Ganöhsege:kha:' Hënödeyë:stha' Onödowa'ga:' Gawënö' Wadehsäyë' Faithkeeper School Montessori Language Nest Student Enrollment Application 2024-2025

	Today's Date:					
<u>Please Print</u>						
Student Name:			_ /	Age:		
Legal Name			_	Include Y	ears an	d Months
Child's Clan:		Clan Name:				
DOB:		Shirt Size	e:			
Parent/Guardian's Name:						
Home Address:						
Cell Phone:		Work Ph	one:			
Your child(ren) must be toilet trained, will the	ney be trained	l upon entrar	ice	Yes		No
Do you participate in Longhouse Ceremonie	s?	Yes	No			
Do you speak Seneca Language in your hom	e?	Yes	No			
Are you willing to increase language being s		home?	Yes	No		
Emorgon ou Contacts						
Emergency Contacts Name:		Relationship:				
Cell Phone:		Work Phone:				
Name:		Relationship:				
Cell Phone:		Work Phone:				
Emergency Health Care						
In the event of a severe medical emer	gency I hereb	v authorize e	mero	ency/heal	th car	e as
deemed necessary for my child. I understand	-	=	_	-		
does not include major surgical procedures					_	
the program activities.	ana is vana oi	ily during the	. Hour	3 my chile	atter	ius
Physical Conditions that the Physician	should be aw	are of (allerg	اا عما	Inaccac di	icahili t	tios
etc.) are:	siloulu be aw	are or (allerg	163, 111	illesses, u	isabilit	lies,
etc.) are.						
Name of Health Care Provider:						
Name of Child's Physician:						
Name of Preferred Hospital:						
Parent Signature/Date						
Pick Up Information						
Persons Authorized to pick up child:						
Persons who MAY NOT pick up child:						

Field Trips
I give my permission for my child to take field trips with the Faithkeeper School Program. I
understand that a school representative will notify me prior to each field trip with pertinent
information.
Parent Signature/Date
Photo Release
While my child is participating in Faithkeeper School Program events and activities, I give my
permission to have photos, video, and audio recordings taken and published of my child
Child's Legal Name
Parent Signature/Date
Sunscreen Lauthoriza the Faithkeaner School staff to administer sunscreen to my shild. Unless other specified.
I authorize the Faithkeeper School staff to administer sunscreen to my child. Unless other specified, sunscreen provided by the school may be administered.
sunscreen provided by the school may be administered.
Parent Signature/Date
First Aid
First Aid
In the event of an emergency, I authorize Faithkeeper staff to perform minor first aid to
as they deem necessary. Child's Legal Name
Minor first aid includes: cleaning and bandaging supervisicial scrapes, cuts, and scratches, applying
Neosporin, applying an ide pack, and applying anti-itch cream for insect bites. Other First Aid treatment I authorize the Faithkeepers Staff to administer:
treatment rauthorize the raithkeepers Starr to authinister.
Parent Signature/Date
Medications
I DO hereby grant permission to the Faithkeeper Staff to administer Tylenol or Motrin as
needed for my child. I understand that the Faithkeeper Staff will call me prior to administering
medication to my child.
Parent Signature/Date
I DO NOT grant permission for the Faithkeeper School Staff to administer any medication to
my child.
Parent Signature/Date
ADMINISTRATION USE ONLY: Date Received/Signature
Date Neceroca/ Signature