



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



To: All Current Day Care Parents/Guardians

From: Chira Walema
Program Manager

Re: Update of Information & Payments

This letter is notifying all current Day Care parents/guardians, that every (3) three months, your children's information will need to be updated. We will begin to gather information from the date above, I will allow for a month to gather the information ending on March 5, 2015. If you do not update any information that you know has changed or that we are well aware of, your child's day care services will be suspended. Updates Include:

- Household: Adding or removing individuals that reside within the home.
- Income- Raises, Transfers etc.
- Immunizations: Need to be updated
- Physicals- If annual physical expired
- Cell Phone Numbers
- Adding Individuals to your Pick-Up or Drop-Off list
- Blue Card- Emergency Information: State Mandated
- Guardianship: Documents required for our file
- Other information that your feel as the parent/guardian that needs to be updated you can turn into the center.

Please remember to pay your co-pay at the Tribal Office-Finance Department. All contracts have been signed and are kept on file; your contract is your obligation to pay. The contract is a legal binding, with you as the parent and the Hualapai Day Care Center, and legal action will take place. Deductions will begin pay period #4 for parents that work for the tribe, to have their payments payroll deducted to get their statuses current. If no payment is made I will automatically terminate your child's services, until payment is paid in full.

Thank you for understanding our procedures to keep our day care center up to date with your child's information. If you have any questions or concerns, please do not hesitate to call me at the above number.

Thanks.

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UPDATE 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

UPDATED 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:

<input type="checkbox"/>	Employment/ Income	\$ _____
<input type="checkbox"/>	Child Support	\$ _____
<input type="checkbox"/>	TANF (Case #)	_____
<input type="checkbox"/>	SSI	\$ _____
<input type="checkbox"/>	Medicaid	_____
<input type="checkbox"/>	Food Stamps (Case#)	_____
<input type="checkbox"/>	WIC (Case #)	_____
<input type="checkbox"/>	Education Aid	\$ _____
<input type="checkbox"/>	Housing Assistance	\$ _____
<input type="checkbox"/>	Alimony	\$ _____
<input type="checkbox"/>	Other Federal Program	\$ _____
<input type="checkbox"/>	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

Occupation

Supervisor/Title

Supervisor/Title

Phone Number

Phone Number

Education/Job Training Information

Advisor/Institute/Program

Advisor/Institute/Program

Address

Address

Phone Number

Phone Number

Authorization to obtain Information-Signature

Authorization to obtain Information-Signature

Permission for child drop-off and pick-up: UPDATED

- *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: UPDATED (IF ANNUAL IS EXPIRED)

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 CIRCUMFERENCE				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/BREASTS						
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: UPDATED

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: UPDATED

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

**THANK YOU FOR TAKING THE TIME TO UPDATE YOUR CHILD'S INFORMATION.
THIS WILL BE CONDUCTED QUARTERLY (EVERY THREE (3) MONTHS)**

MARCH 2015 JUNE 2015 SEPTEMBER 2015 DECEMBER 2015