



Enrollment Application for: _____ Nixon Center _____ Wadsworth Center
 195 W Pyramid Lake Rd 380 Pyramid St.

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

Start Date: _____

Child's Name: _____ Nickname: _____

Birth Date: ____/____/____ Tribal Affiliation: _____ Enrolled: _____ yes _____ no

Mother/Guardian's Name: _____

Physical Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cellphone: _____ Email: _____

Employer/School Name: _____ Occupation: _____

Address: _____ City/State/Zip: _____

Phone No: _____ EXT. _____ OK to call _____ yes _____ no

Father/Guardian's Name: _____

Physical Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cellphone: _____ Email: _____

Employer/School Name: _____ Occupation: _____

Address: _____ City/State/Zip: _____

Phone No: _____ EXT. _____ OK to call _____ yes _____ no

Household Members:

Name	Age	Relationship
1.		Applying child
2.		
3.		
4.		



About your Child

My child attends Head Start: _____ yes _____ no

My child attends Early Childhood: _____ yes _____ no

My child will attend Daycare on the following days/times:

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/Guardian's Name: _____

Address: _____ City/State/Zip: _____

Cell Phone: _____ Work Phone: _____

Father/Guardian's Name: _____

Address: _____ City/State/Zip: _____

Cell Phone: _____ Work Phone: _____

Other Emergency Contacts: Persons on the list will be contacted after the above Parent/Guardian cannot be reached.

Name: Relationship to child:	Contact number: Alt Number:
Name: Relationship to child:	Contact number: Alt Number:
Name: Relationship to child:	Contact number: Alt Number:

I, _____ hereby give permission for the staff of the Stone Mother 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.

Hospital Name: _____

Physician: _____ Contact No: _____

Parent/ Guardian _____ Date: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a need for medical treatment, this form will accompany your child

Child's Name: _____ Date: _____

I, _____, hereby give permission for my child, _____, to be given emergency treatment (first aid/CPR) by a qualified staff member from Stone Mother 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 am unable to 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 costs 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: _____

Father's/Guardian's Name: _____

Address: _____ City/State/Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

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):

	Mother/ Guardian	Father/Guardian
Employment	\$ _____ / _____	\$ _____ / _____
TANF	\$ _____	\$ _____
SSI	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Other	\$ _____ / _____	\$ _____ / _____

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 _____ (Print Name) Parent/Guardian _____ (Signature) Date _____

Parent/Guardian _____ (Print Name) Parent/Guardian _____ (Signature) Date _____

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 Stone Mother 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 Stone Mother Learning Center's Child Care Director at 725-251-9094. 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: _____

SMLC Staff

Received by: _____ Date: _____

Offering quality care to families in the Pyramid Lake communities

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.
	<p>I certify that all the information that I have provided is true and correct to the best of my knowledge and belief.</p> <p>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.</p>
	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, Stone Mother Learning Center and PO Box 256, Nixon, NV 89424.

Parent/Guardian _____ (Print Name) Parent/Guardian _____ (Signature) Date _____

Parent/Guardian _____ (Print Name) Parent/Guardian _____ (Signature) Date _____

VOLUNTEER CHECKLIST

Child's Name: _____

Date: _____

The Stone Mother 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

Student Media Consent and Release Form

Throughout the school year, students may be highlighted in efforts to promote PLPT Child Care Department activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our centers through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.

I, as the parent or guardian of _____, hereby give PLPT Child Care Department and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

a. This is with the understanding that neither PLPT Child Care Department nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

b. I further release and relieve PLPT Child Care Department, PLPT, its employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Please understand that failure to return this release form within ten (10) school days from the date of distribution will constitute approval of the above requests.

Please Print

Name of child _____ Date of Birth _____

Address _____

City, State, Zip _____

Signature of parent or guardian _____

Name of parent or guardian _____

Date _____ Phone Number _____

DAYCARE SECURITY POLICY

To secure the health and safety of children and adults, the following steps have been taken:

- The daycare outdoor play area is surrounded by a fence. The Toddler play area has another fence separating it from the main playground.
- Video surveillance is installed throughout the Daycare premises. (See Video Surveillance Policy below.)
- All entries are monitored by video surveillance located in the office and all unauthorized individuals are prohibited from entering the daycare.
- Persons unknown to the staff will be asked to enter from the main entrance and will be required to show a picture I.D.
- SMLC upholds a strict policy which only allows a child to be released to persons listed on the Emergency Child Release Contact Information Form unless authorized in writing by the child's parent/guardian or authorized representative. All individuals picking up children must be over the age of 18 years.

VIDEO SURVEILLANCE

- Video surveillance shall be limited to daycare hallways, entrances, playgrounds and other areas deemed appropriate by the Child Care Director, and Tribal Executive Officer.
- The Child Care Program reserves the right to place cameras in a location known to require a greater need for surveillance.
- Video surveillance shall not occur in areas where there is a reasonable expectation of privacy, such as restrooms.
- The video surveillance cameras may be equipped to record audio or other sound(s).
- The video surveillance system and all resulting recordings shall be located in a secure area in each daycare facility, and access to the system and recordings shall be strictly limited by the Tribal Executive Officer or designee.
- Video images obtained by the daycare shall be viewed by authorized Child Care personnel as necessary.
- The Child Care Program may rely on the images obtained by the video surveillance cameras in connection with the enforcement of Child Care policy and other applicable law, including, but not limited to, child and staff discipline proceedings and matters referred to local law enforcement agencies in accordance with applicable law.
- Video images may become part of a child's educational record in accordance with applicable law.
- Video images or recordings may become subject to disclosure in response to a lawfully issued subpoena or court order.
- The video recordings may be erased as necessary or recorded over at the discretion of the Child Care Program, and/or the Tribal Executive Officer.

Child's Name: _____

Child's Date of Birth: _____

Parents' Name(s): _____

Parents' Signature(s): _____