



Nisqually Indian Tribe  
Early/Head Start  
4820 She Nah Num Drive SE  
Olympia, WA 98513  
Office: (360) 456-5221 Fax: (360) 486-9592

Thank you for your interest in enrolling your child into the Nisqually Tribe Early/Head Start Program.

Please find enclosed the enrollment packet for the school year 2020-2021. Listed below is an itemized check list to help you organize the documentation needed when you submit your completed application to us.

**Please Note:** If your application is incomplete we cannot process it for consideration for enrollment. However, should you have any questions regarding the application, you may contact the individuals below and they will be happy to assist you.

Chenoa Perez Vargas ext. 1215  
Ashley Rosado ext. 2207

**What is a completed application to Early/Head Start:** A completed application packet is one that has each question answered on the forms enclosed, and each form signed and dated by the Parent/Guardian. You may see forms within the packet that will be highlighted by staff; you only need to fill in the highlighted areas on these forms. As well, the information below must be returned with your completed application before we can consider your enrollment application complete.

**The following information must be returned with the **complete** application:**

1.  **Income Verification**  
(Tax return, current pay-stub, DSHS Monthly Statement, TANF Statement, Food Stamps Authorization, etc.)
2.  **Child's Birth Verification:**  
(Birth Certificate, Tribal Enrollment Card with Birthdate noted, Baptism Certificate, Current Medical Coupon.)
3.  **Immunization Record**
4.  **Annual Well-Child Exam**
5.  **Annual Dental Exam**
6.  **Verification of Residency**

**If applicable, please attach the following documentation:**

7.  Foster Children & Joint Custody (Full Copy of Court Order.)
8.  Individual Education Plan (If Child is Diagnosed with Special Needs and Receiving Services.)
9.  Individual Family Service Plan (If Infant/Toddler are Diagnosed with Special Needs or Receiving Services.)



**Nisqually Indian Tribe**  
**Early/Head Start**  
**Family Information/Income/Emergency Contacts**

Primary Adult Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Family Information**

**Living Address**

Living Address	City	State	Zip	County
----------------	------	-------	-----	--------

**Mailing Address** Same as Living Address  Yes  No

Mailing Address	City	State	Zip	County
-----------------	------	-------	-----	--------

**Primary Contact**

Phone Number(s)	Phone Type (Check one)	Notes (best time to call, work ext., etc.)	Opt-In for Text Messages
	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Household Information**

Num. in Household: _____	Num. in Family: _____	Total Num. of Children: _____	Num. of Children 0-3: _____	Num. of Children 4-5: _____		
Parental Status	Primary Language at Home	Homeless Family	Active Duty/Military	Ref. Child Welfare Agency	Rec. Snap	WIC
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Family Income**

TANF Status	SSI	Unemployed	<i>If yes, No Income Statement Completed</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly (not now)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Member	Income Source	Amount	Per	Annual Amount	Type <sup>1</sup>	Desc. <sup>2</sup>	Verif. <sup>3</sup>

Income Notes: \_\_\_\_\_

<b>1. Type Codes</b> ERN-Earned SUB-Subsidized	<b>2. Description Codes</b> PEN-Pension SSI-SSI SS-Social Security	<b>3. Verification Codes</b> CS-Check Stub W2-W-2 EL-Employer Letter TAN-TANF
---	---	--

**Emergency Contacts**

Contact 1	Name	Relationship to Child	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Release Child to
	Address	City State Zip	
	Phone 1: Type/Notes	Phone 2: Type/Notes	Phone 3: Type/Notes
Contact 2	Name	Relationship to Child	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Release Child to
	Address	City State Zip	
	Phone 1:	Phone 2: Type/Notes	Phone 3: Type/Notes
Contact 3	Name	Relationship to Child	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Release Child to
	Address	City State Zip	
	Phone 1: Type/Notes	Phone 2: Type/Notes	Phone 3: Type/Notes

**Please Note: Emergency Contacts cannot be the Parent/Guardian.**



Nisqually Indian Tribe  
Early/Head Start

Applicant and Family Member Information

Applicant									
First	Middle	Last	Suffix	Nickname	Birthdate	Gender	SSN	Alt ID	
Race			Hispanic	English Proficiency	Other Languages		Other Language Proficiency		
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient			<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient		
Primary Health Coverage		Other Coverage		Insurance #	Medicaid Eligibility		Doctor/Medical Home		
					<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially				
Dental Coverage			Dental Coverage #			Dentist/Dental Home			
Primary Adult									
First	Middle	Last	Suffix	Nickname	Birthdate	Gender	SSN	Alt ID	
Race			Hispanic	English Proficiency	Other Languages		Other Language Proficiency		
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient			<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient		
Highest Grade Completed		Employment Status			Child's Relationship		Custody	Check all that Apply	
<input type="checkbox"/> Associate's <input type="checkbox"/> <Grade 12 <input type="checkbox"/> Bachelor's <input type="checkbox"/> GED <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> HS Graduate <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> Master's		<input type="checkbox"/> Full time <input type="checkbox"/> FT & Training <input type="checkbox"/> Part Time <input type="checkbox"/> PT & Training <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired and Disables			<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives w/ Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent	
Email Address:						If Teen Parent, Subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Secondary or Other Adult									
First	Middle	Last	Suffix	Nickname	Birthdate	Gender	SSN	Alt ID	
Race			Hispanic	English Proficiency	Other Languages		Other Language Proficiency		
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient			<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient		
Highest Grade Completed		Employment Status			Child's Relationship		Custody	Check all that Apply	
<input type="checkbox"/> Associate's <input type="checkbox"/> <Grade 12 <input type="checkbox"/> Bachelor's <input type="checkbox"/> GED <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> HS Graduate <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> Master's		<input type="checkbox"/> Full time <input type="checkbox"/> FT & Training <input type="checkbox"/> Part Time <input type="checkbox"/> PT & Training <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired and Disables			<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives w/ Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent	
Email Address:						If Teen Parent, Subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Child (Non-Applicant)*									
First	Middle	Last	Suffix	Nickname	Birthdate	Gender	SSN	Alt ID	
Race			Hispanic	English Proficiency	Other Languages		Other Language Proficiency		
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient			<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient		

Note: If family has more than one child applying for services, please complete a separate copy of this form for each applicant.



Nisqually Indian Tribe

Early/Head Start

Verification of Residency Statement

One of the documents listed below must be provided in order to verify residency within the Nisqually Early/Head Start attendance area. The document must show the legal parent/guardian’s name and address and must be dated within the past 30 days. Post office boxes are not acceptable as residence addresses.

- Gas or Electric Bill
- Escrow Papers or Mortgage Statement
- Cable TV Bill
- Renters Insurance Statement
- Garbage Bill
- Rental Agreement/Lease
- Water/Sewer Bill
- (verification may be required)

Parent/Guardian’s Name: \_\_\_\_\_

Parent/Guardian’s Address: \_\_\_\_\_

1<sup>st</sup> Student’s Name: \_\_\_\_\_

2<sup>nd</sup> Student’s Name: \_\_\_\_\_

3<sup>rd</sup> Student’s Name: \_\_\_\_\_

4<sup>th</sup> Student’s Name: \_\_\_\_\_

I declare that the above-named student(s) reside(s) at the address shown above and on the document provided. I will notify the school within 1 week of residency changes and agree to provide new residency documentation and an updated signed statement at that time. If I move outside of the district, I understand that my child may not be eligible for services and I will be referred to ESD113 and Child Care Action Council for services within in my area.

I understand that falsification of any information or documentation required for residency verification or the use of any address where the student does not reside may result in revocation of student enrollment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Office Use Only	
The document(s) show(s) the name and address of the person(s) enrolling the above name student(s)	
F/HSC Review	Documentation is <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Out of Service Area
Bus Review	Documentation is <input type="checkbox"/> Eligible for Bus Services <input type="checkbox"/> Eligible for Self-Transport <input type="checkbox"/> Out of Service Area



## Nisqually Indian Tribe Early/Head Start

### Automatic Eligibility

Is your family currently receiving TANF Benefits?

Yes  No

(TANF benefits include on-going TANF cash grant, Assessment Program, ERDC and Retention Activities and Services. Not Included are Food Stamps, OHP Medical Card or Emergency Assistance.) Please provide your social security number, or proof that you are currently receiving TANF benefits.

Are you or anyone in your family currently receiving Supplemental Security Income (SSI)?

Yes  No

(If you have any questions about the type of Social Security you are receiving, please call the Social Security Office at 1-800-772-1213.)

Is this application for a foster child placed with you through a Tribe or the State of Washington?

Yes  No

Is your Family Currently Homeless?  Yes  No

(Living temporarily in shelters, hotels, or vehicles; or moving frequently between the homes of relatives and friends.)

If you answered "Yes" to any of the above, you are automatically income eligible for Head Start services. You may be asked to provide verification(s). Go to the next section.

---

### Family Income Definition

Income (see definition below) must include the total income of all members of the family listed above for either the past 12 months or for the previous calendar year, whichever more accurately reflects your family's current situation.

I Have Enclosed One of the Following Required Documents for Income Verification

- |  |  |
|--|--|
| <input type="checkbox"/> Pay Stubs (12 months) | <input type="checkbox"/> Individual Income Tax Form 1040               |
| <input type="checkbox"/> W-2 Forms             | <input type="checkbox"/> Written Statement from Employer/Pay Envelopes |

I Have Enclosed One of the Following Additional Types of Income Verification

- |   |   |
|---|---|
| <input type="checkbox"/> Unemployment Information | <input type="checkbox"/> Child Support Information  |
| <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Financial Aid Award Letter |

**Head Start Program Definition of Income:**

Income means total cash receipts before taxes from all sources, with certain exceptions. Income includes: (1) money, wages or salary before deductions; (2) net income from non-farm or farm self-employment; (3) social security or railroad retirement; (4) unemployment compensation, strike benefits, worker's compensation, veterans benefits, or public assistance; (5) training stipends; (6) alimony, child support, military family allotments, other regular support from absent family member or someone not living in the household; (7) private pensions, government pensions including military retirement, insurance or annuity payments; (8) college scholarships, grants, fellowships, assistantships; (9) dividends, interest, net rental income, net royalties, receipts from estates or trusts; (10) net gambling or lottery winnings.



Nisqually Indian Tribe  
Early/Head Start

Child and Adult Care Food Program  
ENROLLMENT FORM

Exhibit 23.10

PART 1 – CHILDREN’S INFORMATION			
Child’s Name	Birthdate	Circle Normal Days/ Print Normal Hours of Care	Circle Meals Normally Received
		Sun Mon Tu Wed Th Fri Sat Normal Hours ___ to ___	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack
		Sun Mon Tu Wed Th Fri Sat Normal Hours ___ to ___	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack
		Sun Mon Tu Wed Th Fri Sat Normal Hours ___ to ___	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack
		Sun Mon Tu Wed Th Fri Sat Normal Hours ___ to ___	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack
		Sun Mon Tu Wed Th Fri Sat Normal Hours ___ to ___	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack

**PART 2 – IDENTIFYING INFORMATION AND CERTIFICATION OF DATA – You Are Not Required To Answer This Part.**

Check the ethnic and racial category of your child. We need this information to be sure that everyone receives benefits on a fair basis.

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race:

White

Black or African American

Asian

American Indian or Alaskan Native

Native Hawaiian or Pacific Islander

Multi-Racial

No child will be discriminated against because of race, color, national origin, gender, age, or disability.

If you feel you have been discriminated against, you should write the Secretary of Agriculture, Washington, DC 20250.

**PART 3 - SIGNATURE**

Signature of Adult	Date	Print Name of Adult Signing
Mailing Address	City/State/Zip Code	Daytime Phone
<b>Year 2</b>		
Signature of Adult	Updated	Print Name of Adult Signing
<b>Year 3</b>		
Signature of Adult	Updated	Print Name of Adult Signing



Nisqually Indian Tribe  
Early/Head Start

Joint Custody/Court Order Form

---

Is the applicant child in a joint custody/foster care/placement situation?

Yes  No

Applied Child Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent/Guardian #1

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian #2

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please Note: If there is a court order citing full custody or placement Head Start will need a full copy of the court order before processing the application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



### Pick-Up & Drop-Off Information

**Pick-up Address:**

**Pick-up Address and Phone Number:** Is this a Daycare Center? Yes  No

If **Yes**, Name of Daycare and Caregiver: \_\_\_\_\_

If **No**, Name of Parent/Guardian, or Caregiver:  
\_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Drop off Address:**

**Drop-off Address and Phone Number:** Is this a Daycare Center? Yes  No

If **Yes**, Name of Daycare and Caregiver: \_\_\_\_\_

If **No**, Name of Parent/Guardian, or Caregiver: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Who can your child be released to:**

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>	<u>Emergency Contact/Release</u>	
_____	_____	_____	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Release Child to
_____	_____	_____	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Release Child to
_____	_____	_____	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Release Child to
_____	_____	_____	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Release Child to
_____	_____	_____	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Release Child to
_____	_____	_____	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Release Child to

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





Nisqually Indian Tribe  
Early/Head Start

Emergency Consent Form

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Employers Name/Work Phone Number \_\_\_\_\_

Physicians/Clinic Name & Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist/Clinic Name & Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please list and explain any special health problems such as asthma, diabetes, epilepsy, etc.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Initial</b>	<b>Permission Description</b>
	I give permission to provision of first aid treatment by a qualified staff member for my child if deemed necessary by staff.
	In any emergency situation, if deemed necessary by staff, I give permission to transport my child by car, ambulance, or any rescue squad to a licensed physician, clinic or emergency room of an accredited hospital.
	In the event that I cannot be contacted, I further consent to medical, dental, surgical and hospital care treatment and procedures to be performed for my child by a licensed physician, dentist, or hospital when deemed immediately necessary or advised by the physician to safeguard my child's health.

*This consent is valid for the current school/program year of 2020-2021 after the date signed.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Note: Please inform the individuals listed above that they have been identified as an emergency contact person for your child and they may be contacted in the event of an emergency.**



Nisqually Indian Tribe  
Early/Head Start

Consent and Permission

Today's Date: \_\_\_\_\_

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

Family Name: \_\_\_\_\_

Please make sure that the correct statement is checked followed by your initials, and then sign and date below.

Consent for Program Screenings:

Initials

- Vision/Hearing Screening \_\_\_\_\_
- Height/Weight Screening \_\_\_\_\_
- Developmental Screening (ASQ) \_\_\_\_\_
- Social/Emotional Screening (ASQ) \_\_\_\_\_
- Classroom Observations \_\_\_\_\_
- Share Health/Assessment Records (with School District) \_\_\_\_\_
- Video Tape/Pictures of child during classroom activities  
(may be used for promotional program brochure, training, etc.) \_\_\_\_\_
- Dental Screening/Exams (that may include cleaning and x-rays.) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

1. Is your child a patient of the Nisqually Dental Clinic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. If yes, do you give permission for Head Start Staff to take your Head Start Child to their scheduled dental appointment(s), if you are unable to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Note:</b> Appointments will only be made by the parent, unless the parent specifically requests staff to do so.		



Nisqually Indian Tribe  
 Early/Head Start  
**Release of Records**

4820 She Nah Num Drive SE  
 Olympia, WA 98513  
 (360) 456-5221  
 Fax: (360) 486-9592

I understand the confidentiality of any personal and/or identifiable information on my child shall be maintained in accordance with federal and state regulations and used only for educational benefit of my child. Any personal and/or identifiable information about my child will be released only with consent, as shown on the signature line of this document. With this information I hereby grant the:

Name of Agency from where the information will come from (below):

---

Permission to release the following documents of information to Nisqually Indian Tribes:

- |  |   |
|--|---|
| <input type="checkbox"/> Head Start                          | <input type="checkbox"/> Early Head Start               |
| <input type="checkbox"/> Medical Information/Records         | <input type="checkbox"/> Assessment Reports             |
| <input type="checkbox"/> Immunization Records                | <input type="checkbox"/> Progress Reports               |
| <input type="checkbox"/> Dental Information/Records          | <input type="checkbox"/> Individual Education Plan      |
| <input type="checkbox"/> Clinical Reports/Notes              | <input type="checkbox"/> Individual Family Service Plan |
| <input type="checkbox"/> Childs Health & Nutritional History | <input type="checkbox"/> Other: _____                   |

Childs Name: \_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

**Note:** This form is in effect from the date it is signed through the current school year 2020-2021.



**Nisqually Indian Tribe  
Early/Head Start  
Bus Policy**

There may be slight changes in the times your child is picked up and dropped off due to unpredictable situations such as weather conditions, traffic, absenteeism of other children, and variable changes in routes. Therefore, we ask for your patience and cooperation to ensure the safety and efficiency of the transportation service of your child.

**Please initial the appropriate space after reading the policies of the program.**

Initial	Bus Policy Agreement
	Any requests for changes in pick-up or drop-off destinations must be given to the Transportation Department 3 Days in Advanced
	Please notify Transportation if you do not need pick up service. Our cell number is 360-790-1828. This number is accessible 24 hours a day.
	It is your responsibility to walk your child to and from the bus. The Monitor will assist your child with securing them in their safety equipment.
	If no one is at the appointed drop-off site, your child will be returned to school and it is the parent's responsibility to contact the school within 1 hour from time class is released. It is a Washington State law that we report the child as abandoned to the local or Tribal Police and CPS/ICW if no contact is made by that time. Parents who self-transport their child must pick-up the child by 3:30pm.
	It is necessary for you or another adult identified by our transportation release form to be at the appointed drop-off site at least 30 minutes prior to drop-off time to accommodate changes in the bus schedule.
	There is no food, drinks, backpacks or toys allowed on the bus.
	Inappropriate behavior, bad language, including spitting will not be tolerated, and appropriate action will be taken.
	All passengers must wear a seat belt/restraint at all times while riding the bus.
	Parents who transport their children to Early/Head Start must accompany their child into their classroom and sign them in with the teacher.
	All children must be signed off the bus by an authorized person from your child's release form. People other than yourself, may be required to show proper identification before the driver releases your child into their custody.
	In case the bus breaks down while in route, the bus driver will contact E/HS Director/Manager and staff will arrange for another bus and/or tribal vehicle to transport children back to E/HS; if staff is unavailable, parents will be notified to pick up their child to be transported back to E/HS in an insured private vehicle.

**SNOW DAYS:** Please tune into KIRO or any local news channel (4, 5, 7, or 13) Look for an announcement for Nisqually Tribe Early/Head Start. If Nisqually Head Start does not appear on the thicker tape, please note that **we follow Yelm School Districts closure or delayed policies**. For instance, if Yelm/North Thurston Schools Head Start or Preschool Classes are closed, or delayed than Nisqually E/HS is closed.

**I have read and understand the transportation/ bus policies & procedures. By initialing this form, I agree to abide by the above mentioned policies.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Nisqually Indian Tribe

Early/Head Start

Self-Transportation Agreement


Please initial in all appropriate spaces after reading the policies of the program:

Initial	Self-Transportation Agreement
	It is your responsibility to walk with your child to and from the building.
	It is your responsibility to keep your child safe, holding your child's hand in the parking area.
	It is your responsibility to sign your child in and out of class.
	Children are not to be left alone at any time in the classroom – you must stay with your child until the teacher is present.
	While dropping off and/or picking up your child from Early/Head Start all other children under the age of 8 will not be left unattended in your vehicle.
	If you are self-transporting your child, you agree to have your child in class on time when class begins, and to pick your child up on time when class ends.

I have read and understand the Transportation Policies and Procedures. By signing this form I agree to abide by the Self-Transportation Agreement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Nisqually Indian Tribe  
Early/Head Start  
Child's Medical and Dental Provider Information

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

Date: \_\_\_\_\_

**Medical Insurance Type:**

\_\_\_ Public Assistance (DSHS Coupons, Basic Health, etc.)

\_\_\_ Indian Health Services (IHS)

\_\_\_ Private Coverage

\_\_\_ None

\_\_\_ Other: Specify \_\_\_\_\_ (i.e., military, etc.)

**Primary Medical Care Provider:**

\_\_\_ No Primary Medical Provider

Name of Doctor/Clinic: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**Dental Insurance:**

\_\_\_ Yes

\_\_\_ No

**Primary Dental Care Provider:**

\_\_\_ No Primary Dental Provider

Name of Dental Clinic: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Per Early/Head Start Policy, Parent/Guardians must notify the Family/Health Services Coordinator of any changes to the child's medical or dental homes.

All information must remain current for the 2020-2021 school year.



Nisqually Indian Tribe  
Early/Head Start  
Child Health History

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

Gender: M  F

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

Pregnancy/Birth History	Yes	No	If yes, please explain:
1. Did you/or the mother have any health problems during pregnancy or during delivery of your child?			
2. Was your child born more than 3 weeks early or late?			
3. What was your child's birth weight?	---	---	lbs.                  oz.
4. Were there any complications during birth with your child or mother?			
5. Were there any complications with your child while in the nursery?			
6. Did your child or mother stay in the hospital for medical reasons longer than usual?			
7. Is Mom pregnant now?			
8. Was your child affected by drugs or alcohol at birth?			
Hospitalization and Illness	Yes	No	If yes, please explain:
9. Has your child ever been hospitalized or operated on?			
10. Has your child ever had a serious injury (broken bones, head injury, fall, burn, poisoning)?			
11. Has your child ever had a serious illness?			
Health Problems	Yes	No	If yes, please explain:
12. Does your child have frequent: __ Sore Throat __ Cough __ Urinary Infections/trouble urinating __ Stomach pains, vomiting, diarrhea			
13. Does your child have difficulty seeing (squints, crosses eyes, looks closely at books)?			
14. Is your child wearing (or supposed to wear) glasses?			



Nisqually Indian Tribe  
Early/Head Start  
Child Health History

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

Gender: M  F

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

Health Problems Cont.	Yes	No	If yes, please explain:
1. Has your Child ever had convulsions or a seizure? Is your child taking medications for seizures?			When did it last happen? What medicine?
2. Is your child taking any other medications now?  Will medication need to be given to your child while at Early/Head Start?			What medicine?
3. Does your child see a physician?  Does your child see a dentist?			Physicians Name:  Dentist Name:
4. Has your child had: ___ Boils                    ___ Eczema ___ Chicken Pox        ___ Mumps ___ Whooping Cough   ___ Polio ___ Hives                    ___ Scarlet Fever ___ Measles                ___ German Measles			
5. Does your child have: ___ Diabetes                ___ Asthma ___ Bleeding Tndcy       ___ Epilepsy ___ Liver Disease        ___ Rheumatic Fever ___ Sickle Cell Disease			If yes, what are they being treated for:
6. Does your child have any allergy problems? (rash, itching, swelling, difficulty breathing) ___ When eating foods? ___ When taking medication? ___ When near animals, fur, insects, dust?			If yes: List what your child is allergic to, reactions and treatment:
7. Do any of the conditions we've talked about get in the way of the child's everyday activities? (such as questions 14, 16, 18, 21, 22, 23)  Did a doctor or health professional tell you that the child has this problem?			Describe how:  When?

**Lead Poisoning & Anemia Blood Test:**

If your child was screened for lead poisoning at age 1 and 2 years, please provide a medical note from your physician stating the results. In circumstances where your primary care provider will not perform lead testing, local health clinics may be utilized.

***If you refuse the blood test, and/or were not or like to be screened please initial and date the following statement:***

I decline the lead and anemia blood testing. \_\_\_\_\_ (initials)      Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





Nisqually Indian Tribe  
Early/Head Start  
Child Health History

**Physical and Social Development**

These Questions will help us understand your child better and know what is usual for them and what may be unusual that should be concerned about.

Child's Name: \_\_\_\_\_ Gender: M  F  Date of Birth \_\_\_\_\_

Physical and Social Development	Yes	No	If yes, please explain:
1. Can you tell me one or two things that your child is interested in or does especially well?	---	---	1. 2.
2. Does your child take naps?			If yes, when and for how long?
3. Does your child sleep less than 8 hours a day or have trouble sleeping (such as being fretful, having nightmares, wanting to stay up late)?			If yes, describe sleeping arrangements:
4. How does your child tell you that they need to go to the toilet)?	---	---	Please explain:
5. Does your child need help going to the toilet during the day or night?			
6. Does your child wet their pants?			
7. How does your child act with adults they do not know?	---	---	Please explain:
8. How does your child act with children their own age?	---	---	Please explain:
9. How does your child act when playing with a group of other children?	---	---	Please explain:
10. Does your child worry a lot or are they afraid of anything?			If yes, what things seem to cause them to worry or be afraid?

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Nisqually Indian Tribe  
Early/Head Start

Child Health History

**Physical and Social Development**

These Questions will help us understand your child better and know what is usual for them and what may be unusual that should be concerned about.

*Continued from previous page*

Child's Name: \_\_\_\_\_ Gender: M  F  Date of Birth \_\_\_\_\_

<b>Physical and Social Development Continued</b>			
11. Children learn to do things at different ages. I'm going to list some things children learn at different times and ask you to answer them the best you can recall and how age appropriate you think it was. This will assist us in fitting our program to your child.			
<b>Physical and Social Development</b>	<b>Yes</b>	<b>No</b>	<b>If yes, please explain:</b>
1. Does your child have any difficulties saying what he/she wants to do or do you have any problems understanding your child?			
2. Does your child often get cranky or cry when they are not tired, hungry, or sick and you can't figure out why?			
3. Have there been any big changes in your child's life in the last 6 months?			
4. Are you or your family having any problems that may affect your child?			
5. Is there anything else that you would like us to know about your child?			

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Nisqually Indian Tribe  
Early/Head Start

Child Health History

Nutrition History

(please check the correct answer)

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

Gender: M  F

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

Nutrition History	Yes	No	If yes, please explain:
1. Is your child allergic to any foods?			
2. Has a doctor, nurse, or nutritionist suggested any special diet for your child?			
3. Does your child take vitamin or mineral supplements at home?			
4. Are there any foods your child does not or cannot eat for religious or cultural reasons?			
5. Does your child have any trouble chewing or swallowing?			
6. Have there been changes in your child's appetite in the last 3 months?			

7. How often do you serve the following to foods?			
Food Type	Daily	Weekly	Sometimes
Milk, Cheese, Yogurt			
Meat, Fish, Chicken			
Eggs, Dried Beans, Peas, Peanut Butter			
Bread, Rice, Cereal			
Fruit or Fruit Juice			
Vegetables			
Cake, Cookies, Candy, Soda/Pop			
Butter, Oil, Gats			
Traditional Foods			
Please list traditional foods below:			

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Nisqually Indian Tribe  
Early/Head Start

Attendance Policy

The policy of the Nisqually Tribe Early/Head Start is to give children the best possible education by requiring regular attendance to ensure consistent classroom experience.

The Nisqually Tribe Early/Head Start program will analyze the causes of absenteeism when the monthly average daily attendance rate falls below 85%. This analysis will include a study of pattern of absences that occur on consecutive days.

**Procedure:**

- ✚ Parents will sign a declaration of consistent attendance of their child while enrolled in Early/Head Start at the time of enrolling their child into the program;
- ✚ Class times are as followed:
  - ❖ Early Head Start:
    - Wolf (Infant) Room: 8:30 am – 3:30 pm
    - Bear & Rave Rooms: 8:30 am – 3:30 pm
  - ❖ Head Start:
    - Pre-k Salmon Classroom: 8:30am – 3:30pm
    - Eagle & Coyote Head Start Classroom: 8:30 am – 3:30 pm

**Please Note:** Your child(ren) must be picked-up at the time in which their specified class ends.

**Please initial that you have read and agree to the following attendance procedure:**

Parent Initial	Attendance Procedure
	Being on time to class. When children arrive late (after 30 minutes of start time), it causes disruption to the classroom schedule & activities.
	Notify the school by phone call or written notice if my child cannot attend on a school day. The explanation will include why my child will be absent and when my child will return (if known).
	I will leave a message on the teacher’s phone, and/or the Family/Health Services Coordinator phone at 360-456-5221.
	Attendance will be taken on a daily attendance tracking form.
	I will ensure regular & consistent attendance of my child throughout the year.
	If attendance is not regular or chronic absenteeism persists, I understand the F/HSC will set-up a conference to establish regular attendance.
	If regular attendance is not established, and does not remain consistent, I understand it may result in the withdrawal of my child from the program.
	Vacancies will be filled from the wait list according to the Recruitment Selection & Enrollment Policy.

By initialing and signing this form, I understand it is my responsibility to ensure regular and consistent attendance of my child in the program. I also understand if I do not comply with the attendance policy my child may be withdrawn from the program.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Attendance Agreement Declaration

---

The primary mission to Nisqually Early/Head Start is to serve low-income children and families. Once enrolled in to Early/Head Start, children and families are eligible to receive all services offered by the program.

Attendance, participation in program activities, and regular communication between families and staff are vital to the success of your Early/Head Start experience.

In accordance with federal regulations, the programs policy is to maintain regular and consistent attendance. Attendance will be recorded on a daily basis to support regular attendance. If we identify patterns of irregular attendance, we offer you support to help you correct it. However, if attendance remains problematic, and our efforts fail to resolve it, the family's need for services will be re-examined and the program may determine your child's slot as an enrollment vacancy.

We understand individual needs may arise that may temporarily effect children's attendance and we will work with your family to accommodate those temporary needs. It is up to the parent to contact their Family/Health Services Coordinator to report any attendance need or temporary conflict.

By signing this form you agree to make sure your child maintains regular and consistent attendance throughout the program year. Furthermore, if your child will be absent; you agree to contact the school to report your child's absence(s).

I, \_\_\_\_\_ agree to, and will follow the

Attendance Agreement & Policy as provided to me on this date of \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Nisqually Indian Tribe  
Early/Head Start

Signature Page

**Certification:** I certify that the information in this packet is true. If any part is false, my participation in this program may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the Tribe’s personnel policy and is accessible to me during normal business hours.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Verifying Staff Member: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only		
<input type="checkbox"/> Early Head Start Applicant <input type="checkbox"/> Head Start Applicant		
Application Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Documentation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Income Eligible	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
ESC Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes: