

## Enrollment Form for BIE FACE Program Evaluation—Adult Information Program Year 2024 (July 1, 2023– June 30, 2024)

*This form is to be completed by the enrolling adult at the time of enrollment or re-enrollment in PY24. Responses will remain confidential.*

FACE school: Kayenta Boarding School 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) \_\_\_\_\_

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3. What is the highest grade/educational level you have completed? \_\_\_\_\_?

Below, please fill in **each** educational experience you have had.

- Received a high school diploma
- Completed a GED
- Attended a job training program
- Completed some college course(s): \_\_\_ credit hours
- Received a certificate (describe): \_\_\_\_\_
- Received a 2-year Associate Degree
- Received a Bachelor’s Degree
- Received a Master’s Degree
- Other: \_\_\_\_\_

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 2024 (July 1, 2023– June 30, 2024)

FACE School: **Kayenta Boarding School**

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

	<b>Female head of household</b>	<b>Male head of household</b>
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



# 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 Kayenta Boarding School 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



# 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 the 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 the 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		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 \_\_\_\_\_