Shoshone-Paiute Tribes
Tribal Treasures Childcare & Learning Center
P.O. Box 219
8204 NV State Hwy. 225
Owyhee, NV 89832
(208) 759-3100 Ext. 1278 or 1248



- Child Enrollment
- Parent Information
- Medical Information and Illness Policy
- Emergency Contact & Pickup List
- Parental Agreement
- Liability & Insurance Waiver
- Financial Agreement Contract
- Child’s Immunization Record
- Child’s Birth Certificate
- Proof of Income
- Tribal Enrollment Certificate/Card

Child Enrollment

Name: _____ Age: _____
Nickname: _____ Date of Birth: _____

- Child's pet peeve: _____
- Is this your child's first separation from home? No Yes
- Has your child had any kind of group experience before? No Yes
- Does your child play well with others? No Yes
- Does your child have any allergies? No Yes Explain:_____
- Is your child toilet trained? No Yes
  How does your child show they need to use the bathroom? _____
  _____
- Does your child have any fears? No Yes Explain: _____
  _____
- What are your child's favorite things to do? _____
  _____
- Please indicate any other information that will help the staff to make you child's stay at theCenter more pleasant: _____
  _____
  _____

Parent Information

Mother's Name: _____ Phone: _____

Work: _____

Mailing Address:

_____

Father's Name: _____ Phone:

_____ Work: _____

Please list other dependents that reside in the same home that is under 18 years old:

_____

_____

_____

In case of an emergency or in the absence of parents the following adult individuals can pick my child(ren) up:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I authorize the above named individuals to pick up my child(ren) from the Shoshone Paiute Tribes Tribal Treasures Childcare Center in my absence.

_____ Date: _____
Parent/Guardian Signature

Medical Information & Ill Policy

For the health and safety of other children, staff and family members, sick/ill children must remain at home. Please DO NOT send your child to the center if her/she has had any of the following symptoms or conditions in the last 24 hours:

- Diarrhea
- Difficult or rapid breathing
- Asthma or severe upper respiratory infection
- Vomiting or inability to hold food down
- Yellowing skin or eyes
- High Temperature of 100.4ºF
- Green or yellow mucus in nose or coughing up
- Undiagnosed Skin Rash
- Sore throat/Persistent cough
- Chicken Pox, Pertussis (Whooping Cough), Measles, Mumps, Rubella, Impetigo, Diphtheria, or Herpes Simplex
- Untreated Scabies or Head Lice
- Ear infection (Unless currently under a doctor's care.)

If your child exhibits any of the following at the center you will be notified immediately and your promptness in picking up your sick child is greatly appreciated. _____ Initial

You may be asked to provide a doctor's Release Statement. Please inform us of any immediate changes in your child's health. _____ Initial

*We will follow the Rules/Guidelines set up and established by The Childcare Division of Family Services involving recent Covid-19 Pandemic and Preventative Measures necessary to staying strong and healthy. Your compliance and understanding are appreciated. _____ Initial

*Please note that Fire and Safety Drills will be conducted often to assist the children in learning and knowing all Fire Exits available in case of an emergency. _____ Initial

*All reliable and honest information is very important to us. It is not our policy to get involved with personal, private, family business or issues. Especially for matters such as custody or visitation. Please know that we will work closely with local law enforcement, Social Services, clinical/hospital professionals that are assisting for the betterment of the children. _____ Initial

*We are also mandated reporters in cases of Child Abuse or Neglect. _____ Initial

Please thoroughly complete all information required for your child's participation in the center. It is your responsibility to provide current information. This is extremely important should an emergency arise. _____ Initial

Toys from home will be placed in your child's bag. Any toy that suggests violence is strictly not allowed, such as guns or knives. _____ Initial

Please dress your child appropriately for current weather conditions. Toddlers and Preschool age children go out if weather permits it. _____ Initial

No child will be released to the care of an adult who is not listed in this application. It is not our intention to get involved in the court system for child custody issues, therefore, it is essential that ALL parents or legal guardians keep this in mind while completing the forms and required documentation. _____ Initial

On occasion we may have a special guest or presentation, you will be notified and are welcome to come. _____ Initial

Please provide an accurate Proof of Income for your household to use the Sliding Scale to calculate your rate of pay for affordable childcare services. _____ Initial

It is your responsibility to see that your child is prepared each day with their lunch, a change of extra clothing, plenty of diapers (We do an hourly diaper check), wipes, diaper ointment, formula for infants and a blanket for naps. You may also bring in your child's cradleboard if they are used to being in it. _____ Initial

Please have your child picked up by 5:15 P.M. There will be a “late pick up fee” of $5.00 for every 5 minutes after 5:15 P.M. _____ Initial

Liability/Insurance Waiver

I, _____, have read the rules and regulations for my child(ren) to be enrolled with the Shoshone-Paiute Tribal Treasures Childcare Learning Center. My signature states and verifies that I will not hold the SPT, TTCC Staff, US Dept. of Health and Human Services, the Administration for Children and Family Services responsible or liable should any harm occur while my child(ren) attends the center. Furthermore, my signatures verify that I have complete understanding that I am the parent/guardian of _____ and will comply with this agreement, understanding my responsibilities and duties as the parent.

I will report any and all changes of income, employment, household members, or health concerns to the Child Development Coordinator so we may work together for the best interest of my child(ren).

_____ Date: _____
Parent/Guardian Signature

_____ Date: _____
TT CCLC Coordinator Signature

Financial Agreement Contract

- Billing services will occur monthly and are due by the 15th of each month.

Based on the NV Division of Welfare and Supportive Services Child Care Policy Manual Sliding Fee Scale and HHS 2021 Poverty Guidelines – Federal Register Vol. 86, No. 19 and calculated according to 45 CFR 98.80 and 2015-2019 Median Income for the Duck Valley Indian Reservation, (http://dwss.nv.gov/Care/Childcare).

Your Gross Monthly Income: $_____ Your Spouse’s Gross Monthly Income: $_____ Household Size: _____ Category: _____ Daily Rate: $ _____/Day

_____ Date: _____
Parent/Guardian Signature

_____ Date: _____
TTCCLC Coordinator Signature