

# Grandview Early Learning Center GELC CHILD CARE APPLICATION



PUYALLUP TRIBE OF INDIANS  
3580 E Grandview Ave  
Tacoma, WA 98404  
253-680-5515 office 253-680-5517 fax

GRANDVIEW EARLY LEARNING CENTER  
Child Care Application

**FAMILY CHECK OFF LIST**

The following must be attached to this application:

- Tribal Identification for the child.  
The child must be a member of a Federally Recognized Tribe
- Immunization Records for the child.
- Current paystub for parent/guardian OR school enrollment for parent/guardian.
- Foster Families: Legal Documentation from Children's Services/State.
- Proof of Residency: Driver's License or Utility bill with address listed-Must live in Pierce County or Federal Way, WA
- Notary required for "Parents authorization to seek medical care" page

Should you have any questions completing this packet, please call the GELC office at 253-680-5515.

Applications cannot be processed without all of the above information attached to this application.

**ONE APPLICATION PER CHILD**

GRANDVIEW EARLY LEARNING CENTER  
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PROGRAM GUIDELINES

This program is federally funded and services low to moderate income families. Both parents (if living together) must provide documented proof of employment or attending school. All families must meet income guidelines and be employed or attending school.

The children needing services must be registered with a federally recognized tribe and have tribal identification and number to prove their enrollment.

Changes in family circumstances must be reported immediately to Grandview Early Learning Center at 253-680-5515. Changes include loss of employment, quitting school, or change in family member count living in the household.

Knowingly and willingly giving false or fraudulent information on the application for the Puyallup Tribe's GELC Child Care Program will be grounds for immediate termination. If terminated from this program, you will not be eligible to re-apply for one year from the date of termination. All fraudulent files will be turned over to the Puyallup Tribal Law Enforcement for further action. Possible reimbursement of childcare expenses or legal action may occur.

Upon signing below, I certify that I have read, understand, and agree to all the rules of the Puyallup Tribe GELC Child Care Program.

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

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FAMILY INFORMATION

Date: \_\_\_\_\_

Family Information:  Mother  Father  Relative Placement  Foster Parent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Contact#: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_

Tribe: \_\_\_\_\_ ID #: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

School: \_\_\_\_\_ Schedule: \_\_\_\_\_

Family Information:  Mother  Father  Relative Placement  Foster Parent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Contact#: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_

Tribe: \_\_\_\_\_ ID #: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

School: \_\_\_\_\_ Schedule: \_\_\_\_\_

GRANDVIEW EARLY LEARNING CENTER  
Child Care Application

FAMILY INFORMATION

Please identify ALL persons in your household, including yourself and their relationship to you:

Full Name:

Relationship:

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In signing below, I certify that the above named persons are living in my household, and I have not excluded anyone.

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

Hours Needing Care: Per Washington State guidelines, GELC has a maximum of 10 hours of childcare services allowed per day. Please complete the schedule below listing what hours you will need childcare services (10 hours a day maximum):

Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____

Are you receiving any other subsidy for childcare?  Yes  No

If yes, please identify which program helps you with your childcare needs:

Program Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

GRANDVIEW EARLY LEARNING CENTER  
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FAMILY INFORMATION

Please list the child who is in need of childcare services:

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ ID# \_\_\_\_\_

Foster Child:  Yes  No

***If this is a Foster Child, please provide legal documentation.***

Grandview Early Learning Center must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court paper state otherwise.

REMINDER: Non-custodial parents must also qualify before using this facility. All parents/guardians must be working or in school.



## Pierce County

Department of Human Services  
3602 Pacific Avenue, Suite 200  
Tacoma, WA 98415  
(253) 798-4400

Dear parent/Caregiver:

The ChildReach developmental screening program, through Pierce County Human Services, works closely with the Puyallup Tribe, providing screening for children at Grandview Early Learning Center (GELC) and Chief Leschi Schools.

ChildReach provides screening for children in the following areas:

- Language
- Motor
- Learning
- Behavior

Our goal is to provide regular screening to all children who attend Grandview Early Learning Center or Chief Leschi Preschool programs. Screening provides information to you and your child's teacher to encourage and promote your child's growth throughout the stages of development. In addition, screening may identify areas to focus on or areas in need of further testing.

After a screening you will receive the results. If any developmental concerns are identified, there may be a recommendation for rescreening by ChildReach or a referral to the Puyallup Tribe Birth to Six Program and/or Chief Leschi Schools for further evaluation. If a referral is made, the Birth to Six program and/or Chief Leschi Schools will contact you regarding next steps.

By signing the permission form, you are agreeing to allow ChildReach to screen your child and share results with the Puyallup Tribe Birth to Six Program (the funder of these screening services), GELC staff, and/or Chief Leschi Schools.

Please let me know if you have any questions or need additional information regarding the consent form or screening process.

Sincerely,

Margi Rudy  
Family Educator 4, Supervisor  
(253) 598-3698



**PLEASE COMPLETE FOR SCREENING**

**Pierce County**

Department of Human Services  
3602 Pacific Avenue, Suite 200  
Tacoma, WA 98415  
(253) 798-4400

**ChildReach: Child Information Form**

Child's Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Child's Date of Birth: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Was Child Premature? Yes \_\_\_ No \_\_\_ If so, how many weeks: \_\_\_\_\_

Parent/Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

Do you have any concerns for your child's development? If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_

**Consent**

I give permission to the ChildReach program at Pierce County Human Services to screen, release, exchange, and share information about my child with the Puyallup Tribe Birth to Six Program, Grandview Early Learning Center, and/or Chief Leschi Schools for the purposes of developmental screening, referral, follow-up and coordination or services.

\_\_\_\_\_  
Parent/Guardian name (Print)

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**GRANDVIEW EARLY LEARNING CENTER**  
Child Care Application

**PARENTS AUTHORIZATION TO SEEK MEDICAL CARE**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Boy  Girl

**MEDICAL TREATMENT/TRANSPORTATION:**

I hereby grant permission to Grandview Early Learning Center to seek medical treatment for my child in the event such treatment is deemed necessary AND for my child to be transported by an emergency vehicle to a medical facility for treatment when I cannot be reached or when delay would be dangerous to my child's health.

**HOSPITAL ADMISSION AND/OR PHYSICIAN'S CARE:**

I hereby consent to all medical and surgical treatment by the attending physician and to the administration and performance of all examinations, administering of medicine, treatments, anesthetics, operations, ex-rays, blood tests, transfusions, suturing and other procedures, which may be deemed necessary for my child during the stay at the hospital.

Doctor choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital choice: \_\_\_\_\_ Phone: \_\_\_\_\_

**FINANCIAL AGREEMENT:**

I hereby agree to accept responsibility for any financial indebtedness incurred during the hospitalization. I agree to pay for all necessary services at the current rate and in case of collection, pay a reasonable attorney fee and collection expense.

I have read the Parent Authorization and understand and agree to its contents.

*(Sign only in the presence of a Notary Public)*

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR NOTARY PUBLIC:**

Sworn and subscribed before me on this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

Residing the County of: \_\_\_\_\_

My commission Expires: \_\_\_\_\_

GRANDVIEW EARLY LEARNING CENTER  
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TUITION AGREEMENT

**ABSENCES:**

We do charge for days absent. Regretfully, we find it impossible to operate the center on a “days present” basis. It is necessary for us to be adequately staffed to care for all the children who are enrolled, whether they are actually present or not. Parents agree to call GELC administration when child will be absent due to illness, appointment, or on vacation. **Children who are absent for two consecutive weeks will be removed from enrollment and families will need to reapply for services.**

**HOURS OF CARE:**

The maximum allowed time at GELC per day is 10 hours, per the State of Washington’s child care guidelines.

**TUITION:**

Co-payments for services are due on the first of each month and are based on a sliding fee scale. Monthly payments are preferred in the form of a check or money order. Cash payments can be made at the Tribe’s administration building where a receipt will be sent to GELC. Monthly statements will be mailed to families with current charges and payments listed. Payment is due before initial enrollment may begin. Failure to make timely childcare payments may result in termination of childcare services. Re-enrollment will not occur until all back childcare payments are paid in full. All deposits made at GELC are non-refundable. These include, but are not limited to, advance tuition payments.

**TERMINATION:**

Parents may withdraw a child from GELC any time; however, a two week advance written notice to that effect is required. Parents who fail to provide a two week notice will still be liable for all remaining tuition for the month of termination and any prior balances. The center reserves the right to terminate care of any child, providing the same two week notice is given with explanation. **Children who are absent for two consecutive weeks will be removed from enrollment and families will need to reapply for services.**

**SIGNATURES:**

In signing below, I verify that I have read, understand, and agree with the GELC Tuition Policy.

PARENT/ GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/ GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

GRANDVIEW EARLY LEARNING CENTER  
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MEDICAL REPORT

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

Date of Birth: \_\_\_\_\_  Boy  Girl

HEALTH EXAMINATION:

A complete physical examination was given on: \_\_\_\_\_

MEDICAL HISTORY:

Please give dates for the following tests/illnesses:

	Date:	Results:
Complete Physical Examination:	_____	_____
Tuberculin skin or check x-ray:	_____	_____
Chicken Pox:	_____	_____
T.B./T.B. Contact:	_____	_____
Scarlet Fever	_____	_____
Frequent Ear Infections:	_____	_____

CURRENT PHYSICAL LIMITATIONS, SPECIAL NEEDS OR DISABILITIES:

(For example: allergy, diabetes, heart disease, H.I.V., hepatitis, epilepsy or hospitalization in the past 12 months, and any medication prescribed for long-term continued use)

Allergies (list): \_\_\_\_\_

Routine Medications: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Disabilities (please be specific): \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH CURRENT COPY OF IMMUNIZATION RECORDS**

GRANDVIEW EARLY LEARNING CENTER  
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PERSONAL HISTORY

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please answer the questionnaire to the best of your ability:

1. Does your child speak any other languages in addition to English? If yes, which ones?  
\_\_\_\_\_
2. By nature, please describe your child. (friendly, active, passive, quiet):  
\_\_\_\_\_
3. Has your child been cared for by anyone other than the parents? If yes, by whom?  
\_\_\_\_\_
4. Please describe the steps you take in managing your child's behavior at home:  
\_\_\_\_\_
5. Please describe any fears your child may have: \_\_\_\_\_
6. Please describe any likes and dislikes regarding foods: \_\_\_\_\_
7. Does your child have any food allergies? \_\_\_\_\_
8. Please describe your child's napping schedule (if applicable): \_\_\_\_\_
9. Please describe any special circumstances or needs: \_\_\_\_\_
10. Is your child toilet trained? \_\_\_\_\_
11. Please describe any recurring problems with toileting or diapering:  
\_\_\_\_\_
12. Please check all that apply. My child sleeps:
  - In a Crib
  - In a Bed
  - On his Back
  - On her Side
  - On his Stomach

Please Note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your infant does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your infant's sleeping position with your teacher. Your teacher will place your baby on his/her back unless there is a written physician's order that specifies otherwise.

13. What is your child's favorite activity indoors? \_\_\_\_\_
14. What is your child's favorite activity outdoors? \_\_\_\_\_
15. Please describe any special medical, physical, or emotional needs your child may have:  
\_\_\_\_\_  
\_\_\_\_\_

**GRANDVIEW EARLY LEARNING CENTER**  
Child Care Application

**PARENT STATEMENTS OF UNDERSTANDING AND AGREEMENT**

(Page One of Four)

**ACTIVITIES:**

We give our permission for our child to take part in child care activities, including center sponsored trips away from the premises and to play on all play equipment.

**CLOSURES:**

Grandview Early Learning Center follows the Tribal Administration's Holiday Closure Schedule as follows:

October: Chief Leschi Day

November: Warriors Day, Thanksgiving

December: Christmas

January: New Years, MLK Day

February: Chief's Day

May: American Indian Day, Memorial Day

July: Independence Day

September: Labor Day, Fishing Wars Recognition Day

Other: As approved by Tribal Council

**DISCIPLINE AND CONDUCT:**

The Grandview Early Learning Center (GELC) staff shall have authority to discipline our child when necessary in accordance with applicable Washington State Laws and will require our child to comply with all school regulations. We agree that we will cooperate and discipline our child at home as needed. We understand that a child who persists in unacceptable conduct will not be permitted to remain in school. We further agree to require our child to show respect to those in authority over them in the center such as teachers, assistants, janitors, and administrators. The director reserves the right to immediately expel a student from the program as she deems necessary. We strictly forbid all forms of corporal (physical) punishment by our staff. By law, the following forms of discipline are forbidden: hitting, spanking, shaking, scolding, shaming, isolating, labeling (bad, naughty), or any other negative reaction to the child's behavior.

**DAMAGES:**

We will pay for all damages caused by our child.

**ELEGIBILITY REQUIREMENTS:**

In order to have our child at the center, we must be working or in school and be low to moderate income. (Foster/Relative placement families have income waivers, but still must be working or in school to qualify). Our child must be a member of a federally recognized tribe. Any changes to the family will be reported to the administration immediately, such as changes in count, income, or marital status. We further agree to let administration know if we are no longer working or in school, as this will affect our child care assistance. Failure to provide GELC with changes to our situation may result in having to reimburse childcare costs paid for unauthorized childcare payments, and face possible prosecution.

GRANDVIEW EARLY LEARNING CENTER  
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PARENT STATEMENTS OF UNDERSTANDING AND AGREEMENT

(Page Two of Four)

FINANCIAL RESPONSIBILITY:

Statements are sent on the 30<sup>th</sup> of each month, in advance, for the following month. Payments are due on the first of the upcoming month. Billing, payments, and all other correspondence occur via mail.

FIELD TRIPS:

I hereby give permission for my child to participate in field trips (including transportation to and from field trips) taken by GELC. I understand that the children will be accompanied by adults and staff who will exercise every possible precaution to avoid an accident. All students will wear a seatbelt with the exception of trips made on a chartered or city bus. **I also understand that advance notice of all field trips will be posted, giving me time to make other arrangements, should I choose not to allow my child to participate.**

GRIEVANCES:

We pledge to bring all questions and concerns directly to the appropriate administrator so that those in authority may properly consider them.

HEALTH POLICY:

We agree not to bring our child to GELC if he/she is ill. If my child becomes ill during the day, we agree to quickly come and pick up our child and make alternate care arrangements. **Children sent home with lice cannot return until all lice have been removed from the hair and the hair has been treated.** We will allow extra time dropping off our child to have their hair rechecked before we can leave them at GELC after being sent home with lice. **Children sent home with a fever or diarrhea cannot return for 24 hours.** We further understand and agree that in the event our child sustains an injury that is of an emergency nature while in care of GELC, 911 will be called, the parent notified, and the child transported by ambulance to the nearest hospital for care. If the illness or injury is of a less serious nature, GELC personnel will evaluate, treat if necessary (example: cleansing a wound), and notify the parent. We give permission for GELC staff to administer first aid or CPR as deemed necessary.

LATE PICK-UP POLICY:

We understand that the Center closes promptly at 6:00 p.m. We understand that if we arrive at 6:01 p.m. we are considered late. If we have not picked up our child by 6:05 p.m., a courtesy telephone call will be made to us, requesting immediate pick up. We further understand that if we have not arrived by 6:30 p.m., Puyallup Tribal Police will be contacted.

LIABILITY:

We release the Puyallup Tribe of Indians, GELC, from all liability, except negligence, while our child is under Center care and responsibility. This includes GELC's transportation to and from school/Center.

**GRANDVIEW EARLY LEARNING CENTER**  
Child Care Application

**PARENT STATEMENTS OF UNDERSTANDING AND AGREEMENT**

(Page Three of Four)

**MEDICAL INSURANCE:**

We understand that we are responsible to maintain adequate medical insurance to cover our child's medical needs or emergencies while attending GELC and GELC activities.

**MEDICATION POLICY:**

Prescription medication can only be administered if the parent or guardian completes the medication request form giving GELC clear directions. All prescribed medication must be in the original container with physician's directions attached. GELC will only administer prescription drugs that are not past the expiration date. Any medication left at the center that is past the expiration date and not picked up by the parent will be disposed of by flushing the contents down the toilet; the container rinsed and disposed of. All medications will be in one designated area, out of reach of children, and administered by the Lead Teacher or designee.

**NSF CHECK CHARGE:**

There is a \$35.00 fee charged on all NSF checks. This fee appears on the next billing statement, and further checks for services will no longer be accepted.

**PARENTAL INVOLVEMENT:**

We understand that the success of the center cannot be fulfilled without parental involvement. This involvement shall include, but not be limited to, participation in fundraising activities, attendance at community functions and parent meetings, reading information sent home from the center, attending field trips with your child and communication with our child's teachers.

**PHOTOGRAPHS:**

We hereby give permission for GELC to photograph our child for in-house pictures, snapshots of parties and special events, for publicity, calendars, or by use in the classroom.

**PROGRAM PARTICIPATION:**

We agree to keep our child home if he/she is not feeling well enough to participate in their classroom activities for the day. We grant our permission for our child to use all the play equipment inside and outside and to participate in all activities of GELC. We further give our permission for our child to leave the premises of GELC with a staff member for nature walks around the grounds.

**TRANSPORTATION:**

We give permission for our child to be transported by GELC van to and from Chief Leschi and Roosevelt Elementary Schools with a licensed GELC staff member. We also give permission for our child to be transported by a GELC staff member during field trips.



**GRANDVIEW EARLY LEARNING CENTER**  
Child Care Application

**PARENT STATEMENTS OF UNDERSTANDING AND AGREEMENT**

(Page Four of Four)

**RELEASE OF INFORMATION:**

We hereby release the Puyallup Tribe of Indians/GELC to verify all information submitted for enrollment. This includes, but not limited to, calling employers, school officials, and other parties deemed necessary by enrollment to obtain verification of employment, hours of employment, verifying school attendance, and income eligibility for this child care program.

**MUTUAL EXCHANGE AGREEMENT:**

We hereby give permission to mutual exchange of information between GELC and the following individuals or agencies concerning my immediate family. In granting such permission, we understand that such information will remain confidential and will only be used for the benefit of my child. We have filled in the names and phone numbers below:

Takopid: \_\_\_\_\_

Doctor: \_\_\_\_\_

Dentist: \_\_\_\_\_

ECEAP: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Other: \_\_\_\_\_

**DISQUALIFYING CRIMES:**

Child care staff members (Providers) cannot be employed by a child care provider (Grandview Early Learning Center-GELC) receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential providers cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or a drug related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography. In addition to the above, further disqualifying crimes are: A violation of the Uniform Controlled Substances Act of the Puyallup Tribal Code within the last five years, unlawfully manufacturing, delivering or possessing a controlled substance with intent to deliver, or unlawfully using a building for drug purposes, a series of misdemeanor convictions within the past five years taking in to account the seriousness of the offenses, animal cruelty and weapons violations unrelated to hunting.

**ACKNOWLEDGEMENT:**

We have read the Parents Statements of Understanding and Agreement carefully and hereby agree to all terms. In signing below, we certify that all information we have provided in this enrollment packet is true, accurate, and complete to the best of our knowledge. We further state that such information found false, or misleading will be grounds for immediate denial of childcare benefits from this program. We also certify that our combined family assets do not exceed \$1,000,000.00 (one million dollars).

**SIGNATURES:**

Signatures of both parents are required (if applicable).

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_