



10244 Wiesman Drive • Omaha, NE 68134 • Phone (402) 399-9565 • Fax (402) 399-0248
office@ocamail.org • www.omahachristianacademy.org

Welcome to OCA's Summer Discover Days Program!

We are excited to have your child join us for an action-packed summer of Christ-centered instruction and stimulating activities. The enclosed handbook should answer many of the questions you have concerning our program – please read it carefully. In addition, I would like to highlight the following information:

- Please complete the **Summer Program Application**, the **Medical Authorization Form**, the **Field Trip Permission Slip**, the **Weekly Intent Form** and the **Statement of Cooperation** and send it to the OCA office along with your application **fee of \$30** to reserve your child a place in our program. We have limited space available so we will enroll children on a first-come, first-serve basis. We advise you to take care of registration promptly to ensure a place for your child.
- Also complete the form indicating the weekly sessions in which your child will be participating and send it in with your application. It is important for planning purposes that we know which weeks we can expect your child's attendance.
- Weekly contracts are due with payment on the **Wednesday prior to the contracted week**. Every effort will be made to include children already enrolled in the program if the contract is turned in with payment by this date. Late contracts will be processed on a space available basis and will require an additional **\$10 late fee** to be added to the contract amount. (\$150 for per week or \$135 for Memorial Day week and 4th of July week.)
- The Discovery Days program will run from 9 am to 3:30 pm each day. Children may be dropped off any time after 6:30 am and need to be picked up by 6 pm.
- Feel free to contact me with any additional questions or concerns at the email address below.

Barb Saiz
Discovery Days Director
bsaiz@ocamail.org



Omaha Christian Academy's Summer Program is offering an exciting summer filled with Christ-centered instruction, outdoor fun, creative & stimulating indoor activities and projects, swimming, new friends and more.

2019 ENROLLMENT INFORMATION

For: 3-12 year olds

Site: Omaha Christian Academy
10244 Wiesman Drive
Omaha, NE 68134
Phone: 402-399-9565

Hours: 6:30 am—6:00 pm
Monday-Friday

Fees:

\$150.00 per week
(\$135.00 weeks of Memorial Day and 4th of July) *
Plus a one-time registration fee of \$30.00 per child
Fees include: lunch, two snacks, activity costs and t-shirt

Drop-ins welcome if space is available.
Drop-in rate is \$45.00 per day.

Payment:

Payment of fees is due and payable on the day the contract is filled out. Contract must be turned in by the Wednesday prior to the contracted week.
Drop-in fee is due when child is dropped off.

Dates: 10 one week sessions
May 28 through August 2
(Closed Memorial Day and 4th of July.)
Special rate applies to these weeks only.)

WEEK 1 May 28- 31

COLOR ME CRAZY

Let's start off with a colorful summer! We will explore color in all of God's creation.

WEEK 2

June 3-7

ALL BALL

Let's try some new sports this week. We will get a taste of a variety of different sports. All of them using BALLS of course.

WEEK 3

June 10-14

FAIRY TALES

Let's just have some fun in fantasy land.

WEEK 4

June 17-21

IMAGINARIUM

Put our creativity to work this week and see where our imagination can lead us.

WEEK 5

June 24-28

AROUND THE WORLD

A virtual trip around the world! We will explore foods, games, music and crafts of other cultures.

WEEK 6

July 1-5

CELEBRATE THE USA

Let's take a trip around the USA! We can learn about some interesting spots to visit.

WEEK 7

July 8-12

DESERT OASIS

SUN.....SAND.....WATER

The best summer has to offer.

WEEK 8

July 15-19

CHALLENGE WEEK

Get ready to compete in a variety of challenges. We will explore our talents and abilities.

WEEK 9

July 22-26

ANIMAL PLANET

The wonder of God's creation! Animals are amazing!

WEEK 10

July 29-August 2

ANYTHING GOES

Summer is coming to an end, let's relax for one last week and see what happens.





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Summer Program Application

Please fill out one form per child. The information provided in this application will be used for internal administrative purposes and will not be used as criteria for acceptance. A \$30-per-child non-refundable application fee must accompany each application. Mail or drop off to Omaha Christian Academy at 10244 Wiesman Dr. Omaha, NE 68134.

Notice of Nondiscriminatory Policy As To Students

The Omaha Christian Academy Summer Program admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.

Today's Date _____

Child Information

Last Name _____ First Name _____

Nickname _____ Birth Date _____ Age _____

Current School & Grade Entering _____

Shirt Size (circle one): Youth XS Youth S Youth M Youth L Youth XL Adult S Adult M

Male Female

Parent/Guardian Information

Father/Guardian

Last Name _____ First Name _____

Street Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Occupation _____

Work Phone _____ E-mail _____

Mother/Guardian

Last Name _____ First Name _____

Street Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Occupation _____

Work Phone _____ E-mail _____

Emergency Contact

Person(s) who will take responsibility for the child in an emergency when the parent/guardian cannot be reached.

Name _____ Name _____

Address _____ Address _____

Phone(s) _____ Phone(s) _____

Authorization for Pickup

A parent/guardian's written authorization for pickup must be received before your child will be released to **anyone** not listed below, this includes parents/guardians. Therefore, write down everyone who will be allowed to pick your child up, including family. If not received, and we cannot notify you by phone, the child will not be released.

Name _____ Name _____

Address _____ Address _____

Phone(s) _____ Phone(s) _____

Name _____ Name _____

Address _____ Address _____

Phone(s) _____ Phone(s) _____

Consent to Contact Physician in Emergency

In the event I cannot be reached to make arrangements, I hereby give my consent to Omaha Christian Academy to contact

Doctor _____

Name of Physician

Phone Number

Signature of Parent/Guardian

Date

Transportation Permission

I hereby give Omaha Christian Academy permission to transport or arrange for transportation

of my child _____ . I understand I am required to provide an appropriate car/booster seat as indicated by Nebraska Law if needed.

Signature of Parent/Guardian _____
Date

Swimming permission

I give the OCA Summer Program staff permission to take my child swimming.

() _____ is able to swim on his/her own in the deep end.

() _____ is able to swim on his/her own in the shallow end only.

Signature of Parent/Guardian

Student's Safety

Knowing that the adult sponsors will take utmost care of my student's safety, I understand that accidents may occur, and in such situations immediate steps must be taken to secure my student's health. I hereby authorize the staff of Omaha Christian Academy Summer Program to seek medical attention for my student should an emergency arise, provided that I will be contacted as soon as possible. Failure to reach me shall not prevent the application of immediate, necessary medical treatment, not excluding injection, anesthesia, or surgery.

I further agree that Omaha Christian Academy Summer Program shall be held harmless in the event of accident or injury, and in that regard, I understand and agree Omaha Christian Academy Summer Program disclaims any and all liability in the unlikely event of injuries sustained in connection with this event.

Signature of Parent/Guardian

Media

I understand that photos, videos, etc. of my child may be taken by the school and used for school publicity purposes.

() I DO NOT grant Omaha Christian Academy the right to use my child's image and name for publicity purposes.

Schedule

I will be required to pre-schedule my child on a monthly basis. I have provided a sample week schedule of when my child will be attending the OCA Summer Program below:

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours	to	to	to	to	to

Child's Medical Information

Any health problems which the caregiver should know _____

Allergies, if any _____

Any activities your child should NOT engage in _____

Is your child potty trained? _____

Is your child able to take care of his/her own bathroom needs? _____

Medication Competency Statement

I, _____ have determined Omaha Christian Academy Summer Program
Parent/Guardian Name

staff competent to give or apply medication to my child. I understand it is my responsibility to furnish the medication in the ORIGINAL CONTAINER or prescription bottle appropriately labeled by the pharmacy or physician stating the child's name, name of medication, dosage and instructions. I know that a Medication Authorization form will need to be filled out for each medication given.

Signature of Parent/Guardian

Date

Certificate of Immunizations

VACCINE	TYPE OF VACCINE	Dose	Normal Schedule	Date Given			DOCTOR OR CLINIC ADMINISTERING
				Mo.	Day	Yr.	
Polio OPV or IPV		1	2 mo.				
		2	4 mo.				
		3	6-18 mo.				
		4	4-6 yrs.				
DPT/DT/DTaP Diphtheria Tetanus Pertussis		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	15-18 mo.				
		5	4-6 yrs.				
Tdap		1	11-18 yrs.				
Td/Tetanus and Diphtheria							
Hib Haemophilus influenzae b		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	12-15 mo.				
M-M-R		1	12-15 mo.				
		2					
Hepatitis A		1					
		2					
Hepatitis B		1					
		2					
Varicella Chickenpox date of disease		1	12-18 mo.				
		2					
Meningococcal Conjugate		1					
PCV Pneumococcal Conjugate		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	12-15 mo.				
Rotavirus		1	2 mo.				
		2	4 mo.				
		3	6 mo.				

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian or Physician

Date



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SUMMER DISCOVERY DAYS

Statement of Cooperation

Parents or guardians must sign the following Statement of Cooperation

I understand that weekly payments are due on the Wednesday prior to the contracted week. Late contracts will be processed on a space-available basis and will require an additional \$10 late fee to be added to the contract amount.

I understand that the Discovery Days staff will offer instruction consistent with OCA's Statement of Faith. Bible-based and Christ-centered instruction will be incorporated into every aspect of the program.

I understand that Discovery Days staff will make efforts to contact us in the event of unusual or consistent misbehavior of children. However, the staff and director are hereby given reasonable discretion in the discipline of my child(ren). I will be informed of any disciplinary interventions taken concerning my child(ren) on the day they occur.

I understand that the Discovery Days Director, in conjunction with the OCA administration, reserves the right to dismiss from the program, any child at any time for actions and attitudes that are not consistent with school and/or accepted Christian standards. If a child is dismissed, there will be no refund of fees paid for that week.

By making application for my child and by signing the Statement of Cooperation, it is my desire to have him/her participate in OCA's Discovery Days Summer Program. **I give permission** for my child to take part in field trips away from the school premises and **I absolve** the school from liability because of any injury to my child at school or during any program activity. In case of accident or serious illness, **I request** the school to contact me. If the school is unable to reach me, **I hereby authorize** the school to call my child's physician and to follow his instructions. If it is impossible to contact the student's physician, the school may make whatever arrangements seem necessary.

I agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against Omaha Christian Academy or any employee or agent thereof on my child's behalf, and the school or its agent not be found at fault; **I agree** to pay any attorney fees, court fees, damages, or other costs that Omaha Christian Academy or its agent should incur to defend itself against such action.

I agree to abide by the Summer Program Handbook and will cooperate with the school by having my child(ren) abide by the school's standards.

Father's signature Date

Mother's signature Date

Building Faith | Expanding Minds | Developing Character

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Revised 1/31/19



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DISCOVERY DAYS SUMMER PROGRAM

FIELD TRIP PERMISSION SLIP

I give permission for my child,

_____ (student's name)

to participate in all field trips which are part of the 2017 Discovery Days Summer Program.

Emergency Information:

Home phone _____

Work phone _____

Cell phone _____

Knowing that the adult sponsors will take utmost care of my student's safety, I understand that accidents may occur, and in such situations immediate steps must be taken to secure my student's health. I hereby authorize the staff of Omaha Christian Academy to seek medical attention for my student should an emergency arise, provided that I will be contacted as soon as possible. Failure to reach me shall not prevent the application of immediate, necessary medical treatment, not excluding injection, anesthesia, or surgery.

I further agree that Omaha Christian Academy shall be held harmless in the event of accident or injury, and in that regard, I understand and agree Omaha Christian Academy disclaims any and all liability in the unlikely event of injuries sustained in connection with these events.

Parent/Guardian Signature

Date

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Please fill out this intent form indicating when you plan to send your child to OCA's Summer Discovery Days. It is okay if your plan changes, but this will help us to plan for the summer.

My child, _____, will be participating in the DISCOVERY DAYS summer program for the following weekly sessions.

- | | |
|--|-------------------|
| ___ Week 1: May 28-31 (4 days) | Color Me Crazy |
| ___ Week 2: June 3-7 | All Ball |
| ___ Week 3: June 10-14 | Fairy Tales |
| ___ Week 4: June 17-21 | Imaginarium |
| ___ Week 5: June 24-28 | Around The World |
| ___ Week 6: July 1-5 (4 days) | Celebrate The USA |
| ___ Week 7: July 8-12 | Desert Oasis |
| ___ Week 8: July 15-19 | Challenge Week |
| ___ Week 9: July 22-26 | Animal Planet |
| ___ Week 10: July 29 – August 2 | Anything Goes |

Parent signature _____



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SUMMER DISCOVERY DAYS

MEDICATION AUTHORIZATION FORM

Date: _____

Child's Name: _____

All prescription and non-prescription medication must be in the original container and given to an Omaha Christian Academy staff member. A Medication Authorization Form must be filled out for each medication (**this includes, but is not limited to, cough drops, lip balm and spray sunscreen**).

Name of Medication: _____

Dosage: _____

Time to be administered: _____

(If the medication is to be administered on an "as needed" basis please describe in detail when it should be given and all symptoms that would require medication)

Parent/Guardian Signature

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NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health

Parent Information Brochure For Licensed Child Care



Nebraska Child Care Licensing Website:
<http://dhhs.ne.gov/publichealth/pages/crlChildCareLicensingIndex.aspx>

Expectations of Child Care Consumers

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Contact Child Care Licensing with any questions or concerns you may have.

Email: DHHS.ChildCareLicensing@nebraska.gov

Phone: 800-600-1289 OR 402-471-6564

Mail: Nebraska Child Care Licensing
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986

Sign, date and return to your Child Care provider before your child(ren) begin care.

Your Child Care Provider must retain this receipt for onsite review.



Child Care Program Name: _____

Enrolled Child(ren)' Names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____

Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children. Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed. The Types of Licensed Child Care in Nebraska are:



- Family Child Care Home I
- Family Child Care Home II
- Preschool
- Child Care Center
- School-Age Only Center



Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care providers and/or staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure, which Child Care providers are required to share with you, provides information that might be helpful in those situations.

Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

Responsibilities of Licensed Child Care Provider

Comply with child care regulations for their license type at all times.

Obtain and maintain accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

Keep accurate and up-to-date records for their license on themselves and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

Allow access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

Develop policies and procedures for their programs.

Communicate with families their needs and concerns for the children in care.

Contact Child Care Licensing with any questions or concerns they may have.

**COMPLETE THE OTHER SIDE
AND RETURN TO
YOUR CHILD CARE PROVIDER**

A large, dark, grainy illustration of a hand holding a pen, positioned as if about to sign a document. The background is a textured, light-colored surface.