



SAUK-SUIATTLE CHILDCARE CENTER APPLICATION FOR ENROLLMENT

Please use a separate form for each child being registered. Thank you!

Sauk-Suiattle Childcare Registration Form		Office use only: Date child entered care:	Office use only: Date child left care:
Child's name (Frist, Middle, Last)		Name Used (Nickname)	Birthdate
Street address		City	Zip
Mailing (check this box if the same as street address [<input type="checkbox"/>])		City	Zip
Child's parent/guardian name #1	Cell phone #	Home phone #	Alternate phone #
Street address (check this box if the same as child's [<input type="checkbox"/>])		City	Zip
Mailing (check this box if the same as street address [<input type="checkbox"/>])		City	Zip
Child's parent/guardian name #2	Cell phone #	Home phone #	Alternate phone #
Street address (check this box if the same as child's [<input type="checkbox"/>])		City	Zip
Mailing (check this box if the same as street address [<input type="checkbox"/>])		City	Zip
In an emergency, if you are not able to contact me, contact the following:			
Name (First and Last)	Cell phone #	Alternative phone #	Relationship to child
These individuals have my permission to pick up my child:			
Name (First and Last)	Cell phone #	Alternative phone #	Relationship to child
<i>I give my permission for any of the following individuals to be contacted and my child may be released to any of them.</i>			
<i>Parent/Guardian signature: _____</i>		<i>Date: _____</i>	
<i>Parent/Guardian signature: _____</i>		<i>Date: _____</i>	

These individuals DO NOT have my permission to pick up my child: If you have a restraining order, please provide us with a copy			
Name (First and Last)	Reason	Is there a restraining order?	YES or NO
Name (First and Last)	Reason	Is there a restraining order?	YES or NO
Child's Medical/Dental Information			
Child's medical care provider or parent's/guardians preferred medical facility for treatment: Name: _____ Street Address: _____ Phone #: _____			Child's last physical exam, <u>if available</u>
Child's dental care provider or parent's /guardian's preferred dental facility for treatment: Name: _____ Street Address: _____ Phone #: _____			Child's last dental exam, <u>if available</u>
Does your child have any allergies/special dietary requirements due to a health condition? YES or NO Does your child require an Epi-Pen for the above health condition? YES or NO Is your child on an Individualized Education Plan or a 504 plan? YES or NO Does your child have special needs? YES or NO Is your child on an Individual Health Plan? YES or NO Is your child on an Individualized Family Service Plan? YES or NO Has your child ever been expelled from a daycare facility/school/or like program? YES or NO Is your child currently on medication? YES or NO Will Sauk-Suiattle Education Staff need to administer the medication to the child? YES or NO			
<u>An individual care plan and/or medication authorization form MUST be filled out and signed by your child's licensed/certified health care provider for any of the following:</u> Food allergies/special dietary requirements due to health condition - Individualized Education Plan – 504 Plan Individual Health Plan - Individualized Family Service Plan - Special Needs – Medications given at daycare. If applicable please provide us with your child's IEP, IHP, 504 plan, or IFSP.			
A copy of your child's current and up to date immunization record or a certificate of exemption signed by a Licensed Health Care Practitioner is required before your child may start care.			
Consent to medical care and treatment of minor children			
I give permission that my child, _____ may be given First aid/emergency treatment by the childcare licensee and or qualified staff at: Name of Licensee: Sauk-Suiattle Education Department Address of Licensee: 5318 Chief Brown Ln, Darrington, WA, 98241			
Parent/guardian signature	Date	Parent/guardian signature	Date

When I cannot be contacted, I authorize and consent to medical, dental, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid care attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health.

I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid care to an emergency center for treatment.

I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent/guardian signature	Date	Parent/guardian signature	Date
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Toddler and Preschool Age Questions: (Ages 1-5 years)

Does your child have any specific fear or dislikes that might help us to know them better:

What are your child's interests and favorite activities that might help us to know them better:

Has your child previously attended any group experience? (i.e. co-ops, Sunday School, daycare, preschool)

Does your child typically take a nap? (Circle one)	Yes	No	Sometimes
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What is the average nap time?

Is your child fully potty trained? (Circle one)	Yes	No	Currently potty training
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School Age Questions: (Ages 5-12 years)

Does your child have any specific fear or dislikes that might help us to know them better:

What are your child's interests and favorite activities that might help us to know them better:

Center Hours - Monday-Friday 8:00am to 4:30pm

The latest pickup time is 5:00pm. If your child is not picked up by 5:00pm your childcare services will be suspended for 1 day.

MY CHILD WILL ATTEND ON THE FOLLOWING DAYS & TIMES:

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off time					
Pick up time					

***School age child** - If their summer schedule is different than above, please list the drop off and pick up times below:

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off time					
Pick up time					

If your child/children do not come on a regular basis or follow an agreed upon schedule they are considered “drop in.” All drop ins need to call before they drop off to ensure we have proper staffing.

If your child comes on a full or part time basis, according to your agreed upon schedule and they are not going to be in attendance, please call or e-mail to let us know as soon as possible. This information is essential to our meal planning and staffing.

If your child is not in attendance, and there is no attempt to contact our center for 14 days out of the year, your child will forfeit their childcare spot. These measures are strictly enforced to maintain high quality childcare services. We appreciate your support and cooperation.

Plases sign below that you agree to these terms and conditions:

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

PARENT/GUARDIAN AGREEMENT FOR CHILDCARE PAYMENT
Rates and Information for Pay Rate

Please check the pay rate that applies: (These rates are effective August 1, 2024)

Childcare Rates:		
	Sauk-Suiattle Tribal Members, Childcare Staff	\$3.00 per hour, per child
	SSIT or SSIT Enterprise Employee	\$5.00 per hour, per child
	Non-Member	\$7.00 per hour, per child
	DSHS/DCYF Working Connections Childcare State Paid	You pay applicable Co-Pay
	Child is ICW	Billed to ICW
Summer Program (Mid-June, July, August) Full Time Only:		
	Sauk-Suiattle Tribal Members, Childcare Staff	\$300 per child, per month
	SSIT or SSIT Enterprise Employees	\$500 per child, per month
	Non-Members	\$700, per child, per month

A discount of 10% for each additional child from the same household. *Any families that qualify for a childcare subsidy for any grant or program will be charged at the maximum rate.*

I agree to make payments to Sauk-Suiattle Daycare:

- Monthly
 Bi-Weekly

Please select your choice of preferred payment method:

- Sauk-Suiattle Payroll deduction (please fill out attached form)
 Pay by cash/check to finance department at Sauk-Suiattle Indian Tribe
 Online bill pay through Brightwheel online Childcare Management App
 DSHS/DCYF State Pay (parent responsible for Co-Pay, please select how you will pay for copay from payment options above.)

I understand that payments must be made within a month of the last billing period, failure to do so will result in a suspension of services until I make further payment arrangements.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

PARENT ENROLLMENT AGREEMENT AND RELEASE OF LIABILITY

I consent to the enrollment of my child _____ into the Sauk-Suiattle Daycare and agree that the Sauk-Suiattle Indian Tribe shall not be held responsible in case of sickness or injury of the child, while in attendance at the facility.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

AUTHORIZATION FOR FIELD TRIPS

Child's Name: _____

FIELD TRIP AUTHORIZATION

I give my permission for Sauk-Suiattle Education Department staff to take my child on field trips (a written notice about the field trip will be given at least 24 hours before the field trip is taken): YES NO

FIELD TRIP TRANSPORTATION AUTHORIZATION

I give my permission for approved Sauk-Suiattle Education Department staff to transport my child in a vehicle approved by Sauk-Suiattle Indian Tribe to and from field trips (a written notice about the field trip will be given at least 24 hours before the field trip is taken): YES NO

WATER ACTIVITIES FIELD TRIP AUTHORIZATION

I give my permission for Sauk-Suiattle Education Department staff to take my child to field trips that include water activities that might include my child swimming or playing in a swimming pool or other body of water (a written notice about the field trip will be given at least 24 hours before the field trip is taken, and all age-appropriate water safety precautions will be taken): YES NO

I have reviewed the above and have had the opportunity to discuss with the Sauk-Suiattle Education Department the policies pertaining to the items listed on this permission form. I understand that the Sauk-Suiattle Indian Tribe will not be held responsible in case of death/injury during the event of a field trip, field trip with water activities, or during transportation to and from the center for field trips.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

PHOTO AUTHORIZATION

Child's Name: _____

Do you give permission for your child to be photographed? Yes No

If yes, can we use your child's photo in printed documents for posters, brochures, newsletters, state reports, the Education Department's private FB page, and/or other Tribal publications? Yes No

I understand that children's names might be printed to identify the children in the photos. I also understand the any photos used could remain the property of the publisher.

If yes, do you give permission for Sauk-Suiattle Staff to send you (the parent) your child's picture participating in activities at the center through our Brightwheel app or to post at the center and in the classroom? Yes No

SURVEILLANCE POLICY

Video Surveillance Policy To ensure the safety and security of all children, staff, parents, and visitors, as well as the security of our daycare facility, Sauk-Suiattle Education Department is equipped with a 24-hour video surveillance system. Security cameras have been installed in our classrooms, hallways, outdoor play area, and front entry. We may conduct video surveillance of any portion of our premises at any time, the only exception being private areas of restrooms. Our video/security cameras have been positioned in appropriate places within and around our preschool and/or daycare center facility and are used in order to help promote the safety and security of people and property. The following are just some of the many benefits of having security cameras installed in daycare centers.

- Security cameras keep children and childcare staff safe. They are a very effective deterrent to any crime.
 - People tend to behave/perform better when there are security cameras around.
 - Directors can better monitor the entire facility and supervise/observe staff's interactions with children and with other staff members effectively.
 - Our daycare cameras help provide peace of mind to our parents and our staff members.
- Because we respect the privacy of all children, parents, and staff in our daycare center, our 24-hour video surveillance system/security cameras are for internal purposes only.

Video surveillance/recording consent forms are signed prior to and are conditions of child's registration.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date