# 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>Enrolled Tribe (if descendant or not enrolled write that)</td>
<td>Tribal Enrollment #</td>
<td>Age</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>
<th>Father ( )</th>
<th>Mother ( )</th>
<th>Other ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled Tribe (if any)</td>
<td>Home Phone</td>
<td>Mobile Phone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td>Mailing Address</td>
<td>City/State</td>
<td>Zip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Address</td>
<td>City/State</td>
<td>Zip</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td>Occupation</td>
<td>Work Address</td>
<td>Day/Work Phone</td>
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**SECONDARY CONTACT – OTHER PARENT/GUARDIAN**

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<tr>
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<th>Relationship to Student</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City/State</th>
<th>Zip</th>
</tr>
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<tbody>
<tr>
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**OTHER CONTACT – FAMILY/FRIEND**

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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:

______________________________________________

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
- Heart concerns
- Diabetes
- Eczema
- Epilepsy
- Fainting spells
- Frequent sore throats
- Frequent ear infections
- Frequent nosebleeds
- 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, Ñalušpuʔú’s, operates the Waterfall School, skʷáant
seḿáʔmáʔtən, to preserve and promote the use the Native language nsəłxčin, and that Waterfall
School is a Native language immersion school at which nsəłxčin is used as the language of instruction to
produce fluent nsəłxčin speakers who are highly skilled learners and knowledgeable in both nsəłxčin 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, Ñalušpuʔú’s requests that
parents contribute a hand-made cultural item to the school, which Ñalušpuʔú’s 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 Ñalušpuʔú’s, as a nonprofit organization, encourages me to volunteer at skʷáant
seḿáʔmáʔtən or for Ñalušpuʔú’s 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.