



Te Tsu Geh Oweenge School

ROUTE 73 BOX 2 TP
SANTA FE, NEW MEXICO 87506
PHONE: 505-303-1254 CELL: 505-629-3279

TESUQUE CHILD ENRICHMENT PROGRAM APPLICATION

Child Full Name: _____ Date of Birth: _____

Address: _____

Race/Ethnicity:

- Native American
- African American
- Hispanic
- White
- Asian
- Pacific Islander
- Other _____

Tribal Membership

- Tesuque Tribal Member
- Other Tribal Member
- _____

Residence

- Tesuque Pueblo
- Tesuque Trailer Park
- Other _____

Languages (Please check all that apply)

Language

- English
- Tewa
- Spanish
- Other: _____

Usage

- Primary Secondary
- Primary Secondary
- Primary Secondary
- Primary Secondary

Proficiency

- Limited Moderate Proficient
- Limited Moderate Proficient
- Limited Moderate Proficient
- Limited Moderate Proficient

Current and Previous School: _____ Prior? _____

Special Needs

- Do you suspect your child has any special needs?
YES NO
- Does your child have any special needs diagnosed by a doctor? YES NO
- Does your child have an IEP? YES NO

If you marked "YES" for an items on the left, what types of special needs are concerned about?

Speech Physical Behavioral Development Delay Other: _____

Medical Home

- Does your child currently have a pediatrician that he/she sees regularly? YES NO

Name _____

- Does your child currently have a dentist that he/she sees regularly? YES NO

OTHER FAMILY/HOUSEHOLD MEMBER

Name	Relationship	Age	School/Employer	Monthly Income
Total number of people living in household:			Total household income:	

Family Services (Please check all that apply)

- WIC TANF SSI Unemployment Public Housing
 Foster Care Section 8 Voucher Medicaid Child Support Utility/Energy Assistance
 Social Services Custody Issues Divorce Family Court Restraining Order
 Probation Pending Cases CYFD Federal Financial Aid Free or Reduced Lunches

I attest under penalty of perjury that the above information is correct.

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

The Tesuque Child Enrichment Program Sliding Fee Scale

Family Size	100% of Median Income	95% of Median Income	Less than 85% of Median Income
1	\$2,623/month = \$5/month	\$2,229/month = \$5/month	\$2,228/month or less = NO FEE
2	\$3,430/month = \$5/month	\$2,915/month = \$5/month	\$2,914/month or less = NO FEE
3	\$4,237/month = \$5/month	\$3,601/month = \$5/month	\$3,600/month or less = NO FEE
4	\$5,045/month = \$5/month	\$4,288/month = \$5/month	\$4,287/month Or less = NO FEE
5	\$5,852/month = \$5/month	\$4,974/month = \$5/month	\$4,973/month or less = NO FEE
6	\$6,810/month = %5/month	\$5,660/month = \$5/month	\$5,659/month or less = NO LESS
7	\$6,810/month = \$5/month	\$5,788/month = \$5/month	\$5,787/month or less = NO FEE
8	\$6,960/month = \$5/month	\$5,916 month = \$5/month	\$5,915/month or less = NO FEE

Any families receiving any State Aide, Federal Aide, or are homeless shall not pay for the services. Fees shall be collected the first Monday for the remainder of the week. Accounts over 90 days will result in suspension of services to the family.

The Tesuque Child Enrichment Program hours of operation are Monday-Friday from 2:30pm until 5:30pm. Any child left after the hours of operations shall receive a letter requesting on-time pick-up for the first occurrence, a one-day suspension for the second occurrence, and suspension of service thereafter. If a student is suspended from the Tesuque Child Enrichment Program, the family may reapply after 30 days.

PRIMARY PARENT

Parent/Guardian 1: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Call Phone: _____ Email: _____

Family Type: Two Parents Single Parents Other: _____

Custody: Sole Custody Joint Custody No Custody

Resides with child? YES NO

Relationship to child: Parent Grandparent Aunt/Uncle Foster Parent Other: _____

Education: Less than 9th grade 10th grade 11th grade 12th grade HS Diploma GED

Certificate Program Some College Associates Degree Bachelor's Degree Master's Degree

Doctorate's Degree

Employment: Please select your current employment, check all that apply.

Full time work (30+ hrs./week) Part time work (less than 30hrs./week) Unemployed
 Full time schooling/training Part time schooling/training Disabled Seasonally Employed
 Retired Military, Maternity, or Sick Leave

SECONDARY PARENT

Parent/Guardian 2: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Call Phone: _____ Email: _____

Family Type: Two Parents Single Parents Other: _____

Custody: Sole Custody Joint Custody No Custody

Resides with child? YES NO

Relationship to child: Parent Grandparent Aunt/Uncle Foster Parent Other: _____

Education: Less than 9th grade 10th grade 11th grade 12th grade HS Diploma GED

Certificate Program Some College Associates Degree Bachelor's Degree Master's Degree
 Doctorate's Degree

Employment: Please select your current employment, check all that apply.

Full time work (30+ hrs./week) Part time work (less than 30hrs./week) Unemployed
 Full time schooling/training Part time schooling/training Disabled Seasonally Employed
 Retired Military, Maternity, or Sick Leave

TESUQUE CHILD ENRICHMENT PROGRAM

Child's Full Name: _____ Date of Birth: _____

Parent/Guardian 1: _____

Home Address: _____

Work Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Parent/Guardian 2: _____

Home Address: _____

Work Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

AUTHORIZED CONTACTS – We need to know who to contact if no parent/guardians can be reached for an emergency. We also need to know who is permitted to pick up your child from school. Please provide information for at least two people.

1. Name: _____

Address: _____

Home Phone: _____ Call Phone: _____

Work Phone: _____ Email: _____

2. Name: _____

Address: _____

Home Phone: _____ Call Phone: _____

Work Phone: _____ Email: _____

Please name any person who is NOT authorized to pick up the child: _____

Relationship to child: _____

IF THIS PERSON IS THE NONCUSTODIAL PARENT, PLEASE PROVIDE THE SCHOOL WITH DOCUMENTAION SUCH AS COURT ORDERS.

MEDICAL INFORMATION

Physical Name: _____ Phone: _____

List of Allergies: _____

List of Medical Considerations: _____

Consent for Emergency Medical Care: Please initial each item.

I give permission to school staff to take emergency measures (e.g. first aid, disaster, evacuation, etc.) as judged necessary for the care and protection of my child while under the supervision of Tesuque Child Enrichment Program.

If my child's class or the school needs to be evacuated, I give my permission for my child to be transported to another nearby school or tribal building. I understand that I will be informed by telephone at the earliest possible opportunity.

I give permission for emergency medical care if I cannot be reached to give specific permission at the time of treatment.

In case of emergency, I give permission for my child to be transported to an appropriate medical facility by a local emergency unit for treatment if the local emergency response team deem it necessary. I understand that these transportation and medical expenses will be my responsibility as the child's parent/guardian.

If I cannot be reached in an emergency, I give permission for the emergency contacts listed on page 1 of this document to authorize any of the above.

I will notify school staff immediately if any information on this form changes.

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Mission Statement:

Te Tsu Geh Oweenge School's mission is to involve staff, students, parents, and the community to work together to provide a positive and challenging educational program. The focus will be on academic, social and emotional development with a strong cultural foundation that prepares our students to be life-long learners and leaders in their community.