

*Quality Childcare/Preschool for Children in
a Fun and Exciting Learning Environment*

Hours of Operation
Monday – Friday (7 am – 4:30 pm)

**Confederated Tribes of the
Umatilla Indian
Reservation
Department of
Education**



Átaw Miyánašma Learning Center: Ages 6 weeks to Pre K

	<u>Tuition</u>	
Infants (6 weeks through 11 months)		\$727.00 a month
Toddlers (12 months through 36 months)		\$667.00 a month
Pre-School/Head Start Summer (3 years through 5 years)		\$578.00 a month
Head Start (School Year)		\$289.00 a month
Special Needs		\$727.00 a month
Part Time/Drop-In Care		\$4.50 a hour

Family Discounts for two children in the Center is \$100.00. Center rates are based on a flat fee service for children. Part-time care will be based on a 3 day per week schedule. Drop-In care is for emergency care only. For the month of March (spring break) and September (Round-Up) we will deduct \$200.00 for these two months only for our week closures.

Keysha Ashley

Early Childhood Coordinator

**Phone:
541-429-7873 (office)
541-215-0678 (cell)**

**Mailing Address:
46411 Ti'mine Way Pendleton,
OR 97801**

Email completed application to:
KeyshaAshley@ctuir.org
Only emailed applications will
be accepted.

Enrollment Checklist

Enrollment application (pages 3 and 4)

Center Closures (page 5) - *Read and Sign*

Parent/Center Staff Agreement (page 6 and 7) - *Read and Sign*

Drop Off/Pick up Contact Information (page 8)

Emergency Contact Information (page 9)

General Information Form (page 10)

Health Information/Parent Permissions (page 11)

Acknowledgment form (page 12)

Parent/Center Contract (page 13 – 15) - *Read and Sign*

ILLNESS/COVID-19 – Information (Page 15) - *Read and Sign*

Yellowhawk Dental Release Form (page 16)

Immunization Form up-to-date and turned in with application.

Verification of Income Completed for Food Program form

These will be provided once child is accepted into program. Parent/Guardian will need acknowledge they received and read with initial and date

Parent Handbook

Completed/accepted signed by Lead Childcare Provider and received a copy

email: program.intake@usda.gov This institution is an equal opportunity provider

Enrollment Application

Child Name: _____

Nickname (preferred name to use) _____

Race: Native American African American Caucasian Hispanic Asian Other

Enrolled Tribe: _____ Enrollment Number: _____

Descendent: Yes No

Child’s Birthday: _____

Parent/Guardian Name: _____ Relationship to child: _____

Social Security # of applicant: _____ - _____ - _____

Parent/Guardian Name: _____ Relationship to child: _____

Social Security # of applicant: _____ - _____ - _____

Mailing Address: _____

Physical Address: (If different from mailing address): _____

City: _____ State: _____ Zip: _____

Parent/Guardian Information:

Home Phone: _____ Cell phone: _____

Work Phone: _____ Message Phone: _____

Email Address: _____

Parent/Guardian Information:

Home Phone: _____ Cell phone: _____

Work Phone: _____ Message Phone: _____

Email Address: _____

Applicant’s Employer: _____

Employer Mailing Address: _____

Department/Supervisor Name: _____

Applicant’s Employer: _____

Employer Mailing Address: _____

Department/Supervisor Name: _____

Weekly billing is based on your SCHEDULED hours.

Applying for spot in: Infant Toddler Pre-School/Head Start Special Needs
 Part-time/Drop-in Care

Status: Full – time Part-Time

Full-Time Care is anything over 32 weekly scheduled hours. You need to write the time you drop your child off and what time you will pick your child up, as this is the amount you will be billed for. You may make schedule changes 24 hours prior to a change, but only two schedule changes per week will be allowed.

Date	Time – In	Time- Out
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Payment will be made via: Check Money Order Cashier Check Money Visa/Master Card
 payroll deduction (signed and submitted with application)
 Client is eligible for child care assistance with Department of Children and Family Services (payment options confirmed) full fee covered Co-Payment required in the amount of \$ _____; paid via _____

 Parent/Guardian Signature

 Date

 Parent/Guardian Signature

 Date

Thanks for submitting your child care application. Please contact me if you have any questions, concerns or input.

Keysha Ashley, Interim Center Manager
 Átaw Miyánašma Learning Center
 541-429-7873; keyshaashley@ctuir.org

Office use only:

Application received on: _____ Application reviewed by: _____

Child accepted into program on: _____ Child start date is: _____

Parent/Guardian notified on: _____ Via: Phone Email Mail

Lead Childcare Provider Signature: _____

Center Closures

- New Year’s Day
- Martin Luther King Jr. Day
- President’s Day
- Memorial Day
- Treaty Day – Observed on the Monday or Friday closest to June 9, and if June 9 occurs on a Wednesday, then the holiday shall be the Friday following.
- Juneteenth – observed on June 19
- Fourth of July
- Labor Day
- Pendleton Round-Up Week: In-Service/Training and Housekeeping
- Indigenous People’s Day – October 11
- Veteran’s Day
- Thanksgiving Day
- Day After Thanksgiving
- CTUIR: Christmas Banquet
- Education Staff Holiday Celebration
- Christmas Eve/Christmas Day
- Spring Break: In-Service/Training and Housekeeping
- Board of Trustees Declared Tribal Holiday and/or Closure
- Emergency Closure: Electrical Outage and/or other safety concern or lice and/or health concern.

I have read and understand during the listed days, the Center will be closed and wish to enroll my child in the Átaw Miyánašma Learning Center.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Parent/Center Staff Agreement

Every child needs and requires support from his/her parent/guardian and caregivers in order to grow and develop into meeting their fullest potential. It is with this understanding that I/We agree to help ensure meeting the needs of my child that I/We agree the following:

I, the undersigned Parent/Guardian will:

1. Fully complete, sign, and return the registration packet to Átaw Miyánašma Learning Center (referred to as “Center” for the purpose of this document) before my child can attend.
2. Recognize that I am responsible for the medical needs of my child and will see that my child receives medical attention when necessary.
3. Review all policies and procedures (attendance, behavior guidance, fees, exclusions for illness, etc.) contained within the parents handbook and adhere to them, including supporting Center staff.
4. Arrange for the immediate removal of my child from the Center if my child is excluded for health reasons. I will also adhere to the exclusion policies for the duration and requirements for being readmitted to the program.
5. Cooperate and communicate on a daily basis with my child’s teacher so that my child may realize the fullest benefits of receiving care at the Center.
6. Notify the Center staff of any impending absences of my child for any reason so that my child’s slot may be filled for the day.
7. Ensure that my child attends on a daily basis unless I have notified the staff of a change in schedule due to illness or other reasons.
8. Bring my child in prior to meals and naptime if I would like him/her to eat or nap.
9. Realize the services provided by the Center are for a fee. I will ensure that my bill (which I will receive on a monthly basis) is paid promptly either by myself or an assisting agency or my services will be denied.
10. Arrange for the pick-up of my child prior to closing (4:30 pm) or pay a \$20 late fee for each occurrence at the time of monthly billings.
11. Ensure that Oregon Certificate of Immunization Status Form is kept up-to-date with information furnished from Health Center Administering vaccinations and given to the Lead Childcare Provider.
12. If I have concerns, I will write them up and present them to the classroom staff. If concerns are not resolved at this level, then the concern will be taken to the Lead Childcare Provider, Manger and so on, following protocol.

Center Staff will:

1. Ensure the safety of the environment for my child at all times by having and appropriate number of adults to supervise the children and maintaining supervision of my child 100% of the time in their care.
2. Provide two meals and one snack per day that meet the USDA meal component requirements for my

child's age grouping.

3. Notify me of any impending Center closures.
4. Bill me in a timely manner for each month's charges.
5. Communicate with me frequently regarding the developmental milestones and needs of my child.
6. Report to me any accidents and/or incidents involving my child that may have occurred throughout the day.
7. Adhere to developmentally appropriate practices when dealing with all children in care.
8. Communicate with the parent/guardian of any impending or upcoming changes in policies or rates before they take effect.
9. Ensure that Oregon Certificate of Immunization Status Form is kept up-to-date with information furnished by the parents from Health Center administering immunization vaccinations.
10. Address parent grievances promptly, taking written concern to immediate supervisor. If necessary the manager and/or director will be notified. If it is determined that a meeting of all parties needs to occur, one will be planned to discuss and determine a resolution to issues presented.

Both parent/guardians need to sign, if living in the same household, in order for application to be complete.
Thank you.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date
_____	_____
Lead Childcare Provider	Date

Drop Off/Pick up: Contact Information

Approved individuals that will drop off/pick up child (not parent/guardian). The program will not allow your child to be released to the following: anyone who is not listed below as an authorized child pick up person, anyone under the age of 18 years of age, or anyone under the influence of alcohol or drugs.

**Please note any custody restrictions (legal documentation is required, otherwise, any restrictions of non-custodial parent will not be honored by the Center staff).

CONTACTS:

1) Name _____ Relationship to child _____

Cell/Home Phone: _____ Work Phone: _____

2) Name _____ Relationship to child _____

Cell/Home Phone: _____ Work Phone: _____

3) Name _____ Relationship to child _____

Cell/Home Phone: _____ Work Phone: _____

4) Name _____ Relationship to child _____

Cell/Home Phone: _____ Work Phone: _____

Emergency Contact Information

If parent/guardian cannot be reached, list two emergency contacts (not in the home): **Please note any custody restrictions (legal documentation is required, otherwise, any restrictions of non-custodial parent will not be honored by the Center staff).

TWO EMERGENCY CONTACTS REQUIRED:

1) Name _____ Relationship to child _____

Home/Cell Phone: _____ Work Phone: _____

2) Name _____ Relationship to child _____

Home/Cell Phone: _____ Work Phone: _____

I understand that, in an Emergency, the Learning Center Staff will do their best to get a hold of me and then my emergency contacts, but understand that staff will call an ambulance, if needed, at parents/guardian's expense to transport child and have a physician care for the emergency needs of my child at my own responsibility and expense.

(Initial here) _____

Emergency Medical Care Form:

Child's Doctor: _____ Phone Number: _____

Address: _____

Child's Dentist: _____ Phone Number: _____

Address: _____

General Information Form

Child Name: _____

Please give any information concerning your child which will help us give the best possible care to your child.

Play: _____

Eating habits: _____

Sleeping schedule and habits: _____

Fears: _____

Likes and Dislikes: _____

Special words and their meanings: _____

Other children in your household: _____

Health Information/Parent Permission

Has your child had?

Chicken Pox Yes No

Describe severity _____

Measles Yes No

Describe severity _____

Mumps Yes No

Describe severity _____

Does your child have allergies: (including food or medication allergies?)

Yes No

If yes, please describe: _____

Are allergies or other health problems serious enough to restrict your child's activities?

Yes No

If yes, please explain: _____

Is child on any medication on a regular basis?

Yes No

If yes, please explain: _____

Does your child have any overall health or development problem (speech, hearing, visions, etc.?)

Yes No

If yes, please describe: _____

I HAVE READ AND WILL SUPPORT STAFF IN HEALTH EXCLUSIONS AND WILL KEEP MY CHILD AT HOME AND/OR AWAY FROM THE CENTER WHEN ANY OF THE EXCLUSIONS, LISTED IN PARENT HANDBOOK, ARE VISIBLE, AUDIBLE, ETC. IN MY CHILD.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Parental Permission for Photos, personal information, etc. for public use:

Yes No My child's name photos, personal information (such as a new baby, birthday, etc.) May be used for publicity or new purpose (such as a newsletter) without my prior permission.

Yes No My child's name photos, personal information may be shared with other Agencies for the benefit of my child; Head Start, Yellowhawk, etc.

Permission is given to the Center for: (A check in the box indicates approval.)

Yes No My child may be taken on field trips or excursions by bus or private motor Vehicle under required supervision. (Permission slip will be distributed each time.)

Yes No My child may participate in swimming or other water. On-site Off-site

Acknowledgment form

I understand that if I have falsified any of the above information or I am attending work, training, or other pre-approved program where my child care expenses are being paid, CTUIR can and will take the necessary actions against me (civil and criminal) in Tribal, State, or Federal Court. I am ultimately responsible for my childcare expenses while my child are attending Átaw Miyánašma Learning Center, regardless of financial assistance I may be receiving. I understand that if my account becomes past due or declared in default, that CTUIR may withhold any past due amounts from future gaming distributions, payroll, or any amounts due to me from CTUIR.

By signing this completed enrollment application, I am stating that I have read and understood the Centers Parent Handbook, Parent/Center Contract, and all application information.

Enrollment Application is complete when Parent Contract is fully completed, turned in with updated immunizations, and it is reviewed and signed by Center staff. A completed schedule of the hours childcare will be needed is required. It is important to always notify the center of any changes in the schedule, as minimum scheduled hours are based on the schedule the Center has on file and you will be billed according to your schedule, plus additional time over regularly scheduled hours.

The U.S. Department of Agriculture (USDA) and the State of Oregon prohibit discrimination in all USDA programs and activities on the basis of race, color, national origin, sex, religion, age, or disability.

CTUIR: Policy and Procedure is followed for all staff in the Learning Center. Additional policies were written for the Learning Center, to cover areas not cited in the CTUIR: Policy and Procedure, including those written in the enrollment packet and parent handbook.

Minimum Standards for Tribal Child Care: A Health and Safety Guide, is the “best practices” Manual followed for the Átaw Miyánašma Learning Center.

Rules for the Certification of Child Care Center: Child Care Division of the State of Oregon is a “best practices” guide used in the creating policies for the Center.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

(If both parents are living in the household, both need to sign so staff is able to relay appropriate information when necessary. Application is incomplete without signatures.)

Lead Childcare Provider

Date

Parent/Center Contract

Child's Full Name: _____

Parent (s) Name (s): _____

1. Registration

Enrollment in the Center requires fully complete registration forms. These requirements must be met prior to holding space for providing services for your child.

2. Tuition:

a. Tuition Rates are as follows:

Infants \$727.00 a month
(6 weeks through 11 months)

Toddlers: \$667.00 a month
(12 months through 36 months)

Pre-School/Head Start Summer \$578.00 a month
(3 years through 5 years)

Head Start (School year) \$289.00 a month

Special Needs \$727.00 a month

Part-Time/Drop-In care \$4.50 an hour

Family discount for two children in the Center is \$100.00. Center rates are based on a flat fee service for childcare. Part-Time care will be based on a 3 day per week schedule. Drop-In care is for emergency care only. For the month of March (Spring break) and September (Round-Up) we will deduct \$200.00 for these two months for our week closures.

b. Tuition is billed on 26th of each month to 25th of each month. Prorating of partial calendar months will be based on monthly rates.

- o Services will be suspended if payment is not received within six (6) business days of the due date. For example (when billed for January and bill is past due March 1 and suspension will occur on the 6th business day of March, if bill is not paid within 2 weeks (10 business days), the spot will be filled by another child).

c. Learning Center will give parents/guardians at least 30 days written notice prior to rate increases.

d. There is a \$25 fee for all returned checks. Acceptable forms of payments are checks, money orders, cashier's check, cash, Visa/Master Card, Visa/Master Card debit cards, and payroll deduct (CTUIR/Wildhorse/Yellowhawk/Housing employees).

e. Due to budget limitations all pick up's after 4:30 pm, will be charged \$20.00, for each child, and is STRICTLY ENFORCED.

f. All fees are to be paid at the CTUIR Tribal Finance Department.

3. Withdrawal

Please read carefully to avoid being charged for services after withdrawing from program.

- a. Parents who wish to discontinue services with the Átaw Miyánašma Learning Center should give 30 days' advance notice of withdrawal.
- b. Your child's withdrawal date will be considered to be four (4) weeks from the date notice is given, and you will be billed accordingly regardless of actual attendance. Full-time slots will be billed at the 32 hour weekly minimum base charge.
- c. Your child will be considered withdrawn without notice if you do not inform the Center of any absences in excess of 1 week excluding holidays. Please inform us (in advance, when possible) of any absences.

4. Termination of Services

Reasonable steps will be taken to avoid termination; however, the Átaw Miyánašma Learning Center may terminate services for any of the following reasons:

- a. Repeated late payments, returned checks, or any other problems with payment of tuition and fees.
- b. Failure to honor the obligations listed in the parent/center contract, the parent handbook, or written policies provided by the Center. This includes, but is not limited to: being within 100 feet of the Center or entrance into the Center while under the influence of alcohol or drugs, being verbally abrasive with Center staff during working hours, and if children repeatedly display physical aggression (including verbally) towards staff and/or peers.
- c. Any actions by parents or children that adversely affect the program and/or children at the Center.
- d. Failure to cooperate with the Átaw Miyánašma Learning Center in matters which the Center determines serious enough to warrant termination.
- e. Átaw Miyánašma Learning Center may terminate services with or without notice depending on the severity of the reason(s) for termination.

5. Signature to Agreement

The Center will provide childcare/preschool services in accordance with Minimum Standards for Tribal Child Care: A Health and Safety Guide, with terms of the most current Parent Handbook, the registration pack, the Center Manual, and this contract. By signing this contract, the Parent (s) and/or Guardian (s) agree to cooperate with the policies of the Center and to perform their obligations as set forth in this contract, the registration forms, and Parent Handbook.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Lead Childcare Provider

Date

ILLNESS

- a) **SCREENING:** Children will be visually screened as they arrive at the facility. If a child exhibits signs of illness, it will be determined if the symptoms indicate the need for exclusion until remedied. In the event a child becomes ill and needs to be picked, the child will be separated from the rest of the children until a parent arrives.

- b) **NON-ADMITTANCE:** Your child will not be allowed to attend class at the Center if he/she exhibits symptoms for exclusion with a **minimum** 24-hour period and possibly the entire following day (Center Staff Discretion). **If your child is unable to participate in the normal activities of the daily schedule, then your child must not be kept at the Center, as this takes one-on-one care and breaks staff ratios, which becomes a safety concern.**

COVID-19

If your child experiences any of these symptoms please keep your child home. For the safety of other children in the program. If your or anyone within your home has to quarantine due to COVID-19 please keep your child home.

- Please if your child is sick or have a cold/flu like systems, **STAY HOME!**
 - Fever
 - Headache
 - Dry Cough
 - Tiredness
 - Sore throat
 - Difficulty breathing
 - Diarrhea

- If a student is identified on site with COVID-19 primary symptoms, they will be directed to a designated space to quarantine until transportation arrangements can be made.
 - Attendance logs will be reviewed for contact tracing purposes.
 - Education Director will be notified immediately by senior staff person.
 - Director along with senior staff member will determine next step and who to notify

- Students will be asked to stay home if they are exhibiting COVID-19 symptoms.
 - Primary symptoms of concern: cough, fever (temperature of 100.4 F or higher) chills, shortness of breath, difficulty breathing, or new loss of taste or smell.

- Final decision for duration of exclusion is made by the immediate supervisor after consulting the Department Director. Per current guidelines provided by Incident Command team there is a 14 day wait period after exposure/diagnoses of COVID-19. Documentation from the doctor must be submitted prior to returning to work.

Daily use of face coverings in classroom/work area (if required by CTUIR Guidelines)

- Staff/Students (age 3 and older) will wear a face mask when entering into building/moving about within the building. Facemask will be made available to staff and students.
 - Face masks can be removed when in designated classroom/work space, working alone in private offices or separated by more than 6ft.

- Face masks should be worn correctly, covering the nose and mouth.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Yellowhawk Dental Release Form



46314 Timine Way
PO Box 160
Pendleton, OR 97801

help@yellowhawk.org

1-888-YEL-HAWK (888-935-4295)
Local Phone: 541-966-9830
Medical Records Fax 541-240-8751

Child Name: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

I give permission for Dr. _____ to provide a limited dental screening at the Átaw Miyánašma Learning Center: Tribal Childcare in _____ (month) of _____ (year). This dental screening is compliments of Yellowhawk Tribal Health Center (YTHC). If your child is eligible to visit YTHC we encourage your family to establish regular preventive appointments to help ensure dental health. If your child is not eligible to be seen at YTHC this dental screening is yours for your child's dental records and we encourage you to become established at a local dental office. It is never too early to have your child visit the dentist.

Parent/Guardian signature _____ Date: _____

Parent/Guardian signature _____ Date: _____

In addition to this, if my child is over 6 (six) months old, I consent to 4 (four) consecutive fluoride varnish applications. Fluoride varnish is used to prevent dental caries. This is in accordance with the IHS Head Start Fluoride recommendations. In addition to helping to prevent dental caries, this type of exposure can help to control white lesion dental caries, or the beginning stages of dental decay.

Parent/Guardian signature _____ Date: _____

Parent/Guardian signature _____ Date: _____



Payroll Deduction Form

Employee Name

Payroll # (Accounting use only)

Housing	_____	401K Loans	_____
Travel	_____	Solid Waste	_____
Credit Program	_____	Water & Sewer	_____
Daycare	_____	Round-Up Athletic	_____
KCUW donation	_____	Golf Dues (WRC)	_____
Scholarship	_____	Other	_____
Other	_____	Other	_____

I request \$ _____ to be withheld from each paycheck beginning on _____ and continuing until I cancel in writing or the balance of \$ _____ is paid in full.

Employee Signature

Date