Fort McDowell Yavapai Nation

'Hmañ 'shawa Early Childhood Development Center
P.O. Box 17779, Fountain Hills, AZ 85269
Phone (480)789-7227 Fax (480)789-7289

Child Care Application
REQUIRED DOCUMENTS CHECKLIST

Application *(signed and completed)*	
Birth Certificate (for each child)	
Tribal Enrollment Documentation (*for all child needing care, OR copy of the Parent Or Grandparent)*	
Up-to-date Immunization Records *(current for each child*)	
Child Emergency Card *(one for each child needing care)*	
Copy of current Pay Stub, and any other source of income *(from each parent in the household)*	
Work/School Schedules *(for each parent in the household, must be signed by supervisor and parent)*	
Child Care Program Disclosure Form *(signed)*	
Proof of Guardianship/Custody Orders, or any other legal documents that are currently in place, if applicable.	
If under one year old, Infant Feeding Schedule.	

Our Day Care is funded primarily by a Child Care and Development Fund Grant (CCDF) through the federal government, therefore strict guidelines are enforced. Please carefully read and initial and sign below.

Initials	Day Care services may be provided on the following basis:
	Parents/guardians must be working or in school (or actively seeking a job). If both parents/guardians live in household, both must be working or in school. Parents working for Tribal Enterprises or other than regular Tribal Government positions where their shift or days off may change **must** submit a work schedule to the office when shift changes occur.
	Parents/guardians in school must submit an official school schedule and registration. If study time is required, a written request must be submitted to the office in advance to request services, and a schedule may be agreed upon.
	Parents/guardians may include job search time for services (upon advance notice). This service is limited and determined by available staffing and classroom space during regular hours of operation. Such services, if approved, shall not be for more than 2 (two) hours per day. Documentation will be required prior to approval.
	Fees for children attending the Day Care are based on family net income and family size. Net income includes any of the following: income from your job, any assistance such as; **Child support, SSI, Medicaid, Food Stamps, WIC, Educational Aid, Housing Assistance, Alimony, any other federal program for which you receive a stipend.** Those families who qualify for payment assistance under the CCDF Grant Program will have their rate determined from the Sliding Fee Scale. Those families who do not qualify for services under the CCDF Program will pay for services at a rate of $20.00 per day, per child (more than 5 hours) or $2.55 per hour, per child for a partial day (5 hours or less).
	It is the parent/guardian responsibility to update the office if your household information changes. Changes may include (but not limited to) the following: Income goes up or down, address changes, phone number changes; household size goes up or down. Written notarized statements for household size/structure may be required.
	Parents/Guardians **must** sign children in and out in the classroom.
	Full details of policies of our Tribally Operated Center are in the disclosure that is included in your packet.
	Check out time at our Tribally Operated Center is 5:30pm, all children are expected to be picked up by 5:45pm. Children not picked up in a timely matter may be subject to penalty fines of $20.00 per day, per child.
	Parents/Guardians must adhere to the guidelines of the Child Care Center/Provider of their choosing.
	Copayments, as outlined in eligibility documentation and Child Care Certificate's, must be paid in a timely manner as

Day Care services may be provided on the following basis.

Parents/guardians not following these guidelines may have their services revoked. Verification may be requested at any time, we reserve the right to check with supervisor.

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Parent/Guardian Signature Date

Parent/Guardian Information

Parent/Guardian #1

Parent/Guardian Name		Relationship to child	Lives with child? ☐ Yes ☐ No
Address			
Home Number	Cell Number	Work Number	
Email Address		Tribal Affiliation and Enrollment Number	
Attend School/Job Training ☐ Full Time ☐ Part Time ☐ No School Employer (if applicable)		Employed ☐ Full Time ☐ Part Time ☐ Unemployed	
School Name		Employer Name	
School Address		Employer Address	

Parent/Guardian #2

Parent/Guardian Name		Relationship to child
Home Address		
Home Number	Cell Number	Work Number
Email Address		Tribal Enrollment
Attend School/Job Training ☐ Full Time ☐ Part Time ☐ No School Employer (if applicable)		Employed ☐ Full Time ☐ Part Time ☐ Unemployed
School Name		Employer Name
School Address		Employer Address

Household Information (List all household members supported by parents/guardians income)	
Name	Relationship to child/children
Total number of family supported by the income of the parents/guardians of the child/children enrolling in the program: ________________	

Do you consider your family homeless?	☐ Yes (if yes, please notify staff) ☐ No
Does your family assets exceed $1,000,000?	☐ Yes ☐ No
Does your family receive DES Child Care Assistance?	☐ Yes ☐ No

Family Income Checklist (select all that apply)	
☐ Employment	☐ Per Capita (non-FMYN)
☐ Child Support	☐ Public Assistance (TANF/Cash Assistance)
☐ Supplemental Security Income (SSI) or Death Benefits, annuities, retirement funds, land lease	☐ Unemployment
☐ Other, please specify:	☐ Self-Employed (income verification required)

Select Program Option:

☐ ‘Hmañ ‘shawa ECDC (Monday - Thursday, 7:00am-5:45pm)

☐ CCDF Certificate Program (any other State-licensed Child Care Provider)

Child Information

Child #1

<table>
<tr><td colspan="2">Child's Name</td><td colspan="2">Child's Birthdate</td></tr>
<tr><td>Gender</td><td colspan="3">Tribal Affiliation and Enrollment Number</td></tr>
<tr><td colspan="3">Child's Race
☐ Native American/Alaska Native ☐ White Asian ☐ Biracial/Multi-Racial
☐ Native Hawaiian or Pacific Islander ☐ Black/African American</td><td>Child's Ethnicity
☐ Hispanic-Latino
☐ Non-Hispanic-Latino</td></tr>
<tr><td colspan="4">Does your child have any diagnosed health or behavioral disabilities that require special care?
☐ Yes ☐ No
If yes, does your child have an IEP or IFSP? ☐ Yes ☐ No</td></tr>
<tr><td colspan="4">Is child currently in protective custody/foster care?
☐ Yes ☐ No (if yes, please provide case worker contact information and documentation)</td></tr>
</table>

Child #2

<table>
<tr><td colspan="2">Child's Name</td><td colspan="2">Child's Birthdate</td></tr>
<tr><td>Gender</td><td colspan="3">Tribal Affiliation and Enrollment Number</td></tr>
<tr><td colspan="3">Child's Race
☐ Native American/Alaska Native ☐ White Asian ☐ Biracial/Multi-Racial
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☐ Yes ☐ No
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<tr><td colspan="4">Is child currently in protective custody/foster care?
☐ Yes ☐ No (if yes, please provide case worker contact information and documentation)</td></tr>
</table>

Child #3

Child's Name	Child's Birthdate
Gender	Tribal Affiliation and Enrollment Number

Child's Race
☐ Native American/Alaska Native ☐ White Asian ☐ Biracial/Multi-Racial
☐ Native Hawaiian or Pacific Islander ☐ Black/African American

Child's Ethnicity
☐ Hispanic-Latino
☐ Non-Hispanic-Latino

Does your child have any diagnosed health or behavioral disabilities that require special care?
☐ Yes ☐ No
If yes, does your child have an IEP or IFSP? ☐ Yes ☐ No

Is child currently in protective custody/foster care?
☐ Yes ☐ No (if yes, please provide case worker contact information and documentation)

Child #4

Child's Name	Child's Birthdate
Gender	Tribal Affiliation and Enrollment Number

Child's Race
☐ Native American/Alaska Native ☐ White Asian ☐ Biracial/Multi-Racial
☐ Native Hawaiian or Pacific Islander ☐ Black/African American

Child's Ethnicity
☐ Hispanic-Latino
☐ Non-Hispanic-Latino

Does your child have any diagnosed health or behavioral disabilities that require special care?
☐ Yes ☐ No
If yes, does your child have an IEP or IFSP? ☐ Yes ☐ No

Is child currently in protective custody/foster care?
☐ Yes ☐ No (if yes, please provide case worker contact information and documentation)

Child #5

Child's Name	Child's Birthdate
Gender	Tribal Affiliation and Enrollment Number

Child's Race
☐ Native American/Alaska Native ☐ White Asian ☐ Biracial/Multi-Racial
☐ Native Hawaiian or Pacific Islander ☐ Black/African American

Child's Ethnicity
☐ Hispanic-Latino
☐ Non-Hispanic-Latino

Does your child have any diagnosed health or behavioral disabilities that require special care?
☐ Yes ☐ No
If yes, does your child have an IEP or IFSP? ☐ Yes ☐ No

Is child currently in protective custody/foster care?
☐ Yes ☐ No (if yes, please provide case worker contact information and documentation)

Parent Work/School Schedule

Today's Date ________________

Parent (s) Name ____

Name of Employer ____

Name of Manager or Supervisor ____

Telephone and ext. ____

Requesting: Regular scheduled hours

Please insert hours of work below for the dates given.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours	Hours	Hours	Hours	Hours	Hours	Hours

Purpose of verification: Child Care Program

____

Parent Signature Date

____

Manager/Supervisor Signature Date

Should you have any questions, please contact:
Andrea LeBeau
480-789-7250
alebeau@ fmyn.org

Parent Work/School Schedule

Today's Date _________________

Parent (s) Name ____

Name of Employer ____

Name of Manager or Supervisor ____

Telephone and ext. ____

Requesting: Regular scheduled hours

Please insert hours of work below for the dates given.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours	Hours	Hours	Hours	Hours	Hours	Hours

Purpose of verification: Child Care Program

____

Parent Signature Date

____

Manager/Supervisor Signature Date

Should you have any questions, please contact:
Andrea LeBeau
480-789-7250
alebeau@ fmyn.org

Emergency and Medical Information

Child's Name	Child's Birthdate	Sex: ☐ Male ☐ Female
Address		
Home Phone		

Mother/Guardian Name	
Home Address	Cell/Home Phone
Workplace	Work Phone

Father/Guardian Name	
Home Address	Cell/Home Phone
Workplace	Work Phone

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (please list at least two contacts)

Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:

The following individual(s) may NOT remove my child from the facility:

Names:

Custody papers have been provided and are on file at the facility: ☐ Yes ☐ No ☐ N/A

Medical Information

Is child allergic to food or other substances? ☐ No ☐ Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? ☐ No ☐ Yes
Is child subject to convulsions/seizures and what should be our procedure if one occurs? ☐ No ☐ Yes
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? ☐ No ☐ Yes
Additional comments:
Other special instructions:

If Medical care is necessary, call:

Health Care Provider	Name:	Phone:

In case of injury or sudden illness, call ____________________________ first. Be it known that in the event that I cannot 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 judgment of said doctor or hospital may be required on an emergency basis, in the event said child should be injured or stricken ill while participating in an activity sponsored by the above named program.

It is hereby understood that the consent and authorization hereby given and granted are continuing and are intended by me to extend throughout the current school year and summer school.

It is further 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/daycare center responsibility.

I certify that I have provided complete and accurate information

____ _____________________________________

Parent/Guardian Signature Date

Emergency and Medical Information

Child's Name	Child's Birthdate	Sex: ☐ Male ☐ Female
Address		
Home Phone		

Mother/Guardian Name	
Home Address	Cell/Home Phone
Workplace	Work Phone

Father/Guardian Name	
Home Address	Cell/Home Phone
Workplace	Work Phone

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (please list at least two contacts)

Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:

The following individual(s) may NOT remove my child from the facility:

Names:

Custody papers have been provided and are on file at the facility: ☐ Yes ☐ No ☐ N/A

Medical Information

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I certify that I have provided complete and accurate information

____ ____________________________________

Parent/Guardian Signature Date

‘Hmañ ‘shawa Early Childhood Development Center
Day Care Disclosure

REPORT CHANGES IMMEDIATELY

If you or any household member experience changes in employment or school status, income, an increase or decrease in household size, or any other changes that may affect your eligibility for FMYN Child Care services, you must report the changes within two (2) work days to this office. You may be required to submit one or more of the applicable types of verification listed below:

VERIFICATION REQUIREMENTS

If you are working, or are in a work study/training program, you must provide:

- Copies of your paycheck stubs for the most recent month, or
- A current statement signed by your employer verifying monthly net wages, frequency of pay and days/hours of employment. Also, include verification of tips, bonuses
- Commissions or allowances and frequency of payment.

If you are self-employed, you are required to provide one of the following:

- Copy of your annual tax return, quarterly tax statement or weekly/monthly ledgers verifying net income, receipts for business income for the last two months.

If you are attending school or training, you must provide:

- A current statement from your school or training program verifying start and end dates of the activity, and days/hours of attendance, or submit a copy of you registration/class enrollment

VERIFICATION OF OTHER INCOME

Other sources of income include the following: Child support, SSI, Medicaid, Food Stamps, WIC, Educational Aid, Housing Assistance, Alimony, any other federal program for which you receive a stipend.

PHOTO/VIDEO RELEASE

During the year, photographs/videos of the children may be taken. These photos may be reprinted in the local newspapers, the school annual or other media outlets. 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. Photograph/Video Release
2. Release to print name of student.

YOUR RESPONSIBILITIES

1. You must sign this form below.
2. Your child care services may be stopped if you fail to pay the designated co-payment to your child care provider.
3. You may only use child care for the purposes authorized (i.e. employment, or participation in a Job related activity)

4. You must read all information sent to you. Contact this office if you have any questions regarding information concerning your child care status or child care arrangements.

5. YOU MUST NOTIFY THIS OFFICE WITHIN TWO (2) WORK DAYS WHEN OR IF:
   - You move
   - You or any adult in your household experience a change in employment status, work hours, work days, increase or decrease in wages or any type of unearned income, or changes in days/hours of school or training attendance
   - You begin to receive Cash Assistance
   - Someone moves in or out of your home
   - You stop using child care services or if you need to change child care providers. **Payment will not be made for child care services if the provider has not been pre-authorized by this child care office.**
6. You are responsible for any additional charges such as late fees, special activity fees.
7. You must cooperate with this office in order to initiate and maintain eligibility.
8. Verification of information may be required up to and including a written notarized statement. Failure to cooperate with program requirements may result in loss of child care services.
9. You must be truthful in your statements to this office/program or you may be charged with fraud.
10. You are responsible to repay overpayments incurred for services as a result of fraud.

Statements made on this form by me or on my behalf are true and correct to this best of my knowledge. I authorize the ‘Hmañ ‘shawa Early Childhood Development Center to verify any information through employers, or other persons or institutions. Any applicant who knowingly submits false information or knowingly conceals a material fact on the application may be charged with fraud. Clients will be responsible for overpayments.

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Signature of Applicant Print Name Date

Fort McDowell Yavapai Nation

'Hmañ 'shawa Early Childhood Development Center
P.O. Box 17779, Fountain Hills, AZ 85269
Phone (480)789-7227 Fax (480)789-7289

Child Care and Development Fund
Fort McDowell Yavapai Nation Tribal Plan
For The Period 10/01/2019 – 09/30/2022

FMYN TRIBAL CENTER RATES

Full Pay Rates for all ages
Rate for a Full Day of Care (5 hours or more) is $20.00 per day/per child
Rate for a Half Day of Care (5 hours or less) is $2.55 per hour/per day/per child.

See sliding scale attached for CCDF reduced rates. **Proof of income must be provided to qualify.**

Maximum Reimbursable Rates for Outside Day Care (for qualified CCDF clients)

Age of child		Center Based
Infants	Full Day	51/day or 255/week
0 to 1 year old	Part Day	46/day or 230/week
Special Needs	Full/Part	65/day or 325/week
Toddler	Full Day	47/day or 235/week
1 to 2 years old	Part Day	40/day or 200/week
Special Needs	Full/Part	65/day or 325/week
Preschool	Full Day	41/day or 205/week
3 to 4 years olds	Part Day	33/day or 165/week
Special Needs	Full/Part	65/day or 325/week
School Age	Full Day	35/day or 175/week
6 to 12 years old	Part Day	25/day or 125/week
Special Needs	Full/Part	65/day or 325/week