Enrollment Form for BIE FACE Program Evaluation—Child Information

Program Year 2027 (July 1, 2026– June 30, 2027)

FACE school: **KIN DAH LICHI'I OLTA'** 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? _____

With whom does this child live with? **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	_____

3. Please provide information about the child's household

	Female Head of Household	Male Head of Household
Name	_____	_____
Relationship to child	_____	_____
Hours per week employed	_____	_____
Highest grade completed	_____	_____
Currently attending school?	Yes ☐ No ☐	Yes ☐ No ☐

4. 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 Stamp ☐ Other

5. 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) _____

6. 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 ☐

7. 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 ☐

Permission to Release Child

Child's Name_____ Date of Birth_____ Male ___ Female ___

Permission to Release Child: Besides the parent/guardian, the following person(s) can be called in case of an emergency. I give the FACE program and school permission for the release of 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.

Name **Relationship to the child** **Phone Number**

1. _____

2. _____

I understand that 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 the FACE program. Picture ID will be required by the office staff.

Parent/Guardian_____ Date_____

Emergency Contact and Health Information

Adult's Name _____

Emergency Contact: In the event anything should happen to me (the adult in FACE), please contact the following person(s):

Name **Relationship to me** **Phone Number**

1. _____

2. _____

Medical History: Please circle you 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	Hearing Problems/Hearing Aids	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_____ Date_____