# Enrollment Form

## STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name/Middle Initial</th>
<th>Birthdate</th>
<th>M( )</th>
<th>F( )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enrolled Tribe (if descendant or not enrolled write that)</th>
<th>Tribal Enrollment #</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## LEGAL GUARDIAN

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name/Middle Initial</th>
<th>Custodial Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Father ( ) Mother ( ) Other ( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enrolled Tribe (if any)</th>
<th>Home Phone</th>
<th>Mobile Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Mailing Address</th>
<th>City/State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Address</td>
<td>City/State</td>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------</td>
<td>-----</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td>Occupation</td>
<td>Work Address</td>
<td>Day/Work Phone</td>
</tr>
</tbody>
</table>

**SECONDARY CONTACT – OTHER PARENT/GUARDIAN**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name/Middle Initial</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone</td>
<td>Work or Alternate Phone &amp; Email</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City/State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

**OTHER CONTACT – FAMILY/FRIEND**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name/Middle Initial</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone</td>
<td>Work or Alternate Phone &amp; Email</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City/State</td>
<td>Zip</td>
</tr>
</tbody>
</table>
EMERGENCY/HEALTH INFORMATION FORM

Parent/Child Information
Child’s Name _____________________________________________________________
Parent’s Name __________________________________________________________
Physical Address __________________________________________________________
Home phone (___) __________ Work phone (___) __________ Cell phone (___) __________

Emergency Contacts (other than parents previously listed)
First __________ Last __________ Relationship _____________________________
Home phone (___) __________ Work phone (___) __________ Cell phone (___) __________

First __________ Last __________ Relationship _____________________________
Home phone (___) __________ Work phone (___) __________ Cell phone (___) __________

Authorized Escorts (Person’s authorized to pick up your child from Waterfall School; you may use the back of this form or attach additional sheets as needed)
1. First __________________ Last __________________
Home phone (___) __________ Work phone (___) __________ Cell phone (___) __________

2. First __________________ Last __________________
Home phone (___) __________ Work phone (___) __________ Cell phone (___) __________

3. First __________________ Last __________________
Home phone (___) __________ Work phone (___) __________ Cell phone (___) __________

Is there a custody or visitation arrangements that Waterfall School should be aware of? YES NO (please circle). If YES, please attach the required legal document to this form.

_____________________________  _________________________
PARENT/GUARDIAN SIGNATURE   DATE
Is there anyone Waterfall School should be aware of who has a legal restraining order prohibiting or limiting contact with your child? **YES NO (please circle).** If YES, please list his/her name and attach the required legal document to this form.

Name and relationship to child:

_____________________________________________________________
Physician: Name: ________________________________ Phone (___)____________________
Address: ______________________________________________________________________

Dentist: Name: ___________________________________ Phone (___)___________________
Address: ______________________________________________________________________

Name of Insurance Policy ________________________________ Policy# __________________

Permission to administer First Aid and/or CPR?    Yes____ No________

Any Food or Drug Allergies:
_____________________________________________________________________________________
_____________________________________________________________________________________

What additional information should Waterfall School be aware of if your child comes in contact with the allergen?
_____________________________________________________________________________________
_____________________________________________________________________________________

Date of last complete health exam_____/_____/______ Date of last Tetanus shot_____/_____/______
Date of last Dental exam_____/_____/______

Please describe any specific health or emotional problems (vision, hearing loss, diabetes, etc.) or pertinent family background information which Waterfall School should be aware of (use back if necessary)
_____________________________________________________________________________________
_____________________________________________________________________________________

List all medications taken by the child:
_____________________________________________________________________________________
_____________________________________________________________________________________

PARENT/GUARDIAN SIGNATURE  DATE
Please indicate below if your child has any of the following medical conditions:

- Asthma
- Frequent sore throats
- Heart concerns
- Frequent ear infections
- Diabetes
- Frequent nosebleeds
- Eczema
- Epilepsy
- Fainting spells
- Frequent colds
Parental Commitment Agreement

Parent’s Name ________________________________________________

Child’s Name ________________________________________________

Please initial each statement and sign at the bottom.

Initial

_______ 1. I understand that Hearts Gathered, ?aluspuʔús, operates the Waterfall School, skʷant sənʔmaʔmáyaʔtan, to preserve and promote the use the Native language nsəlxcin, and that Waterfall School is a Native language immersion school at which nsəlxcin is used as the language of instruction to produce fluent nsəlxcin speakers who are highly skilled learners and knowledgeable in both nsəlxcin and world academia. I support and commit to this purpose for my child.

_______ 2. I understand that the mission of Hearts Gathered is to revitalize the Native languages of the Colville Reservation by operating Native language immersion schools. I support this mission.

_______ 3. I am dedicated to supporting my child’s learning at Waterfall School and my family’s learning and speaking the language.

_______ 4. I understand that rather than imposing a monetary fee for tuition, ?aluspuʔús requests that parents contribute a hand-made cultural item to the school, which ?aluspuʔús will use for fundraising or for other beneficial use at the school. Examples of hand-made cultural items might include: drum, bow, digging stick, basket, wing dress, ribbon shirt, tipi, beadwork, quilt, painting, sculpture, or other Native hand-worked items. I also understand that the tuition policy may change. Contact the executive director if you have any questions.

_______ 5. I understand that ?aluspuʔús, as a nonprofit organization, encourages me to volunteer at skʷant sənʔmaʔmáyaʔtan or for ?aluspuʔús in any way that I am able. Volunteer hours will be scheduled with the executive director or other staff member. A form will be filled out and signed by a staff or board member to help us track volunteer hours.

__________________________________________________________
PARENT/GUARDIAN SIGNATURE

__________________________________________________________
DATE
_______ 6. I will ensure that my child will attend the regularly schedule hours and days of the school.

_______ 6. I will ensure that my child is picked up at the appropriate times.

_______ 8. I grant permission for Waterfall School to provide care to my child during the school day, including use of learning materials and play equipment and involvement in school day activities.

_______ 9. I understand that Waterfall School is not responsible for personal items brought from home, and that toys, games, pillows, blankets are prohibited.

_______ 10. I give permission for my child to be included in photographs, video, audio recordings taken at Waterfall School/Hearts Gathered. I understand that photographs of my child may be used in our visual and audio media formats, publications, including our website and marketing materials. I am able to withdraw my permission at any time for my child’s photograph to be used in Waterfall School/Hearts Gathered publications and will notify the executive director in writing.

_______ 11. I have included on the emergency form all information that could significantly affect my child’s ability to work with staff and other children. I will notify of any address and phone number changes.

_______ 12. I give permission for my child to participate in day hikes and field trips at various local traditional areas. I understand this will occur without further written permission. This activity is part of the learning environment to support all areas of cultural and educational development at the Waterfall School.