

Penobscot Nation Children's Center Child Care Application



"talahoyane-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
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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)

NAME	SEX	D.O.B.	TRIBAL CENSUS #	RELATIONSHIP TO CHILD	IS CHILDCARE NEEDED FOR THIS PERSON	IF CHILDCARE IS NEEDED, DO THEY HAVE SPECIAL NEEDS

Employment Information (must be completed for parents of child)

NAME		
EMPLOYER NAME AND TOWN		
OCCUPATION		
WORK PHONE		

What is your payment schedule (check one) *please attach 4 weeks of paystubs or previous year's tax documents for each parent*

Name:	<input type="checkbox"/> weekly	<input type="checkbox"/> biweekly	<input type="checkbox"/> monthly	<input type="checkbox"/> other (please explain)
Name:	<input type="checkbox"/> weekly	<input type="checkbox"/> biweekly	<input type="checkbox"/> monthly	<input type="checkbox"/> other (please explain)

Unearned Income

please attach proof of income (check/award letter)

Income	Amount	Occurrence	Name of Recipient
TANF			
SSI Benefits			
Social Security			
Veteran's Benefits			
Worker's Compensation			
Unemployment			
Disability			
Other (explain)			

Education/Training Program

before the semester begins you must provide a class schedule

Name	School	Semester Begins	Semester Ends

For Center Use Only

Pay Stub Week	Gross Wages (before taxes)	Date of payment
1		
2		
3		
4		

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)

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

Times of Care Needed (summer and vacations)

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

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:

NAME OF CHILD	D.O.B.	ARRIVAL TIME	PICK UP TIME	WEEKLY RATE

The total payment of care shall be \$ _____ per week beginning _____

And reflects a schedule of:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

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:

New Year's Day, Martin Luther Jr. Day, President's Day, Patriots Day, Memorial Day, Independence Day, Indian Day, Labor Day, Veteran's Day, Thanksgiving Day, Thanksgiving Friday, Christmas Day, Christmas Eve.

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.