

Attending School: _____

Attending School: _____

School Attending: _____

School Attending: _____

School Phone Number: _____

School Phone Number: _____

Days/Hours attending: _____

Days/Hours worked: _____

Not Employed or School _____

Not Employed or School _____

Household Information on Employment:

Place of Work: _____

Place of Work: _____

Work Phone Number: _____

Work Phone Number: _____

Days/Hours worked: _____

Days/Hours worked: _____

Emergency Contact Information (Person other than the Parents)

Name: _____

Relationship: _____

Phone Number: _____

Household Size:

Number of Adults living in the household: _____

Number of Children living in the household: _____

List the names and birth dates of children in the household:

Name of Children:

Birth Date:

Family Type:

_____	Two Parent Family	_____	Foster Family
_____	Single Parent (Father)	_____	Other Relative
_____	Single Parent (Mother)	_____	Other: _____

Child Care Services:

Is **ANY** Child Care used for child? _____ Yes _____ No

If yes, is Child Care subsidized? _____ Yes _____ No

If Child Care is used for child, please complete information about provider(s), mark all that apply:

_____ Child Care Center

_____ Relative

Does anyone in the family receive Women, Infant, and Children (WIC) supplement? _____

Enrollment Days: M T W T F

Meals: B L S

I certify that the information provided in this application is accurate and truthful to the best of my knowledge. I give Head Start permission to verify any/all information on this form.

Parent Signature: _____ Date: _____

Verifying Staff Signature: _____ Date: _____

**Saint Regis Mohawk Tribe
Early Learning Center**

NOTICE OF PARENTS RIGHTS AND DUE PROCESS

Dear Parent:

Due Process consists of all the procedures written into law to safeguard your rights and the rights of your children. An important provision of the due process procedure is your right to receive and provide notification, information and consent written in the language you understand best. Be sure to obtain and keep all pertinent notices, information and consents.

The following is a summary of the due process procedure:

- You have the right to a full evaluation of your child’s individual educational needs, and to be notified of and participate in planning your child’s assessment.
- Specialized testing and exchange of confidential information used in the assessment process may only take place if you give your consent.
- You have the right to see all relevant school records of your child, and to request the school to change any information you feel is incorrect or misleading.
- You have the right to be notified of, and participate in team meetings to develop an Individual Educational Program for your child.

If you disagree with any decisions made about your child, you are urged to meet with the Education Supervisor for support and to resolve these differences. If you cannot come to a satisfactory decision as a result of this meeting, you may initiate the following due process procedure:

- You have the right to an impartial hearing to clarify disagreements concerning identification, assessment and/or placement decisions. You may file for this impartial hearing with the State Superintendent of Public Instruction.
- You may bring representative to the hearing to help you advocate for your child.
- If satisfactory decision cannot be reached at the fair hearing, you may initiate a civil legal action.

NOTE: For more explanation of the above summary of the law and your rights, contact the Early Learning Center office at 518-358-2988.

NOTIFICATION OF PARENT’S RIGHTS AND DUE PROCESS PROCEDURES

The law requires that we have a signed copy of this notice in each pupil’s file. If you would like to discuss further any of the above items before signing, please contact the Early Learning Center office.

I have read and/or had the above information explained to me, and I understand its meaning as it relates to my rights and those of my child.

Signature of Parent/Guardian

Date

Witness Signature

Date



National Health and Safety Performance Standards
Saint Regis Mohawk Tribe Early Learning Center
 25 Library Road, Akwesasne, NY 13655
 518-358-2988 or Fax 518-358-3585

Child's Physical

Parents & Child Care Providers fill-in this part	Child's Name (Last)		First		Parent/Guardian		
	Date of Birth		Home Phone		Address:		
	Child Care Facility The Saint Regis Mohawk Early Childhood Development Program						
	Facility Phone Number 518-358-2988		County Franklin		Work Phone		
<p>To Parents: Submission of this form to the St. Regis Mohawk ECDP, implies consent for the child care provider to discuss the child's health with the child's clinician. Child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007. The schedule is available at www.aap.org. or Faxback 847/758/0391 (document #9535 and #9807).</p>							
Health History and medical information pertinent to routine child care and emergencies (describe, if any)					Date of most recent well-child exam		
<input type="checkbox"/> NONE Allergies to food or medicine (describe, if any)					<input type="checkbox"/> NONE Do not omit any information. This form may be updated by a health professional. (Initial & Date)		
Parents may write immunization dates, but health professional should verify and complete all data.	Length/Height		Weight		Blood Pressure		
	_____ IN/CM %ILE _____		_____ LB/KG %ILE _____		(beginning at age 3)		
	Physical Examination		=Normal		=Abnormal, Comments		
	HEAD/EARS/EYES/NOSE/THROAT						
	TEETH						
	CARDIORESPIRATORY						
	ABNOMEN/GI						
	GENITALIA/BREASTS						
	EXTREMITIES/JOINTS/BACK/CHEST						
	SKIN/ LYMPH NODES						
	NEUROLOGIC & DEVELOPMENTAL						
	IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
	DTaP/DTP/Td						
	POLIO						
	HIB						
HEP B							
MMR							
VARICELLA							
PNEUMOCOCCAL							
OTHER							
SCREENING TESTS		DATE TEST DONE		NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL			
LEAD							
ANEMIA (HGB/HCT)							
URINALYSIS (UA) AT AGE 5							
HEARING (subjective until age 4)							
VISION (subjective until age 3)							
Health Problems or Special Needs, Recommended Treatment/Medications/Special Care							
<input type="checkbox"/> NONE Next Appointment: month/year							
Physician Address				Signature of Physician/Medical Provider			
Physician Phone Number				Date Form Signed			

Attach Additional Sheets if Necessary



Saint Regis Mohawk Tribe
 Early Learning Center
 25 Library Road
 Akwesasne, NY 13655
 518-358-2988

Application# _____



DENTAL HEALTH ASSESSMENT FORM

Child's Name: _____ Date: _____

Date of Birth: _____

Has your child visited the dentist before? Yes or No

If yes, what was the date of your child's last dental visit? _____

Does your child have any problems with his/her teeth, gums or mouth? Yes or No

If yes, please explain: _____

Tooth Number or Letter	Surfaces	Description of Work	Treatment	Date Services Performed mo/day/yr	A.D.A Procedure Number

Dental Needs: (Check all that apply)

- _____ Treatment (extraction, pulp therapy....)
- _____ Cleaning _____ Fluoride _____ Baby Bottle Tooth Decay
- _____ Other (please explain) _____
- _____ No Problems

Child oral health summary:

All planned treatment is complete: Yes or No

If no, please explain: _____

Next Appointment Date (or 6-month Follow-up Visit): _____

 Dentist Signature

 Date

**SAINT REGIS MOHAWK TRIBE
EARLY LEARNING CENTER
25 LIBRARY ROAD
AKWESASNE, NY 13655
PHONE: 518-358-2988 FAX: 518-358-3585**

Head Start Registration Information for the 2020-2021 School Year

Documents Needed

- **Application**
- **Due Process**
- **Record of NYS Required Immunizations**
- **Birth Certificate**
- **Physical (will be given time)**
- **Dental (will be given time)**
- **Income Statement for all Parents**
- **Tribal Enrollment Cards (Child and Parents)**
- **Health Insurance Card**

For more information, please contact Rhonda King at 518-358-2988