PUYALLUP TRIBE OF INDIANS

Grandview Early Learning Center

Application for Child Care Assistance

3580 E Grandview Avenue

Tacoma, WA 98404

253-680-5515

GELC.Enrollment@PuyallupTribe-nsn.gov

DOCUMENT CHECK OFF LIST

Minimum Enrollment Requirements: Please attach proof of the following:

The Child needing services is an enrolled member of a federally recognized tribe:

- ☐ Attach Copy of Tribal ID (front and back) or CIB
  Services will end September 30 the year the child turns 13 years old.

The Family resides within the Service Area:

- ☐ Attach Copy of Phone Bill, Utility Bill, Driver's License with address and dates
  Family must reside in Federal Way, Washington or Pierce County.
  Puyallup Tribal Members may also reside in Kitsap, Thurston or King Counties.

The Child needing services has Up-To-Date Immunization Records or Exemption:

- ☐ Attach Copy of Current Immunization Records

  OR

- ☐ Attach Copy of Immunization Exemption from Physician

Please select all statements that apply to your family household:

- ☐ Parent/guardian is employed or enrolled in a training or educational program
  Attach a copy of a paystub or school enrollment for each parent listing hours of schedules

- ☐ Homeless: Are doubled-up or sharing housing with others due to loss of housing, economic hardship, or similar reasons. Live in motels, hotels, trailer parks, or campgrounds. Reside in emergency or transitional shelters. Have a primary nighttime residence that is not designed for regular sleeping.

- ☐ Children with special needs or disabilities, documented by a medical professional

- ☐ Family who qualifies as Protective Services, may include: Children in Foster Care, State or Tribal Child Protective Services, Relative placement children who need respite care services; Parent experiencing substance abuse / treatment, domestic violence, physical or mental disabilities.
  Other: _____

Applications cannot be processed without all of the above information attached. For more information contact: GELC.Enrollment@PuyallupTribe-nsn.gov

PROGRAM GUIDELINES

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 Grandview Early Learning Center (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.

HOURS OF CARE:
Grandview Early Learning Center hours of operation are Monday through Friday, 7:00 am to 6:00 pm. Child must arrive no later than 9:30 am during the hours of operation. Early drop-off/late pick-up are not allowed, unless given special permissions from the GELC director. ***The maximum allowed time at GELC per day is 10 hours, per the State of Washington's child care guidelines.***

ABSENCES:
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 without notification from family, will be removed from enrollment and families will need to re-apply for services.***

TERMINATION:
Parents may withdraw a child from GELC any time; however, a two-week advance written notice to that effect is required. The center reserves the right to terminate care of any child, providing the same two-week notice is given with explanation.

PRIORITY ENROLLMENT:
Our priority enrollment criteria are as follows:

1. Families who are experiencing Homelessness
2. Families of children with Special Needs
3. Families in Protective Services (Placement or Foster, Guardian, DV, Etc.);
4. Families who are working or enrolled in an education program, as long as family assets do not exceed 1 million dollars
5. Families who are in active Job Search or training program

AGE LIMIT:
If a child turns 13 years old during the eligibility period, they will remain enrolled in the child care program until the beginning of the new fiscal year which is October 1st after their 13th birthday. At that time the child will be aged out the following fiscal year from the childcare assistance program.

ELIGIBILITY OF SERVICES:

During the initial eligibility period for enrollment, families are required to notify GELC Administration of any permanent changes during the eligibility period, prior to re-determination of enrollment.

Reportable permanent changes include, but are not limited to:

- Change of residency outside of the service area
- Tribal enrollment status changes
- A child turning 13 years of age during the eligibility period
- Changes in household composition (Adults only)
- Any change in child care need status

Completed child care applications will be reviewed within **two (2) weeks** of receipt. Applicants will either be approved for enrollment or placed on a waitlist, depending on GELC classroom capacity and/or available grant funding.

ACKNOWLEDGEMENT

Providing false or fraudulent information knowingly and willingly on the Puyallup Tribe's GELC Child Care Program application will result in **immediate termination** from the program.

If terminated, the applicant will be ineligible to reapply for **one (1) year** from the date of termination. All fraudulent cases will be referred to the Puyallup Tribal Law Enforcement for further action. This may include reimbursement of childcare expenses and/or legal action.

By signing below, I certify that the information provided is accurate and complete. I agree to continue providing accurate information and to notify the program of any significant changes in child care needs or eligibility status.

_____ _____

Parent/Guardian1 Signature Date

_____ _____

Parent/Guardian2 Signature Date

PROGRAM DEFINITIONS

EDUCATIONAL PROGRAM:

Parents/Guardians are:

- Attending high school;
- Attending general educational development (GED) programs;
- Attending adult basic education;
- Attending public/private technical, community, state, city or tribal college;
- Attending substance abuse education classes through CPS;
- Attending out-patient treatment facility for substance abuse.

EMPLOYED:

Parent/Guardians are:

- Working for a wage
- Self Employed (must provide current business license)
- Apprenticeships

HOMELESSNESS:

Homelessness is the condition of lacking stable, safe, and adequate housing. It encompasses a range of situations, including living on the streets, in shelters, or in temporary or inadequate accommodations, essentially being without a home or permanent place of residence. Parents and children living with relatives or friends in a multi-family dwelling, where the home is not in their name, are also in this definition.

PROTECTIVE SERVICES:

An Indian child living within the service area, who resides with a parent or relative or loco parentis and receives or needs to receive protective services is eligible for child care assistance. The protective services category is not limited to families formally involved with the child welfare system. The protective services category allows families to access the CCDF program by removing some of the eligibility criteria that apply to families who are not receiving protective services. GELC will place these children in high-priority groups for eligibility, exempting them from the waiting list and waiving income and work requirements if allowed. These children are defined as:

- Children with a history of abuse or neglect who the Tribe/State court has placed in custody of the court while the parents work on issues related to abuse and neglect;
- Children in Foster Care system, State or Tribal Child Protective Services, through a State or Tribal authority;
- Children with teenage parents;
- Foster children or adopted children;
- Relative placement children with court documents or written notification from parent;
- Relative placement children who need respite care services;
- Children with one parent working while the other is not due to known substance abuse;
- Children where one parent works while the other is not working because of documented physical or mental limitations;
- Elderly grandparents who are not working but caring for the children whose parents are in a documented in-patient treatment program or documented supervision by CPS;

FAMILY INFORMATION

DATE: _____

Parent/Guardian1: _____

Tribe: _____ ID#: _____

Email: _____ Phone: _____

Employer or School: _____

Scheduled Days/Hours: _____

Parent/Guardian1: _____

Tribe: _____ ID#: _____

Email: _____ Phone: _____

Employer or School: _____

Scheduled Days/Hours: _____

Family Address: _____

City, State, Zip Code: _____

HOURS NEEDING CARE

HOURS OF OPERATION: Monday through Friday 7am-6pm. Child must arrive no later than 9:30 am. Early drop-off/late pick-up are not allowed unless given specific permission from GELC director. No child shall be in daycare for over 10 hours per day per state guidelines

☐ Full Time Care: Monday thru Friday
M: _____ T: _____ W: _____ TH: _____ F: _____

☐ Part Time Care: List days: _____

CHILD INFORMATION

FULL NAME: _____ BIRTHDATE: _____

TRIBE: _____ ID NUMBER: _____

ALLERGIES: _____

DAILY MEDICATIONS (if applicable): _____

DISABILITIES: Please be specific: _____

CHILD'S CURRENT SCHOOL: _____

AUTHORIZED TO PICK UP CHILD

ALL persons, **including parents,** who are 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:

Parent1 _____ Phone: _____

Parent2 _____ Phone: _____

Authorized to pick up:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

_____ _____

Parent1 Signature Date

_____ _____

Parent2 Signature Date

AUTHORIZE TO SEEK MEDICAL ATTENTION

CHILD'S FULL NAME: _____ BIRTHDATE: _____

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.

I declare under penalty of perjury that the foregoing is true and correct under the laws of the Puyallup Tribe of Indians and the State of Washington.

_____ _____
Parent1 Signature Date

_____ _____
Parent2 Signature Date

PHOTO RELEASE

Date: _____

Child's Full Name: _____

Parent1 Full Name: _____

Parent2 Full Name: _____

Photo Release Permission

Grandview Early Learning Center periodically photographs or records events with children. Please check ONLY ONE BOX below:

☐ I DO give Permission

OR

☐ I DO NOT give Permission

for Grandview Early Learning Center (GELC) to use photographs or video for newsletters, news releases, online media, web content or publications, and other communications related to the mission of GELC. The permission will extend for the duration of the Child's enrollment at GELC.

I understand I can change this permission at any time by filling out another photo release form.

Signature

_____ _____

Parent1 Signature Date

_____ _____

Parent2 Signature Date

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 GELC 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, screens may identify areas to focus on or areas in need of further testing.

After 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

Zenia Melendez

Zenia Melendez
Puyallup Tribe Birth to Six Program Director

CONSENT FOR DEVELOPMENTAL SCREENING

Pierce County
Department of Human Services
3602 Pacific Avenue, Suite 200
Tacoma, WA 09415
253-798-4400

ChildReach: Child Information Form

Child's Full Name: _____

Child's Gender: _____

Child's Date of Birth: _____

Was child premature? ☐ No. ☐ Yes: _____ weeks.

Parent/Guardian Name: _____

Address: _____

City, State, 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 of services.

_____ _____

Parent1 Signature Date

CLASSROOM INFORMATION SHEET

Child's Full Name: _____ DOB: _____

1. What languages does your child speak? _____
2. Please describe your child's nature. (Friendly, active, passive, quiet) _____
3. Has your child been cared for by anyone other than 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? _____
11. Please describe any recurring problems with toileting or diapering: _____
12. My child sleeps (in a crib, in a bed, on their side, back or stomach):_____
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:_____
16. What school does your child attend, if applicable: _____

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.

ADMINISTRATION ONLY

Check all that apply (see definitions above):

- ☐ Family Protective Services Provided Documentation
- ☐ Family is Homeless Provided Documentation
- ☐ Parent1 Employed or in Education Program Provided Paystub/School Enrollment
- ☐ Parent2 Employed or in Education Program Provided Paystub/School Enrollment
- ☐ Children with Special Needs Provided Documentation
- ☐ Placement or Foster Children Provided Documentation
- ☐ Parent1 Unemployed- In Job Search
- ☐ Parent2 Unemployed-In Job Search
- ☐ Other_____

Mark those that apply

- ☐ Priority Enrollment
- ☐ Waitlist _____

Approved by:_____ Date:_____