

Family and Child Education Program

PY 2024 (July 1, 2023 – June 30, 2024)



Ch'oooshgai Community School

PO Box 321, Tohatchi, NM 87325

Phone: 505.733.2700

Fax: 505.733.2703

Office use only:
____ Re-enrollment
____ New enrollment

Enrollment Form for BIE FACE Program Evaluation—Child Information Program Year 2023 (July 1, 2022 – June 30, 2023)

FACE school: _____

Date (mo/day/year) ____ / ____ / ____

Child's name First: _____ Last: _____

Child's NASIS # _____ Child's Tribal Affiliation: _____

Child's date of birth: ____ / ____ / ____ Male Female

Prenatal (unborn) child? Yes No Due date: ____ / ____ / ____

Is this child enrolled in elementary school? Yes If yes, what grade? _____ No

1. With whom does this child live? **Check all that apply.**

Mother Father Grandparent Foster Parent Other Relative Other Non-relative

2. How many people live in the child's home? (Include this child in the counts.) Total number: _____

Number of children aged birth to 5 years _____

Number of children aged 6 to 8 years _____

Number of children aged 9 to 13 years _____

Number of children aged 14 to 17 years _____

Number of adults aged 18 or older _____

2a. Please provide information about the child's household

	Female head of household	Male head of household
Name	_____	_____
Relationship to child	_____	_____
Hours per week employed	_____	_____
Highest grade completed	_____	_____
Currently attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Does the family with whom the child is living receive public assistance from a tribal, state, or federal agency?
 Yes No

If yes, check all that apply: TANF SNAP/Food stamps Other

4. What language is spoken in the child's home? (Check all that apply)

English Native Other (specify) _____

What is the primary or most frequently spoken language in the child's home?

English Native Other (specify) _____

5. About how many children's books are in this child's home? (Check one.)

None about 5 6-10 11-20 21-30 31-50 51-99 100 or more

6. About how many books for adults are in this child's home? (Check one.)

None about 5 6-10 11-20 21-30 31-50 51-99 100 or more

Enrollment Form for BIE FACE Program Evaluation—Adult Information Program Year 2023 (July 1, 2022 – June 30, 2023)

This form is to be completed by the enrolling adult at the time of enrollment or re-enrollment in PY23. Responses will remain confidential.

FACE school: _____ Date (mo/day/year) ____ / ____ / ____

Adult's name First: _____ Last: _____

Adult's NASIS # _____ Adult's Tribal Affiliation: _____

Date of birth: ____ / ____ / ____ ____ Male ____ Female

Mailing Address: _____ Your phone number: (____) ____ - ____

Physical Address: _____ Email address: _____

Name and phone number of a contact: _____ (____) ____ - ____

1. Child(ren) you are enrolling in FACE:

Name(s) of Children You are Enrolling in FACE	Your relationship to child	DO you live with this child?		Age of child
		Yes	No	
Child 1				
Child 2				
Child 3				
Prenatal (unborn) child <input type="radio"/> Yes <input type="radio"/> No Due date: / /				

2. Please describe why you are enrolling yourself and your child in FACE (Check all that apply):

- To improve my parenting skills
- To understand child development
- To prepare my child for school
- To help my child get along with others
- To be more involved with my child's school
- To help me obtain a GED or high school diploma
- To improve my academic skills so I can go to college/technical school or get other training/education
- To help me with my college/technical school coursework
- To improve my reading skills
- To improve my employability skills
- To get a job
- To make friends
- To improve my family's well-being
- To obtain help in identifying and accessing resources for family and individual support
- To improve my Native language skills and cultural knowledge
- Other (describe) _____

FACE Enrollment Form for Adults – Page 2

3. What is the highest grade/educational level you have completed? _____

Below, please check each educational experience you have had.

- | | |
|---|---|
| <input type="checkbox"/> Received a high school diploma | <input type="checkbox"/> Received a 2-year Associate Degree |
| <input type="checkbox"/> Completed a GED | <input type="checkbox"/> Received a Bachelor's Degree |
| <input type="checkbox"/> Attended a job training program | <input type="checkbox"/> Received a Master's Degree |
| <input type="checkbox"/> Completed some college course(s): ___ credit hours | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Received a certificate (describe) _____ | _____ |
| _____ | _____ |

4. Are you currently attending school (other than FACE adult education)? Yes No

5. Are you currently employed? Yes No

If yes, approximately how many hours a week do you work? _____ hours *per week*.

6. Do you currently receive financial assistance from state, federal, or tribal agency? Yes No

If yes, check all that apply: TANF SNAP/Food stamps Other

7. How well do you do each of the following?

	<u>Not at all</u>	<u>Not very well</u>	<u>Pretty well</u>	<u>Very well</u>
Speak English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand someone speaking English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak your Native American Indian Language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read your Native American Indian Language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write your Native American Indian Language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand someone who speaks your Native American Indian Language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Family and Child Education

Media Release Form

I hereby grant to the Bureau of Indian Education (BIE), Parents as Teachers National Center (PAT), the National Center for Families Learning (NCFL), and Unite for literacy, or anyone authorized by them, including without limitation any of their partners or affiliates, the right to copyright and use my name, likeness, image, voice, story, appearance, performance, and artwork to record or transfer to video tape, film, slides, photographs, audio tape, print, online courses, or other media now known or later developed.

I hereby waive any right I may have to inspect and approve the finished product, or the advertising or other copy that may be used in connection therewith or the use to which it may be applied.

I hereby release and discharge the BIE, PAT, NCFL, or Unite for Literacy and all persons acting under their permission or authority, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in any process tending toward the completion of the finished product.

I understand that this product will be used for broadcast, exhibit, market, sale, or other distribution and the BIE, PAT, NCFL, and Unite for Literacy have no financial commitment or obligation as a result of this agreement.

I have read this agreement and I understand what I am signing.

FACE Program _____ Date _____

Name of Parent/Guardian (please print) _____

Name of Child(ren) (please print) _____

Address _____

Email Address _____

In the case of a minor, the signature and date of the parent/guardian is required.

Parent/Guardian name (please print) _____ Date _____

Signature _____

Parents as Teachers National Center
2228 Ball Drive • St. Louis, MO 63146 • (314) 432 – 4330
National Center for Families Learning
325 West Main Street, Suite 300 • Louisville, KY 40202 • (502) 584 – 1133



CH'OOSHGAI COMMUNITY SCHOOL, INC.



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505-733-2703

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Media Release Form

Dear Parent/Guardian:

During the school year, we take photographs and videos of school activities involving students to share the school's updates. By which incidentally, some photographs may capture your child's participation, directly or indirectly.

These photos may be published through our website, social media pages, news bulletins, billboards, and ads.

With this, we seek for your consent in allowing us to publish photos or videos which may involve your child to the said platforms.

Please do provide your response by selecting your choice below and submitting this form.

Photo Release Consent (Check a box):

- I hereby allow** the reproduction and publication of my child's photograph(s) and video(s)
- I do not allow** the reproduction and publication of my child's photograph(s) and video (s)

Student Name: _____ Grade: _____

Parent Name (Print/Sign): _____ Date: _____

Contact Number: _____ Email: _____

Address: _____



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