

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

## GRANDVIEW EARLY LEARNING CENTER

Child Care Application

### **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](mailto:GELC.Enrollment@PuyallupTribe-nsn.gov).

# GRANDVIEW EARLY LEARNING CENTER

## Child Care Application

### 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: \_\_\_\_\_

# GRANDVIEW EARLY LEARNING CENTER

## Child Care Application

### FAMILY INFORMATION

Please complete the following:

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

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

# GRANDVIEW EARLY LEARNING CENTER

## Child Care Application

### **FAMILY INFORMATION**

(continued)

Child in need of care:

Full Name:					
DOB:		Tribe:		ID #:	
Foster/Placement/Adopted?  If yes, please provide the legal documentation					
Hours/Days:					
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:

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## Child Care 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

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## Child Care Application

**EMERGENCY CONTACTS:**

## 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:

[illegible]

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## Child Care Application

### 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 deemed 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



# GRANDVIEW EARLY LEARNING CENTER

## Child Care Application

### 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: \_\_\_\_\_

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## Child Care Application

### PERSONAL HISTORY CLASSROOM INFO SHEET

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please answer this questionnaire to the best of your ability:

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?

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## Child Care Application

### PERSONAL HISTORY

(Continued)

### CLASSROOM INFO SHEET

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: