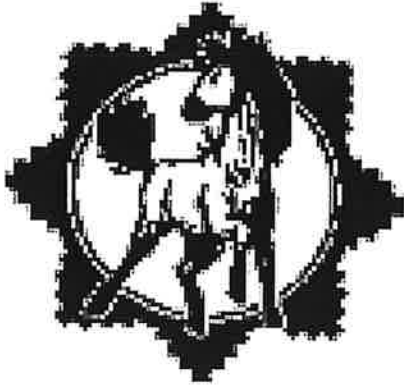


Family and Child Education Program (FACE)

PY 2025 (July 1, 2024 – June 30, 2025)



Ch'ooshgai Community School

PO Box 321, Tohatchi, NM 87325

Phone: 505.733.2700

Fax: 505.733.2703

Adult Name: _____ Child Name: _____ DOB: _____

FACE Enrollment Forms Checklist:

- _____ Enrollment Form - Adult Information Form
- _____ Enrollment Form - Child Information Form
- _____ Permission to Release Child/Emergency Contact Form
- _____ FACE Media Release Form
- _____ Ch'ooshgai Media Release Form
- _____ Student Residency Verification Document
- _____ School Screening, Flouride Varnish, Dental Sealant Consent

Other Documents:

- _____ Child Birth Certificate (New Enrollment only)
- _____ Child CIB (New Enrollment only)
- _____ Adult CIB (New Enrollment only)
- _____ Current Immunization Record
- _____ Guardianship Decree (if applicable)
- _____ IFSP/IEP (if applicable)

Enrollment Form for BIE FACE Program Evaluation—Adult Information Program Year 2025 (July 1, 2024– June 30, 2025)

This form is to be completed by the enrolling adult at the time of enrollment or re-enrollment in PY25. Responses will remain confidential.

FACE school: Ch'ooshgai Community School FACE Program Date (mo/day/yr) - -

Adult's Name: *First:* _____ *Last:* _____

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

Adult's date of birth (mo-day-yr) - - 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	
Child1 _____	_____	<input type="radio"/>	<input type="radio"/>	_____
Child2 _____	_____	<input type="radio"/>	<input type="radio"/>	_____
Child3 _____	_____	<input type="radio"/>	<input type="radio"/>	_____
Prenatal (unborn) child <input type="radio"/> Yes <input type="radio"/> No		Due date: <u> - - </u>		

2. Please describe why you are enrolling yourself and your child in FACE (fill in 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 fill in **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 a 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? (fill in all that apply)

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

Enrollment Form for BIE FACE Program Evaluation—Child Information

Program Year 2025 (July 1, 2024– June 30, 2025)

FACE school: Ch'ooshgai Community School FACE Program Date (mo/day/yr) - -

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 No If yes, what grade?

1. With whom does this child live? **Fill in 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 _____

2. 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?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

3. Does the family with whom the child is living receive public assistance from a tribal, state, or federal agency?

Yes No

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

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

English Native Other (specify) _____

What is the primary or most frequently spoken language in the child's home? (Fill in one.)

English Native Other (specify) _____

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

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

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

School Screening, Fluoride Varnish, Dental Sealant Consent

Dear Parent or Guardian,

Indian Health Service Dental Program will be offering free dental screenings, fluoride varnish and sealants at your child's school.

Fluoride Varnish

Procedure: Fluoride varnish is applied directly onto the teeth.

Benefits: Fluoride Varnish coats the outside of the tooth and makes it resistant to a cavity.

Risks: Used in the proper amount, fluoride varnish is safe and effective.

Dental Sealant

Procedure: A plastic coating is applied on the chewing surface of the back teeth.

Benefits: Sealants help prevent cavity-causing germs from getting stuck in the deep grooves in the back teeth.

Risks: There are no known commonly occurring adverse effects or hazards associated with dental sealants.

Preventive Services provided by Indian Health Service at your child's school **DO NOT** replace a regular dental checkup. We will send a notice home with your child of all treatment they received in school.

Please list any medical conditions that the school should be aware of (asthma, allergies, chronic illnesses, etc.): _____

Student's Name: _____

Date of Birth: _____

Grade & Teacher: _____

Parents Name and phone number _____

Parental Permission

I give permission to have a screening, fluoride varnish and dental sealants placed.

Signature of Parent or Guardian

Date

Please check if you **DO NOT** want your child to participate in all or part of the prevention services:

___ I **DO NOT** want my child to participate in the program.

___ I **DO NOT** want my child to have a fluoride varnish application.

___ I **DO NOT** want my child to have sealants placed.

Note: all procedures rendered at these visits are billable to Medicaid and third party insurance as authorized in The Indian Health Care Improvement Act.



CH'OOSHGAI COMMUNITY SCHOOL, INC.

 P.O. BOX 321
TOHATCHI, NM 87325

 505-733-2700  505-733-2703

Frank Chiapetti, Principal

Tse' Hootsoi-Il Navajo Schools

Board of Directors

Sophia Attakai-Francis, President

Genevieve Jackson, Vice-President

Hoskie Bryant, Secretary

Valerie Yazzie, Member

Vacant, Member

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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Vacant, Member

Technology Agreement

Terms and Conditions

Acceptable use. Each User Must:

- Use the Electronic Communication Device (ECD) to support personal educational objectives consistent with the educational goals and objectives of CCS.
- Agree not to submit, publish, display or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal phone numbers, or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- Not use the network in any way that would disrupt the use of the network by others.
- Not attempt to harm, modify add/or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the ECD and appropriate disciplinary action up to and including expulsion for students.

Chromebook or iPad is subject to the terms and conditions set forth in this agreement.

- I understand the device is only available to students enrolled at Ch'ooShgai Community School for the 2024-2025 School year.
- I agree not to remove or alter any CCS identification labels attached to or displayed on the device or tamper with the device in any way.
- I agree to report a theft, loss, or damage to the device to CCS immediately.
- I understand that there will be internet filtering on my assigned device in addition to filtering of the student Chromebook.
- I understand that my use of the devices is subject to CCS Student Internet Use Policy and Agreement.
- I agree to follow all CCS regulations and policies governing the use of the device as well as all applicable State and Federal laws including copyright and intellectual property law pertaining to software and information.
- I understand that CCS is not responsible for any files, data or personal information accessed, transmitted, lost or damaged while accessing the Internet via this device.

By signing below, I accept the terms and conditions of the Agreement described herein and state that I am responsible for the use of technology devices with Ch'ooShgai Community School.

Student's Name (print): _____ Grade: _____

Student's Signature: _____ Date: _____

Parent/Guardian Name (print): _____ Phone Number: _____

Parent/Guardian Signature: _____ Date: _____