‘Hmañ ‘shawa Early Childhood Development Center

2018 - 2019

NEW Student Information

Please Print

Entry Date

Grade

Office use only

Student's Legal Name_____
Last, First, Middle

Name to be called at school_____Date of Birth_____

Is student an enrolled member of the Ft. McDowell Yavapai Nation_____
Yes/No/Pending (Enrollment Number)

If student is not an enrolled member of Fort McDowell Yavapai Nation, please check the appropriate box: □-Child of a Tribal Member; □-Grand child of a Tribal Member; □-Native American living in Community; □-Non-Native living in community; □-Native Child of an Employee; □-Non-Native Child of an Employee

My child will get on the bus at:_____
Home, Day Care, Other

My child will get off the bus at:_____
Home, Day Care, Other

Persons that are **NOT** permitted to pick up my child_____

_____

Household Information

	BIRTH DATE	Lives with YES	Lives with NO
FATHER			
MOTHER			
STEP PARENT			
OTHERS IN HOUSEHOLD			
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

School Field Trip Permission/ Photo Release Permission

This field trip permission form, when signed, will allow your child to be transported to and from regularly scheduled field trips that whole or part of the school is participating in, such as, The FMD Gym, The FMD Library, Fountain Hills, etc, this will include any local trips **within the boundaries of Ft. McDowell or Fountain Hills**.

You will receive another permission form for any other field trips outside the Ft. McDowell or Fountain Hills Boundaries. A separate permission form will be required for each of these trips.

This form **MUST BE SIGNED** by a parent/guardian before any child can participate in a school-sponsored field trip. **NO EXCEPTIONS.**

All reasonable and necessary precautions for safeguarding the school children during the trip will be taken. Beyond this, we will not hold the school or those supervising the trip responsible.

During the school year, photographs/videos of the students may be taken. These photos may be reprinted in the local newspapers, the school annual or brochures. We are requesting your permission to photograph/video your child and print his/her name in connection with any school activities, there is no charge for these services.

Please sign the form to indicate permission for the following:

1. Field Trips within the boundaries of Ft. McDowell and Fountain Hills
2. Photograph/Video Release
3. Release to print name of student.

Physical Education Permission Form

Physical Education is one of the required subjects in which your child will participate. Since physical examinations are not required, we are asking your help in determining limitations of participation. Please list below any limitations or special instructions regarding your child's health that will apply.

If your child cannot actively participate for a long period of time, **a note from your physician is required**. Illness should be identified, and limitations noted with an approximate duration of limitations.
If your child has been excused with a physicians note, **an additional note stating the child can safely resume physical activity is required,** before he/she can return to normal activities.

If there is a temporary illness for a short period of time, a note from the parent is required, stating the approximate length of time the child will not be participating in physical activity. A note will then be required to resume activity.

Student Name_____

Parent/Guardian Signature_____Date_____

PLEASE NOTE
***This form will remain on file and in force until your child no longer attends this school.

Participation Form
Waiver of Liability and Indemnification, Assumption of Risk

PLEASE READ THIS PARTICIPATION FORM THOROUGHLY AND CAREFULLLY BEFORE SIGNING. THIS PARTICIPATION FORM WAIVES LEGAL RIGHTS AND WILL ELIMINAE YOUR ABILITY TO PURSUE FUTURE LEGAL ACTIONS.

I, the undersigned, in consideration of my participation and/or my minor child's participation (if applicable) in the 2018-2019 school year 'Hmañ 'shawa Early Childhood Development Center monthly field trips ("Activity"), hereby take action for myself and/or my minor child, my and/or my minor child's executors, administrators, heirs, next of kin, successors, assigns or anyone else who might claim or sue om my and/or my minor child behalf as follows:

- I understand and acknowledge that participating in a field trip with transportation to and from has dangers that no amount of care, caution, instruction, prevention or expertise can eliminate; therefore, I hereby agree to freely, voluntarily, and expressly assume and accept any and all risks of personal injury, including death, or property damage from my and/or my minor child's (if applicable) participation in the Activity,
- I understand that all claims whatsoever arising from all damages to property which may occur as a result of me and/or my minor child's (if applicable) participation during the Activity, will be my sole responsibility.
- I agree to hold harmless, defend and indemnify the Nation and the Nation's employees, officers, departments, committees, enterprises, and/or affiliates from any and all claims, losses, suits, damages, liabilities and expenses of whatever kind of nature, including reasonable attorney fees, arising out of or resulting in any what from any negligent, reckless or intention al act, error, omission or mistake arising from injury or loss due to my and/or my minor child's (if applicable) participation in the Activity.
- I hereby consent to receive medical treatment for myself and/or my minor child (if applicable) which may be deemed advisable in the event of injury, accident, and/or illness during this Activity. All medical expenses, including medial transportation expenses, which may occur as a result of my and/or my minor child (if applicable) participation in the Activity, will be my sole responsibility.
- I assert that I and/or my minor child (if applicable) are in good health and in proper physical condition to safely participate in the Activity. I and/or my minor child (if applicable) have no known or knowable physical or mental condition that would affect my and/or my minor child (if applicable) ability to safely participate in the Activity or that would result in my participation creating a rist of danger to myself or to other participants.
- I acknowledge that there are rules for the protection of all participants. I and/or my minor child (if applicable) agree to review those rules and follow them throughout the Activity. I recognize that me and/or my minor child (if applicable) failure to abide by all rules may result in discontinued participation.

I understand and agree that this Participation Form is intended to be as broad and inclusive as is permitted by law and that if any term shall be found to be unlawful, void or for any reason unenforceable then this Participation Form, including all the remaining terms, will remain in full force and effect as if such unlawful, void or unenforceable term had never been included. The laws of the Fort McDowell Yavapai Nation shall govern this Participation Form. Any dispute or legal action arising from this Participation Form will be filed with the Tribal Court of the Fort McDowell Yavapai Nation.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS FORM AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT MY VOLUNTARY SIGNATURE BELOW EXPRESSLY WAIVES LEGAL RIGHTS AND ELIMINATES THE ABILITY TO PURSUE FUTURE LEGAL ACTIONS.

_____ _____

Please Print - Parent/Guardian Name Date Please Print legibly - Participant's Name Date

_____

Parent/Guardian Signature Date

If Participant is under 18 years old, Parent/Guardian Must sign

Medical and Health History Form

General Information:

Child's Name	Date of Birth
Address	Best Contact Phone:
City/State	Zip Code
Does the child live with both parents?	Who are the caregivers of the child?
Mother's Name	Father's Name
Family Doctor	Pediatrician
Hospital	Address
Phone	
Brothers/Ages:	Sisters/Ages:

Prenatal and Birth History:

Was your baby full term? Or pre-mature? Child's Birth Weight_____

_____

How long was your baby in the hospital after birth?_____

What type of delivery? Vaginal _____C-Section_____

Were there any complications with the baby at birth?_____

Was your newborn screened at birth for hearing loss? ___unknown ____pass ____fail

Medical history:

Does your child have any medical or physical conditions we should be aware of? **YES/NO**

If yes, what precautions should be taken?_____

_____

***Is your child allergic to any food or other substance? YES/NO? If yes name food(s)or substances to be avoided and procedures to follow if a reaction occurs:_____**

_____

_____

Is your child unusually susceptible to infections?_____If so, what precautions need to be taken?

_____

_____.

Is your child subject to seizures?_____If so, What should be our procedure if one occurs?_____

_____.

Has your child had, or been diagnosed with, any of the following?

Asthma_____Chicken Pox_____Convulsions_____Croup_____Colds_____

Ear Infections_____How many?_____Tubes?_____ Ringing in the ears_____

Draining Ear_____ Sinusitis _____Dizziness_____ Measles_____

Headaches_____ High Fever _____Encephalitis _____Flu _____Mastoiditis_____

Meningitis _____Mumps _____Pneumonia_____ Tonsillitis_____Excema_____

Failure to thrive _____Broken bones?_____ _____

Other_____

Has your child had any surgeries?_____

What type of surgery?_____

When was the surgery? _____

Has your child ever been hospitalized for any reason? When and What for?

_____
_____
_____

Is there any medicines your child takes on a regular basis?_____

Has your child ever had any bad accidents?_____
Has your child seen a dentist? When? Who?_____
Has your child had their eyes (vision) checked?When?_____
Has your child's hearing been checked?_____

Is your child toilet trained? _____Toilet training started at age____ Completed at age____
Problems with bed wetting_____
Does your child need help in gong to the bathroom? If yes please specify

_____
Does your child have occasional potty accidents?_____

Please describe your child's eating habits and attitudes towards eating

_____
_____

Does your child have repetitive habits? (thumb sucking, twirling of hair, rocking) If yes, please specify _____

Has your child ever been diagnosed and/or treated for hyperactivity?

_____

Is there any other information you feel would be helpful in understanding your child more fully?

_____

_____

_____

In case of injury or sudden illness call _____first. In the event that they can not be reached, I, the undersigned parent or guardian of the child named above, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said child as, in the judgement of said doctor or hospital may be required ib ab emergency basis, in the event said child should be injured or stricken ill while participating in an activity sponsored by 'Hmañ 'shawa Early Childhood Development Center.
It is understood that any expenses incurred will be paid for by the parent/legal guardian of the student and their insurance carrier. Payment of the expense is not a school/day care center responsibility.

Parent/Guardian Signature Date

'Hmañ 'shawa Early Childhood Development Center

P.O. Box 17779, Fountain Hills, AZ 85269
Phone (480)789-7227 Fax (480)789-7289

Dear Parent/Guardian

Our Enrichment/Resource Room exists to help children in a number of ways. Some students just seem to benefit from a little extra attention. Your child may visit the Resource Room individually, in small groups, or the Resource Teachers may visit the classroom. Your child may receive help with math, reading, speech and language, motor skills, class projects, etc.

Please give your permission for your child to participate in Resource activities.

Sincerely, The Resource Staff

Your Child's Name_____ Date_____

Parent/Guardian Signature_____

Fort McDowell Yavapai Nation

Education Division

P.O. Box 17779 Fountain Hills, AZ 85269-7779
(480) 789-7140 FAX (480) 816-0479

2018 - 2019

_____ _____ M F
Child's Name Date of Birth

_____ _____
Street Address Best Way to Contact Phone Number

_____ _____
City State Zip Date of Enrollment

_____
Mother/Guardian

_____
Home Address

_____
Workplace

_____ _____
Cell/Home Phone Work Phone

_____
email

_____
Father/Guardian

_____
Home Address

_____
Workplace

_____ _____
Cell/Home Phone Work Phone

_____
email

In case of Emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

1. _____
Name

_____
Address

_____
Telephone

2. _____
Name

_____
Address

_____
Telephone

3. _____
Name

_____
Address

_____
Telephone

4. _____
Name

_____
Address

_____
Telephone

Does your child have any allergies?_____

Does your child have any medical conditions we should be aware of? _____

_____

_____

_____

Parent/Guardian Signature Date

Best Way to Contact in an emergency:

Who:_____

1._____

Cell Phone, Work Phone, Home Phone, Facebook, email.

2._____

Cell Phone, Work Phone, Home Phone, Facebook, email.

3._____

Cell Phone, Work Phone, Home Phone, Facebook, email.

Who:_____

1._____

Cell Phone, Work Phone, Home Phone, Facebook, email.

2._____

Cell Phone, Work Phone, Home Phone, Facebook, email.

3._____

Cell Phone, Work Phone, Home Phone, Facebook, email.

Who:_____

1._____

Cell Phone, Work Phone, Home Phone, Facebook, email.

2._____

Cell Phone, Work Phone, Home Phone, Facebook, email.

3._____

Cell Phone, Work Phone, Home Phone, Facebook, email.

At the present time when there is a school wide change whether it be an emergency or a sudden change in schedule we will use the above contacts to make sure you know. In addition a notice will be put on Facebook or other social media.

Fort McDowell Yavapai Nation
Education Division
P.O. Box 17779 Fountain Hills, AZ 85269-7779
(480) 789-7140 FAX (480) 816-0479

AUTHORIZATION FOR DISCLOSURE OF INFORMATION
2018 - 2019 SCHOOL YEAR

RE: _____ _____ _____
(Complete Name of Student) (Date of Birth) (Grade Level)

TO:

‘Hmañ ‘shawa Early Childhood Development Center
PO Box 17779
Fountain Hills, AZ 85269
480-789-7227

I HEREBY AUTHORIZE AND DIRECT THE FORT MCDOWELL EDUCATION DEPARTMENT TO OBTAIN THE FOLLOWING:

All academic, special education, attendance, disciplinary and health records relating to the education of the above-named child. Other:_____

A copy of this ***Authorization for Disclosure of Information*** shall be treated as an original. This authorization is made under all applicable Federal and State Privacy Acts, and all applicable laws and/or regulations restricting access to information. This authorization remains on file in the Fort McDowell Yavapai Nation Education Division, and remains in effect for twelve months from the date of signature (Parents, see reverse side for additional conditions).

MAIL TO: Education Division
Fort McDowell Yavapai Nation
P.O. Box 17779
Fountain Hills, AZ 85269-7779 or FAX 480-816-0479

Authorization By: _____
(Please Print Parent/Legal Guardian’s Name)

_____
(Parent/Legal Guardian Signature) (Date)

_____
(Mailing Address) (City, State, Zip)

_____
(Physical Address) (City, State, Zip)

_____
Home Phone Work Phone email

THIS WORK NUMBER IS FOR: □ FATHER □ MOTHER □ OTHER

Reading Incentive

Reading Incentive is a take-home book bag program that encourages families to fall in love with books and celebrate reading together.

Books are rotated on a weekly basis among your child's classmates. *Book bags should be returned every Monday, and your child will be given 2-4 new books every week.*

We encourage you to have fun with books – sharing books together and reading is an enjoyable time you can spend with your children.

As a mandatory part of the program, we ask that all participating parents report each week how many times their child was read to. This is a free program, and in order to keep it free we must be able to show that parents are reading to their children.

Attached is an enrollment form you can fill out and return to your child's school.

If you have any questions, please contact:
Andrea LeBeau at 480-789-7215 alebeau@fmyn.org
Marissa Flores at 480-789-7212 mflores@fmyn.org

Reading Incentive Registration

Child's Name_____

Date of Birth:_____

Parent
Name(s)_____

_____

Child's age_____ School/Child Care/Preschool where child attends_____

Teacher_____

Are you interested in having your child participate in the Reading Incentive Program? Yes_____ No_____

Dear Parents,

We will be sending home a form for you to track how many times you and your child read and tell stories together each week. We ask that you track and complete this sheet each week and return it to your Early Childhood Coordinator.

Welcome to Reading Incentive 3 – 5.

Parent Signature_____