



Eastern Shawnee Early Childhood Learning Center



A separate copy of this form must be completed for **each child** applying for enrollment in ESTO Early Childhood Learning Center (ECLC).

Name of Child: _____ **DOB:** _____

Parent or Guardians Name(s): _____

Do you have custody of the above listed child? ☐ Yes ☐ No ☐ Shared

If shared, name of one sharing custody: _____

Is your child a member of a federally recognized tribe? ☐ Yes ☐ No

If yes which tribe? _____

Primary Contact Information (Parent)

Name: _____

Physical address: _____

City: _____ State: _____ Zip: _____ County: _____

Home phone No. _____ Cell: _____

SESSION FOR WHICH THE CHILD IS BEING ENROLLED

Infants (6 weeks-12 Months)	<input type="checkbox"/> Half Session (3 hours – 6 hours)	\$87.50 per week
Rabbit Clan	<input type="checkbox"/> Full Day Session (6+ hours)	\$150.00 per week
Toddlers (13-23 Months)	<input type="checkbox"/> Half Session (3 hours – 6 hours)	\$77.50 per week
Raccoon Clan	<input type="checkbox"/> Full Day Session (6+ hours)	\$140.00 per week
2-Yr-Olds (24-35 Months)	<input type="checkbox"/> Half Session (3 hours – 6 hours)	\$77.50 per week
Horse Clan	<input type="checkbox"/> Full Day Session (6+ hours)	\$140.00 per week
3-Yr-Olds (36-47 Months)	<input type="checkbox"/> Half Session (3 hours – 6 hours)	\$62.50 per week
Chicken Clan	<input type="checkbox"/> Full Day Session (6+ hours)	\$110.00 per week
4 & 5-Yr-Olds (48+ Months)	<input type="checkbox"/> Half Session (3 hours – 6 hours)	\$62.50 per week
Turtle Clan	<input type="checkbox"/> Full Day Session (6+ hours)	\$100.00 per week
After School (K-12 year old)	<input type="checkbox"/> Daily Flat Rate	\$10.00 per day
Summer Program (K-12 yr old)	<input type="checkbox"/> Daily Flat Rate	\$10.00 per day



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Family Income

Current Total Household Income: \$ _____
____ Weekly ____ Every two weeks ____ Semi-monthly ____ Monthly ____ Annually

Sources of Current Income: ____ Employment ____ TANF ____ SSI ____ Unemployment ____ Other

If you marked "Other" please explain:

Are you on Childcare Subsidy? ____ Yes ____ No

If yes, check which: ____ OK ____ MO ____ CCDF (Tribe)

I certify that this information is correct to the best of my knowledge. I understand that the information about my income may be reviewed by your State of residence, the Federal Government, independent auditors, or others as necessary for the administration of this program.

Parent or Guardian's Signature _____ Date _____

Are you looking for a child-care or education program so that you can attend school or work? ____ Yes ____ No

Do you have concerns about your child's overall health and development? ____ Yes ____ No

If yes, describe concerns: _____

Does your child have a food allergy? ____ Yes ____ No

If yes, to what is the child allergic? _____

Describe any reaction: _____

Is your child on a special diet prescribed by a doctor? ____ Yes ____ No If yes, explain: _____

Please answer the following question only **if your child is 0-12 months old.**

What does your child eat? ____ Breast Milk ____ Formula (Specify brand) _____

____ Milk ____ Other: _____



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Medical Information

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Type of Health Insurance: ☐ Sooner Care ☐ Medicaid ☐ Indian ☐ Private ☐ None ☐ Other

Insurance Provider's Name: _____ Dental included? ☐ Yes ☐ No

Identify any past or present health conditions your child has had:

☐ Anemia ☐ Diabetes ☐ Asthma ☐ Hearing problems ☐ Heart Murmur ☐ Sickle Cell Disease

☐ Frequent Constipation ☐ Vision problems ☐ Allergies ☐ Frequent Diarrhea ☐ Eczema

Will your child need to take medications at school? ☐ Yes ☐ No

Release of Liability

I agree to release and save harmless the Eastern Shawnee Tribe of Oklahoma and its agents, employees and representatives, of and from any and all liability of any kind or nature whatsoever in connection with any loss, accidents, injuries, damage or expenses suffered or incurred by me or my family members as the result of participation in any Early Childhood Learning Center (ECLC) programs, including any act or failure to act, intentional or unintentional, by: (1) any agent, employee, or representative of the Eastern Shawnee Tribe of Oklahoma or (2) any person who is not a representative of employee of ECLC or (3) any other volunteer.

Participant's Printed Name: _____

Participant's Signature: _____ Date: _____



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AUTHORIZATIONS AND RELEASES

Consent for Health Services

As partial fulfillment of my partnership with the Early Childhood Learning Center (ECLC), I hereby agree that my child:

- 1) Shall receive all of the health services offered by ECLC including, but not limited to:
 - a) Developmental Screening/Observation
 - b) Social/Emotional/Behavioral/Mental Health Observations
 - c) Vision Screening
 - d) Hearing Screening
 - e) Height and Weight Assessment
- 2) Shall brush his/her teeth daily in the Center with an ADA approved fluoride toothpaste and toothbrush provided by ECLC. (If you do **not** want your child to use fluoride toothpaste, check here:) _____ I choose to deny the use of fluoride toothpaste.

Parent Signature _____ Date _____

Authorization for Emergency Treatment

I, the undersigned parent or legal guardian of the child, do hereby authorize any emergency treatment by any physician or dentist licensed by the State of Oklahoma or the State of Missouri and hospital service that may be rendered to said minor under the general, specific or special consent of ECLC, the temporary custodian of the minor.

Parent Signature _____ Date _____

Permission to Transport

I understand that if Child or Parent has a medical emergency while at ECLC, that 911 will be called to transport him/her immediately to the nearest hospital.

Parent Signature _____ Date _____

Permission to Photograph

I give permission to ECLC to use photographs and/or video of me or my family members obtained while participating with ECLC, including posting to social media (Facebook, etc.). (To deny usage of such photos or videos, check here:) _____ I choose **not** to allow photographs and/or videos or social media postings of my family members to be used.

Parent Signature _____ Date _____

Notice of Privacy Policy Receipt

This is to acknowledge that I have received a copy of ECLC's Privacy Policy, which provides me with information about how ECLC may use and disclose my child's educational, health, and financial information.

Parent Signature _____ Date _____



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PARTICIPATION EXPECTATIONS AGREEMENT

(To be completed with assistance from ECLC staff)

Parent/Guardian Name: _____

_____ I have a subsidy from OK or MO or a Native American Tribe for child care services.

_____ I will pay without any subsidy source.

A **one-time enrollment fee of \$25.00** is charged to cover the cost of setting up an individual account for the child and his/her parents. The \$25.00 fee will be applied to the first month's tuition payment when the child(ren) begins attending. However, if the child(ren) do not actually attend, the \$25.00 fee will not be refunded. The amount due will be \$25.00 **per family** regardless of the number of children enrolled from that family. This contract for payment will be required at the time of enrollment and will state the amount that will be due monthly for each child/family enrolled. The first contract period will begin August 1 and end July 31.

I agree to pay a daily rate of \$_____ of which I have a subsidy to pay \$_____, leaving me with a co-pay amount of \$_____. Payment is to be made in advance by the first day of each week or the first day of each month for co payments.

To ensure that your child benefits the most from the ESTO ECLC program, we ask your participation as follows:

- ✓ Understand that you are the most important person to your child's education.
- ✓ Ensure that your child attends every day or that ECLC is notified of any illnesses or absences.
- ✓ Participate with your child in at-home activities designed to promote literacy and learning.
- ✓ Be an active participant in any home visits and parent-teacher conferences.
- ✓ Attend ECLC parent meetings as frequently as possible.
- ✓ Maintain open communication with ECLC staff.
- ✓ Ensure that ECLC has accurate up-to-date emergency contact information.
- ✓ Keep your child's immunizations and well-child examinations up to date and inform ECLC with documentation of updates.
- ✓ If your child does not have a primary care health care provided, you will work with ECLC staff to establish a medical home.
- ✓ Understand that nutritious breakfast, lunch, and snacks are provided during the day.
- ✓ Understand that your child can be removed from the program due to excessive absences.
- ✓ Understand that there are behavioral expectations to attend the program, if those expectations cannot be met, your child may be removed from the program.

Parent Signature _____ Date _____



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DIGITAL COMMUNICATION METHOD

The Eastern Shawnee Early Childhood Learning (ECLC) utilizes an app-based communication method for daily reports, incidents, etc. The current app is ProCare and can be downloaded on both Apple and Android devices. By signing this, I understand that I will not be receiving physical daily sheets. I also agree to download the app and sign up to receive communications from the ECLC (i.e. weather closings, alerts, reminders, messages from staff, etc.).

The following individuals are authorized to receive ProCare notifications:

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Parent Signature _____ Date _____

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT FOR THE TRANSPORTATION OF A MINOR CHILD

THIS INDEMNIFICATION AND HOLD HARMLESS AGREEMENT (the "Agreement") is made as of _____, 202__ by and between the Eastern Shawnee Tribe of Oklahoma, as the entity receiving indemnity (hereinafter referred to as the "Indemnatee"), located at 12755 S. 705 Rd., Wyandotte, Oklahoma 74370, and _____, the legal parent/guarding of _____, a minor child under 18 years of age, (hereinafter referred to as the "Indemnitor"), located at _____, and at times the Indemnatee or Indemnitor may be referred to as the "Party" or may be collectively referred to as the "Parties."

WHEREAS, the Indemnitor fully understands that: (1) there are **DANGERS AND RISK OF INJURY, DAMAGE (BOTH PERSONAL AND PROPERTY), OR DEATH** that exist in the use and operation of automobiles; (2) that certain risks are associated with automobile transportation, including but not limited to: **BODILY INJURY, DISEASE, STRAINS, FRACTURES, PARTIAL OR TOTAL PARALYSIS, OR DEATH**; (c) these risks may be caused by the negligence of the automobile operator, the negligence of others, and may arise from foreseeable and/or unforeseeable causes; and (d) by agreeing to allow an employee of the Eastern Shawnee Tribe of Oklahoma to transport my minor child by automobile, **I, on behalf of my minor child/ward, their heirs, and their personal representatives, hereby assume all risks and all responsibilities and wish to hold harmless and indemnify the Indemnatee and its successors and assigns from any and all liabilities, damages, injuries, losses, claims, judgments, suits, fines, penalties, demands or expenses**, including those caused solely or in part by the negligence of the automobile operator, or any other person.

REPRESENTATION ON AUTHORITY OF PARTIES/SIGNATORIES

Each party signing this Agreement represents and warrants that s/he is duly authorized and has legal capacity to execute and deliver this Agreement. Each party represents and warrants to the other that the execution and delivery of the Agreement and the performance of such party's obligations hereunder have been duly authorized and that the Agreement is a valid and legal agreement binding on such party and enforceable in accordance with its terms.

MODIFICATION OF AGREEMENT

This Agreement may be supplemented, amended, and/or modified only by and through the mutual agreement of all parties. No supplement or modification of this Agreement shall be binding unless done so in writing and signed by all parties to this Agreement.

GENERAL WAIVER

The failure of any party at any time to require performance of any provision or to resort to any remedy provided under this Agreement shall in no way affect the right of that party to require performance or to resort to a remedy at any time thereafter, nor shall the waiver by any party of a breach be deemed to be a waiver of any subsequent breach. A waiver shall not be effective unless it is in writing and signed by the party against whom the waiver is being enforced.

ENTIRE AGREEMENT

This is the entire agreement between the aforementioned parties. It replaces and supersedes any and all oral agreements between the parties, as well as any prior writings.

ENFORCEABILITY, SEVERABILITY AND/OR REFORMATION

In the event that any covenant, provision, and/or restriction is found by a court of competent jurisdiction to be unenforceable, such provision shall be modified, rewritten or interpreted to include as much of its nature and scope as will render it enforceable. In the event it cannot be so modified, rewritten or interpreted to be enforceable in any respect, it will not be given effect, and the remainder of the Agreement shall be enforced as if such provision was not included.

In the event that a court of competent jurisdiction determines that any of the covenants, provisions or restrictions to be excessive in duration or scope or to be unreasonable or unenforceable under the laws of that jurisdiction, it is the intention of the parties that such restriction may be modified or amended by the court to render it enforceable to the maximum extent permitted by the laws of that jurisdiction.

JURISDICTION AND VENUE

The Court of Indian Offenses administered by the Bureau of Indian Affairs located in Miami, Oklahoma and said Court of Indian Offenses shall be the exclusive venue for all proceedings, action, or enforcement efforts arising out of this Agreement.

THE UNDERSIGNED HAVE READ, UNDERSTAND, and ACCEPT THIS AGREEMENT, and by signing this Agreement, all parties agree to all of the aforementioned terms, conditions and policies.

Eastern Shawnee Tribe of Oklahoma, Representative

(Date Signed)

Parent/Legal Guardian of Minor Child

(Date Signed)