

# ƧaluspuƧús Hearts Gathered

skʷant sənɱáƧmáyaƧtən  
*Waterfall School*

sntxtíln  
Childcare

169 North End Omak Lake RD  
P.O. Box 767, Omak, WA 98841  
[www.heartsgathered.org](http://www.heartsgathered.org)

Phone: 509-422-5653  
"mailto:info@heartsgathered.org"  
[info@heartsgathered.org](mailto:info@heartsgathered.org)

## Enrollment Form

STUDENT INFORMATION			
Last Name	First Name/Middle Initial	Birthdate	M ( ) F ( )
Enrolled Tribe (if descendant or not enrolled write that)	Tribal Enrollment #	Age	

LEGAL GUARDIAN			
Last Name	First Name/Middle Initial	Custodial Relationship Father ( ) Mother ( ) Other ( )	
Enrolled Tribe (if any)	Home Phone	Mobile Phone	
Email	Mailing Address	City/State	Zip
Physical Address	City/State	Zip	

Employer	Occupation	Work Address	Day/Work Phone

SECONDARY CONTACT – OTHER PARENT/GUARDIAN			
Last Name	First Name/Middle Initial	Relationship to Student	
Home Phone		Work or Alternate Phone & Email	
Address		City/State	Zip

OTHER CONTACT – FAMILY/FRIEND			
Last Name	First Name/Middle Initial	Relationship to Student	
Home Phone		Work or Alternate Phone & Email	
Address		City/State	Zip

# 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.

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:

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Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY/HEALTH INFORMATION FORM (cont.)**

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:

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

**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, ᑭᐱᓂᓱᓱᓂ, operates the Waterfall School, sk<sup>w</sup>ant sənmaᑭmáyaᑭtən, 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, ᑭᐱᓂᓱᓱᓂ requests that parents contribute a hand-made cultural item to the school, which ᑭᐱᓂᓱᓱᓂ 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 ᑭᐱᓂᓱᓱᓂ, as a nonprofit organization, encourages me to volunteer at sk<sup>w</sup>ant sənmaᑭmáyaᑭtən or for ᑭᐱᓂᓱᓱᓂ 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.

\_\_\_\_\_ 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.