2020-2021

Tuy Pathu Pre-K Program

ENROLLMENT FORM

STUDENT'S INFORMATION				
Student's Legal Name (as it appears on birth certificate):	Birth date: / /	Age:	Gender: /	Census ID:
Street Address:	City:	State:	Zip Code:	

PARENT INFORMATION				
Mother's/Guardian's Name:			Census ID:	Non-Tribal
Cell Phone:		Home Phone:		
Mother's Email:				
Street Address (if different):	City:	State:	Zip Code:	
Father's/Guardian's Name:			Census ID:	Non-Tribal
Cell Phone:		Home Phone:		
Father's Email:				
Street Address (if different):	City:	State:	Zip Code:	

STUDENT MEDICAL INFORMATION			
Emergency Hospital		Phone Number:	
Primary Care Physician:		Phone Number:	
Insurance Carrier:		Insurance Policy Number:	
Current Medication:		Medication Allergies:	
Medicaid Number:		CHIP Number:	
List medical diagnosis your child has:			
List allergies:			
List medications your child is taking:			
Name of doctor prescribing medication:			

CONSENT OF MEDICAL TREATMENT AND SCREENINGS

I authorize my child to participate in health services and screenings provided by the school. In the case of an emergency, I authorize a representative of Ysleta Del Sur Pueblo to give consent to a physician and/or hospital for emergency medical and/or surgical treatment of my child for injuries/illness which require such treatment during school hours. I understand that the YDSP Representative will not assume any financial responsibility for expense for such treatment and that I will be notified as soon as possible following an emergency, but in no way is treatment to be delayed until I have been notified.

I have read and understood all release statements by signing below.

X

Parent/Guardian Signature *Date*

TRANSPORTATION SERVICES

Drop Off: AM ● PM ○	○ Tuy Pathu ELC	○ Bright Stars Day Care	○ TED (P'a Kitu) □ Parent Pickup @ Library

TRANSPORTATION AND MEDICAL EMERGENCY RELEASE

While I realize that all precaution will be taken for safety of the students, I understand that neither the monitors nor Ysleta del Sur Pueblo will be held responsible in case of an accident. If an accident or illness occurs, I authorize the program's designated representative(s) to consent to a physician and/or emergency medical and/or surgical treatment. It is further understood that program staff will notify parent/guardian as soon as possible if an emergency occurs, but in no way is treatment to be delayed until that time.

I hereby release YDSP of all liabilities for any injury or property damage that may occur while child is being transported.

2020-2021 Tuy Pathu Pre-K Enrollment Form cont.

PICTURE/VIDEO RECORDING RELEASE

I understand my child's picture may be taken for Tuy Pathu Pre-K Program promotional purposes only. This includes pictures with a camera and/or video recorder. Equipment used for this purpose will be owned by YDSP Tribal Empowerment Department. I understand that these pictures may be included but not limited to advertising literature on social media, presentations and brochures.

○ I allow ○ I do not allow

ADMINISTRATION OF FIRST AID AND CPR RELEASE

I recognize that my child may require medication during program hours or may be injured while on YDSP property and rendering of first aid (i.e. antiseptic spray and/or Neosporin), may be necessary. First aid will be administered whenever necessary by trained staff members. When necessary, the appropriate emergency personnel will be called to assist.

○ I allow ○ I do not allow

I have read and understood all release statements by signing below.

X

Parent/Guardian Signature *Date*

IN CASE OF AN EMERGENCY

Name of local friend/relative (not living at same address):	Relation to participant:	Home Phone:	Work Phone:	Cell Phone:
1.				
2.				
3.				

AUTHORIZED PERSONS FOR PICK UP (MUST BE 16 YEARS +)

In order to ensure the safety of your child, the Tuy Pathu Pre-K Program would like to have the following information on file. If you are unable to pick-up your child, please contact program staff to let them know who you have assigned to pick up your child.

Please be aware that **ONLY** the persons listed below will be authorized to pick up your child.

Valid photo identification will be required

Name of local friend/relative (not living at same address):	Relation to participant:	Primary Phone Number:
1.		
2.		
3.		

NOTICE OF RELEASE: I do hereby authorize the Tuy Pathu Pre-K Program to release my child(ren) to the above listed people in the event I am unable to pick him/her up myself. I release the Tuy Pathu Pre-K Program and staff from any and all responsibility for problems that may develop when such persons take my child from the premises.

X _____ _____

Parent/Guardian Signature *Date*

2020-2021 Tuy Pathu Pre-K Enrollment Form cont.

ATTENDANCE CONTRACT

The Ysleta del Sur Pueblo Tuy Pathu Pre-K Program recognizes that attendance is an important part of a successful school experience. Each student is expected to attend school on a regular basis. Students with good attendance generally perform better, achieve higher grades, and participate more fully in school programs and activities More importantly, this behavior becomes a lifelong skill that carries over into the workplace.

Because we consider attendance such an essential element of our program, we ask that you carefully read and understand the following agreement:

- I understand by signing this contract that as the parent/legal guardian, I will abide by the Tuy Pathu Pre-K Program's Attendance Policy.
- If at any time during the school year my child is absent, I will notify program staff. **If your child must be absent, please call the office at 872-8648 for <u>each day</u> your child is absent.**
- After three (3) consecutive days of absences, I will provide a physician's statement. **All other absences will be considered UNEXCUSED, and my child will be dismissed from the program. Unexcused absences are absences which are not identified as excused, such as vacations, appointments other than health related, etc.**

I have read and understood the Attendance Contract by signing below.

X _____ _____

Parent/Guardian Signature *Date*

DANCE GROUP CONTRACT

All students will be a part of the Tuy Pathu Pre-K Program Dance Group. Parents/legal guardians are to acquire the appropriate social regalia for the child by the first day of school. Please be advised that students are asked to perform at special events and at local public schools and the social regalia must be worn. Dates to wear the social dance regalia will be announced in advance.

Social regalia is to be handled and worn with respect which means it should be clean, pressed and carried properly.

Parents/guardians who fail to comply with dressing their child for special events, social dance performances will not be allowed to perform or attend school on performance days until the social regalia is obtained **before the children leave for their scheduled performance.**

I have read and understood the Dance Group Contract by signing below.

X _____ _____

Parent/Guardian Signature *Date*