

KAW NATION DAY CARE CENTER



When enrolling your child for daycare you will
need

To bring copies of:

Birth Certificate
CDIB (if applicable)
Current Immunization

***Note: If child is not up to date, child will not be able to attend.**

Application must be complete with all required paperwork before it will be processed!

Kanza Early Child Development Center is Native preferred. Kaw Tribal members will take first preference, with other Tribes taking second preference. Non-Native applicants will be accepted if no Native applicants have applied. It is a possibility Non-Native children will be dismissed from the program to accommodate the needs for child-care for KAW tribal members and other native children.



Kanza School Age Enrollment form



Age: _____

Date: _____

Grade: _____

Teacher: _____

Male or Female
(circle)

Tribe _____

Childs Name: _____

Date of Birth: _____

Home Address: _____

Name of Parent/Guardian (with whom the child resides): _____

Place of Employment: _____

Work #: _____

Cell #: _____

Permission to text:

Yes or No (please circle)

Name of Parent/Guardian (with whom the child resides): _____

Place of Employment: _____

Work #: _____

Cell #: _____

Permission to text:

Yes or No (please circle)



Emergency Contacts and Pick-Ups



In case of emergency, if the parent or guardian cannot be reached, list the person(s) to notify in order of preference.

Name: _____ Relationship to child: _____

Home #: _____ Cell #: _____

Emergency Contact: Yes or No (circle) Child Pick-up: Yes or No (circle)

Name: _____ Relationship to child: _____

Home #: _____ Cell #: _____

Emergency Contact: Yes or No (circle) Child Pick-up: Yes or No (circle)

Name: _____ Relationship to child: _____

Home #: _____ Cell #: _____

Emergency Contact: Yes or No (circle) Child Pick-up: Yes or No (circle)

Name: _____ Relationship to child: _____

Home #: _____ Cell #: _____

Emergency Contact: Yes or No (circle) Child Pick-up: Yes or No (circle)



Emergency and Medical Release



I, _____ the undersigned parent, person having legal custody, or guardianship of _____ **DO HEREBY RELEASE:**

Kaw Nation School Age Enrichment Center from all claims for damages against Kaw Nation Staff and/or all of its authorized agents. I release all claims of liability of any nature, all injuries, loss or damages of personal property, suffered by my child's participation in the Kaw Nation Enrichment Center activities. I further understand that every precaution will be taken to insure the safety of my child. Should my child require immediate medical attention, I **DO HEREBY CONSENT:** Kaw Nation School Age Enrichment Center, to obtain medical or hospital treatment for my child as follows. I also understand that an ambulance will be called.

Kaw Nation School Age Enrichment Center will call:

1. Emergency Services
2. Parent/Guardian
3. Emergency contact if no contact with the parent/ guardian
4. Notify Child's Doctor

Name of Physician: _____

Address: _____ Phone #: _____

Parent/ Guardian Signature: _____

Date: _____



Sunscreen Application Permission Form



Name of Child: _____

As the parent or guardian of the above child, I give permission for staff or other authorized agent of the Kaw Nation School Age Enrichment Center to apply sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities during the months of May to September. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, and bare shoulders, arms, and legs.

Additionally I have checked and/or indicated below my directives regarding the type and application of sunscreen:

_____ The staff of Kaw Nation School Age Enrichment Center may use the sunscreen of their choice, in keeping with applicable federal and state standards.

_____ Only use the following type(s)/SPF sunscreen (provided by parent):

_____ For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

Parents or Guardians full name (please print) _____

Parent or Guardians signature: _____

Date: _____



Medical Information



Please List:

Any Health Disorders your child may
have: _____

Any Medical, Food, and/or Other Allergies your child may
have: _____

A note from a physician must accompany request for restrictions.

Medication Administration:

An authorization to administer medication form must be completed by the parent. If this form is not completely filled out, medication will not be administered to child. This includes any over the counter medication.

Immunization Record:

Please “attach a copy of the immunization record or follow the Oklahoma State Department of Health exemption procedures for your child. **Keep your child’s immunizations current. Give updated immunization record copies to the child care facility.** A child two months of age or older cannot be admitted to a child care facility unless the parent presents certification from a licensed physician or authorized representative of any state or local Department of Health that such child has received or will receive immunizations at the medically appropriate time” (Taken from OKDHS form)

Parent/Guardian Signature:

_____ **Date:** _____



**Kaw Nation
School Age
Enrichment Center**



I, the parent/ guardian of: _____, have received and understand the Policies and Procedures presented to me by the Kaw Nation School Age Enrichment Center.

Parent/ Guardian Signature: _____

Date: _____

Comments and Concerns:



Transportation



_____ I do not give my child, _____, permission to be transported.

-OR-

I give my permission for my child, _____, to be transported:

_____ to the nearest medical facility, if a medical emergency occurs and I cannot be reached

_____ on field trips

_____ To and from school

_____ Other

please specify: _____

Parent/Guardian Signature: _____

Date: _____



Permission Slip for Photographing a Minor Child



We take pictures on field trips, during after school activities, and at various events throughout the year. We would like your permission to use these pictures on our website, newsletter, bulletin board, and on our advertising materials. We will never reference your child by name or provide any specific information regarding your child. We will never sell these pictures; we will use them exclusively for Kaw Nation School Age Enrichment Center purposes.

_____ Yes. I grant you permission to use photos of my child on the Kaw Nation website, bulletin board, newsletter, and/or advertising materials.

-OR-

_____ No. Please do NOT take or use photos of my child.

Childs Name: (please print)

Parent /Guardians Name: (please print)

Parent/Guardians Signature:

_____ **Date:** _____