



Wuneechanunk Shinnecock Preschool

P.O. Box 5006, Southampton, NY • T. 631.318.4852 • F.631.318.4853

ENROLLMENT PACKET

ENROLLMENT CHECKLIST

- ☐ Enrollment Application Completely Filled Out
- ☐ Application for Child Care Subsidy filled out, if applying
- ☐ Proof of Income: Example: Pay Stubs, W2's, or previous year taxes
- ☐ Child's Birth Certificate
- ☐ Child's Immunization Records or letter of Religious
- ☐ Copy of Child's Tribal ID or Enrollment Department Letter of Verification (If child is an enrolled member of a Federally Recognized Tribe. If the parent is an enrolled member, provide a copy of parent's ID or Verification letter.)
- ☐ Emergency Medical Care Form
- ☐ Teacher Information Form
- ☐ Authorized Pick Up List
- ☐ Photo Release Permission Form
- ☐ Permission to Apply Topical Ointment & Sunscreen Form
- ☐ Alternative / Relative Care Form
- ☐ _____



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PAYMENT AGREEMENT

I am the parent or legal guardian of _____. The fee as set forth herein will be in effect until a new agreement is signed. The registration fee and first week's Tuition will be paid at the time of submitting the payment agreement, unless otherwise waived.

- I understand that a registration fee of \$35.00 is required at the time of registration.
- I understand my weekly fee is \$_____.
- I understand my weekly payment is due **Every Friday**.
- I understand that a late fee of \$5.00 will be applied for all late payments not received by the Wednesday following the Friday due date.
- I understand that there is a \$25.00 fee for returned checks.
- Two (2) weeks advance, written notice to the Wuneechanunk Shinnecock Preschool Director is required when withdrawing a child from the preschool. If two (2) weeks advance notice is not given, I will pay two weeks from the time notice is given.
- I have read and understand the Tuition and Co-Payment Policy of the Wuneechanunk Shinnecock Preschool and Child Care Program.
- I understand that falling two (2) weeks behind in payments could result in the loss of childcare services provided by the Wuneechaunk Shinnecock Preschool.
- I understand and agree to abide by these conditions for the duration of my child's enrollment in the Shinnecock Wuneechanunk Preschool.
- I have read and received an annual calendar detailing days of operation (Open days - exceeding mandatory minimum, Holidays and building closures.)

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Date Applied:	Weekly Payment: \$
Hours/Day of Attendance:	
Approved for:	Start Date:
Signed off by Director:	Assistant Director:



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TERMS OF ENROLLMENT

The Wuneechanunk Shinnecock Preschool (WSP) reserves the right to refer a parent(s)/guardian(s), to the New York State, Department of Health: Early Intervention Program (IFSP) or the local school district's Special Education Department (CPSE) to have their child evaluated if the classroom Teacher and Director believe the child may be experiencing a developmental delay in growth, learning, thinking and communicating and/or the child exhibits extreme and continuous disruptive behavior.

The Wuneechanunk Shinnecock Preschool is willing to assist parent(s)/guardian(s) in navigating the process and provide them with information, support and advocacy. Families should call for an evaluation within 14 days of being notified of the child's need for an evaluation.

If the parent(s)/guardian(s) refuse to comply with a request for an evaluation the WSP reserves the right to withdraw the child from the program.

Parent(s)/guardian(s) must provide the WSP with a copy of the evaluation report. Based upon the results. WSP reserves the right to require a family to withdraw the child from the program if the child's needs cannot be adequately met in the WSP environment.

Parent(s)/guardian(s) are required to read the Parent Handbook and abide by its policies and procedures.

I have read, understand and agree to abide by the terms of enrollment:

Parent/Guardian Signature

Date



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ENROLLMENT PACKET **APPLICATION FOR ADMISSION**

Date: _____

Child's Full Name: _____

Date of Birth: _____ Female / Male

Is the Child an enrolled citizen or the direct descendant of an enrolled citizen of a federally recognized Indian Nation? Yes _____ No _____

If yes, list the Tribes Name: _____

Race (Please Circle): Asian, American Indian, African American, Hawaiian/Pacific Islander, White, Multi-Racial, other: _____

Hispanic: Yes _____ No _____

Primary Language Spoken at Home: _____

Does Child have Medical Insurance: Yes _____ No _____

Name of Insurance Provider: _____

Special Needs: _____

SIBLING INFORMATION

Name of Sibling(s): _____

Date of Birth: _____

Type of Care (Family, Day Care or Grade): _____

Race (Please Circle): Asian, American Indian, African American, Hawaiian/Pacific Islander, White, Multi-Racial, other: _____

Hispanic: Yes _____ No _____

Language: _____ Proficient _____ Moderate _____ Little _____ None _____

Parental Status: One parent family _____ or Two Parent Family _____



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PARENT/GUARDIAN INFORMATION

Father/Guardian's Name: _____

Home Address: _____

Cell: _____ Home: _____ Work: _____

Email Address: _____

Name of Employer: _____

Occupation: _____

Parent's relationship to participant (circle one) Biological , Adopted, Step, Grandchild, Other Relative, Foster,
Other: _____

Custody: Yes ____ No ____

Circle all that apply: Lives with family, provides financial support, teen parent.

Acquiring / Learning another Language: _____

Highest Level of Education Completed: _____

Mother/Guardian's Name: _____

Home Address: _____

Cell: _____ Home: _____ Work: _____

Email Address: _____

Name of Employer: _____

Occupation: _____

Parent's relationship to participant (circle one) Biological , Adopted, Step, Grandchild, Other Relative, Foster,
Other: _____

Custody: Yes ____ No ____

Circle all that apply: Lives with family, provides financial support, teen parent.

Acquiring / Learning another Language: _____

Highest Level of Education Completed: _____



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Family Questions

Income Status (circle one):

Foster Homeless Income between: 100-130% Below 100% Over Income Public
Assistance

Documentation Used to Determine Eligibility:

- ☐ Income Tax Form 1040
- ☐ W2
- ☐ TANF Documentation
- ☐ Pay Stubs
- ☐ Unemployment
- ☐ Written Statement from Employer
- ☐ Foster Care Reimbursement
- ☐ SSI Documentation
- ☐ Documentation of No Income: _____
- ☐ Other: _____

Does Family receive WIC or SNAP: Yes or No: _____

Primary Health Coverage at Enrollment (circle one):

- ☐ CHIP
- ☐ Combine Medicaid
- ☐ Medicaid
- ☐ No Insurance
- ☐ Private Health Insurance
- ☐ Indian Health Services
- ☐ Other: _____

Family Information

Is Parent(s) Active-Duty Military: Yes _____ No _____

Military Veteran: Yes _____ No _____

Child Referred by Child Welfare Agency? Yes _____ No _____



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AUTHORIZATION FOR EMERGENCY CARE

If my child has an accident or becomes ill and requires immediate medical attention, I authorize my child (print name) _____, to be taken to the Shinnecock Indian Nation Health Services Facility or Southampton Hospital Emergency Department by a member of the Wuneechanunk Shinnecock Preschool staff.

The Wuneechanunk Shinnecock Preschool has my permission to share my child's health records with medical service providers in an emergency situation.

I understand a certified Wuneechanunk Shinnecock Preschool staff member will provide first aid and/or CPR if necessary.

I understand the Wuneechanunk Shinnecock Preschool staff will immediately inform me, the parent/guardian of my child's symptoms and where they will be transported. I understand my child will be transported, if necessary, by ambulance to the Southampton Hospital Emergency Department.

I understand a Wuneechaink Shinnecock Preschool staff member will bring my child's medical information and accompany my child in the ambulance if I am not present at the time of departure and a staff member will remain with my child until I arrive.

Parent/Guardian Signature

Date



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Please complete the information below, in case of an emergency this information **MUST** be given to the hospital so that your child can receive care.

Child's Name: _____

Home Address: _____

Mailing Address: _____

Allergies / Medical Alerts: _____

Father's Name: _____ Mother's Name: _____

Doctor's Pediatrician Name: _____ Phone: _____

Primary Emergency Contact

Name: _____

Relationship to Child: _____

Cell: _____ Home: _____ Work: _____



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AUTHORIZED PICK-UP LIST

Your child will **ONLY** be released to an authorized person listed on this form or to individuals listed on the emergency contact list. An authorized pick-up person must be at least 18 years old and show identification upon pick up. Under **NO** circumstances will a child be released to anyone not known to the center without written authorization from the parent/guardian. If there are any changes to this list, please notify our staff prior to pick up time.

Child's Name: _____

Name	Relationship to Child	Phone Number

Parent/Guardian Signature

Date



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ENROLLMENT PACKET

CONTENT TO RELEASE INFORMATION

Child's Name: _____

Date of Birth: _____

I Authroize: _____

To release to the Wuneechanunk Shinnecock Preschool, information pertaining to my child as follows:

☐ Medical Reports/Exam

☐ Dental Exam

☐ DSS/TANF Budget Print-Out

☐ Other: _____

I understand this information is to be used only to benefit my child and is confidential and protected from disclosure. I also understand that this consent to release information will be valid for the program year:

_____.

Parent/Guardian (Print Name)

Parent/Guardian Signature

Relationship

Date

Signature of Witness/Title

Date



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TEACHER INFORMATION FORM

Child's Name: _____ Nickname: _____

Names of other individuals residing in the household: _____

Special Care Instructions: _____

Language(s) Spoken at Home: _____

General Temperament of Child: _____

Play Habits: _____

Major Family Changes (past, present, future): _____

Has your child had previous experience in group day care? Yes _____ No _____

If yes, please describe: _____

In what way can we help your child this year? _____

What, if anything, do you do for teething? _____

Eating Behavior

Feeding Schedule: _____

(Circle all that apply)

Drinks from:	Breast Feeding	Bottle	Cups with Lid/Sippy	Open Cup
Eats from:	Baby Food	Table Foods	Hands	Uses Spoon

Dietary Needs/Restrictions: _____



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CHILD NUTRITION QUESTIONNAIRE

Name: _____ Class: _____

We want to provide your child with the best possible mealtime experience. Please take a moment to answer a few questions about your child's eating habits, likes and dislikes. This short survey will give us insight into your child's eating preferences. It is our hope that together we can develop healthy and happy eating habits for your child.

Please Answer the Following Questions

1. My child has food allergies Yes _____ No _____

If yes, allergic to: _____

2. My child takes a bottle: At Night _____ During Day _____ No Bottle _____

3. My child can drink from a cup Yes _____ No _____

4. My child feeds self using fingers Yes _____ No _____

5. My child feeds self using spoon Yes _____ No _____

6. My child feeds self using fork Yes _____ No _____

7. I feed my child every meal Yes _____ No _____

8. My child can chew and swallow rice Yes _____ No _____

9. My child can swallow mashed potatoes Yes _____ No _____



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ENROLLMENT POLICY

Child Eligibility

The Wuneechaunk Shinnecock Preschool (WSP) provides child care for children between the ages of 6 weeks and 3 years old, and for children turning age 4 after December 1st.

WSP has three age groupings: 6 weeks - 18 months , 18 months - 36 months, 3 - 4 years.

How to Apply

Applications for enrollment are available at the Wuneechaunk Shinnecock Preschool. The WSP staff will work with families through the application process to ensure that all required documentation is submitted. Once a completed enrollment form is returned to the preschool with all necessary documents, it will be reviewed by the WSP staff. If a child meets the eligibility requirements, a parent/guardian will receive an interview with the Director or a letter indicating the child has been placed on a waiting list. All families placed on the waiting list will receive periodic correspondence to ensure that they are still interested in a child care slot.

Waiting List Priorities

The waiting list for child care slots are given on a first come, first serve basis with the exception of children that fall within the family priority categories or meet tribal affiliation criteria. The family priority categories are as follows:

1. Child of a teen parent
2. Single parent household
3. Homeless family or child
4. Receiving or in need of receiving child protective services
5. Child in foster care

All direct descendants of Shinnecock Indian Nation citizens will have enrollment preference.



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PHOTO CONSENT AND RELEASE FORM

Without exception of compensation or other remuneration, I hereby give my consent to the Wuneechanunk Shinnecock Preschool, its affiliates and agents. This includes the use of image and likeness and/or any interview statements from my child in publications, advertising and other media activities. This consent includes, but is not limited to:

- A. Permission to interview, film, photograph, tape, or otherwise make a video reproduction of my child and/or record their voice
- B. Permission to use my child's name
- C. Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of my child and/or recording my child's voice, in part or in whole, in its publications, in newspapers magazines and other print media, on television, radio and electronic media (including the Internet/social media), in theatrical media and/or in mailings for educational and awareness purposes.

I GIVE MY PERMISSION Yes _____ No _____ (Please check one)

Child's Name: _____

The below signed parent or legal guardian of the above named minor child hereby consents to and gives permission to the Wuneechaunk Shinnecock Preschool on behalf of such minor child.

Signature of Parent/Legal Guardian

Print Name

Date



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NAPPING AGREEMENT

I understand, my child _____ will sleep in a crib or on a cot within boundaries of their individual classrooms.

I understand my child will sleep in an assigned crib or cot with his/her own sheet and blanket.

Sleep is a child's choice. If a child does not wish to sleep they are encouraged to rest and relax so they do not disturb the children who choose to sleep. A quiet activity will be provided for children unable to nap, rest or relax.

Parent/Guardian Signature

Date

TRIP PERMISSION

I hereby give permission to the Wuneechanunk Shinnecock Preschool to take my child

_____ off the premises for educational trips/walks.

Parent/Guardian Signature

Date



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PERMISSION TO APPLY SUNSCREEN

I give permission for the staff of the Wuneechanunk Shinnecock Preschool to apply sunscreen to exposed skin areas before going outside on warm sunny days to my child _____.

I will provide sunscreen with a sun protection factor (SPF) of 15 or more. I understand that I must provide all sunscreen in the original container and labeled with my child's name clearly in permanent marker. I further understand that the sunscreen will be applied according to package directions.

PERMISSION TO APPLY CREAM AND OINTMENT

I give permission for the staff of the Wuneechaunk Shinnecock Preschool to apply **non-prescription** creams and/or topical ointments to my child _____.

All creams and/or ointments must be supplied and clearly labeled with the child's name in permanent marker. I understand that I must provide all creams and/or ointments in the original container, and that the creams and/or ointments will be applied according to package directions.

Ointments and creams may include:

Destin, Balmex, other diaper rash creams, hydrocortisone cream, antibiotic ointment or other over the counter creams supplied by parents.

Parent/Guardian Signature

Date



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CCDF SUBSIDY PROGRAM

Purpose:

The Child Care and Development Block Grant Act of 2014 and Section 418 of Social Security Act reauthorized the Child Care Development (CCDF) in 2014. CCDF allocates funding to States, Territories, and Federally Recognized Tribes. CCDF is a federal funding source devoted to helping low-income families that are working or participating in education or training, pay for child care and improve the quality of care for all children.

What is the Child Care Subsidy Program?

The Wuneechanunk Shinnecock Preschool (WSP) is the Shinnecock Indian Nation's designated tribal led agency responsible for administering the CCDF grant. The WSP orders a Child Care Subsidy Program to help families cover the cost of tuition so they may work, attend training or participate in educational activities.

How it Works:

The payment rate is composed of two parts: One is the subsidy amount the Nation pays and the other is the families portion of the child care fee, which is called the co-payment. With the exception of children in foster care or children receiving or in need of receiving protective services. All CCDF families are required to pay the co-payment, a sliding fee scale is set in place and will determine the co-payment amount based on family size, income and ensuring the fee is affordable to families.

Eligibility Criteria:

1. A child must be 6 weeks old to 3 years of age with an exception of children turning 4 after December 1st.
2. The child must be an enrolled citizen or the direct descendent of an enrolled citizen of a federally recognized tribe.
3. Families must reside in Suffolk County, New York.
4. Parents/guardians must either be working, searching for work, attending job training or enrolled in an educational program.
5. Children in foster care or children placed in protective services or in need of protective services are exempt from work, job training and educational requirements.
6. Families must meet income guidelines as prescribed in the WSP Sliding Fee Scale.



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ENROLLMENT PACKET

REQUIRED DOCUMENTATION

Application: A complete Child Care Subsidy Application

Proof of Age: Copy of the child's birth certificate (Duplicate not necessary if previously submitted in WSP enrollment packet).

Proof of Tribal Affiliation: A copy of Parent / Guardian / Direct Descendants enrollment card or tribal verification letter from an enrollment office. A copy of a child's enrollment card or tribal verification letter from an enrollment office.

Proof of Residency: Copy of valid driver's license showing home address in Suffolk County or a Utility Bill with name and address or a residency verification letter from an enrollment office.

Proof of Income: W-2, 1099, last 3 Paystubs, last year's Tax Return, Notarized Statement where there is no official record. For example income from odd jobs, Self-Employment, Proof of Alimony, Proof of Child Support, Proof of Unemployment, Proof of Workers Comp, Social Security Statement, SSI Statement, TANF award, Disability Statement, Retirement Statement, Pension or Annuity Statement.

Only income for family members who are financially responsible for each other will be considered. For example, if a family lives with a grandparent, the grandparents income is not included. If a family member who is financially responsible for the family, is out of the home due to temporary absence such as, hospitalization, incarceration, school, military service or vacation and plans to return home, his/her income is considered.

Changes in income must be reported within 10 working days of the change.

Proof of Employment: Any of the following; W-2, 1099, Last 2 Pay Stubs, Last Year's Tax Return, Letter from Employer.

Proof of Schooling: Copy of parent/guardians current semester transcript or letter of acceptance to a job training opportunity.

All information must be submitted before eligibility can be determined. All documentation provided to the Wuneechaunk Shinnecock Preschool is subject to verification to ensure authenticity.