Penobscot Nation Children’s Center
Child Care Application

"talhoyane-Let's Play"
Application Checklist

( ) Completed Application

( ) Parent Handbook Signed Agreement Form

( ) Immunization Record

( ) Permission Slips (emergency medical care, medication, sunscreen, use of images, leaving facility)

( ) Child and Adult Care Food Program Application

( ) 4 weeks of Paystubs or Prior Year’s Tax Forms

( ) Provider Signed Medical Documentation (if applicable)

( ) Alternative Eligibility Documentation (if applicable)

( ) Caregiver School Schedule (if applicable)
Enrollment Record

Name of child: ________________________  D.O.B.: ________________________

Street Address: ________________________  Phone: ________________________

Mailing Address: ________________________

Start Date: ____________________________  End Date: ________________________

Primary Caregiver’s Name: ________________  Phone: ________________________

Address (street and mailing, if different): ______________________________________

Relationship to child: ______________________

Employer: ______________________________  Employer Phone (required):

Employer Address: ________________________ __________________________________

Secondary Caregiver’s Name: ________________  Phone: ________________________

Address (street and mailing, if different): ______________________________________

Relationship to child: ______________________

Employer: ______________________________  Employer Phone (required):

Employer Address: ________________________ __________________________________

Who does your child live with primarily?

__________________________________________

Emergency Contact: ________________________  Phone: ______________

Address: _________________________________

2nd Emergency Contact: ____________________  Phone: ______________

Address: _________________________________

Names of Persons Permitted to Pick Up Child and Relationship to Them

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
Medical Information

Child’s Physician: ___________________________   Phone: __________
Address: ____________________________________

Dentist: ___________________________   Phone: __________
Address: ____________________________________

Authorization to obtain emergency medical care:

In the event of a medical emergency, I hereby give consent for the Penobscot Nation Children’s Center staff to obtain whatever treatment may be deemed necessary for my child ___________________________.

This authorization includes the consent for my child to receive treatment by a physician in any emergency setting.

________________________________________________________________________

Parent Guardian Name (Printed)    Parent/Guardian Signature    Date

Known Allergies or Intolerances (health care provider signed documentation required, including health plan for handling allergies):

Known Medical Diagnoses:

Medications taken regularly:

Medications to be administered while in Penobscot Nation Children Center’s care (Medication Consent Form must also be filled out separately):
About Your Child

What makes your child happy?

What makes your child afraid?

What comforts your child?

Does your child have siblings?

What does mealtime look like at your house?

Does your child nap? If so, how do you prepare your child for naptime?

Does your child need assistance using the bathroom (if yes, please explain):

Is there anything you want the Penobscot Nation Children Center’s staff to know about your child (please list here or on an attached page a summary of significant factors concerning your child’s adjustment in the center, preferred pronouns, any other significant information to help us better care for your child):
Penobscot Nation Children’s Center Permission Slip Form

Section 1. Potentially Hazardous Activities/Sunscreen/Bug Repellent

I hereby grant permission for my child, ____________________________, date of birth ___/___/___, to engage in the following potentially hazardous activities while in the care of Penobscot Nation Children’s Center:

☐ Use of a wading pool at the provider’s location
☐ Swimming at an offsite location: ________________________________
☐ Use of a wading pool at an offsite location: ________________________________
☐ Participate in water activities in lakes, ponds, or river
☐ Use of a trampoline
☐ Use of bug repellent: ________________________________
☐ Use of sunscreen: ________________________________
☐ Field trips to: ________________________________
☐ Walks off-site (boardwalk, youth program, school, etc)________________________
☐ Other: ________________________________

This parental permission form must be updated, signed and dated by the parent or legal guardian at least annually.

______________________________  ________________________________  ________________
Parent Guardian Name (Printed)  Parent/Guardian Signature  Date
Section 2. Permission to Take/Use Photographs

☐ I DO NOT authorize the child care provider to take or use photographic or video images of my child.

☐ I hereby grant permission to Penobscot Nation Children’s Center to photograph my child for the following purposes:

☐ Marketing materials, including brochures and on-line materials

☐ Classroom and/or program posting in the child care program

☐ Other: ____________________________________________

I understand that my child may be photographed at normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet. I agree that this form will remain in effect during the term of my child’s enrollment. **I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses.** I understand that there will be no payment for me or my child’s participation.

__________________________________________
Parent Guardian Name (Printed)                Parent/Guardian Signature                Date

Section 3. Permission to Post Information

I hereby give permission for Penobscot Nation Children’s Center to post any allergies my child may have, the necessary precautions, and the necessary treatment in the event of exposure in the child care program.

__________________________________________
Parent Guardian Name (Printed)                Parent/Guardian Signature                Date
## Financial Reporting

Primary Parent Name: ______________________________________________

Physical Address: __________________________________________________

Mailing Address (if different than residence):
_________________________________________________________________

Primary phone: __________

Marital Status: ( ) Married ( ) Single

Is your child a member of a Federally Recognized Tribe?____________________

If yes, list tribe and census number:_______________________________________

If no, are you a step-child, adopted child, or a descendent of a member of a federally recognized tribe? ________________________________

### Household Information (must be completed for every person in household)

<table>
<thead>
<tr>
<th>NAME</th>
<th>SEX</th>
<th>D.O.B.</th>
<th>TRIBAL CENSUS #</th>
<th>RELATIONSHIP TO CHILD</th>
<th>IS CHILDCARE NEEDED FOR THIS PERSON</th>
<th>IF CHILDCARE IS NEEDED, DO THEY HAVE SPECIAL NEEDS</th>
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</table>

### Employment Information (must be completed for parents of child)

<table>
<thead>
<tr>
<th>NAME</th>
<th>EMPLOYER NAME AND TOWN</th>
<th>OCCUPATION</th>
<th>WORK PHONE</th>
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</table>
What is your payment schedule (check one) *please attach 4 weeks of paystubs or previous year’s tax documents for each parent*

<table>
<thead>
<tr>
<th>Name:</th>
<th>( ) weekly</th>
<th>( ) biweekly</th>
<th>( ) monthly</th>
<th>( ) other (please explain)</th>
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<tbody>
<tr>
<td>Name:</td>
<td>( ) weekly</td>
<td>( ) biweekly</td>
<td>( ) monthly</td>
<td>( ) other (please explain)</td>
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</table>

**Unearned Income**

*please attach proof of income (check/award letter)*

<table>
<thead>
<tr>
<th>Income</th>
<th>Amount</th>
<th>Occurrence</th>
<th>Name of Recipient</th>
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<tbody>
<tr>
<td>TANF</td>
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<tr>
<td>SSI Benefits</td>
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<td>Social Security</td>
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<td></td>
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<tr>
<td>Veteran’s Benefits</td>
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<td>Worker’s Compensation</td>
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<td>Unemployment</td>
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<td>Disability</td>
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<td>Other (explain)</td>
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**Education/Training Program**

*before the semester begins you must provide a class schedule*

<table>
<thead>
<tr>
<th>Name</th>
<th>School</th>
<th>Semester Begins</th>
<th>Semester Ends</th>
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**For Center Use Only**

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<tr>
<th>Pay Stub Week</th>
<th>Gross Wages (before taxes)</th>
<th>Date of payment</th>
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<tr>
<td>1</td>
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<td>2</td>
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Total gross wages per stub: _________________

Total average gross wages: _________________
Alternative Eligibility Information

Do you have an open child protection case (Y/N)
- if yes, you will need a written referral from your case worker

Is there any adult member of your household a person who has a disability and is unable to work (Y/N)
- if yes, attach a signed physician’s statement that the disability prevents the adult from caring for your child

Is there any adult member of your household in a substance abuse rehabilitation program? (Y/N)
- if yes, attach a referral from a rehabilitation caseworker and proof of participation in the rehabilitation program

“I certify under penalty of perjury that the above information is true to the best of my knowledge. I agree to notify the Penobscot Nation Children’s Center within 10 business days of any changes in income, family size, work or school schedule, or employment status.”

____________________________
Parent Guardian Name (Printed) Parent/Guardian Signature Date
### Times of Care Needed (school year)

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<tr>
<th>Days</th>
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<td>MONDAY</td>
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<td>TUESDAY</td>
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<td>WEDNESDAY</td>
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<td>THURSDAY</td>
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<td>FRIDAY</td>
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### Times of Care Needed (summer and vacations)

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<tr>
<th>Days</th>
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<td>MONDAY</td>
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<td>TUESDAY</td>
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<td>THURSDAY</td>
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<td>FRIDAY</td>
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Penobscot Nation Children’s Center

Financial Contract

This contract is made between:

Name of parents/guardians: ___________________________________________
Address of parents/guardians: __________________________________________

and the Penobscot Nation Children’s Center for the care of the following children:

<table>
<thead>
<tr>
<th>NAME OF CHILD</th>
<th>D.O.B.</th>
<th>ARRIVAL TIME</th>
<th>PICK UP TIME</th>
<th>WEEKLY RATE</th>
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The total payment of care shall be $_________ per week beginning __________

And reflects a schedule of:

<table>
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<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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If the parent is going to be late picking up the child, every effort must be made to contact the Penobscot Nation Children’s Center.

Payment is due on the Friday before the week that care will be provided. If payment has not been made, the Penobscot Nation Children’s Center reserves the right to deny care until the account is current.

PNCC also reserves the right to garnish Penobscot Nation per capita payments (if received) of the parent/guardian for any past due balance until the balance is paid in full.

Please make payments to:

Penobscot Nation Children’s Center
9 Sarah’s Springs
Indian Island, ME 04468

Acceptable payment methods: Cash, personal check, money order.
**Holidays, Vacations, Snow Days and Other Closures**

The Penobscot Nation Children’s Center follows the Penobscot Nation holiday schedule and will not be open for business on the following holidays:


We will be closed when the tribe closes for holidays.

Parents are expected to pay for care on these Holidays.

For any staff training days that PNCC is closed that are not listed above, parents will receive a two-week notice.

Closure for snow days will be posted on the Penobscot Nation home page, as well as on HiMama. This includes full day closures, delayed opening times, and early closures.

If a parent plans on taking a vacation and the child will not be in care, PNCC must be given a two-week notice. Two weeks’ vacation time will be given per year to clients. Parents are not expected to pay during their scheduled vacations.

**Illness**

When a child is ill, the parents are expected to make every effort to give the provider as much notice as possible. Parents are still responsible for payment when their child is out sick.
Termination Procedures

This contract may be terminated by the parent(s) or PNCC. A two-week notice prior to the last date of care is required.

_PNCC may immediately terminate this contract without any notice if payment is not made on time._

Contract Enforcement

_If PNCC chooses not to enforce any portion of the contract, it does not give up PNCC’s right to enforce any other portion of the contract._

_This contract can be revised at any time by PNCC if necessary._

Signatures

The signatures below indicate agreement with this contract.

________________________________________  ______________________________
Parent’s/Guardian’s Name                  Parent’s/Guardian’s Signature / Date

________________________________________  ______________________________
Parent’s/Guardian’s Name                  Parent’s/Guardian’s Signature / Date

________________________________________  ______________________________
PNCC Director’s Name                     PNCC Director’s Signature / Date

_If the parent or legal guardian is under the age of 18, a co-signer must sign this agreement and act as guarantor to the contract and agree to be bound by all financial terms._