



(Wah- Zha- Zhe)

Early Learning Academy

Enrollment Packet

Serving children from 6 weeks to Twelve Years.

Pawhuska

Skiatook

Hominy

Fairfax

**Providing excellence in education while
revitalizing Osage culture and language.**

2018-2019

**Administrative Offices
100 West Main, Suite Mezzanine
Pawhuska, OK 74056**

APPLICATION CHECKLIST

To process applications for 4/2/2018 Early Learning Academy, the following information is needed for each child:

- If Osage, Osage Membership number
- If non-Osage, copy of tribal membership or CDIB card
- Copy of Birth Certificate
- Copy of Social Security Card
- Child's Immunization Record

Please contact Osage Nation Child Care and/or Department of Human Services for:

- Parent and/or Legal Guardian's Income verification
 - (Pay stub, W-2, Signed IRS form 1040, Letter from employer, TANF, Unemployment, SSI, Foster Care Reimbursement, Unemployment statement)

4/2/2018 Early Learning Academy Center Manager: _____

4/2/2018 Early Learning Academy Center Phone Number: _____

4/2/2018 Early Learning Academy Center Fax Number: _____

ENROLLMENT INFORMATION

Application Date: _____

STUDENT INFORMATION

Student Name: _____ Nickname: _____

Date of Birth: _____

Native American: Yes No If yes, list Tribal Affiliation: _____

If Osage, list Osage Membership Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Allergies: _____

Special Needs: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____

Mother's Place of Employment: _____ Work #: _____

Mother's Cell: _____ Email: _____

Cell Phone Carrier (for Osage Alerts) _____

Father's Place of Employment: _____ Work #: _____

Father's Cell: _____ Email: _____

Cell Phone Carrier (for Osage Alerts) _____

(Circle One)

Do you receive Child Care Assistance from DHS? Yes No

Do you receive Child Care Assistance from the Osage Nation? Yes No

LIST ALL INDIVIDUALS IN THE HOUSEHOLD

Name	Relationship to Student	Age

SCHOOL INFORMATION

Does your student attend school or Head Start? Yes No

If so, what grade will he/she be in this year? _____ Name of Teacher: _____

Name of School: _____ Phone: _____

Will your student need transportation to school? Yes No

Will your student need transportation from school to the Academy? Yes No

PICK UP/DROP OFF INFORMATION

Will your student be attending the Academy: After School Full Time

What time will your student arrive at the Academy? _____

What time will your student typically be picked up? _____

Individuals who have permission to pick up my child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

EMERGENCY CONTACT INFORMATION

Please identify two individuals (other than the parent or legal guardian) the HAZAZO Early Learning Academy may contact in the event of an emergency.

Name: _____ Relationship to Student: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to Student: _____

Cell Phone: _____ Work Phone: _____

HEALTH RECORD

Child's Physician or Clinic: _____ Phone: _____

Address: _____ City _____ Zip: _____

_____ I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? _____ Yes _____ No

If yes, describe: _____

Does your child have any known allergies? _____ Yes _____ No

If yes, explain: _____

Does the known allergy require special precautions, actions, or medications? _____ Yes _____ No

If yes, describe: _____

Describe any special precautions for diet, medication, or activity, when applicable:

Are there any other special considerations that would assist this program in providing care to your child? _____ Yes _____ No

If yes, describe: _____

Will your child receive any specialized services from professionals outside of this program's personnel? _____ Yes _____ No

_____ If yes, I understand that a signed and dated parental consent is required.

I give permission for program personnel to consult with specialized personnel regarding the needs of my child. _____ Yes _____ No

PARENT AUTHORIZATION

Student's Name: _____ Date Completed: _____

WELA Location: _____

AUTHORIZATION FOR SCREENINGS/ASSESSMENTS

The Osage Nation WELA Program offers the following Health Screening. By checking the boxes, you are giving consent for your child to participate in these screenings.

Type of Screening

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing | <input type="checkbox"/> Height/Weight |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Developmental | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Osage Language | <input type="checkbox"/> Other |

Parent/Guardian Signature

Date

MEDICAL AUTHORIZATION

In case of an emergency, I authorize the Osage Nation WELA Staff to provide medical/dental treatment for my child from a qualified doctor, dentist, emergency room, EMT, or health care provider.

I authorize the Osage Nation WELA Staff to administer basic first aid to my child in the classroom or in transit should an injury occur.

Parent/Guardian Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the Osage Nation WIC to release pertinent health information on my child to the Osage nation WELA.

I authorize the Osage Nation WELA Program to share information with the Public School and WIC, such as my child's name and date of birth.

I authorize the Osage Nation WELA and the local Public Schools to share pertinent social, developmental, medical, or any other information on a need to know basis.

I authorize _____ to provide the following services to my child: _____.

Parent/Guardian Signature

Date

OTHER PERMISSIONS AND RELEASES

- I give my child permission to take part in ALL Osage Nation WELA field trips, picnics, etc. Advance notice of one week will be given to parents/guardians.
- I give my permission for photo releases of my child relating to WELA.
- I agree to release my phone number/email address to the Parent Club and other local WELA Parents so that I may be contact about upcoming events and activities.

Parent/Guardian Signature

Date

SCREENING REFUSAL

I, _____, refuse the following required Health Screenings _____

_____, due to _____

_____.

Parent/Guardian Signature

Date

ADDITIONAL STATEMENTS OF UNDERSTANDING

- I understand that Osage Nation WELA will make every attempt to contact me in case of an emergency and that when reached, my presence is necessary.
- The Osage Nation WELA is not liable for photos taken by other parents and posted on social media or other websites.
- I understand that speech, vision, hearing, and mental health professionals will be working with my child as needed.

Parent/Guardian Signature

Date

ENROLLMENT CONTRACT

Both parents, guardians, and other persons responsible for payments should read all the provisions of this contract, complete the required information, and sign and return the contract with the Enrollment Packet. A student is accepted for enrollment or re-enrollment when the entire enrollment packet has been delivered to WELA Early Learning Academy, countersigned and dated. A copy of the accepted Enrollment Contract will be returned prior to the start of the January semester. No amendment to this Contract and no alteration or addition to the printed terms hereof will be effective without the express prior written approval of the WELA Director and the Osage Nation Director of Operations.

Students Name: _____

In consideration of the acceptance of this contract by the WELA Early Learning Academy, the undersigned agrees to pay the required TOTAL PAYMENT for each month and any additional fees incurred and agrees to be bound by the provisions of this Contract. So long as payments are not delinquent, payments are due no later than the 10th of the following month at the rate of \$25 a day for 6 weeks through 2 years of age. A charge of \$18 a day for students 3 years through 4 years of age.

Wrap around rate is \$15 per day which will be dropped to \$10 a day for Osage students.

Enrollment and re-enrollment is conditioned upon the following terms:

1. Recommendation of WELA Early Learning Academy is required for re-enrollment of currently enrolled students.
2. Payments must be received by WELA Early Learning Academy on or before each monthly due date. Fees for students entering WELA Early Learning Academy after the start of the month will be prorated based on the number of attendance days remaining in the month after entry compared with the total attendance days in the month. Fees will not be charged on Osage Holidays, days when the Nation is closed due to inclement weather, professional days, or on other days as identified by the WELA Early Learning Academy.
3. Acceptance of enrollment constitutes an agreement to pay each full academic month's account, comprised of both TOTAL MONTHLY RATES and all related fees and expenses of the student. WELA Early Learning Academy is entitled to be reimbursed for any attorney's fees and costs incurred in the collection of any unpaid balance.

4. The student and the students family agree to comply with and be subject to ᄀᄀᄀᄀ Early Learning Academy rules and policies as set forth in the Parent Handbook, as amended from time to time.
5. An account is considered delinquent if not paid on or before the 10th calendar day of each month. If your account is not paid by the 10th of each month your child will not be able to return until the balance is paid in full. Whenever a fee account becomes past due for a period of 30 days from its due date, then the remaining balance will be sent to the Attorney General's Office for collection and the student will be dismissed.
6. Parents/Guardians receiving financial assistance are responsible for all co-payments, fees, and unpaid balances under the above terms of this contract.
7. The undersigned hereby expressly recognizes that the benefit sought or presently enjoyed by the undersigned from the Osage Nation government, to wit: enrollment of my child in ᄀᄀᄀᄀ Early Learning Academy is a privilege and a benefit, regardless of whether the undersigned is a natural artifact person or entity, and further regardless of whether the undersigned is of Indian or non-Indian blood, descent or legal character, the undersigned hereby stipulates and agrees that jurisdiction over all matter and disputes arising out of exercise of such a benefit and privilege shall vest in the Osage Nation laws, codes regulations, policies and procedures governing such benefits, privileges and activities. The undersigned further expressly waives all further rights to contest the jurisdictions of the Osage Nation Courts over any such matter, disputes, actions, or decisions of any branch of the Osage Nation Government.

Father/Guardian or Person Responsible for Payment

Date

Mother/Guardian or Person Responsible for Payment

Date

ᄀᄀᄀᄀ Early Learning Academy Center Manager

Date

ALL ABOUT ME

My name is: _____

I was born on: _____

I have _____ members in my family.

I am _____ months/years old.

My family background is: _____

My favorite things:

Pet _____

Color _____

Food _____

Toy _____

Things my teachers need to know about me:
