

Each year in late July and early August, Yaamahana conducts early enrollment for three weeks. This is the time to re-enroll children already attending Yaamahana and enroll new children for the upcoming school year. When space is available, children can be enrolled at any time throughout the year.

Early enrollment begin July 29, 2013 and ends August 16, 2013. **August 26, 2013** marks the beginning of Yaamahana's 2013-2014 school year. Please read and complete all information contained in the packet. If you have any questions, please contact the center at 923-0100. The following items are needed for enrollment/re-enrollment:

- ❖ ___ \$30 registration fee
- ❖ ___ General Information Master Form
- ❖ ___ Proof of degree of Indian blood (First-Time Students Only)
- ❖ ___ Copy of child's birth certificate (First-Time Students Only)
- ❖ ___ Copy of Social Security card (First-Time Students Only)
- ❖ ___ Immunization Record
- ❖ ___ Free/Reduced Price Meal Application Form
- ❖ ___ Emergency Medical Care Form
- ❖ ___ Emergency Contact Information and Pick-Up Form
- ❖ ___ Release Form
- ❖ ___ Payment Schedule Agreement Form
- ❖ ___ Photographing, Videotaping, Audiotaping, & Observation Release Form
- ❖ ___ Non-Vehicular Excursion Authorization Form
- ❖ ___ Non-Prescription Medication and/or Special Medical Procedures Authorization Form
- ❖ ___ Application of Topical Products Authorization Form
- ❖ ___ Water Activities Release Form
- ❖ ___ Additional Information for Infants/Toddlers *
- ❖ ___ Additional Information for Two, Three, and Four-year-olds *
- ❖ ___ Parental Agreement Form
- ❖ ___ Proof of monthly income in the form of check stubs, child support payments, government payments, etc.
- ❖ ___ All supplies listed for your child's room

*Please complete only one **Additional Information Form**.

Yaamahana/Chitimacha Child Development Center

Student Emergency Medical Care Form

Child's Name

List any serious allergies (such as insect bites, food allergies, etc.) _____

What happens when your child has an allergic reaction?

List any disabilities or special needs _____

Chronic illnesses your child has had _____

Any serious accidents? _____

Any medically necessary dietary requirements? _____

Mother's Phone Numbers: _____

Father's Phone Numbers: _____

In the event I cannot be reached, please call (these individuals are also authorized to pick up my child):

Name	Relation to the Child	Address	Phone/Cell/Pager
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at the center.

I hereby grant permission for my child to be evacuated to a safe place in case of emergency weather or other conditions. In the event of such emergency, Yaamahana will contact me or one of the other people I have listed on this emergency form.

I understand emergency medical treatment will be given only with parent consent. Since informed consent must be given at the time of the incident, I understand that I must leave numbers where I, the parent, or a responsible designated adult may be reached daily if the numbers above do not apply for that day. In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the child care center director or person in charge to take my child to:

Doctor _____ Phone _____ Address _____

Dentist _____ Phone _____ Address _____

Hospital or Clinic Preference: _____ Phone # _____

Address: _____

In a life-threatening situation, I authorize Yaamahana, into whose care my child has been entrusted, to consent to any necessary medical procedure for my child. In a medical emergency, I also authorize the Yaamahana to choose a physician and to transport my child by ambulance or other vehicle when necessary.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**Yaamahana/Chitimacha Child Development Center
Release Form**

_____ Child's Name

Designated adults authorized to pick up my child. Please include non-custodial parent and other adults. Please notify these individuals that they may be asked to show proof of identity:

Name: _____
Relationship: _____ Phone: _____

I understand my child will not be released to any person other than custodial parents and the designated adults on this form. Any changes made to the above list must be put in writing, signed by the parent or guardian, and given to the center's director. **My child's non-custodial parent (if applies, circle one) may / may not add or delete names to this Release Form.**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

**Yaamahana
Chitimacha Child Development Center
Payment Schedule Agreement Form**

_____ **Child's Name**

I understand that tuition is due upon beginning services (ex. If a child starts on August 26, tuition is due that day, and then your payment schedule will be adhered to).

I understand that cash will be accepted at the center. Please make all tuition payments including cash payments at Yaamahana. Please write checks, cashier's checks, or money orders to Chitimacha Tribe of Louisiana. When making a payment in cash, exact change is requested. A \$25.00 fee will be assessed to all NSF checks.

I understand that once tuition payments are 5 business days (1 week) past due, a \$5.00 late fee per family will be assessed. The late fee will continue to be assessed weekly to all accounts with a past due balance.

Once tuition payments are 5 business days (1 week) past due, the director will send a letter to the parents stating that a payment must be made by the 7th day or the child will no longer be able to attend Yaamahana. Parents should keep in mind that both tuition and late fees will continue to be charged to their account until payment is received. If the parents choose to withdraw the child from the center and then re-enroll the child later, all tuition, late fees and a new registration fee is required.

I select the following tuition payment schedule. Tuition payments will not be refunded.
Please check one:

_____ 1 Week

_____ 2 Weeks

_____ 4 Weeks

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Yaamahana
Chitimacha Child Development Center
Photographing, Videotaping, Audiotaping, and Observation
Release Form

I understand that Yaamahana has video cameras and video equipment that records the daily activities throughout the facility. These video recordings are conducted for the protection of the children and staff.

I understand that at various times throughout the year, the staff of Yaamahana will be taking digital images, photographs, videotapes, and/or audiotapes of the children for educational purposes (e.g. presentations to train Yaamahana staff), and decoration purposes (e.g. posting pictures on bulletin boards, in cubbies, etc.).

I understand that parents are also allowed to come into the center and observe, photograph, videotape, and/or audiotape children.

I, the undersigned, do hereby grant or deny permission to Yaamahana to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child along with his/her first and last name for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Chitimacha Tribal Web site and the Franklin Banner Tribune.

No child will be observed, video-taped, recorded, or photographed without the supervision of a child care provider and the authorization of Yaamahana's director or assistant director.

Deny permission to use my child's image at all

Grant permission to use my child's image in the following ways:

Limited usage: I want my child's image and first and last name used on printed materials only (no digital or video use).

Unrestricted usage: I give unrestricted permission for my child's image and to be used in print, video, and digital media. I agree that these images may be used by Chitimacha Tribe of Louisiana for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**Yaamahana/Chitimacha Child Development Center
Non-Vehicular Excursion Authorization**

My child, _____, has my permission to participate in Nature walks, walks to the Chitimacha Sports Complex, stroller rides, and wagon rides on the reservation. The children will be accompanied by at least two Yaamahana staff whenever participating in a non-vehicular excursion. At least one Yaamahana employee accompanying the children must be currently trained in CPR/First Aid. This authorization is valid for one year.

The non-vehicular excursions will take one of the following routes:

- From Yaamahana’s parking lot, turn right on Seminole, left on Tunica, left on Jena, right on Seminole, and back to Yaamahana.
- From Yaamahana’s parking lot, turn right on Seminole, right on to Jena, and left to Sports Complex parking lot. At Sports Complex the excursion may include the walking trail or just circling the parking lot. When leaving the Sports Complex, turn right on Jena, left on Seminole, and back to Yaamahana.
- From Yaamahana’s parking lot, turn left on Seminole, right on Chitimacha Loop, right on Tunica, right on Jena, right on Seminole, and back to Yaamahana.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Yaamahana/Chitimacha Child Development Center
Non-Prescription Medication and/or Special Medical Procedures Authorization
Form

Yaamahana staff will only administer medications, including over-the-counter medications, that have been prescribed or recommended by a licensed health care provider (Physician – Dentist – Nurse Practitioner). Please have your licensed health care provider sign this form for any over-the-counter medications including topical ointments such as diaper cream, sunscreen, or insect repellent that you may wish Yaamahana staff to administer to your child. A copy of the medication’s side effects must accompany the medication. This form must be updated as changes occur or at least every three months. You may obtain additional copies of this form from the director.

Child’s Name: _____ Birth Date: _____

Medical condition(s) of concern: _____

Signs and/or symptom(s) to watch for: _____

Name of medication/special medical procedure: _____

How given: _____

Known side effects: _____

Special instructions: _____

When to call parent regarding symptoms or failure to respond to treatment: _____

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Physician/Health Care Provider’s Phone #: _____ Address: _____

Date of Exam: _____

Physician/Health Care Provider Signature: _____ Date: _____

**Yaamahana/Chitimacha Child Development Center
Application of Topical Products Authorization Form**

Like all medications, topical ointments must be prescribed or recommended by a licensed health care provider (Physician – Nurse Practitioner). When trying a new topical product, the first application should be applied at home and the parent should observe the child for any adverse reactions.

I give permission for the Yaamahana staff to apply the following topical products to my child with a one-time authorization. By completing this form, I understand that I will not be required to complete the Medication Authorization Form each time the topical ointment is needed.

Child's Name: _____

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Sunscreen |
| <input type="checkbox"/> | <input type="checkbox"/> | Insect Repellant (lotion or alcohol-based repellants are recommended) |
| <input type="checkbox"/> | <input type="checkbox"/> | Diaper Rash Ointment |

This one time authorization will remain in effect until a new authorization is signed.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**Yaamahana/Chitimacha Child Development Center
Water Activities Release Form**

I understand that water activities may consist of children playing in sprinklers, washing dishes, washing tricycles and other toys, bathing baby dolls, pouring and measuring water, using a water table, squirt bottles and water spraying devices.

Children under three years of age shall not engage in water activities in wading or swimming pools due to the risk of fecal-oral contamination and disease.

I understand that children three years of age and above, completely toilet-trained, can also participate in water activities in wading or swimming pools. I understand that water activities for children three years of age and above may also include trips to the Chitimacha pool at the Recreation Department on the reservation where an appropriate number of trained life guards and Yaamahana staff will be on duty.

My child, _____, has permission to participate in any of the above supervised age appropriate water activities while attending Yaamahana. I understand the center will take precautions in providing for the safety of my child.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Additional Information for Infants and Toddlers

(Please complete only one Additional Information Form per child)

Any history of colic? _____

Is child's skin highly sensitive? _____

Frequent diaper rash? _____

Describe child's typical schedule: _____

Does child use a pacifier or suck thumb? _____

Does child pull self to standing position? _____ Crawl? _____ Walk? _____

Does child have a "fussy" time? _____ When? _____

How is "fussy" time handled? _____

Any special feeding problems? _____

Does your child eat unassisted? _____ Does he/she enjoy eating? _____

How has child been fed? Held in lap? _____ Highchair? _____ Other? _____

Please describe your child's eating habits? _____

Please list current feeding schedule (include feeding times, amount of food): _____

Are bowel movements regular? _____ How many per day? _____

What time? _____ How frequently do accidents occur? _____

Is diarrhea _____ or constipation _____ a problem?

Has toilet training been attempted? _____ What is used at home?

Potty chair? _____ Special toilet seat? _____ Regular toilet seat? _____

Additional Information for Two, Three, and Four-Year-Olds
(Please complete only one Additional Information Form per child)

Describe your child's personality: _____

List the names, ages, and relationships of other members of the household (brothers, sisters, grandparents, aunts, etc.): _____

Pets and their names: _____

Special friends and relationships outside the household _____

What upsets your child? _____

What frightens your child? _____

How does he/she show feelings? _____

What methods do you use when he/she behaves in a way that you do not approve of?

Who does most of the disciplining? _____

Favorite toys and activities at home _____

Does he/she take naps? _____ From when _____ To when _____

What does he/she take to bed with him/her? _____

Special routines for nap time? _____

What is his/her mood on awakening? _____

What would you like us to know about your child that will help us serve you and your family better? _____

In what particular ways can we help your child this year? _____

**Yaamahana
Chitimacha Child Development Center
Parental Agreement**

_____ **Child's Name**

Dear Parents,

Please read and sign this agreement:

I have been given a copy of the Chitimacha Child Development Center Family Handbook which contains program and policy information. I hereby agree to comply with the rules and regulations regarding fees, attendance, health, clothing, and other items specified in the Family Handbook.

I agree to keep all enrollment information updated (e.g. household income, telephone numbers, address, designated adults allowed to pick up child, immunization records, etc.).

I further agree to notify the center of any change in my financial situation or changes which would affect my ability to meet my financial obligation within 7 days.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**YAAMAHANA
CHITIMACHA CHILD DEVELOPMENT CENTER
SUPPLY LIST**

Your child will need the following items:

<p><u>Qakun Room (Infants)</u></p> <p><input type="checkbox"/> Formula as needed</p> <p><input type="checkbox"/> Enough clean, prepared bottles to last the day</p> <p><input type="checkbox"/> Baby food as needed</p> <p><input type="checkbox"/> Extra pacifier to leave at center</p> <p><input type="checkbox"/> 2 complete changes of clothes</p> <p><input type="checkbox"/> Shoes and socks each day</p> <p><input type="checkbox"/> 1 box of tissues per month</p> <p><input type="checkbox"/> Family poster</p>	<p><u>Keesgi Room (1-Year-Olds)</u></p> <p><input type="checkbox"/> 2 complete changes of clothes (including socks)</p> <p><input type="checkbox"/> Child size toothbrush</p> <p><input type="checkbox"/> Toothpaste</p> <p><input type="checkbox"/> Blanket for nap time</p> <p><input type="checkbox"/> Mat cover (custom made cover or crib sheet)</p> <p><input type="checkbox"/> 1 box of tissues per month</p> <p><input type="checkbox"/> Family poster</p>
<p><u>Nexjuwa Room (2-Year-Olds)</u></p> <p><input type="checkbox"/> 2 complete changes of clothes (including underwear and socks)</p> <p><input type="checkbox"/> Child size toothbrush</p> <p><input type="checkbox"/> Toothpaste</p> <p><input type="checkbox"/> Blanket for nap time</p> <p><input type="checkbox"/> Mat cover (custom made cover or crib sheet)</p> <p><input type="checkbox"/> 1 box of tissues per month</p> <p><input type="checkbox"/> Family poster</p>	<p><u>Kamcin Room (3-Year-Olds)</u></p> <p><input type="checkbox"/> 2 complete changes of clothes (including underwear and socks)</p> <p><input type="checkbox"/> Child size toothbrush</p> <p><input type="checkbox"/> Toothpaste</p> <p><input type="checkbox"/> Blanket for nap time</p> <p><input type="checkbox"/> Mat cover (custom made cover or crib sheet)</p> <p><input type="checkbox"/> 1 box of wipes per month</p> <p><input type="checkbox"/> 1 box of tissues per month</p> <p><input type="checkbox"/> Family poster</p>
<p><u>Coota Room (Pre-K)</u></p> <p><input type="checkbox"/> 2 complete changes of clothes (including underwear and socks)</p> <p><input type="checkbox"/> Child size toothbrush (Summer Care)</p> <p><input type="checkbox"/> Toothpaste (Summer Care)</p> <p><input type="checkbox"/> Blanket for nap time (Summer Care)</p> <p><input type="checkbox"/> 4 boxes of tissues per year</p> <p><input type="checkbox"/> 4 boxes of wipes per year</p>	

Dear Families,

In an effort to continuously provide our families with the best value added services & care for your children, Yaamahana/Chitimacha Child Development Center proudly announces our new Cuties Care All Inclusive Diapering Product Supply Program for all of our diapered children while at school.

Starting October 1st, Yaamahana/Chitimacha Child Development Center will now supply your children with new Cuties brand Premium Baby Diapering Products that take care of all their needs with high performance baby diapers, pre-moistened wipes & training pants. This new convenient service allows our parents to have one less thing to worry about remembering to bring and provides our staff with a consistent level of premium quality products, allowing them to provide the best diapering care for all of our children.

New Cuties brand baby products feature leading absorbent hygienic technology that provides great absorbency, softness, comfort & skin care. They are made by First Quality Products, a market leader in the manufacturing of premium quality adult absorbent hygienic products. Their many years of experience & leading technology, is now being launched into the Cuties Care program for child care providers & their families served. All Cuties brand products are proudly made in the USA, & are made right here in Pennsylvania!



Cuties brand products have been thoroughly tested, & proven to be premium performance! Cuties have been successfully tested and our pilot tests involved multiple centers & their parents, staff members, & use with our children who previously used the leading major brands. The results overwhelmingly favored Cuties brand as being a better performing product in all characteristics (comfort, fit, skin dryness, skin care, & overall product quality). We are very confident in the superior performance provided by the Cuties Care product line & the quality of care it will provide for our children. Cuties sample packs will be provided to all families



All children will start Cuties Care School Supply October 1st

Cuties Care School Supply Program is a value added service that will be added to your tuition payments for the low price of **\$7.00** per week for **5 day** a week children, **\$6.00 for 4 days**, **\$5.00 for 3 days** & **\$4.00 for 2 days** and **\$3.00 for 1 day**.

Includes all baby diapers, wipes, & training pants for children... while at school only.

We are very proud to provide our families with these new convenient services and look forward to giving our families an opportunity to **enjoy one less thing to worry about....** the diapering supplies are now covered by us with new Cuties Care!

Best Regards,

Kathleen Flanagan
Director

**Yaamahana
Chitimacha Child Development Center
Weekly Tuition Rates**

Full Day	\$85.00 / Week
Half Day	\$42.50 / Week
3 Days / Week	\$51.00 / Week
2 Days / Week	\$34.00 / Week
After School Care	\$35.00 / Week

- Sibling discount will be \$1.00 per day.
- Yaamahana employee discount will be \$1.00 per day per employee.
- Prices are subject to change depending on availability of funds.

CHILD CARE DEVELOPMENT FUND
FPL FY2013 and SMI FY 2014
Sliding Fee Scale
CHITIMACHA TRIBE OF LOUISIANA

	FAMILY SIZE					
	1	2	3	4	5	6
100% FPL	\$ 958	\$ 1,293	\$ 1,628	\$ 1,963	\$ 2,298	\$ 2,633
Weekly Parent Fee	\$10	\$10	\$10	\$10	\$10	\$10
100% FPL+\$1	\$ 959	\$ 1,294	\$ 1,629	\$ 1,964	\$ 2,299	\$ 2,634
125% FPL	\$ 1,197	\$ 1,616	\$ 2,034	\$ 2,453	\$ 2,872	\$ 3,291
Weekly Parent Fee	\$25	\$25	\$25	\$25	\$25	\$25
125% FPL+\$1	\$ 1,198	\$ 1,617	\$ 2,035	\$ 2,454	\$ 2,873	\$ 3,292
150% FPL	\$ 1,436	\$ 1,939	\$ 2,441	\$ 2,944	\$ 3,446	\$ 3,949
Weekly Parent Fee	\$45	\$45	\$45	\$45	\$45	\$45
150% FPL+\$1	\$ 1,437	\$ 1,940	\$ 2,442	\$ 2,945	\$ 3,447	\$ 3,950
175% FPL	\$ 1,676	\$ 2,262	\$ 2,848	\$ 3,434	\$ 4,021	\$ 4,607
Weekly Parent Fee	\$55	\$55	\$55	\$55	\$55	\$55
175% FPL+\$1	\$ 1,677	\$ 2,263	\$ 2,849	\$ 3,435	\$ 4,022	\$ 4,608
200% FPL	\$ 1,915	\$ 2,585	\$ 3,255	\$ 3,925	\$ 4,595	\$ 5,265
Weekly Parent Fee	\$65	\$65	\$65	\$65	\$65	\$65
200% FPL+\$1	\$ 1,916	\$ 2,586	\$ 3,256	\$ 3,926	\$ 4,596	\$ 5,266
85% SMI	\$ 2,540	\$ 3,322	\$ 4,103	\$ 4,885	\$ 5,667	\$ 6,448
Weekly Parent Fee	\$75	\$75	\$75	\$75	\$75	\$75
85% SMI+ \$1	\$2,541	\$3,323	\$4,104	\$4,886	\$5,668	\$6,449
Income Exceeds 85% of SMI	↓	↓	↓	↓	↓	↓
Monthly Parent Fee	100% of Price of Care \$85					

*Subtract \$1 Discount per day for additional child in care