Grandview Early Learning Center

GELC CHILD CARE APPLICATION

PUYALLUP TRIBE OF INDIANS
3580 E Grandview Ave
Tacoma, WA 98404
253-680-5515 office 253-680-5517 fax
GELC.Enrollment@PuyallupTribe-nsn-gov

FAMILY CHECK OFF LIST

The following must be attached to this application:

- ○ Tribal Identification for the child.
  The child must be a member of a Federally Recognized Tribe
- ○ Immunization Records for all children.
- ○ Current paystub for parent/guardian OR school enrollment for parent/guardian.
- ○ Foster Families: Legal Documentation from Children's Services/State.
- ○ Proof of Residency: Driver's License or Utility bill with address listed-Family must live in Pierce County or Federal Way, WA

Applications cannot be processed without all of the above information attached. Questions? Please contact GELC.Enrollment@PuyallupTribe-nsn.gov.

STATEMENT OF UNDERSTAND AND AGREEMENT

GELC POLICIES AND PROCEDURES:
For a full list of all policies and procedures of Grandview Early Learning Center, please see the complete Parent Handbook which is given to families upon acceptance to this childcare assistance program.

PHOTOGRAPHS:
We hereby give permission for GELC to photograph our child for in-house pictures, snapshots of parties and special events, for publicity, calendars, or by use in the classroom.

PROGRAM PARTICIPATION:
We agree to keep our child home if he/she is not feeling well enough to participate in their classroom activities for the day. We grant our permission for our child to use all the play equipment inside and outside and to participate in all activities of GELC including center sponsored field trips away from the premises. We further give our permission for our child to leave the premises of GELC with a staff member for nature walks around the grounds.

RELEASE OF INFORMATION:
We hereby release the Puyallup Tribe of Indians/GELC to verify all information submitted for enrollment. This includes, but not limited to, calling employers, school officials, and other parties deemed necessary by enrollment to obtain verification of employment, hours of employment, verifying school attendance, and income eligibility for this child care program.

MUTUAL EXCHANGE AGREEMENT:
We hereby give permission to mutual exchange of information between GELC and the following individuals or agencies concerning my immediate family. In granting such permission, we understand that such information will remain confidential and will only be used for the benefit of my child. We have filled in the names and phone numbers below:

Takopid: ______________________________ Doctor: _______________________________

Dentist: ______________________________ ECEAP: _______________________________

Social Worker: __________________________ Other: ________________________________

Knowingly and willingly giving false or fraudulent information on the application for the Puyallup Tribe's GELC Child Care Program will be grounds for immediate termination. If terminated from this program, you will not be eligible to re-apply for one year from the date of termination. All fraudulent files will be turned over to the Puyallup Tribal Law Enforcement for further action. Possible reimbursement of childcare expenses or legal action may occur.

Upon signing below, I certify that I have read, understand, and agree to all the rules of the Puyallup Tribe GELC Child Care Program.

PARENT/LEGAL GUARDIAN: _______________________________________ DATE: ___________________________

PARENT/LEGAL GUARDIAN: ____DATE: ___________________________

FAMILY INFORMATION

Date:			
Parent 1:		Foster/Relative Placement?	
Address:			
City, St, Zip:			
Phone:			
Email:		DOB:	
Tribe:		ID #:	
Employer:			
Job Title:			
Phone:			
School:		Schedule:	

Parent 2:		Foster/Relative Placement?	
Address:			
City, St, Zip:			
Phone:			
Email:		DOB:	
Tribe:		ID #:	
Employer:			
Job Title:			
Phone:			
School:		Schedule:	

GELC Application

Please identify ALL persons in your household, **including yourself,** and their relationship to you:

Full name:	Relationship:

ACKNOWLEDGEMENT:

We have read the Parents Statements of Understanding and Agreement carefully and hereby agree to all terms. In signing below, we certify that all information we have provided in this enrollment packet is true, accurate, and complete to the best of our knowledge. We further state that such information found false, or misleading will be grounds for immediate denial of childcare benefits from this program. We also certify that our combined family assets do not exceed $1,000,000.00 (one million dollars).

By signing below, I (we) certify that all information on this application is true and correct and I (we) have not excluded any anyone in our family count:

____ ______________________

Parent/Guardian Date

____ ______________________

Parent/Guardian Date

FAMILY INFORMATION
(continued)

Child in need of care:

<table>
<tr><td>Full Name:</td><td colspan="5"></td></tr>
<tr><td>DOB:</td><td></td><td>Tribe:</td><td></td><td>ID #:</td><td></td></tr>
<tr><td>Foster/Placement/Adopted?
If yes, please provide the legal documentation</td><td colspan="5"></td></tr>
<tr><td colspan="6">Days/hours of care needed:</td></tr>
<tr><td colspan="6">HOURS OF OPERATION: Monday through Friday 7am-6pm
Early drop-off/late pick-up are not allowed</td></tr>
</table>

Days:	Monday	Tuesday	Wednesday	Thursday	Friday
Times:					

Last Physical:	
Allergies:	
Daily Medications:	
Disabilities (please be specific):	

Are you receiving any other subsidy for childcare? Yes No

If yes, please identify which program helps you with your childcare needs:

Program:	Contact:	Amount:

Authorized pick-up list:
CLASSROOM INFO SHEET

ALL persons, **including parents,** who responsible for the child and permitted to remove the child in case of illness, emergency, or injury are listed below and will be notified if parents cannot be reached:

Child's Name:	Phone:	Relationship to child:
PARENT 1:		
PARENT 2:		

Parent/Guardian

Date

PARENTS AUTHORIZATION TO SEEK MEDICAL CARE

CLASSROOM INFO SHEET

Child's Name:	DOB:	Gender:

MEDICAL TREATMENT/TRANSPORTATION:

I hereby grant permission to Grandview Early Learning Center to seek medical treatment for my child in the event such treatment is deemed necessary AND for my child to be transported by an emergency vehicle to a medical facility for treatment when I cannot be reached or when delay would be dangerous to my child's health.

HOSPITAL ADMISSION AND/OR PHYSICIAN'S CARE:

I hereby consent to all medical and surgical treatment by the attending physician and to the administration and performance of all examinations, administering of medicine, treatments, anesthetics, operations, ex-rays, blood tests, transfusions, suturing and other procedures, which may be deem necessary for my child during the stay at the hospital.

Doctor choice: ____ Phone: __________________________

Hospital choice: _______________________________________ Phone: __________________________

FINANCIAL AGREEMENT:

I hereby agree to accept responsibility for any financial indebtedness incurred during the hospitalization. I agree to pay for all necessary services at the current rate and in case of collection, pay a reasonable attorney fee and collection expense.

I have read the Parent Authorization and understand and agree to its contents.

(Sign only in the presence of a Notary Public)

____ _____________________

Parent/Guardian Date

FOR NOTARY PUBLIC:

Sworn and subscribed before me on this ___________ Day of _________________________, 20____________.

____

NOTARY PUBLIC SIGNATURE

Notary
Seal

____

Printed Signature

____

County

____

My Commission Expiration Date

TUITION AGREEMENT

ABSENCES:
We do charge for days absent. Regretfully, we find it impossible to operate the center on a "days present" basis. It is necessary for us to be adequately staffed to care for all the children who are enrolled, whether they are actually present or not. Parents agree to call GELC administration when child will be absent due to illness, appointment, or on vacation. **Children who are absent for two consecutive weeks will be removed from enrollment and families will need to reapply for services.**

HOURS OF CARE:
The maximum allowed time at GELC per day is 10 hours, per the State of Washington's child care guidelines.

TUITION:
Co-payments for services are due on the first of each month and are based on a sliding fee scale. Monthly payments are preferred in the form of a check or money order. Cash payments can be made at the Tribe's Check Distribution Office (CDO) where a receipt will be sent to GELC. Monthly statements will be mailed to families with current charges and payments listed. Payment is due before initial enrollment may begin. Failure to make timely childcare payments may result in termination of childcare services. Re-enrollment will not occur until all back childcare payments are paid in full. All deposits made at GELC are non-refundable. These include, but are not limited to, advance tuition payments.

TERMINATION:
Parents may withdraw a child from GELC any time; however, a two week advance written notice to that effect is required. Parents who fail to provide a two week notice will still be liable for all remaining tuition for the month of termination and any prior balances. The center reserves the right to terminate care of any child, providing the same two week notice is given with explanation. **Children who are absent for two consecutive weeks will be removed from enrollment and families will need to reapply for services.**

SIGNATURES:
In signing below, I verify that I have read, understand, and agree with the GELC Tuition Policy.

PARENT/ GUARDIAN: ______________________________ DATE: ___________________________

PARENT/ GUARDIAN: ______________________________ DATE: ___________________________

PERSONAL HISTORY

CLASSROOM INFO SHEET

Date: ______________________________

Child's Full Name: ______________________________ DOB: ____________________

1: What languages does your child speak?
2: Please describe your child's nature. (Friendly, active, passive, quiet, etc.)
3. Has your child been cared for by anyone other than the parents? If yes, by whom?
4. Please describe the steps you take in managing your child's behavior at home:
5: Please describe any fears your child may have:
6: Please describe any likes and dislikes regarding foods:
7: Does your child have any food allergies?
8: Please describe your child's napping schedule (if applicable):
9: Please describe any special circumstances or needs:
10: Is your child toilet trained?

PERSONAL HISTORY

(Continued)

CLASSROOM INFO SHEET

Date: ______________________________

Child's Full Name: ______________________________ DOB: ______________

11: Please describe any recurring problems with toileting or diapering:
12: Please check all that apply. My child sleeps: ☐ In a crib ☐ On their side ☐ In a bed ☐ On their stomach ☐ On their back
Please note: The American Academy of Pediatrics (AAP) has determined that placing a baby on their back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your infant does not usually sleep on their back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your infant's sleeping position with your teacher. Your teacher will place your baby on their back unless there is a written physician's order that specifies otherwise.
13. What is your child's favorite activity indoors?
14: What is your child's favorite activity outdoors?
15: Please describe any special medical, physical, or emotional needs your child may have:

Pierce County
Department of Human Services
3602 Pacific Avenue, Suite 200
Tacoma, WA 98415
(253) 798-4400

Dear parent/Caregiver:

The ChildReach developmental screening program, through Pierce County Human Services, works closely with the Puyallup Tribe, providing screening for children at Grandview Early Learning Center (GELC) and Chief Leschi Schools.

ChildReach provides screening for children in the following areas:

- *Language*
- *Motor*
- *Learning*
- *Behavior*

Our goal is to provide regular screening to all children who attend Grandview Early Learning Center or Chief Leschi Preschool programs. Screening provides information to you and your child's teacher to encourage and promote your child's growth throughout the stages of development. In addition, screening may identify areas to focus on or areas in need of further testing.

After a screening you will receive the results. If any developmental concerns are identified, there may be a recommendation for rescreening by ChildReach or a referral to the Puyallup Tribe Birth to Six Program and/or Chief Leschi Schools for further evaluation. If a referral is made, the Birth to Six program and/or Chief Leschi Schools will contact you regarding next steps.

By signing the permission form, you are agreeing to allow ChildReach to screen your child and share results with the Puyallup Tribe Birth to Six Program (the funder of these screening services), GELC staff, and/or Chief Leschi Schools.

Please let me know if you have any questions or need additional information regarding the consent form or screening process.

Sincerely,

Wynonna Toeaina and Zenia Melendez

Early Intervention Behavior Assistants

(253) 680-5512

PLEASE COMPLETE FOR SCREENING

One per child: Ages 8 weeks to 5 years old

Pierce County
Department of Human Services
3602 Pacific Avenue, Suite 200
Tacoma, WA 98415
(253) 798-4400

☐ Decline Services

ChildReach: Child Information Form

Child's Name:			
Child's Gender:			
Child's DOB:			
Was child premature?			
If so, how many weeks?			
Parent/Guardian's Name:			
Address:			
City:		Zip:	
Cell Phone:		Home/Work Phone:	
Do you have any concerns for your child's development? If so, please describe:			

Consent

I give permission to the ChildReach program at Pierce County Human Services to screen, release, exchange, and share information about my child with the Puyallup Tribe Birth to Six Program, Grandview Early Learning Center, and/or Chief Leschi Schools for the purposes of developmental screening, referral, follow-up and coordination or services.

Parent/Guardian Date

Parent/Guardian Date

Signature

Date