

SPOKANE TRIBE OF INDIANS  
 TRIBAL TANF CHILDREN'S CENTER  
 ENROLLMENT APPLICATION

<b>DATE ENROLLED</b>	<b>DATE LEFT CARE</b>	<b>DATE RE-ENROLLED</b>	<b>DATE LEFT CARE</b>	<b>DATE COMPLETED APPLICATION RECEIVED</b>	
Office Use Only	Office Use Only	Office Use Only	Office Use Only	Office Use Only	
<b>CHILD'S NAME LAST</b>		<b>FIRST</b>	<b>MIDDLE</b>	<b>NAME USED</b>	
<b>BIRTHDATE</b>					
<b>STREET ADDRESS</b>			<b>CITY</b>	<b>ZIP CODE</b>	
<b>CHILD'S PARENT/GUARDIAN'S NAME</b>			<b>CELL PHONE NUMBER</b>	<b>HOME PHONE NUMBER</b>	
<b>MAILING ADDRESS</b>			<b>CITY</b>	<b>ZIP CODE</b>	
<b>EMPLOYER</b>	<b>WORK HOURS</b>		<b>WORK TELEPHONE</b>		
<b>CHILD'S PARENT/GUARDIAN'S NAME</b>			<b>CELL PHONE NUMBER</b>	<b>HOME PHONE NUMBER</b>	
<b>MAILING ADDRESS</b>			<b>CITY</b>	<b>ZIP CODE</b>	
<b>EMPLOYER</b>	<b>WORK HOURS</b>		<b>WORK TELEPHONE</b>		
<b>OTHER PEOPLE TO NOTIFY IN CASE OF EMERGENCY</b>					
<b>NAME</b>		<b>ADDRESS</b>		<b>TELEPHONE NUMBER</b>	
<b>Relationship:</b>				Work: Home: Cell:	
<b>Relationship:</b>				Work: Home: Cell:	
<b>OTHER THAN YOU, WHO HAS PERMISSION TO PICK UP YOUR CHILD</b>					
<b>NAME</b>		<b>ADDRESS</b>		<b>TELEPHONE NUMBER</b>	
				Work: Home: Cell:	
				Work: Home: Cell:	
				Work: Home: Cell:	
<b>WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD</b>					
<b>NAME</b>		<b>REASON</b>			

SPOKANE TRIBE OF INDIANS  
 TRIBAL TANF CHILDREN'S CENTER  
 ENROLLMENT APPLICATION

CHILD'S HEALTH INFORMATION			
DATE OF CHILD'S LAST PHYSICAL EXAMINATION:	CHILD'S HEALTH CARE PROVIDER NAME	TELEPHONE NUMBER	
STREET ADDRESS		CITY	ZIP CODE
SPECIAL HEALTH PROBLEMS		ALLERGIES, INCLUDING DRUG REACTIONS  EXPECTED SYMPTOMS  METHODS OF TREATMENT	
REGULAR MEDICATIONS TAKEN		DEVELOPMENTAL CONCERNS OR ISSUES	
SPECIFIC LIKES		DISLIKES	
IS CHILD FULLY TOILET TRAINED?		DOES CHILD TAKE NAPS?	HOW LONG?
CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN			
<p>I hereby give permission for my child.....            to be given emergency treatment (first aid and CPR) by a qualified staff member at Spokane Tribal TANF Children's Center. I also give my permission for my child/children to be transported by ambulance, aid car, or staff car to an emergency center for treatment.</p> <p>In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.</p> <p>In case of emergency, and if emergency transportation is needed, I....., agree to pay all costs of transportation.</p>			
PARENT/GUARDIAN'S SIGNATURE		PARENT/GUARDIAN'S SIGNATURE	
DATE		DATE	

SPOKANE TRIBE OF INDIANS  
 TRIBAL TANF CHILDREN'S CENTER  
 ENROLLMENT APPLICATION

**CONSENT FOR WALKING FIELD TRIPS**

By signing my name I give permission for my child to participate in walks off of the building property. I am aware I will be notified at least 24-hours in advance if there are any special actions needed to be taken for the walks. Infants and Toddlers that take walks will be pushed in strollers or pulled in a wagon, the preschool class will walk. The children will not cross Division or Francis without prior parent notification.

PARENT/GUARDIAN'S SIGNATURE	DATE	PARENT/GUARDIAN'S SIGNATURE	DATE
-----------------------------	------	-----------------------------	------

**PHOTOGRAPH AUTHORIZATION**

It is possible that the children will be photographed or videotaped from time to time. These photographs and/or videotapes may be used for instructional, informational or publicity purposes. Most often, photographs are used for special projects as well as for labels and decorations throughout the Children's Center and TANF Building. Furthermore, videotaping is often utilized during special events for commemorative purposes.

\_\_\_\_\_ I give permission for my child to be photographed by person's having the permission of the STOI-TANF Child Care Program

\_\_\_\_\_ I do NOT give permission for my child to be photographed

PARENT/GUARDIAN'S SIGNATURE	DATE	PARENT/GUARDIAN'S SIGNATURE	DATE
-----------------------------	------	-----------------------------	------

**IMMUNIZATION STATUS**

- COMPLETED CERTIFICATE OF IMMUNIZATION STATUS RECEIVED ON \_\_\_\_\_ CHILD IS UP-TO-DATE ON THEIR IMMUNIZATIONS.
- COMPLETED CERTIFICATE OF IMMUNIZATION STATUS RECEIVED ON \_\_\_\_\_ CHILD IS **NOT** UP-TO-DATE ON THEIR IMMUNIZATIONS, BUT THEY WILL BE COMPLETED AS RAPIDLY AS MEDICALLY POSSIBLE. AN IMMUNIZATION PLAN WILL NEED TO BE PROVIDED.
- COMPLETED EXEMPTION TO IMMUNIZATION LAW RECEIVED ON \_\_\_\_\_

SPOKANE TRIBE OF INDIANS  
 TRIBAL TANF CHILDREN'S CENTER  
 ENROLLMENT APPLICATION

**CHILD CARE AGREEMENT**

I, \_\_\_\_\_, THE LEGAL GUARDIAN OF \_\_\_\_\_

AGREE TO THE FOLLOWING (CHECK ALL THAT APPLY):

- FOLLOW THE PROCEDURES IN THE PARENT HANDBOOK.
- OBTAIN A SPECIAL CARE PLAN IF APPLICABLE.
- MAKE PAYMENTS FOR TOTAL INVOICED AMOUNT BY THE 5<sup>TH</sup> OF EACH MONTH.
- ARRIVAL TIME: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_
- LATE FEE \$1.00 PER MINUTE TO BE PAID BEFORE CHILD RETURNS TO DAYCARE.
- COOPERATE WITH CHILD CARE, HEALTH CARE PROVIDERS, SPECIAL NEEDS CONSULTANTS IN THE FOLLOW UP OF ANY MEDICAL, DENTAL, OR DEVELOPMENTAL NEEDS OF MY CHILD.
- NOTIFY THE STAFF WHEN MY CHILD IS ILL OR ANY FAMILY MEMBER HAS A CONTAGIOUS DISEASE.
- COMPLETE A MEDICATION CONSENT FORM WHEN REQUESTING MEDICATION ADMINISTRATION.
- PROVIDE THE PROGRAM STAFF WITH EXTRA CLOTHES, DIAPERS, WIPES, INFANT FORMULA

PARENT/GUARDIAN'S SIGNATURE	DATE	PARENT/GUARDIAN'S SIGNATURE	DATE
STREET ADDRESS	CITY	ZIP CODE	TELEPHONE NUMBER
CHILDCARE MANAGER SIGNATURE			DATE