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

'Hmañ'shawa ECDC 2026 2027 Enrollment Application

The application must be complete with the documentation listed below:

Child's Documents
(for all children needing childcare)

- ☐ Birth certificate
- ☐ Child's Immunization Record
- ☐ Tribal Enrollment Documentation
- ☐ FMYN DISCLOSURE OF INFORMATION

Parent/Guardian Documents
(for each parent in household)

- ☐ **Legal Document**: Proof of Guardianship/Custody Orders, or any other legal documents that are currently in place, if applicable.
- ☐ **Income**: Social Security, Child Support, or any other form of employment wages.
- ☐ **Proof of ID** (copy of license)

Attached is the 2026-2027 'Hmañ 'shawa ECDC enrollment packet. 'Hmañ 'shawa ECDC is a CCDF grant funded facility. All information is required to meet grant requirements. Please contact Andrea LeBeau 480-789-7250 alebeau@fmyn.org if you have any questions.

Applicant Information

Child #1 Name	Birthdate and Age
☐ Male ☐ Female	**Toilet Trained?** ☐ Yes ☐ No ☐ Occasional **Accidents**
Tribal Affiliation/ Enrollment Number _____ Enrolled FMYN ☐ Yes ☐ No Child of TM ☐ Yes ☐ No Grand Child of TM ☐ Yes ☐ No Native American living in FMYN ☐ Yes ☐ No Native child of employee ☐ Yes ☐ No	
Residential Address	
Does your child have any diagnosed health disabilities? ☐ Yes ☐ No Does your child have any diagnosed behavioral disabilities? ☐ Yes ☐ No Does your child have any diagnosed speech delays? ☐ Yes ☐ No Does your child have an IEP or IFSP? ☐ Yes ☐ No Is your child enrolled in AZ Early Intervention program (0-2) or Child Find (3-5) ☐ Yes ☐ No	
Is child currently in protective custody/foster care? ☐ Yes ☐ No (if yes, please provide case worker contact information and documentation) Is child receiving DES childcare assistance? ☐ Yes ☐ No	

Child #2 Name	Birthdate and Age
☐ Male ☐ Female	**Toilet Trained?** ☐ Yes ☐ No ☐ Occasional **Accidents**
Tribal Affiliation/ Enrollment Number _____ Enrolled FMYN ☐ Yes ☐ No Child of TM ☐ Yes ☐ No Grand Child of TM ☐ Yes ☐ No Native American living in FMYN ☐ Yes ☐ No Native child of employee ☐ Yes ☐ No	
Residential Address- if different than child 1	
Does your child have any diagnosed health disabilities? ☐ Yes ☐ No Does your child have any diagnosed behavioral disabilities? ☐ Yes ☐ No Does your child have any diagnosed speech delays? ☐ Yes ☐ No Does your child have an IEP or IFSP? ☐ Yes ☐ No Is your child enrolled in AZ Early Intervention program (0-2) or Child Find (3-5) ☐ Yes ☐ No	
Is child currently in protective custody/foster care? ☐ Yes ☐ No (if yes, please provide case worker contact information and documentation) Is child receiving DES childcare assistance? ☐ Yes ☐ No	

Child #3 Name	Birthdate and Age
☐ Male ☐ Female	**Toilet Trained?** ☐ Yes ☐ No ☐ Occasional **Accidents**
Tribal Affiliation/ Enrollment Number _____ Enrolled FMYN ☐ Yes ☐ No Child of TM ☐ Yes ☐ No Grand Child of TM ☐ Yes ☐ No Native American living in FMYN ☐ Yes ☐ No Native child of employee ☐ Yes ☐ No	
Residential Address- if different than child 1	
Does your child have any diagnosed health disabilities? ☐ Yes ☐ No Does your child have any diagnosed behavioral disabilities? ☐ Yes ☐ No Does your child have any diagnosed speech delays? ☐ Yes ☐ No Does your child have an IEP or IFSP? ☐ Yes ☐ No Is your child enrolled in AZ Early Intervention program (0-2) or Child Find (3-5) ☐ Yes ☐ No	
Is child currently in protective custody/foster care? ☐ Yes ☐ No (if yes, please provide case worker contact information and documentation) Is child receiving DES childcare assistance? ☐ Yes ☐ No	

Child #4 Name	Birthdate and Age
☐ Male ☐ Female	Toilet Trained? ☐ Yes ☐ No ☐ Occasional Accidents
Tribal Affiliation/ Enrollment Number _____ Enrolled FMYN ☐ Yes ☐ No Child of TM ☐ Yes ☐ No Grand Child of TM ☐ Yes ☐ No Native American living in FMYN ☐ Yes ☐ No Native child of employee ☐ Yes ☐ No	
Residential Address- if different than child 1	
Does your child have any diagnosed health disabilities? ☐ Yes ☐ No Does your child have any diagnosed behavioral disabilities? ☐ Yes ☐ No Does your child have any diagnosed speech delays? ☐ Yes ☐ No Does your child have an IEP or IFSP? ☐ Yes ☐ No Is your child enrolled in AZ Early Intervention program (0-2) or Child Find (3-5) ☐ Yes ☐ No	
Is child currently in protective custody/foster care? ☐ Yes ☐ No (if yes, please provide case worker contact information and documentation) Is child receiving DES childcare assistance? ☐ Yes ☐ No	

Child #5 Name	Birthdate and Age
☐ Male ☐ Female	Toilet Trained? ☐ Yes ☐ No ☐ Occasional Accidents
Tribal Affiliation/ Enrollment Number _____ Enrolled FMYN ☐ Yes ☐ No Child of TM ☐ Yes ☐ No Grand Child of TM ☐ Yes ☐ No Native American living in FMYN ☐ Yes ☐ No Native child of employee ☐ Yes ☐ No	
Residential Address- if different than child 1	
Does your child have any diagnosed health disabilities? ☐ Yes ☐ No Does your child have any diagnosed behavioral disabilities? ☐ Yes ☐ No Does your child have any diagnosed speech delays? ☐ Yes ☐ No Does your child have an IEP or IFSP? ☐ Yes ☐ No Is your child enrolled in AZ Early Intervention program (0-2) or Child Find (3-5) ☐ Yes ☐ No	
Is child currently in protective custody/foster care? ☐ Yes ☐ No (if yes, please provide case worker contact information and documentation)	

Select Program Option:

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

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

☐ Home-Based Child Care Provider

Parent/Guardian Information		
Parent/Guardian #1 Name	Relationship to child	Lives with child? ☐ Yes ☐ No
Residential Address		
Home Number	Work Number	
Email Address	Tribal Affiliation and Enrollment Number	
School/Job Training ☐ Full Time ☐ Part Time ☐ No School	Employment ☐ Full Time ☐ Part Time ☐ Unemployed	
School Name	Employer Name	
School Address	Employer Address	
Family Status (check all that apply) ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Teen Parent ☐ Legal Guardian ☐ Live-In Relationship		

* Please provide an email you will see on weekends in case information needs to be communicated outside of work hours

Parent/Guardian #2 Name	Relationship to child	Lives with child? ☐ Yes ☐ No
Residential Address		
Home Number	Work Number	
Email Address	Tribal Affiliation and Enrollment Number	
School/Job Training ☐ Full Time ☐ Part Time ☐ No School	Employment ☐ Full Time ☐ Part Time ☐ Unemployed	
School Name	Employer Name	
School Address	Employer Address	
Family Status (check all that apply) ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Teen Parent ☐ Legal Guardian ☐ Live-In Relationship		

Household Information (List all household members including yourself supported by parents/guardians' income)	
Name	Relationship to parent/guardian
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
Total number of family: _____ (parents/guardians, and all dependents listed above)	

Do you consider your family homeless?	☐ Yes ☐ No
Do your family assets exceed $1,000,000?	☐ Yes ☐ No
Does your child have a parent currently receiving residential or outpatient treatment services? ☐ Yes ☐ No	

Family Income Checklist (select all that apply)	
☐ Employment Wages	☐ Per Capita (non-FMYN)
☐ Child Support	☐ Public Assistance (TANF/Cash Assistance/SNAP)
☐ Supplemental Security Income or Death Benefits	☐ Unemployment Compensation
☐ Scholarships/Educational Grants	☐ Other, please specify:
☐ Self-Employed (a notarized self-employment form that includes hours worked and monthly wages earned must be submitted)	

Statements made on this form by me 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, school institutions, or other entities mentioned within the application. Any applicant who knowingly submits false information or knowingly conceals a material fact on the application will not be considered for selection and will be withdrawn. I understand that: payment will not be made for childcare services if the provider has not been pre-authorized by 'Hmañ 'shawa Early Childhood Development Center; that I am responsible for any additional charges such as late fees, special activity fees or any surplus amount not covered by CCDF; that I must cooperate with 'Hmañ 'shawa Early Childhood Development Center in order to initiate and maintain eligibility. Failure to cooperate with program requirements may result in loss of childcare services.

Parent/Guardian PRINTED name	SIGNED name	Date

PERMISSIONS for the following children at 'Hmañ'shawa ECDC

Child 1_____
Child 2_____
Child 3_____
Child 4_____
Child 5_____

FIELD TRIP / PHOTO RELEASE

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, brochures, ECDC web-page and ECDC social media profile. 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 Fort McDowell and Fountain Hills
2. Photograph/Video Release
3. Release to print name of student.

PHYSICAL EDUCATION

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.

Our Enrichment/Resource Room exists to help children in a number of ways. 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. Your permission for your child to participate in Resource activities.

Screening Consent

'Hmañ 'shawa Early Childhood Development Center will track your child's development on a regular basis, including but not limited to: ASQ-3: Ages and Stages Questionnaire, ASQ:SE-2: Ages and Stages *Social-Emotional* Questionnaire, Teaching Strategies Gold Assessment, CDC Milestones checklists, PLS:5 speech/language screener, hearing and vision screening.

Permission continues next page

PERMISSIONS continued

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 ELIMINATE 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 2026 2027 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 risk 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 _____

Parent/Guardian Signature _____ Date _____

pages 09-13 one per child enrolling

Book Exchange Program 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 that 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.

Below is an enrollment form you can fill out and return to your child's teacher. If you have any questions, please contact:

Liela Williams (480) 789-7215 Monica Thompson (480)789-7212

lwilliams@fmyn.org mthompson@fmyn.org

Are you interested in participating in the Book Exchange Program? Yes☐ No ☐

If yes, complete the information below

Child's Name _____

Date of Birth_____ Age _____

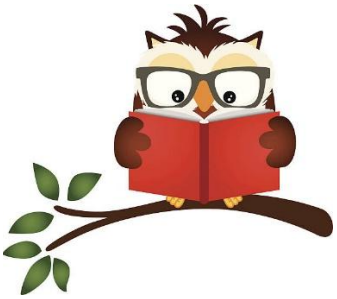
Teacher _____

Parents Name(s) _____

Phone Number _____

Email Address _____

Welcome to the Book Exchange Program ages 3-5. 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 with your students bag.



Emergency and Medical Information

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

Prent 1/Guardian Name	Email Address
Workplace and Work Phone	Cell/Home Phone

Parent 2/Guardian Name	Email Address
Workplace and Work Phone	Cell/Home Phone

Medical Information

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs: Is Epi-Pen required?	☐ No ☐ Yes ☐ No ☐ Yes
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 What precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)?	☐ No ☐ Yes

Prenatal and Birth History: Was your baby Full Term / 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 your baby at birth? _____

Was your newborn screened at birth for hearing loss? ☐ Unknown ☐ Pass ☐ Fail

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

Asthma ☐ Chicken Pox ☐ Convulsions ☐ Croup ☐ Colds ☐ Broken bones ☐

Eczema ☐ Mumps ☐ Pneumonia ☐ Tonsillitis ☐ Failure to thrive ☐

Earache Infections ☐ How many? _____ Tubes? ☐ Ringing in the ears ☐

Draining Ear ☐ Sinusitis ☐ Dizziness ☐ Measles ☐ Headaches ☐

High Fever ☐ Encephalitis ☐ Flu ☐ Mastoiditis ☐ Meningitis ☐

Other _____

Has your child had any surgeries or been hospitalized in the past year? YES ☐ /NO ☐

If yes, please list type and when _____

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 and relationship to child	Phone
Name and relationship to child	Phone
Name and relationship to child	Phone
Name and relationship to child	Phone

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

Names:

If Medical care is necessary, call:

Health Care Provider	Name:	Phone:

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	

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

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 childcare program.

It is hereby understood that the consent and authorization hereby given and granted are continuing and are intended by me to extend throughout their enrollment in the childcare program.

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 the responsibility of the childcare program.

This Emergency and Medical Information form is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED name	SIGNED name	DATE

Getting to Know Your Child

Date:_____
Student Name_____
Nickname or preferred name: _____
Student's age:_____ Date of Birth:_____
Parent Information
Parent Name(s)_____Home Phone_____
Cell Phone_____Work Phone_____
Email:_____

What are 3 goals you have for your child this year?

- _____
- _____
- _____

What is your child's favorite…
Color_____
Activity_____
Food_____

We do not celebrate the following holidays:
_____
_____
_____

3 words that describe my child are:

- _____
- _____
- _____

Student lives with: ☐ mother ☐ Step mother ☐ Grandparent(s)
(Check all that apply) ☐ father ☐ Step father ☐ Foster parent(s)
Other _____
Number of children living in student in home _____
Other sibling attending 'Hmañ'shawa
Name:_____
Name:_____

Developmental Skills: Please choose the response that best fits your child:			
	Hasn't tried yet/avoids	Is currently working on	Does all the time on own
Write first name with an uppercase at the beginning	☐	☐	☐
Cuts with scissors on line	☐	☐	☐
Counts 4 – 10 objects correctly	☐	☐	☐
Pretends to read by looking at pictures	☐	☐	☐
Recognizes first name in print	☐	☐	☐
Ties shoes	☐	☐	☐
Social Skills: Please choose the response that best fits your child:			
	Hasn't tried yet/avoids	Is currently working on	Does all the time on own
Chooses to verbally express positive/negative feelings	☐	☐	☐
Does things for her/himself	☐	☐	☐
Follows through when you give directions	☐	☐	☐
Attempts new tasks, acknowledging it's OK to make mistakes	☐	☐	☐
Uses words to communicate	☐	☐	☐

Has your child been to the dentist? YES☐/NO☐
When? _____ Who? _____

Has your child had their eyes (vision) checked? YES☐/NO☐
When? _____ Who? _____

Has your child had their hearing checked? YES☐/NO☐
When? _____ Who? _____