Hualapai Day Care
Hma:ny Ba Viso:jo'

P.O. Box 179/ 475 Hualapai Drive
Peach Springs, AZ 86434
(928) 769-1515/1517/1666
FAX (928) 769-1516

Dear Parent/Guardian

Welcome to the Hualapai Day Care Center. Our program is designed to provide you with day care Monday thru Friday during the hours of 7:45am-5:15pm. Currently our day care serves children ages 6 months – 11 years old.

Our program serves low income families as well as over income families with co-pay to cover the day care cost if eligible. Over income families will pay a set rate that is calculated following the Federal Poverty rate.

Our Program requires that both parents/guardians in the household need to either be working, or enrolled in college classes, GED preparation, or job training (WIA).

You are required to provide incidentals that your child will need throughout the day depending on age. Items such as formula, pampers, wipes, baby food, water, extra change of clothes, etc.

How to Apply

- Completed Application & Blue Card
- Birth Certificate
- Social Security Card
- CIB (Certificated of Indian Blood0
- Guardianship Documents (Court documents of legal custody, or letter from case manager)
- Completed Physical
- Updated Immunization Records
- Medicaid Card or Letter / Proof of Medical Insurance
- Household Verification
- Income Verification (Pay stub, W-2, etc.)

If you have any questions regarding the application or enrollment process, please do not hesitate to stop by the center or give us a ring at the number above.

Thanks.

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APPLICATION

Today's Date: _____

Child's Name:_____ Birth Date:_____

Parent/Guardian Names: _____ & _____

Address: _____ Phone: _____

Emergency Contact: 1. _____

Emergency Contact: 2. _____

HOUSEHOLD

Name (Include all Parents/Guardians & Siblings)	D.O.B.	Age	Relationship (child, Foster, Parent,etc.)	Enrolling in Day Care Y/N	In School Where?

AFTER SCHOOL ACTIVITY

Dance Group, 4-H, Ethno botany, Boys & Girls Club, Sports, etc.

Child Name	Activity	Days & Time

PERSONAL INFORMATION

Please include a current copy of your check stub, Personal Action Notice or Award Letter from TANF, WIA, N.E.W., etc. If you're applying to receive child care services for a child in Protective Services, you will need to submit an Award Letter or Statement from Agencies involved in the Protection Order.

Check all that apply:

__	Employment/ Income	$_____
__	Child Support	$_____
__	TANF (Case #)	_____
__	SSI	$_____
__	Medicaid	_____
__	Food Stamps (Case#)	_____
__	WIC (Case #)	_____
__	Education Aid	$_____
__	Housing Assistance	$_____
__	Alimony	$_____
__	Other Federal Program	$_____
__	Other	_____

EMPLOYMENT/TRAINING/EDUCATION VERIFICATION

My signature in this section assures that I understand that day care services are only provided to families who are

- *Working,*
- *Job Training, or*
- *Education program*
- *Temporary Day Care- Your will have to pay for the services- Drop- In Care for one (1) Day is $20.00*

I therefore authorize the Hualapai Day Care to obtain verification from the organization(s) and/or persons' listed below. I understand that information requested includes

Employer Information

_____ Occupation

_____ Supervisor/Title

_____ Phone Number

_____ Occupation

_____ Supervisor/Title

_____ Phone Number

Education/Job Training Information

_____ Advisor/Institute/Program

_____ Address

_____ Phone Number

_____ Advisor/Institute/Program

_____ Address

_____ Phone Number

_____
Authorization to obtain Information-Signature

_____
Authorization to obtain Information-Signature

Permission for child drop-off and pick-up

- *A child may be released to an immediate family member who is 25 years of age or older with written parent/guardian permission. (mother, father, legal guardian, sister, brother, grandparent, aunt, uncle)*
- *Children will not be released to anyone who appears to be under the influence of drugs or alcohol.*
- *Staff and management may also choose not to release a child when other conditions warrant.*
- *Staff is not allowed to check out children unless they are in the immediate family.*
- *The Hualapai Day Care Center will not be held responsible for incidents, once the child has been checked out of the day care center.*
- *In the event that your emergency contact is not available by closing of the day- CPS and the Police will be notified.*

Childs Name: ____

Name: ____ Type of Permission granted:

Physical Address: ____ ___ **Drop Off**

City, State, Zip: ____ ___ **Pick Up**

Phone # : ____ ___ **Classroom Volunteer**

Relationship to child: _____________________________________ ___ **Emergency pick up/back up**

Name: ____ Type of Permission granted:

Physical Address: ____ ___ **Drop Off**

City, State, Zip: ____ ___ **Pick Up**

Phone # : ____ ___ **Classroom Volunteer**

Relationship to child: _____________________________________ ___ **Emergency pick up/back up**

Name: ____ Type of Permission granted:

Physical Address: ____ ___ **Drop Off**

City, State, Zip: ____ ___ **Pick Up**

Phone # : ____ ___ **Classroom Volunteer**

Relationship to child: _____________________________________ ___ **Emergency pick up/back up**

By signing this acknowledgement, the Parent/Guardian understands the authorization for permission to drop off or pick up his/her child. Permission to drop off or pick up my child will remain in effect until cancelled by the Parent/Guardian.

____ ______________________________

Signature of Parent/Guardian **Date**

Child Health Assessment

To be completed by the Parent/Guardian.

Child's Name: (Last)	(First)	Parent/Guardian:
Date of Birth:	Home Phone:	Address:
Child Care Facility Name:		
Facility Phone:	County:	Work Phone:

In lieu of completing this form, Parent/guardian and primary healthcare provider may attach a copy of current physical exam and immunizations.

To Parents: Submission of this form to the child care center implies consent to discuss the child's health with the child's clinician.
Child care center staff should document that enrolled children have received age appropriate health service and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village IL 60007. The schedule is available at <www.aap.org>

Health history and medical information pertinent to routine child care and emergencies (describe, if any):	Date of most recent well-child exam:
Allergies to food or medicine (describe, if any):	Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility need 2 copies

ATTACH CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS IF NECESSARY

Parents may write immunization dates, health professional should verify and complete all dates.

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFRENCE	BLOOD PRESSURE
_____IN/CM % ILE _____	_____LB/KG % ILE ____	___ IN/CM % ILE _____	(BEGINNING AT AGE 3) _____/_____

PPHYSICAL EXAMINATION	NORMAL (CHECK)	IF ABNORMAL- COMMENTS
HEAD/EARS/EYES/THROAT		
TEETH		
CARDIORESPIRATORY		
ABDOMEN/GI		
GENITALIA/BREATS		
EXTREMITIES/JOINTS/BACK/CHEST		
SKIN/LYMPH NODES		
NEUROLOGIC & DEVELOPMENTAL		

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTaP/DTP/Td						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
PNEUMOCOCCAL						
ROTOVIRUS						
HEP A						
MENINGOCCAL						
INFLUENZA						
TB						
OTHER						

SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
LEAD		
ANEMIA (HGB/HCT)		
URINALYSIS (UA) (at age 5)		
HEARING (subjective until 4)		
VISION (subjective until age 3)		
PROFESSIONAL DENTAL EXAM		

HEALTH PROBLEMS OR SPECIAL NEEDS, RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE (attach additional sheets if necessary)

NEXT APPOINTMENT-MONTH/YEAR:

MEDICAL CARE PROVIDER: NAME OF PHYSICIAN OR CPNP:		SIGNATURE OF PHYSICIAN OR CNPN	
ADDRESS			
	PHONE	LICENSE NUMBER	DATE FORM SIGNED

Child Information:

Child's Legal Name:_____ Age:_____ Sex: M or F

Date of Birth:_____ Social Security # _____

Race/Ethnicity: ____ Asian ____ Native American/Alaskan Native ___ White

___ Black/African American ___ Native Hawaiian/Pacific Islander ___ Hispanic

Tribal Affiliation: _____ Tribal Enrollment #:_____

Mailing Address:_____ City, State, Zip:_____

Physical Address:_____ City, State, Zip:_____

Parent Information:

Mother/Guardian Name:_____ Race/Ethnicity:_____

Child Lives with parent? ___ YES ___ NO Tribal Affiliation:_____

Address:_____

Occupation:_____
Employer/School:_____

Employed: ___ FULL TIME ___ PART TIME ___ UNEMPLOYED ___ SEASONAL

Mother's Contact Information:

Cell Phone #:_____ Work Phone #:_____

Home #:_____ Other #_____

Father/Guardian Name:_____ Race/Ethnicity:_____

Child Lives with parent? ___ YES ___ NO Tribal Affiliation:_____

Address:_____

Occupation:_____
Employer/School:_____

Employed: ___ FULL TIME ___ PART TIME ___ UNEMPLOYED ___ SEASONAL

Father's Contact Information:

Cell Phone #:_____ Work Phone #:_____

Home #:_____ Other #_____

Family Composition:

Teen Parent ____ Single Parent ____ Two Parent ___ Married ___

Separated ____ Divorced ____ Foster/Placement ___

Language:

What is the primary language in your home? ____ English ____ Hualapai ____ Havasupai

Other: _____

About Your Child:

Which does your child attend: Hualapai Head Start Program _____ Peach Springs Elementary _____

Seligman Unified Schools____ Other: _____

Has your child been enrolled in another Child Care Program: ___ YES ___ NO
(If yes please list the child care center name and address)

_____ _____

Child Care Program Name Child Care Program Address

By Signing below I certify that this information is true, any document that is turned in with this application is current or up to date to my knowledge. I know that this information will be used to rate my child for the Hualapai Child Care Programs requirements.

_____ _____

Parent/Guardian Signature Date