‘Hmañ ‘shawa Early Childhood Development Center

2015-2016

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

Parent e-mail address (home)_____(work)_____

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 other than myself that has permission to pick up child_____

_____

Household Information

	BIRTH DATE	Lives with YES	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.

Medical and Health History Form

General Information:

Child's Name	Date of Birth
Address	Phone
City/State	Zip Code
Does the child live with both parents?	Who are the caregiver's of the child?
Mother's Name	Father's Name
Family Doctor	Pediatrician
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?_____

Medical history:
Does your child have any medical conditions?_____
Allergies_____Asthma_____Chicken Pox_____Seizures_____Convulsions_____
Croup_____ Colds_____Ear Infections_____How many?_____Tubes?_____
Sinusitis_____Dizziness_____Draining Ear_____Measles_____
Headaches_____High Fever_____Encephalitis_____Flu_____Mastoiditis____
Meningitis_____Mumps_____Pneumonia_____Ringing in the ears_____
Tonsillitis_____Failure to thrive_____Broken bones?_____
Excema_____

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?_____
_____
_____

What medicines does your child take?_____

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?

_____

Does your child take any medications on a daily basis _____

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

_____

_____

_____

Signed by_____ Relationship to child_____

'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_____

**Please Note: this form will remain on file for the duration of your child's attendance at this school.

Fort McDowell Yavapai Nation

Education Division

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

2015 - 2016

_____ _____ M F
Child's Name Date of Birth

_____ _____
Street Address Home Phone

_____ _____
City State Zip Date of Enrollment

_____
Mother/Guardian

_____
Home Address

_____
Workplace

_____ _____
Cell/Home Phone Work Phone

_____
Father/Guardian

_____
Home Address

_____
Workplace

_____ _____
Cell/Home Phone Work Phone

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

Medical Information

1. Is your child allergic to any food(s) or other substances? If so, name food(s) or substances to be avoided and procedures to follow if a reactions occurs: _____

_____

2. Is your child unusually susceptible to infections, and is so, what precautions need to be taken? _____

_____

Medical information continued

3. Is your child subject to having seizures and what should be our procedure if one occurs?
   _____

   _____

4. Is there any physical condition we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, etc.)?
   _____

   _____

5. Additional comments regarding health:
   _____

   _____

6. Other special instructions:
   _____

   _____

   _____

If medical care is necessary, call the following:

DOCTOR: _____ Address:_____

Phone: _____

HOSPITAL: _____ Address: _____

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.

_____ _____

Parent/Guardian Signature Date

Education Division

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

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

2015-2016 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