



**SAUK-SUIATTLE CHILDCARE
CENTER APPLICATION FOR
ENROLLMENT**

Personal Information

Child's Name: _____ Age: _____ DOB: __/__/____

Parent/Guardian(s) name(s):

Physical Address: _____

Mailing Address (If Different from Above)

Is child living with both parents? _____ If not, with whom? _____

Mother's Phone Number: _____

Employer address:

Father's Phone Number: _____

Employer address:

Emergency Person: _____ Telephone: _____

Emergency Person: _____ Telephone: _____

Names and phone numbers of persons other than yourself authorized to pick up your child:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Person(s) not allowed to pick up your child:

Name, address and phone number of your child's physician:

Date of last physical exam: _____

Does your child have any specific health concerns our staff should be made aware of (i.e. vision or hearing loss, allergies, physical limitations, etc.)?:

List any specific fears or dislikes your child has that might help us to know him/her better:

What are your child's interests and favorite activities?

Does your child typically take a nap? _____

What is the average nap time? _____

Has your child had any previous group experiences? (i.e. co-ops, Sunday school, daycare)

What was the reaction?

Is your child fully toilet trained? _____

Does your child have a strong appetite? _____

MY CHILD WILL ATTEND ON THE FOLLOWING
DAYS & TIMES:

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Please contact the day care to inform us of any schedule changes (days and/or times) that may occur outside of your “normal” schedule. This information is essential to our meal planning and staffing.

PARENT/GUARDIAN
AGREEMENT FOR CHILDCARE
PAYMENT

I agree to make payments to Sauk-Suiattle Daycare:

- Weekly
 Bi-Weekly

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

Parent/Guardian Signature

Date

PARENT ENROLLMENT AGREEMENT AND RELEASE OF
LIABILITY FORM FOR THE
SAUK-SUIATTLE DAYCARE

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

AUTHORIZATION FOR YOUR CHILDS
PARTICIPATION IN FIELDTRIPS

I give consent for my child, _____, to participate in field trips under appropriate supervision. I understand that the Sauk-Suiattle Indian Tribe will not be held responsible in case of injury.

Parent/Guardian Signature

Date

Rates

Effective July 15th, 2020

Sauk-Suiattle Tribal Members, Childcare Staff-----\$2.50 per hour, per child
SSIT or SSIT Enterprise Employees-----\$3.00 per hour, per child
Non-Members-----\$5.00 per hour, per child

Summer Program

All Attendees-----\$200.00 per
child per month.

SAUK-SUIATTLE DAYCARE
5318 CHIEF BROWN LANE, DARRINGTON WA

Dear Parent,

Should an emergency arise involving your child, a conscientious effort will be made to locate you. To provide medical or dental care to your child in your absence requires your written consent. Please read the following items carefully, and initial each section to indicate that you understand and then sign your name.

_____ I give my permission for a qualified staff member to administer first aid to my child if deemed necessary by Sauk-Suiattle staff.

_____ In an emergency, if deemed necessary by Sauk-Suiattle staff, I give Sauk-Suiattle my permission to transport my child by ambulance or rescue squad to a licensed physician, clinic or emergency room of an accredited hospital.

_____ In the event that I cannot be contacted, I consent to medical, dental, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, dentist, or hospital when deemed immediately necessary by the physician to safeguard my child's health.

_____ Home Phone: _____
(Parent/Legal Guardian's Signature) Work Phone: _____

_____ (Witness) _____ (Date)

CHILD INFORMATION

Child's Name: _____

Birth Date: _____

Address: _____

Is the child currently on any medication? No ___ Yes ___ If yes, list: _____

Reason: _____

Allergies? No ___ Yes ___ If yes, list: _____

Ongoing Medical/Health Concerns? _____

Medical Coverage: _____

Policy Holder Name: _____

Member ID #: _____

Photo Release Form

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, 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.

Child's Name: _____

Print parent or legal guardian's name: _____

Parent or legal guardian's signature: _____

Date: _____