parent to pick up that child. We must have written or verbal authorization for changes in the pick-up arrangements.
- Parents of infants and toddlers need to bring their own diapering needs for their child.
- **If your child has been sent home with any of the reasons stated in the sick child policy, a doctor's note will be required before your child can come back to the center.**

WRPT Child Care payments are due in full and are payable before the 1st of each month.

Please initial _____.

Doctor's note will be required before your child can return to center.

Please initial _____.

Child Care Program Rates

Infants Room

(6 Months – 23 Months)

Hourly Rate Charge: \$3.50 per hour

Toddler Room

(2-4 Years Old)

Hourly Charge: \$3.50 per hour

Center Ages

(5-9 Years Old)

Hourly Charge: \$3.50 per hour

Part-Time Care \$3.50 per hour
(All Ages)

Hourly Drop-In Fee
(All Ages) \$3.50 per hour

- Must give 24 - hour notice for Child(ren) using Drop-In Rate and must have an approved application on file.
- There will be a Multi-Child Discount of 10% on Hourly Rates **ONLY**
- A registration fee of \$30.00 for first time enrollment for WRPT Child Care program. These fees will be used to get supplies for the center.
- An annual registration fee every October of \$30.00 per child for each center year.
- **All payments will be expected before the first of each month, prior to dropping off your child. There will be no exceptions to this.**

Please Initial _____.

Application Checklist

Please note the following certificates and forms must be completed before enrollment will be considered:

- _____ Application complete
- _____ Emergency Information Form
- _____ Immunization Card
- _____ Copy of Birth Certificate and/or Enrollment Identification Card
- _____ Authorized person(s) to pick up child from center, it is your responsibility to updated as changes are needed. (Must be 18 years old)
- _____ Parent Consent Form
- _____ Liability Release Form

I hereby acknowledge that these forms mentioned above are complete and up to date.

Parent/Guardian _____ **Date** _____

Child Care Administrator _____ **Date** _____

Child Application

Child's Name _____ SSN# _____

Date of Birth _____ Male/Female _____ Age _____

Home Address _____

Does your child have any problems with vision or hearing? Yes No

If so, please explain _____

Does your child have any allergies? Yes No

If so, please explain _____

Does your child have any health problems that we should be aware of? Yes No

If so, please explain _____

Is your child on any medication? Yes No

If so, please explain? _____

Parent Information:

Marital status of parents: () Married () Single () Separated () Divorced

Fathers Name _____ Home Phone _____

Home Address _____

Employer _____ Work Phone _____

Mothers Name _____ Home Phone _____

Home Address _____

Employer _____ Work Phone _____

List siblings and other people in household: _____

Parent/Guardian _____ Date _____

Emergency Contact Information

Child's Name _____ SSN# _____

Date of Birth _____ Male/Female _____ Age _____

Home Address _____

List any Allergies: _____

Fathers Name _____

Home Address _____ **Home phone** _____

_____ **Cell phone** _____

Employer _____ **Work phone** _____

Medical Insurance _____ Policy number _____

Mothers Name _____

Home Address _____ **Home phone** _____

_____ **Cell phone** _____

Employer _____ **Work Phone** _____

Medical Insurance _____ Policy number _____

If parents are unable to be reached, list two people to contact in case of an emergency.

Name _____ Home Phone _____

Address _____ Cell Phone _____

_____ Work Phone _____

Name _____ Home Phone _____

Address _____ Cell Phone _____

_____ Work Phone _____

Parent/Guardian _____ **Date** _____

Child pickup Authorization Form

I _____, hereby, give the following people authorization to
pick up my child or children _____ from

WRPT Child Care Program:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

If any individual(s) are not listed on the list of names provided above, your child will not be released from the center. A telephone call and/or special arrangements must be made before child or children can be released.

Parent/Guardian _____ Date _____

Liability Release Form

Participants Name _____ **Date** _____

Parental Consent: (for participants under 18 years of age)

I hereby consent that the said participants/minor, (name) _____

(age) _____ participate in daily activities being conducted in/or around Walker River

Paiute Tribe buildings and I hereby execute the above agreement/waiver, and release on

his/her behalf.

I state that the said participant/minor is physically able to participate in the child care/ indoor/outdoor activities. I hereby agree to indemnify and hold the persons and entities mentions above free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of the death or any injury or property damage/loss that said minor may sustain while participating in said activity.

I hereby waive, release, and discharge any and all claims for damages or personal injury, death, property damage, or loss of personal property which the said participant/minor may have, or which may hereafter accrue to them as a result of participation in said activities, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that these activities involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. I agree to indemnify and to hold the above persons and entities free and harmless from any loss, liability, damage, cost injury of property damage/loss that the said participant/minor may sustain while participating in said activity.

Signature of Parent/Guardian _____ **Date** _____

Home Phone _____

Cell Phone _____

Work Phone _____

Contact for Emergency:

Name _____ **Phone #** _____

Address _____