

**Yavapai-Apache Nation
Child Care Center**



ENROLLMENT PACKET

Yavapai-Apache Nation
Child Care Center
649-7134

3435 Shaw Ave.
4200W. Datsi
Camp Verde, AZ
86322

Name: _____

Date: _____

You must submit the following information, prior to your child attending the Yavapai-Apache Nation Child Care Center. ** All items are to be completed. If any of the items requested are incomplete or missing from your packet, your application will be considered incomplete.

Child's Information:

- _____ Copy of Birth Certificate or Baptismal Certificate
- _____ Copy of Social Security Card
- _____ Copy of Updated Immunization Record
- _____ Completed Blue Card
- _____ Copy of CIB (Tribal I.D.)

Child's Personal Profile Sheet:

Child's
Name _____ Nickname _____
Birthdate: _____ Age: _____ Allergies? Yes _____ No _____
If Yes, Please indicate: _____

Siblings:	Name:	Age:	Name:	Age:
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____



FAMILY INFORMATION SHEET

Child's Name _____ Tribal CIB# _____

Address: _____ Age: _____ Date of Birth _____

Is child living with parents? _____ If no, with who does child live with? _____

Is child current on all immunizations? _____ If child potty trained? _____

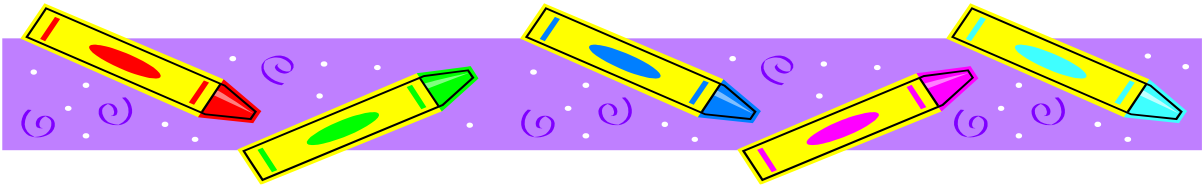
Does child use the bottle? _____ Breast-fed/formula? _____ Baby Food? _____

Does the child drink from a sippy cup? _____ Can the child feed themselves? _____

Does the child take naps? _____ Does the child have a favorite blanket/Toy? _____

If yes, please bring to the center to make the child feel comfortable.

Does the child have any medical conditions that the staff should be aware of? Please explain: _____



Mother/Guardian _____ Home Phone _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Residence Address: _____

Are you employed: _____ If so, Place of employment _____

Work Phone: _____ Work Schedule _____

Are you attending school/training? _____ Class schedule _____

YA Tribal Member? _____ CIB# _____ Other tribe? _____

Marital Status: _____

Father/Guardian _____ Home Phone _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Residence Address: _____

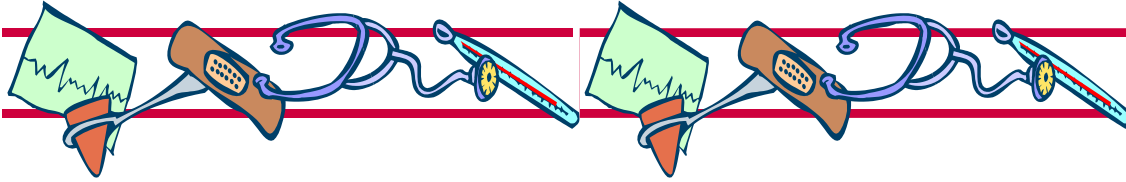
Are you employed: _____ If so, Place of employment _____

Work Phone: _____ Work Schedule _____

Are you attending school/training? _____ Class schedule _____

YA Tribal Member? _____ CIB# _____ Other tribe? _____

Marital Status: _____



EMERGENCY MEDICAL CONSENT

I, _____, the parent of _____ do hereby give permission for the YAN Child Care Center staff to seek emergency medical care for my child, in my absence. I will be called immediately, so that I can be present to make any further decisions that may arise in the medical emergency situation.

Parent
Signature _____ Date: _____

Parent
Signature _____ Date: _____

In the event of an emergency, these are phone numbers where I can be reached, or someone will know how to contact me:

1. Cell Phone for: _____ Phone # _____
2. School or Work: _____ Phone # _____
3. Nearest Relative: _____ Phone # _____

- The parent is responsible to inform the emergency persons to notify them that they are on the emergency medical form.