



YAAMAHAANA

**CHITIMACHA  
CHILD DEVELOPMENT CENTER**

**ENROLLMENT PACKET**

**FOR  
NON-INDIAN CHILDREN**



Each year in late July and/or early August, Yaamahana conducts early enrollment. 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 begins July 30, 2018 and ends August 9, 2018. August 13, 2018 marks the beginning of Yaamahana's 2018-2019 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:

- ❖ \_\_\_ \$50 registration fee
- ❖ \_\_\_ General Information Master Form
- ❖ \_\_\_ Emergency Contact & Release Information Form
- ❖ \_\_\_ Copy of child's birth certificate (First-Time Students Only)
- ❖ \_\_\_ Copy of Social Security card (First-Time Students Only)
- ❖ \_\_\_ Proof of Legal Guardianship, if applicable
- ❖ \_\_\_ Immunization Record
- ❖ \_\_\_ Payment and Attendance 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 About My Child
- ❖ \_\_\_ Parental Agreement Form
- ❖ \_\_\_ All supplies listed for your child's room

Admission Date \_\_\_\_\_  
 Withdrawal Date \_\_\_\_\_

## Yaamahana/Chitimacha Child Development Center General Information Master Form

Child's Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

	Mother	Father
Name		
Address- P.O. Box		
Address-Street		
Employer		
Home Phone #		
Work Phone #		
Cell Phone #		
Email Address		

Person with whom the child lives: \_\_\_\_\_

Days child will attend center:

\_\_\_\_\_ 2 Days (circle the 2 days the child will attend each week - M T W T F )

\_\_\_\_\_ 3 Days (circle the 3 days the child will attend each week – M T W T F )

\_\_\_\_\_ 5 Days                      \_\_\_\_\_ Half Day (Morning only 7:00-12:00)

\_\_\_\_\_ Full Day                      \_\_\_\_\_ After School Care (Afternoon only 2:30-5:30)

To request an application for the Louisiana Department of Education's Child Care Assistance Program (CCAP) call 1-877-453-2721 or go to LDEccap@la.gov.

Select the best way for your child's provider to communicate information to you about your child:

\_\_\_ Written notices                      \_\_\_ Email                      \_\_\_ Telephone

**Yaamahana will not bear responsibility for anything that may happen as a result of false or misleading information given at the time of enrollment. Parents are responsible for updating all enrollment information.**

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

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

## Yaamahana/Chitimacha Child Development Center Emergency Contact & Release Information Form

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

	Mother	Father
Name		
Home Phone #		
Work Phone #		
Cell Phone #		

Child's Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_  
 Child's Dentist: \_\_\_\_\_ Dentist's Phone #: \_\_\_\_\_

**Individuals to contact in case of an emergency:**

\_\_\_\_\_  
Phone #: \_\_\_\_\_

\_\_\_\_\_  
Phone #: \_\_\_\_\_

\_\_\_\_\_  
Phone #: \_\_\_\_\_

\_\_\_\_\_  
Phone #: \_\_\_\_\_

Does your child have any food allergies?      Yes      No  
 Does your child have any other allergies?      Yes      No  
 Does your child have any dietary restrictions?      Yes      No  
 Please explain any "yes" answer here: \_\_\_\_\_

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**My child has permission to be released to the following individuals in addition to emergency contact persons listed above. (Please notify these individuals that they may be asked to show proof of identity.**

NAME	RELATIONSHIP	PHONE

**I authorize the facility to secure emergency medical treatment for my child.**

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

## Yaamahana/Chitimacha Child Development Center Payment and Attendance Schedule Agreement Form

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

**I understand that TUITION PAYMENTS ARE DUE IN ADVANCE OF SERVICES. For example: The child is enrolled for 3 days a week (T, W, TH) and the parent selected a 2 weeks tuition payment schedule. If the child starts on a Wednesday, tuition is due on that day for that week (W & TH) and by the close of business on Tuesday for every two weeks thereafter.**

**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. If two NSF checks are processed within a year checks will no longer be accepted.**

**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.**

**I understand that once tuition payments are 5 business days (1 week) past due, the Director will send a letter stating that a payment must be made by the 10<sup>th</sup>-day or my child will no longer be able to attend Yaamahana. I understand that if I choose to re-enroll my child, all tuition fees, late fees and a new registration fee shall be required before the child is accepted. Once I withdraw my child, I have 30 days to pay the balance before my account is turned over to the Finance Department.**

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

\_\_\_\_\_ 1 Week                      \_\_\_\_\_ 2 Weeks                      \_\_\_\_\_ 4 Weeks

Days child will attend center:

\_\_\_\_\_ 2 Days (circle the 2 days the child will attend each week – M T W T F)

\_\_\_\_\_ 3 Days (circle the 3 days the child will attend each week – M T W T F)

\_\_\_\_\_ 5 Days (circle the 3 days the child will attend each week – M T W T F)

\_\_\_\_\_ Half Day (Morning Only 7:00-12:00)

\_\_\_\_\_ Full Day                                      \_\_\_\_\_ After School Care (Afternoon only 2:30-5:30)

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 Director Designee.

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 first and last name 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 walks, stroller rides, and wagon rides on the reservation. Non-vehicular excursions shall include nature walks/rides, walks/rides to the Chitimacha Sports Complex, Chitimacha Tribal School, Rivercane, Chitimacha Recreation Department, Chitimacha Fire Station, and the Chitimacha Police Station. 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.

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 yearly. 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 products 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.**

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

**Yes**

**No**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <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 children two years of age and above can participate in water play activities in which there is no standing water, and includes but is not limited to the use of fountains, sprinklers, and water tables. 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: \_\_\_\_\_



**Yaamahana  
Chitimacha Child Development Center  
Parental Agreement**

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**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><b><u>Qakun Room (Infants)</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Formula as needed</li> <li><input type="checkbox"/> Enough clean, prepared bottles to last the day</li> <li><input type="checkbox"/> Baby food as needed</li> <li><input type="checkbox"/> Extra pacifier to leave at center</li> <li><input type="checkbox"/> 2 complete changes of clothes</li> <li><input type="checkbox"/> Shoes and socks each day</li> <li><input type="checkbox"/> 1 box of tissues per month</li> <li><input type="checkbox"/> Family poster</li> </ul>	<p><b><u>Keesgi Room (1-Year-Olds)</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2 complete changes of clothes (including socks)</li> <li><input type="checkbox"/> Child size toothbrush</li> <li><input type="checkbox"/> Toothpaste</li> <li><input type="checkbox"/> Blanket for nap time</li> <li><input type="checkbox"/> Mat cover (custom made cover or crib sheet)</li> <li><input type="checkbox"/> 1 box of tissues per month</li> <li><input type="checkbox"/> Family poster</li> </ul>
<p><b><u>Nexjuwa Room (2-Year-Olds)</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2 complete changes of clothes (including underwear and socks)</li> <li><input type="checkbox"/> Child size toothbrush</li> <li><input type="checkbox"/> Toothpaste</li> <li><input type="checkbox"/> Blanket for nap time</li> <li><input type="checkbox"/> Mat cover (custom made cover or crib sheet)</li> <li><input type="checkbox"/> 1 box of tissues per month</li> <li><input type="checkbox"/> Family poster</li> </ul>	<p><b><u>Kamcin Room (3-Year-Olds)</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2 complete changes of clothes (including underwear and socks)</li> <li><input type="checkbox"/> Child size toothbrush</li> <li><input type="checkbox"/> Toothpaste</li> <li><input type="checkbox"/> Blanket for nap time</li> <li><input type="checkbox"/> Mat cover (custom made cover or crib sheet)</li> <li><input type="checkbox"/> 1 box of wipes per month</li> <li><input type="checkbox"/> 1 box of tissues per month</li> <li><input type="checkbox"/> Family poster</li> </ul>
<p><b><u>Coota Room (Pre-K)</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2 complete changes of clothes (including underwear and socks)</li> <li><input type="checkbox"/> Child size toothbrush (Summer Care)</li> <li><input type="checkbox"/> Toothpaste (Summer Care)</li> <li><input type="checkbox"/> Blanket for nap time (Summer Care)</li> <li><input type="checkbox"/> Mat cover (Summer Care)</li> <li><input type="checkbox"/> 4 boxes of tissues per year</li> <li><input type="checkbox"/> 4 boxes of wipes per year</li> </ul>	

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

<b>Full Day</b>	<b>\$100.00 / Week</b>
<b>Half Day</b>	<b>\$50.00 / Week</b>
<b>3 Days / Week</b>	<b>\$60.00 / Week</b>
<b>2 Days / Week</b>	<b>\$40.00 / Week</b>
<b>After School Care</b>	<b>\$50.00 / Week</b>

- **\$50 yearly registration fee due at time of enrollment/re-enrollment**
- **\$30 registration fee for pre-k Summer Care program only**
- Sibling discount will be \$2.00 per day.
- Yaamahana employee discount will be \$2.00 per day per employee.
- Prices are subject to change depending on availability of funds.

**Diaper & Wipes Rates**

<b>5 Days</b>	<b>\$7.00 / Week</b>
<b>4 Days</b>	<b>\$6.00 / Week</b>
<b>3 Days</b>	<b>\$5.00 / Week</b>
<b>2 Days</b>	<b>\$4.00 / Week</b>
<b>1 Day</b>	<b>\$3.00 / Week</b>

