

# Ben-no-tteh Wigwam



15380 K Road - Mayetta, KS - 66509  
966-2707 - 966-2527 - 966-8120 Fax# 966-2514

## Prairie Band Potawatomi Early Childhood Education Center Parent Application

Application Date	Official Use Only Received DT:  Date of Review:
Start Date	
End Date	

### Section I - Primary Adult (lives with child)

Last Name:	First Name:	Middle IN:	Preferred Name:
Date of Birth:	CDIB #:	Tribal Affiliation:	<input type="checkbox"/> PBP Enrolled Tribal Member <input type="checkbox"/> PBP Tribal Descendent <input type="checkbox"/> Member of Another Tribe <input type="checkbox"/> Native American Descendent
Applicant currently pregnant:	Gender:	Teen Parent:	

Contact Information for Primary Adult and Child

Living Address:	Mailing Address: (if different from Living Address)		
City, State, Zip	City, State, Zip		
Home Phone:	Work Phone:	Cell Phone:	Email Address:

Child's Relationship to Adult: <input type="checkbox"/> Child-Natural/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other/Specify:	Education-Highest Grade Completed: <input type="checkbox"/> College/Advanced Training year of degree: _____ <input type="checkbox"/> Attending College <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Specify Last Grade Attended	Employment/Training: <input type="checkbox"/> Full Time <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Training or School <input type="checkbox"/> Full Time & Training Employer: _____ School: _____ <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time & Training Phone #: _____ Phone #: _____
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Information for Primary Adult

Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other	Language(s) spoken:	Days of Employment/School: <b>Sun. Mon. Tues. Wed. Thurs. Fri. Sat.</b> Hours of Employment/School: AM- 7:00 7:30 8:00 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 PM- 12:30 1:00 1:30 2:00 2:30 3:00 3:30 4:00 4:30 5:00 5:30
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### Section II - Secondary Adult (lives with child)

Last Name:	First Name:	Middle IN:	Preferred Name:
Date of Birth:	CDIB #:	Tribal Affiliation:	<input type="checkbox"/> PBP Enrolled Tribal Member <input type="checkbox"/> PBP Tribal Descendent <input type="checkbox"/> Member of Another Tribe <input type="checkbox"/> Native American Descendent
Applicant currently pregnant:	Gender:	Teen Parent:	

Contact Information for Secondary Adult

Living Address:	Mailing Address: (if different from Living Address)		
City, State, Zip	City, State, Zip		
Home Phone:	Work Phone:	Cell Phone:	Email Address:

Child's Relationship to Adult: <input type="checkbox"/> Child-Natural/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other/Specify:	Education-Highest Grade Completed: <input type="checkbox"/> College/Advanced Training year of degree: _____ <input type="checkbox"/> Attending College <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Specify Last Grade Attended	Employment/Training: <input type="checkbox"/> Full Time <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Training or School <input type="checkbox"/> Full Time & Training Employer: School:	<input type="checkbox"/> Part Time <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time & Training Phone #: Phone #:
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Information for Secondary Adult		
Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other	Language(s) spoken:	Days of Employment/School: <b>Sun. Mon. Tues. Wed. Thurs. Fri. Sat.</b> Hours of Employment/School: AM- 6:30 7:00 7:30 8:00 8:30 9:00 9:30 10:00 10:30 11:00 11:30 PM- 12:00 12:30 1:00 1:30 2:00 2:30 3:00 3:30 4:00 4:30 5:00 5:30

**Section III - Family/Household Information**

Child lives with: <input type="checkbox"/> No Parent <input type="checkbox"/> One Parent/Adult <input type="checkbox"/> Two Parents/Adults <input type="checkbox"/> Other- Specify	Total Number of Family members:	Children in family living with child: _____ Total Children Ages Birth to 18 _____ Number of Children Ages Birth to 3 yrs _____ Number of Children Ages 4 to 5 yrs
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**Family Members in the Household**

Name	Relationship to child	DOB	School/Current Grade or Occupation	Living with Family? (y/n)	Provides Financial Support?

**Section IV - Government Funding Information**

To be considered for Head Start/Early Head Start, please indicate which of the following services your family receives. (check all that apply)

<input type="checkbox"/> Medical financial assistance (I.e. Medicaid/Medicare)	<input type="checkbox"/> Health Insurance
<input type="checkbox"/> Public assistance/Welfare (I.e. TANF)	<input type="checkbox"/> Unemployment Insurance
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Public Housing Assistance
<input type="checkbox"/> Women, Infants, and Children (WIC)	<input type="checkbox"/> Energy Program Assistance
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Child support/alimony
<input type="checkbox"/> Foster care/Adoption subsidy	<input type="checkbox"/> Other/Specify
	<input type="checkbox"/> No Services received

**Section V - Developmental Information**

Do you have any concerns about your child's developmental, physical, or emotional progress? Has your child ever been assessed for special needs? Does your child have an IEP or IFSP? If yes, please explain.

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**Section VI - Certification**

I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subjected to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency use Only			
Income Verified by:	FSPM <input type="checkbox"/>	CCS <input type="checkbox"/>	EHS/HSPM <input type="checkbox"/>
	Signature: _____		
	Date		
Type of Income:	Check Stub <input type="checkbox"/>	Income Tax <input type="checkbox"/>	
	Other/Specify: _____		
	Signature: _____		
			Date
Income = 1 wk wages X 4.3 for 1-month wages			
1-month wages X 12 = Annual Income			
Income Eligible <input type="checkbox"/>		Over Income <input type="checkbox"/>	
Other Income calculation:			
Income = 2 wks wages X 2.15 = 1-month wages			
1-month wages X 12 = Annual Income			

The following copies of child's documents are on file:

- Birth Certificate
- Certified Degree of Indian Blood (CDIB) Card
- Health Assessment
- Immunization Record

**Childcare Enrollment Agreement:**

Parent's Names: \_\_\_\_\_

Child's Name: \_\_\_\_\_

\* I understand that child care billing is charged monthly and will be completed at the first of each month for the current month of services. Services may be discontinued if billing is not paid.

\* I understand that PBP ECEC's hours of operation is Monday through Friday from 7 a.m. to 5:30 p.m. and I must be working or attending training/school for my child to remain in childcare. If I arrive a minute after 5:30 p.m., I understand that the Social Services will be called to pick up my child. If SS cannot be reached, we then will call PBP Tribal Police.

\* The PBP ECEC requires parents acknowledge and adhere to our **Health Policies** outlining the expectations and limitations regarding any child's attendance vs. exclusion regarding illness.

\* I have received a copy of the PBP ECEC's Parent Handbook and I agree to adhere to the policies and procedures contained within. I also understand that if violated three (3) times, I may be discontinued from the program. I have read the conditions of this enrollment/tuition agreement, and I understand and accept each policy as a condition of my enrollment at PBP ECEC.

\* I understand that the PBP ECEC will be closed on the following holidays; I understand monthly child care billing will remain the same each month regardless of any absences due to illness, vacations, school closure, Staff Training, and/or legal holidays.

\* I understand that if PBP Tribal operations close due to Administrative leave during normal business hours, I will be called to pick up my child. Please contact ERC Resource & Referral, Inc. for other child care providers in the community. (785) 357-5171

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|-------------------------------|--------------------------------|
| <b>New Year's Eve/Day</b>     | <b>Labor Day</b>               |
| <b>Martin Luther King Day</b> | <b>Native American Day</b>     |
| <b>President's Day</b>        | <b>Indigenous People's Day</b> |
| <b>Good Friday</b>            | <b>Veteran's Day</b>           |
| <b>Memorial Day</b>           | <b>Thanksgiving Day (s)</b>    |
| <b>Independence Day</b>       | <b>Christmas Day</b>           |

*Week in August for Preservice  
(1) day of Inservice for the month of:  
January  
  
(1) Day for the Spring Health Fair*

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Staff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Release "To" Information

We require written permission by a parent or guardian prior to releasing any child from our facility. Please list three people we could call to be responsible for your child in the event of an illness, accident, or emergency when parents(s) cannot be reached:

Name	Address	Relationship	Home/Work/Cell Phone
1			
2			
3			

**\*Please list responsible parties who will be transporting your child. Child will not be released to those under 16 yrs.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Legally Prohibited person: \_\_\_\_\_ Relationship: \_\_\_\_\_

*(Legal court document is required to be on file to be enforced by PBP ECEC)*

HS Bus Pick-up location (applies to HS children only):

HS Bus Drop off location (applies to HS children only):

Directions from the center to your home and/or pick-up/drop-off location (applies to HS children only):

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Staff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_