Dear Parents/Guardians:

Welcome to the Little Warriors Learning Center! We are grateful that you have considered us in your search for a provider for your child’s care.

Little Warriors Learning Center is funded through a federal grant, the Child Care and Development Fund, financial support from the Pyramid Lake Paiute Tribe, and from payments made directly by our parents/guardians. Our grant has certain requirements which have been incorporated into our application. Therefore, it is important that the application be thoroughly completed and submitted with all requested supporting documents. Please be assured your information will remain confidential, and will be maintained in your child’s file.

Approximately every six (6) months an Income Verification form will be sent home which should be returned within five (5) days to maintain your child’s enrollment. If your income changes at any time, you may request an Income Verification form to report these changes on your own. Once we receive your Income Verification you will receive a Payment Calculation showing your placement on the sliding fee scale and expected weekly payment. Once your child begins attending daycare you will receive a bill about every week which you can pay at the Tribal Finance Office, or by payroll deduction for Tribal employees. Wadsworth attendees may choose to pay at the Wadsworth Center.

It is also important to maintain your Emergency Contact form so that we are always able to communicate with you about any issues concerning your child. You may update this form as often as needed; verbal changes will not be accepted to ensure accuracy of the received information.

We encourage you to tour our facility before your child begins attending, and once they are enrolled you may stop in to visit with your child during the day. Little Warriors has a webpage on the Pyramid Lake Paiute Tribe’s website. There are several documents available for you to download and print at your convenience from http://plpt.nsn.us/childcare/index.html. We also maintain a Facebook page for more current information, https://www.facebook.com/LittleWarriorsDaycare.

We look forward to partnering with you in the care and development of your child. It is our goal to foster a positive and caring environment where your child will learn the foundations for future academic success.

Thank you again for choosing us to care for your child.

Constance Athayde, Child Care Director &
The Staff of Little Warriors Learning Center

Offering quality care to families in the Pyramid Lake communities

Updated 8/12/2015
Application Packet Check List

The following is required before your child can begin attending daycare:
  o Enrollment Application
  o Emergency Child Release Contact Information Form
  o Consent for Emergency Medical Treatment Form
  o Current Immunizations
  o Birth Record
  o Tribal Identification for Child or Parent/Guardian
  o Student Media Consent and Release

The following is required within 5 days of child beginning daycare:
  o Income Source Form
  o Employment or School/Training Verification (all adult household members need to be employed, in school/training or have a documented protective services referral)

The following may be required, please provide as needed:
  o Authorization to Administer Prescribed Medication Form
  o Authorization to Administer Over-the-Counter Medication Form
  o Court Orders (Orders of Protection, Guardianship, etc)
  o Attendance Status Change

Parents/Guardians are required to turn in a new application packet every year or as requested. An Income Verification Form will need to be completed every six (6) months.

To be eligible for enrolling in the Little Warriors Learning Center, children must be less than thirteen years old and

1. An enrolled member of a federally recognized Indian Tribe, as listed by the Bureau of Indian Affairs, and/or

2. The child of a parent/guardian who is an enrolled member of a federally recognized Indian Tribe, as listed by the Bureau of Indian Affairs, and/or

3. The child of a parent/guardian who is employed by the Pyramid Lake Paiute Tribe regardless of their ethnicity.
Enrollment Application for: □ Nixon Center 195 W Pyramid Lake Rd □ Wadsworth Center 380 Pyramid St.

Application Date: ___________________ Status: □ Full-time □ Part-time □ Drop-In (requires 24hr advance notice)

Child’s Name: ___________________________________________ Nickname: __________________________

Birth Date: __________________________

Tribal Affiliation: ___________________________________________ Enrolled: □ Yes □ No

Resides with □ Yes □ No
Mother’s/Guardian’s Name: __________________________________________________________

Physical Address: ___________________________________________ City/State/Zip: __________________________

Mailing Address: ___________________________________________ City/State/Zip: __________________________

Home Ph: __________________ Cell Ph: __________________ Email: __________________

Employer/School Name: ___________________________ Occupation: ___________________________

Address: ___________________________________________ City/State/Zip: __________________________

Phone No.: __________________ ext. _______ OK to call: □ Yes □ No

Resides with □ Yes □ No
Father’s/Guardian’s Name: __________________________________________________________

Physical Address: ___________________________________________ City/State/Zip: __________________________

Mailing Address: ___________________________________________ City/State/Zip: __________________________

Home Ph: __________________ Cell Ph: __________________ Email: __________________

Employer/School Name: ___________________________ Occupation: ___________________________

Address: ___________________________________________ City/State/Zip: __________________________

Phone No.: __________________ ext. _______ OK to call: □ Yes □ No

Household Members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applying child</td>
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<td>4</td>
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<tr>
<td>5</td>
<td></td>
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</tr>
</tbody>
</table>

Continue on back …
About Your Child:

My child attends Head Start: □ Yes □ circle: AM PM □ No

My child attends Early Childhood: □ Yes □ No

My child will attend on the following days: □ Mon □ Tues □ Weds □ Thurs □ Fri

Does your child have any special needs? □ Yes □ No
If yes, please explain: __________________________________________________________

Does your child have any medical issues? □ Yes □ No
If yes, please explain: __________________________________________________________

Does your child have any allergies? □ Yes □ No
If yes, please explain: __________________________________________________________

Is your child potty trained? □ Yes □ No

Are you currently potty training at home? If so, please tell us about your method: __________
___________________________________________________________________________

Does your child need help in the bathroom? □ Yes □ No
If yes, what do they need help with? _____________________________________________

Does your child brush their teeth independently? □ Yes □ No

What activities does your child enjoy?

1. __________________________________________________________

2. __________________________________________________________

3. __________________________________________________________

Is there anything else you would like us to know about your child?
EMERGENCY CHILD RELEASE CONTACT INFORMATION

Child’s Name: _______________________________ Date: __________________

EMERGENCY CONTACTS: Your child will only be released to the Parent/Guardian and/or designated persons listed on the Emergency Contact Form. Please update this form as needed.

Mother's/Guardian's Name: ________________________________________________________________
Address: _______________________________ City/State/Zip: ___________________________________________________________________________
Cell Phone: ___________ Home Phone: ___________ Work Phone: ___________
Primary phone: □ Cell □ Home □ Work

Father's/Guardian's Name: ________________________________________________________________
Address: _______________________________ City/State/Zip: ___________________________________________________________________________
Cell Phone: ___________ Home Phone: ___________ Work Phone: ___________
Primary phone: □ Cell □ Home □ Work

OTHER EMERGENCY CONTACTS: Persons on the list will be contacted after the above Parent/Guardian cannot be reached.

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Number</th>
<th>Alt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________________</td>
<td>_______________</td>
<td>___________</td>
</tr>
<tr>
<td>Relationship to child:</td>
<td>_______________</td>
<td>___________</td>
</tr>
</tbody>
</table>

<table>
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<td>___________</td>
</tr>
<tr>
<td>Relationship to child:</td>
<td>_______________</td>
<td>___________</td>
</tr>
</tbody>
</table>

I, __________________________, hereby give permission for the staff of the Little Warriors Learning Center to obtain emergency medical care for my child in the event that I cannot be contacted while my child is in their care. If hospital services are needed, I hereby request that the following hospital be accessed:

___________________________________________________.

Physician: _______________________________ Contact No. _________________________

Parent/Guardian ____________________ Parent/Guardian ____________________ Date ________________
(Print Name) (Signature)

Parent/Guardian ____________________ Parent/Guardian ____________________ Date ________________
(Print Name) (Signature)
CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a need for medical treatment this form will be transported with your child.

Child's Name: _______________________________ Date: _________________

I, ____________________________, hereby give permission for my child, ____________________________, to be given emergency treatment (first aid and/or CPR) by a qualified staff member from Little Warriors Learning Center. I also give permission for my child to be transported by ambulance, Tribal vehicle, or staff vehicle to an emergency center for treatment. In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. If emergency transportation is needed, I agree to pay for all cost of transportation that is needed.

Physician: _______________________________ Contact No. _______________________________

Physician's Address: ________________________________________________________________

Preferred Medical Facility: _______________________________ Phone No. __________________

Medical Facility Address: __________________________________________________________

Medical Insurance Provider: _______________________________ Insurance No: __________________

Date of last tetanus (or DPT): ___________________________ Allergies: _______________________________

Mother's/Guardian’s Name: __________________________________________________________

Address: ___________________________________________ City/State/Zip: __________________________

Cell Phone: _______________ Home Phone: _______________ Work Phone: _______________

Primary phone: □ Cell □ Home □ Work

Father’s/Guardian’s Name: __________________________________________________________

Address: ___________________________________________ City/State/Zip: __________________________

Cell Phone: _______________ Home Phone: _______________ Work Phone: _______________

Primary phone: □ Cell □ Home □ Work

Parent/Guardian ____________________________ Parent/Guardian ____________________________ Date ____________________________

(Print Name) (Signature)

Parent/Guardian ____________________________ Parent/Guardian ____________________________ Date ____________________________

(Print Name) (Signature)
INCOME SOURCES

This form must be submitted with your application. It is not a substitute for the Employment or School/Training Verification form.

Child’s Name: ______________________________ Date: ______________

Mother’s Employer: ______________________________ Monthly Income $ __________

Father’s Employer: ______________________________ Monthly Income $ __________

Family Income Source(s):

<table>
<thead>
<tr>
<th>Source</th>
<th>Mother/Guardian</th>
<th>Father/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>$________ / _____</td>
<td>$________ / _____</td>
</tr>
<tr>
<td>TANF</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>SSI</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Child Support</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Other</td>
<td>$________ / _____</td>
<td>$________ / _____</td>
</tr>
</tbody>
</table>

Family’s Total Monthly Combined Gross Income $ __________

Comments: ____________________________________________________________________________________________________________________________________________

CERTIFICATION

I certify that all of the information I have provided is true and correct to the best of my knowledge and belief.

I understand that falsification and/or omission of any information relevant to program eligibility, whether Intentional or otherwise shall lead to termination of child care services.

Parent/Guardian ___________________________ Parent/Guardian ___________________________ Date ______________

(Print Name) (Signature)

Parent/Guardian ___________________________ Parent/Guardian ___________________________ Date ______________

(Print Name) (Signature)
EMPLOYMENT/SCHOOL/TRAINING VERIFICATION

Parent/Guardian Applicant Information:

Full Name: _________________________________________________________________

Address: __________________________________________ City/State/Zip: __________

Employer/School Name: ______________________________________________________

Address: _________________________________________________________________

Phone: __________________________ Fax: ______________________________________

I authorize my employer or authorized school/training personnel to release to the Little Warriors Learning Center the following requested information.

Parent/Guardian Signature __________________________ Date ____________________

Employer/School Information:

We are required to verify the income of families requesting services through our Child Care Subsidy Program. Your cooperation in providing the following requested information will assist us in completing the application process. If you have any questions or concerns, please contact the Little Warriors Learning Center's Child Care Director at 775-574-1031. Thank you.

TO BE COMPLETED BY EMPLOYER/SCHOOL/TRAINING PERSONNEL

Current rate of pay: $ __________ per □ Hour □ Day □ Week □ Month □ Year

How many hours do you anticipate the employee/student working/attending per week? __________

What are the days that the employee/student is regularly scheduled to work/attend (check all that apply)?

□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday □ Sunday

Normal work/class hours (if schedule is set): From ________ AM/PM To ________ AM/PM

How often are paychecks issued? .............. □ N/A □ Weekly □ Bi-Weekly □ Semi-Monthly □ Monthly

Does the employee work overtime? .............. □ N/A □ Yes □ No Est. Hours _____ per ______

Does the employee receive commissions?.. □ N/A □ Yes □ No Est. Amount $ _____ per ______

Name of employer representative: ______________________________________________ Title: ________________

Signature: __________________________ Date: ____________________

LWDC Staff

Received by: __________________________ Date: ____________________
DISCLOSURES

Child’s Name: ________________________________  Date: ________________

Please initial each statement to signify that you have read such statement.

I hereby authorize the child care program and/or the Pyramid Lake Paiute Tribe to make any investigation concerning me and other members of my household which is necessary to determine eligibility for any child care benefits I have received administered by the child care program.

I authorize and consent to the release of any and all information concerning me or my household members to the child care program by the holder of the information regardless of the manner or form held including without limitation, wage information, information made confidential by law or otherwise. I hereby release the holder of such information from liability, if any, resulting from disclosure of the required information. A reproduced copy of this authorization legally constitutes an original copy.

I certify that all the information that I have provided is true and correct to the best of my knowledge and belief. I understand that falsification and/or omission of any information relevant to program eligibility, intentional or otherwise, shall lead to termination of child care services.

I will notify the center within five (5) days of any changes to my income, household composition, address, telephone numbers, employment/training/school status, and any other changes that may affect my child care services.

I understand that in order to continue receiving child care services, I must renew my application annually or as requested by the program staff. Failure to do so may result in termination of child care services.

I further understand that I have the right to appeal any decisions made regarding this application within 14 days from the date of receipt. Appeals must be submitted in writing to: Pyramid Lake Paiute Tribe, Little Warriors Learning Center, PO Box 256, Nixon, NV 89424.

Parent/Guardian ___________________________  Parent/Guardian ___________________________  Date ___________________________

(Print Name)                                                        (Signature)

Parent/Guardian ___________________________  Parent/Guardian ___________________________  Date ___________________________

(Print Name)                                                        (Signature)
VOLUNTEER CHECKLIST

Child’s Name: _____________________________ Date: ________________

The Little Warriors Learning Center invites all parents, guardians and family and community members to be active members of our child care team. Below is a list of activities which you may be interested in participating in as a volunteer for our center. Please check off any activities that you are interested in helping with, and if you have another idea of how you would like to volunteer, please write it in at the bottom of the page in the "other" category.

☐ Parent committee member
☐ Grandparent for a day in infant room
☐ Participate in or facilitate parent or staff trainings
☐ Cultural activities (Paiute language, food, crafts, dance, songs, storytelling, etc.)
☐ Field trips
☐ Fund raising (food sales, sign making and distribution, carnival, other fund raising activities)
☐ Holiday activities (preparation for parties, outings, food, etc.)
☐ Cleaning and general maintenance activities (arrange clean up days, small repairs, etc.)
☐ Other craft projects
☐ Cooking projects
☐ Gathering/preparing art materials
☐ Story time
☐ Donate cleaning items, healthy snacks/drinks
☐ Other: ____________________________________________________________

Finding the time to volunteer at our daycare center is another great way to be active in caring for our community’s children. Any support that you can offer either from home or at the center is greatly appreciated by the staff and children.

Thank you

Offering quality care to families in the Pyramid Lake communities

Updated 8/12/2015