

Family and Child Education Program

PY 2023 (July 1 – June 30, 2023)



Ch'oooshgai Community School

PO Box 321, Tohatchi, NM 87325

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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"/>

Permission to Release Child



Child's Name _____ Date of Birth _____ Male ____ Female ____

I. Permission to Release Child: Beside the parent/guardian, the following person(s) can be called in case of an emergency. I give FACE program and school permission to release my child to the following person(s) on my behalf. Contact and check out person(s) must be 18 years or older and bring proof of identity with them.

	<u>Name</u>	<u>Relationship to Child</u>	<u>Phone number</u>
1.	_____	_____	_____
2.	_____	_____	_____

I understand when my child is released to the above person(s), the FACE program and school are relieved of all responsibilities for the care and safety of my child. My child will not be released to anyone whose name is not entered on this sheet. I also understand that changes must be in writing to the school and FACE program. Picture ID will be required by the office staff.

Parent/Guardian _____ Date _____

Emergency Contact and Health Information

Adult's Name _____

II. Emergency Contact: In the event anything should happen to me (the adult in FACE), please contact the following person(s):

	<u>Name</u>	<u>Relationship to me</u>	<u>Phone number</u>
1.	_____	_____	_____
2.	_____	_____	_____

III. Medical History: Please circle your answer if **you (the adult student)** have any of the following, now or in the past:

Breathing Problems/Asthma	Yes	No	Heart Murmur/Heart Disease	Yes	No
Seizures	Yes	No	High Blood Pressure	Yes	No
Fainting (Frequent)	Yes	No	Hearing Problems/Hearing Aids	Yes	No
Headaches (Frequent or severe)	Yes	No	Vision Problems/Glasses/Contacts	Yes	No
Diabetes/Pre-Diabetes	Yes	No	Other	Yes	No

Medication: Do you take any medication that you may need to be given in an emergency situation? Yes No
 If you circled yes, what are the medications for? _____

Health Care: Do you have any health care needs? Yes No
 If you circled yes, what are they? _____

Allergies: Do you have any allergies? Yes No
 If you circled yes, what are they and what happens? _____

Adult Signature _____ Date _____

Please Print Name _____



Family And Child Education

Media Release Form

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I understand that this product will be used for broadcast, exhibit, market, sale or other distribution and the BIE, PAT and NCFL 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 or guardian is required.

Parent/Guardian name _____ Date _____

Signature _____

**Center-based FACE Staff: Fax signed copy to National Center for Families Learning, 502-805-0593*

**Home-based FACE Staff: Fax signed copy to Parents as Teachers National Center, 314-432-8963*

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
