

Faithkeeper's School Montessori Seneca Language Nest
Student Enrollment Application 2025-2026

Today's Date: _____

Please Print

Student Name: _____ Age: _____
Legal Name Include Years and Months

Child's Clan: _____ Clan Name: _____

DOB: _____ Shirt Size: _____

Parent/Guardian's Name: _____

Home Address: _____

Cell Phone: _____ Work Phone: _____

Your child(ren) must be toilet trained, will they be trained upon entrance Yes No

Do you participate in Longhouse Ceremonies? Yes No

Do you speak Seneca Language in your home? Yes No

Are you willing to increase language being spoken in your home? Yes No

Emergency Contacts

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Emergency Health Care

In the event of a severe medical emergency I hereby authorize emergency/health care as deemed necessary for my child. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the hours my child attends the program activities.

Physical Conditions that the Physician should be aware of (allergies, illnesses, disabilities, 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

I authorize the Faithkeeper School staff to administer sunscreen to my child. Unless other specified, sunscreen provided by the school may be administered.

Parent Signature/Date

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:

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 _____