



BEFORE & AFTER SCHOOL CARE



FOR OCA STUDENTS
AGES 3 - 12
3:30 PM - 6 PM (M-F)



One convenient location for Preschool - 12th Grade



Welcome to Omaha Christian Academy (OCA) Childcare!

Thank you for allowing us to take care of your child. Children are a precious gift from God. Early learning and nurture is important to the development of three, four and five-year-olds. It is our goal to partner with you. As Proverbs 22:6 states: "Train up a child in the way he should go, even when he is old he will not depart from it."

We provide quality childcare for children in a warm, nurturing, loving, and educational environment. On a daily basis, we offer a balance of individual, small group, and large group activities with an emphasis on learning centers and spiritual development.

At OCA, we are grateful for our caring, capable, compassionate childcare staff. Our childcare staff have extensive experience working with children. We believe that your child will enjoy playing with and learning from our staff.

Preschool-6th Grade OCA ChildCare Information

BEFORE/AFTER SCHOOLCARE: K– 6th grade: M-F 7:00-7:30 & 3:35-6:00

PRE SCHOOL/PRE K: M-F 7:00-6:00

LOCATION: Room 114 – Child Care Room

FEES:

K-6th \$5 for AM, \$8 for PM

Preschool/Prek set up as full-time or part-time through the office

**Billed monthly through your OCA account*

**Late Fees for PM pick up - \$1 per minute/per child AFTER 6pm.*

PICK UP / DROP OFF PROCEDURES:

At the childcare door located on the west side of the building. **IF** we are in a different location throughout the building, there will be a note on the outside of the door for you to call the cell number & we will bring your child to you at that same door.

COMMUNICATION:

* Preschool/Prek ONLY: art papers/monthly newsletters will be located in a file box on my desk

* K-6th ONLY: To ensure sufficient staffing please communicate, via email or SycEd, whether your child will attend Before/After School Care.

* When school is not in session, child care may still be available for an additional charge. Please contact Mrs. Buckingham for more information to fill out a separate form for those dates.

CONTACT INFORMATION:

Mrs. Buckingham

abuckingham@ocamail.org

402-399-0565 ext.214 (school)

402-332-9250 (cell)

Children's Record

PARENTS: PLEASE FILL IN ALL BLANKS

Child(ren)'s Name: _____ Birthdate(s): _____

Enrollment Date: _____ Updates: _____ Date Care Ceased: _____

Parent or Guardian's Home Address and Employment Address:

FATHER (or Guardian):

Name: _____ Employer: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

MOTHER (or Guardian):

Name: _____ Employer: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Person(s) to Whom the Child(ren) may be Released by the Caregiver: (If no one, please write "none")

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Person(s) Who Will Take Responsibility for the Child(ren) in an Emergency When the Parent (or Guardian) Cannot be Reached: (ONE NAME MUST BE GIVEN)

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Consent to Contact Physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to _____

Caregiver

to contact Doctor _____

Name of Physician

Phone

and, if necessary, take my child(ren) to the

Address

City

following doctor(s), clinics, or hospital _____

Signature of Parent/Guardian

Date

MEDICATION COMPETENCY STATEMENT

I, _____ have determined

Parent /Guardian Name

that _____ is/are competent to give or apply medication to my child(ren).

Provider/Director/Staff Name(s)

Signature of Parent/Guardian

Date

CHILD'S MEDICAL INFORMATION

Current health status or any health problems caregiver should know: _____

Medication, if any: _____

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction. Please give clear instructions in the event of an exposure of the factor: _____

Special Concerns: (Glasses, Hearing Aid, Crutches) _____

Any activities child(ren) should NOT engage in: _____

Company providing health and/or accident insurance coverage: (Optional) _____

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

Signature of Parent/Guardian

Date



Parent Information Brochure For Licensed Child Care

Nebraska Child Care Licensing Website:
<http://dhhs.ne.gov/publichealth/pages/crChildCareLicensingIndex.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**

OMAHA CHRISTIAN ACADEMY



OCA CHILDCARE POLICIES HANDBOOK ACKNOWLEDGEMENT

I have read and reviewed the Omaha Christian Academy Childcare Handbook.

Signature _____

Printed Name _____

Date _____