

Grandview Early Learning Center
Puyallup Tribal Preschool Program

APPLICATION



PUYALLUP TRIBE OF INDIANS
3580 E Grandview Ave
Tacoma, WA 98404
253-680-5515 office 253-680-5517 fax

Grandview Early Learning Center
Puyallup Tribal Preschool Program

The following must be attached to this application:

- Tribal Identification for the child.
The child must be a member of the Puyallup Tribe of Indians
- Immunization Records for the child.
- Birth Certificate

Should you have any questions completing this packet, please call the GELC office at 253-680-5516.

Applications cannot be processed without all of the above information attached to this application.

**ONE APPLICATION
PER CHILD**

Grandview Early Learning Center
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FAMILY INFORMATION

Date: _____

Legal Guardian: Mother Father Relative Placement Foster Parent

Name: _____

Address: _____

City, St, Zip: _____

Phone: Cell: _____ Work: _____ Home: _____

Tribe: _____ ID #: _____ Birthdate: _____

Employer/ School: _____

Title/ Position: _____

Phone: _____

Schedule: _____

Legal Guardian: Mother Father Relative Placement Foster Parent

Name: _____

Address: _____

City, St, Zip: _____

Phone: Cell: _____ Work: _____ Home: _____

Tribe: _____ ID #: _____ Birthdate: _____

Employer/ School: _____

Title/ Position: _____

Phone: _____

Schedule: _____

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PARENTS AUTHORIZATION TO SEEK MEDICAL CARE

Child's Name: _____ Date of Birth: _____ Boy Girl

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/LEGAL GUARDIAN: _____ DATE: _____

FOR NOTARY PUBLIC:

Sworn and subscribed before me on this _____ Day of _____, 20_____.

NOTARY PUBLIC SIGNATURE

Printed Signature

Residing the County of: _____

My commission Expires: _____

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MEDICAL REPORT

Child's Full Name: _____

Date of Birth: _____ Boy Girl

HEALTH EXAMINATION:

A complete physical examination was given on: _____

MEDICAL HISTORY:

Please give dates for the following tests/illnesses:

	Date:	Results:
Complete Physical Examination:	_____	_____
Tuberculin skin or check x-ray:	_____	_____
Chicken Pox:	_____	_____
T.B./T.B. Contact:	_____	_____
Scarlet Fever	_____	_____
Frequent Ear Infections:	_____	_____

CURRENT PHYSICAL LIMITATIONS, SPECIAL NEEDS OR DISABILITIES:

(For example: allergy, diabetes, heart disease, H.I.V., hepatitis, epilepsy or hospitalization in the past 12 months, and any medication prescribed for long-term continued use)

Allergies (list): _____

Routine Medications: _____

Dietary Restrictions: _____

Disabilities (please be specific): _____

Other: _____

PLEASE ATTACH CURRENT COPY OF IMMUNIZATION RECORDS

Grandview Early Learning Center Puyallup Tribal Preschool Program

PARENT STATEMENTS OF UNDERSTANDING AND AGREEMENT

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ACTIVITIES:

We give our permission for our child to take part in child care activities, including center sponsored trips away from the premises and to play on all play equipment.

CLOSURES:

Grandview Early Learning Center follows Chief Leschi's Holiday Closure Schedule. If they are closed for holiday or breaks, preschool will also be closed.

DISCIPLINE AND CONDUCT:

The Grandview Early Learning Center (GELC) staff shall have authority to discipline our child when necessary in accordance with applicable Washington State Laws and will require our child to comply with all school regulations. We agree that we will cooperate and discipline our child at home as needed. We understand that a child who persists in unacceptable conduct will not be permitted to remain in school. We further agree to require our child to show respect to those in authority over them in the center such as teachers, assistants, janitors, and administrators. The director reserves the right to immediately expel a student from the program as she deems necessary. We strictly forbid all forms of corporal (physical) punishment by our staff. By law, the following forms of discipline are forbidden: hitting, spanking, shaking, scolding, shaming, isolating, labeling (bad, naughty), or any other negative reaction to the child's behavior.

DAMAGES:

We will pay for all damages caused by our child.

FIELD TRIPS:

I hereby give permission for my child to participate in field trips (including transportation to and from field trips) taken by GELC. I understand that the children will be accompanied by adults and staff who will exercise every possible precaution to avoid an accident. All students will wear a seatbelt with the exception of trips made on a chartered or city bus. **I also understand that advance notice of all field trips will be posted, giving me time to make other arrangements, should I choose not to allow my child to participate.**

GRIEVANCES:

We pledge to bring all questions and concerns directly to the appropriate administrator so that those in authority may properly consider them.

LIABILITY:

We release the Puyallup Tribe of Indians, GELC, from all liability, except negligence, while our child is under Center care and responsibility. This includes GELC's transportation to and from school/Center.

PARENT STATEMENTS OF UNDERSTANDING AND AGREEMENT

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HEALTH POLICY:

We agree not to bring our child to GELC if he/she is ill. If my child becomes ill during the day, we agree to quickly come and pick up our child and make alternate care arrangements. **Children sent home with lice cannot return until all lice have been removed from the hair and the hair has been treated.** We will allow extra time dropping off our child to have their hair rechecked before we can leave them at GELC after being sent home with lice. **Children sent home with a fever or diarrhea cannot return for 24 hours.** We further understand and agree that in the event our child sustains an injury that is of an emergency nature while in care of GELC, 911 will be called, the parent notified, and the child transported by ambulance to the nearest hospital for care. If the illness or injury is of a less serious nature, GELC personnel will evaluate, treat if necessary (example: cleansing a wound), and notify the parent. We give permission for GELC staff to administer first aid or CPR as deemed necessary.

MEDICAL INSURANCE:

We understand that we are responsible to maintain adequate medical insurance to cover our child's medical needs or emergencies while attending GELC and GELC activities.

MEDICATION POLICY:

Prescription medication can only be administered if the parent or guardian completes the medication request form giving GELC clear directions. All prescribed medication must be in the original container with physician's directions attached. GELC will only administer prescription drugs that are not past the expiration date. Any medication left at the center that is past the expiration date and not picked up by the parent will be disposed of by flushing the contents down the toilet; the container rinsed and disposed of. All medications will be in one designated area, out of reach of children, and administered by the Lead Teacher or designee.

PARENTAL INVOLVEMENT:

We understand that the success of the center cannot be fulfilled without parental involvement. This involvement shall include, but not be limited to, participation in fundraising activities, attendance at community functions and parent meetings, reading information sent home from the center, and communication with our child's teachers.

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. We further give our permission for our child to leave the premises of GELC with a staff member for nature walks around the grounds.

PARENT STATEMENTS OF UNDERSTANDING AND AGREEMENT

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TRANSPORTATION:

We give permission for our child to be transported by GELC van to and from Chief Leschi and Roosevelt Elementary Schools with a licensed GELC staff member. We also give permission for our child to be transported by a GELC staff member during field trips, as well as Chief Leschi transportation (bus).

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.

SIGNATURES:

Signatures of both parents are required (if applicable).

PARENT/LEGAL GUARDIAN: _____ DATE: _____

PARENT/LEGAL GUARDIAN: _____ DATE: _____