



**Rosebud Sioux Tribe Child Care Program**  
Day Care Program Sicangu Oyate Cikala Waunspe Oti  
PO Box 130, Rosebud, South Dakota 57570  
Phone: 605-747-5264 Fax: 605-747-5886  
[www.rstchildcare.com](http://www.rstchildcare.com)



## Sicangu Oyate Cikala Waunspe Oti!

Dear Parent/Guardian,

Thank you for your interest in the **Sicangu Oyate Cikala Waunspe Oti!** We are delighted to offer quality childcare services for children ages 6 weeks to 12 years old. Our center is dedicated to providing dependable and enriching childcare experiences that reflect the values and teachings of the Sicangu Lakota Oyate.

**Current hours of operation Monday - Friday 7:30 am - 6:00 pm.**

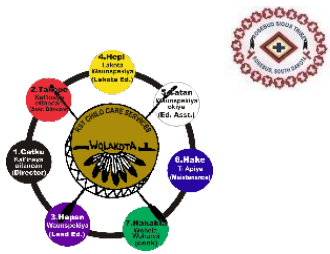
At our center, your child will benefit from:

- **Qualified and Caring Staff:** Our staff undergo continuous training in health, safety, and child development. Each team member passes state and federal background checks, is CPR and AED certified, and is committed to providing a nurturing environment.
- **Cultural Enrichment:** We incorporate Lakota language, teachings, songs, and dance into daily activities, offering children the opportunity to learn and connect with our Lakota way of life.
- **Learning Environments:** We offer engaging outdoor and indoor settings designed to inspire curiosity, creativity, and development.
- **High Nutrition Standards:** Nutrition is a priority, and we introduce a new healthy food each month to expand your child's palate and promote healthy eating habits.
- **Open Communication:** We value transparency and encourage parents to share concerns or suggestions for improvement. Please don't hesitate to contact the Director at **605-747-5264** for any questions or feedback.

To begin the enrollment process, the following documents are required for each child:

1.  **Application**
2.  **Acceptance Letter from the Sicangu Oyate Cikala Waunspe Oti** w/ a starting date.
3.  **Current Updated Immunization Record.**
4.  **Birth Certificate**
5.  **Medical Information**, including food or medication allergies and emergency contacts.
6.  **Lakota Tiwahe Center Referral Form: Screening completed within 90 days**
7.  **Application for Free and Reduced Priced Meals.**
8.  **Legal Custody Documents** (if applicable).

**Please note that all applications and acceptance letters need to be renewed annually.**



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## Parent Application

### Child Information

Child's Full Name: \_\_\_\_\_

Lakota Name: \_\_\_\_\_

Gender:  Male  Female

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian 1:	Parent/Guardian 2:
Name: _____ DOB: _____	Name: _____ DOB: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
Employer Name: _____	Employer Name: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

### Legal (Please attach all legal documents to application)

Child lives with: \_\_\_\_\_ Is the child in foster care? Yes No

Who has legal Custody of the child? \_\_\_\_\_

Are there any custody issues we need to be aware of? \_\_\_\_\_

\_\_\_\_\_

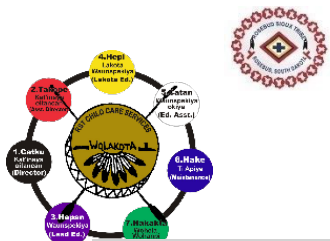


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## Child Care Needs

<p><b>Specify daily hours needed Monday-Friday</b></p> <p>Monday _____ am _____ pm</p> <p>Tuesday _____ am _____ pm</p> <p>Wednesday _____ am _____ pm</p> <p>Thursday _____ am _____ pm</p> <p>Friday _____ am _____ pm</p> <p>Total hours of care needed a week? _____</p> <p>Are these hours subject to change? _____</p> <p>Is your child attending school? Yes    No</p> <p>If yes:   <input type="checkbox"/> Early Head Start   <input type="checkbox"/> Head Start   <input type="checkbox"/> Elementary  <input type="checkbox"/> Middle School   <input type="checkbox"/> Other _____</p>	<p><b>Age: (circle age of your child) and Rates:</b></p> <p><b>Infants &amp; Toddlers (0-3 years):</b></p> <p>Current \$3.00 hr Rate will increase by 8/1/25 to \$3.90/hr</p> <p><b>Preschool (3-5 years):</b></p> <p>Current \$2.85 hr Rate will increase by 8/1/25 to \$3.85/hr</p> <p><b>School Age (6+ years):</b></p> <p>Current \$2.75 hr Rate will increase by 8/1/25 to \$3.70/hr</p> <p><b>Special Needs:</b></p> <p>Current \$5.00 hr Rate will increase by 8/1/25 to \$6.80/hour</p>
<p><b>Does your child have any special needs?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No          (If yes, please attach documentation.)</p> <p><b>Is your child on an IEP?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>Does your child have any challenging behaviors?</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, Explain _____</p> <p><b>Does your child have issues with biting?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, Explain _____</p> <p><b>Is your family experiencing homelessness?</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No _____</p>	<p><b>Any Food Allergies?</b>   Yes   No   if yes, explain and attach doctor notes. _____</p> <p><b>Any special foods, milk, or other allergies we need to be aware of?</b> _____.</p> <p><b>Infant Formula:</b> By participating in the Child and Adult Care Food Program, (CACFP) our center is required to offer iron-fortified infant formula to infants enrolled for care in our center. We offer <b>Enfamil-Gentlease</b> to all infants enrolled. If you do not wish to use this brand, we kindly ask you to bring the brand your child prefers.</p> <p><input type="checkbox"/> YES, I Accept the brand of iron-fortified infant formula offered by the center and request the Center to supply formula for my child.</p> <p><input type="checkbox"/> NO, I decline the brand of iron-fortified infant formula offered by the center and have chosen to supply my own infant formula.</p>



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## Medical Information Section

### Physician's Information

- Physician's Name: \_\_\_\_\_
- Physician's Phone Number: \_\_\_\_\_

### Medical Authorization

I, the undersigned parent/guardian, authorize **Sicangu Oyate Cikala Waunspe Oti** to consent to all necessary medical treatment and hospital procedures as deemed necessary by the attending physician and/or paramedics for my child in the event of an emergency if I cannot be reached.

I understand and agree that this authorization is provided to ensure the safety and well-being of my child, and I will not hold the Day Care Center responsible for any medical treatment or procedures performed in such circumstances.

Parent/Guardian Initials: \_\_\_\_\_

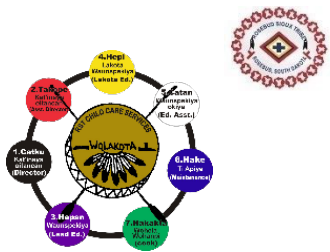
### Emergency Contact Information

- Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

Please ensure all information is accurate and up to date. Thank you for helping us provide a safe and caring environment for your child!

**Household Members:** Please list all persons living in the household:

Name:	Relationship to Child:



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### Consent for Daily Activities

I, the undersigned parent/guardian, provide consent for the following activities and permissions for my child while attending **Sicangu Oyate Cikala Waunspe Oti Day Care Center**:

**Walking Trips:** I give permission for my child to participate in supervised walking trips on and near the daycare premises. Yes No

**Water Play:** I consent to my child participating in supervised water play activities. Yes No

**Physical Activities** I allow my child to engage in various physical activities as part of the daily curriculum. Yes No

**Photographs and Videos:** I give permission for my child to be photographed or recorded for use in brochures, newsletters, and other promotional materials. Yes No

**Smudging:** I grant permission for smudging (a cultural practice involving the burning of medicinal plants) to be performed around my child as part of the daycare's activities.

**Trying New Foods:** I consent to my child trying new foods provided by the daycare, with prior notification of the menu. I understand that I have the opportunity to review and provide input on healthy menu selections. Yes No

**Participate in Lakota Song and Dance:** Yes No If you would like to create regalia for your child to participate in our Annual Youth Pow Wow every August. What Dance Category would your child like to dance? \_\_\_\_\_.

**Need Assistance in obtaining a Lakota Name for your child?** Yes No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Child Care Assistance Billing

- Do you need financial assistance with childcare to work?  Yes  No
- Have you applied for State Child Care Assistance?  Yes  No
- Do you need information about the State Application?  Yes  No
- Have you applied for Tribal Child Care Assistance?  Yes  No
- Do you need information about the Tribal Application?  Yes  No
- Will you be paying for your childcare out of pocket?  Yes  No



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## Attendance Policy

At **Sicangu Oyate Cikala Waunspe Oti** maintaining clear communication regarding your child’s attendance is essential to ensuring proper care and planning. Please review the following attendance policy carefully:

### 1. Notification of Absences

Parents/guardians must notify the center if their child will be absent. 605-747-4441

### 2. Unnotified Absences

- If a child is absent for two (2) consecutive days without notification, the Team Leader or Office Manager will attempt to contact the parent/guardian.
- If contact cannot be made by the third day, the child will be withdrawn from the center.

### 3. Billing Policy

- Parents/guardians are charged for all scheduled hours regardless of attendance unless specific exceptions apply (see below).
- If a doctor’s note is provided for an illness or injury, charges will be waived during the period of absence, and billing will resume when the child returns to the center.

### 4. Leave Exceptions

- **Spiritual Leave or Bereavement Leave:** Parents/guardians will not be billed during these types of absences, provided a written letter explaining the reason for the leave is submitted to the center.

### 5. Reimbursement and Billing Guidelines

- Billing will follow the **State Provider Reimbursement Guide**. You may access this guide at <http://dss.sd.gov/childcare/childcareassistance>.
- If you would like a printed copy of the guide, please inform the center, and we will provide one for you.

6. Late Pick Up Policy: Fee: \$10 for the first 5 minutes after 6:00 pm. \$1 per additional minute per child.

7. Deposit Policy: A \$100 deposit is required for: Self-pay families: Families starting before receiving state or tribal certificates: Deposits are refundable upon disenrollment if the bill is fully paid.

### Parent/Guardian Acknowledgment

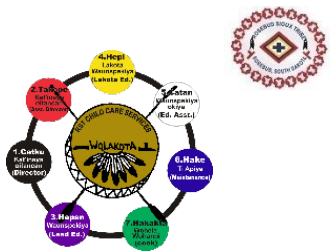
By signing below, I acknowledge that I have read and understand the Attendance Policy:

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian Acknowledgment

By Initialing below, I acknowledge that I have received Parent Handbook:

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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**Payment Policy: Supporting Financial Responsibility**

At our center, we understand that financial challenges can arise and are committed to working with families to support continued care. However, timely payments are essential to maintain high-quality services for all children in our care.

**Billing:** Every First of the month bills are distributed, and they are due by the 20<sup>th</sup> of every month. **Payments must be made by money order.**

**Grace Period:** If payment is not received by the due date, the parent/guardian may contact the Center to ask for a grace period extension and sign a promise to pay.

**Temporary Suspension:** If the outstanding balance remains unpaid after the grace period, childcare services will be temporarily suspended until the full balance is paid.

**Service Termination:** If the balance remains unresolved for more than five business days following suspension, services will be discontinued. At this point, the account may be referred to small claims court unless alternative payment arrangements are made.

**Reassignment of Enrollment:** If payment is not resolved within five days of suspension, your child’s spot may be reassigned to another family. In such cases, your child will be placed on the waiting list until the balance is fully settled.

**Emergency Care Policy: Prioritizing Immediate Needs**

We understand that unexpected situations may arise, and we are committed to supporting families by offering emergency daycare services based on availability.

**Availability:** Emergency care is offered on a space-available basis. Center staff will assess available spots by 8:30 am each day.

**Requirements:** A completed application must be on file before emergency care can be provided.

**Payment Policy:** Payment for emergency care is due by the next business day. If the balance remains unpaid, the child, along with any siblings enrolled in our program, will not be able to attend until the payment is resolved.

**Support and Questions:** For assistance or to discuss emergency care needs, please contact the Lead Teacher in the Infant/Toddler Room or the Lead Teacher in the Preschool Room.

**Parent/Guardian Acknowledgment**

By Initialing below, I acknowledge that I have read and understand the All policies within the application: Parent/Guardian Initial: \_\_\_\_\_ Date: \_\_\_\_\_