



Wyandotte Nation Infant Program Enrollment

STUDENT INFORMATION SHEET

Child's Name: _____ Date of Birth: _____ Sex: _____
(First) (Middle) (Last)

Address: _____ City: _____ State: _____ Zip: _____

Parent Information:

Name _____ Phone # _____

Name _____ Phone # _____

In case of emergency, notify (in order of preference):

Name	Relationship	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____

Wyandotte Nation Education Programs may be publicized in various forms of media. Do you approve for your child to be interviewed and or photographed for the following sources?

Facebook? Y/N Website? Y/N Newspaper? Y/N Television? Y/N

Received handbook? Y/N

We will be utilizing the BLOOMZ app service to provide information regarding school events, changes in program operations and closures.

If staff would need to contact you, please list method preferred (ie. Email, text or call)

Cell Phone: _____ Text: Y/N

Email: _____

Please list persons other than above contacts that will be authorized to pick up your child(ren):

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Are you Native American? Y/N If so, what tribe? _____

Does your child have any allergies or current medical conditions that are being treated? Y/N

If so, please list below. _____

If a medical emergency occurs and I cannot be reached, I hereby authorize the person in charge at the Wyandotte Nation to transport my child to the nearest medical clinic and/or call my family physician.

I understand that this form is supplied by the Wyandotte Nation for the convenience of the Education Programs and that supplying the form in no way imposes any responsibility or obligation upon the Wyandotte Nation.

Signature of Parent/Guardian _____ Date _____

Office use only:

FSIA? Y/N Tribal Card/CDIB? Y/N Birth certificate? Y/N Immunization? Y/N Contract? Y/N

Health and Transportation Information

1. Student's Name _____
2. Indicate any special precautions for diet, medication, or activity (Doctor's statement required for change in food service): _____

3. Name of Health Practitioner _____ Telephone Number _____
4. Date of last physical examination or health assessment _____

Comments or results: _____

5. Name of Dentist _____ Date of last dental exam _____

Comments or results: _____
6. Previous Illness _____

7. Health Problems (frequent colds, allergies, etc.) _____

8. Present Physical condition _____

Any child afflicted with a reportable contagious disease shall be excluded from attending all programs until such time as the period of communicability has elapsed as determined by a licensed physician or health department official.

Field trips that are attended by the students of the Wyandotte Nation Education Programs are planned well in advance and have a special permission slip that you as parents or guardians will be asked to sign. A few times through the year we may encounter special events that come up at the public school or at a nearby location that we would like to participate in. This form is a blanket permission to transport your child (children) to such an event. All children will be transported in authorized vehicles that will be operated by insured and capable drivers.

I / we, hereby give my / our permission for the Wyandotte Nation Education Program to transport

_____ (child name) to Wyandotte Nation Early Education sponsored activities.

Furthermore, I understand this action in no way possible places any liability on the Wyandotte Nation of Oklahoma.

Signature of parent/guardian

Date