



Enrollment Packet Check List

Please check off the items below and return this form with your Keiki (Child) Enrollment packet. Mahalo.

- Completed Keiki (Child) Enrollment Form
- Completed Keiki (Child) Emergency and Health Information Form
- Primary Caregiver Emergency and Health Information Form
- Additional Caregiver Emergency and Health Information Form (1 for each participating caregiver)
- Copy of Child's Immunization Record
(do not send originals – copies only please)
- Copy of Child's Department of Health Certificate of Birth
(do not send originals – copies only please)
- Program Participant and Caregiver Release Form for Interviews, Email and Text Messages, Photographs, and Video and Voice Recordings
- Written Stories Release Form
- Keiki Assessment Consent Form
- Caregiver Assessment Consent Form
- Keiki T-Shirt size: Extra Small Small Medium

Keiki (Child) Enrollment Form



How did you hear about Tūtū and Me? (Please check all that apply) Recruitment Event Code _____

- You are a Returning Family
 Referred by a Family Member
 Tūtū and Me Staff Member
 Saw Banner or Van Decal
 Other | Describe Other _____

School Year _____ Site you would like to attend? _____

Keiki (Child's) Legal Name _____
 (Please Print) Last First Middle

Sex: (circle one) M F Date of Birth _____ (Month/Day/Year)

Keiki Home Phone # _____ Emergency Phone # _____

Keiki Home Address _____
 No. & Street or P.O. Box City State Zip code

Preferred Mailing Address _____
 No. & Street or P.O. Box City State Zip code

Was this keiki born premature? Yes No If yes, how premature? (In weeks please) _____

Who does the keiki live with? Parents Mother Father Grandparents Other _____

Is this a Multigenerational Household? Yes No Number of families in the household? _____

Number of people living in the household? _____ Number of children living in the household? _____

Which child is this? (only, oldest, youngest, middle, etc.) _____

Primary language spoken at home? _____

Has your keiki recently immigrated to the United States from a country under the Compact of Free Association?
 Yes No (If yes, you will be asked to provide their TB clearance)

Has your keiki ever tested positive for active Tuberculosis? Yes No

If yes, has a chest x-ray been taken and has it resulted in a negative result? Yes No

Parent's Marital Status: Married Separated Divorced Single Widow/er Other

Ethnic Ancestry of Keiki

Is this keiki Native Hawaiian? Yes No

Please check all other groups the keiki identifies with:

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Native American or Alaskan Native |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |

Specify Other _____



Keiki (Child) Enrollment Form

Parent/Guardian Information

(Check Appropriate Box) Birth Father Step Father Adoptive Father Guardian

Parent Legal Name _____
(Please Print) Last First Middle

Employer _____ Business Phone _____

Mobile Phone _____ Email address _____
(check here if you do not wish to receive information about PID via email)

Highest Grade Completed in School Grade 9 or less Some High School GED High School Diploma
 Associates Degree Bachelors Degree Masters Degree Doctorate Degree Some College

(Check Appropriate Box) Birth Mother Step Mother Adoptive Mother Guardian

Parent Legal Name _____
(Please Print) Last First Middle

Employer _____ Business Phone _____

Mobile Phone _____ Email address _____
(check here if you do not wish to receive information about PID via email)

Highest Grade Completed in School Grade 9 or less Some High School GED High School Diploma
 Associates Degree Bachelors Degree Masters Degree Doctorate Degree Some College

Total Yearly Income of Household: (Please check appropriate box)

- A. Less than \$25,000
- B. \$25,000 to \$49,999
- C. \$50,000 to \$74,999
- D. \$75,000 or more

I hereby certify that the above statements are true to the best of my knowledge and agree to furnish proof and other documents as requested.

Father/Guardian's Signature _____ Date _____

Mother/Guardian's Signature _____ Date _____



Keiki (Child) Emergency and Health Information Form

Keiki (Child's) Legal Name _____
(Please Print) Last First Middle

Date of Birth: _____
(month/day/year)

In case of an emergency, please contact one of the following:
(Please list contacts other than attending caregivers)

Name of First Emergency Contact _____

Relationship to keiki _____ Contact number _____

Name of Second Emergency Contact _____

Relationship to keiki _____ Contact number _____

Child's Health Insurance Company _____ Subscribers Name _____

Child's Physician _____ Physician's phone number _____

Has your keiki recently immigrated to the United States from a country under the Compact of Free Association?

Yes (if yes, please provide their TB clearance) No

Does your keiki receive regular care for any medical conditions? Yes (Please check all that apply) No Medical Conditions

Allergies Asthma Chronic Cough/Wheezing Diabetes Heart Disease Hemophilia High Blood Pressure

Seizures Other (please specify) _____

My keiki is allergic to: Type of Food(s): _____

Type of Medication: _____

Other: _____

Date of last allergic reaction: _____ Description of last allergic reaction: _____

How was the last allergic reaction handled? _____

My keiki is currently on medication: Yes No If yes, the medications are: _____

Is there a need for an Emergency Plan for above identified medical health conditions? Yes No

If yes, please specify plan: _____

If my keiki needs to be taken to an emergency facility, he/she will be taken to the nearest facility. I hereby give my consent for the program authorities to take appropriate action for the safety and welfare of my child. _____ **Initial**

Do you have any concerns about the development of your keiki? Yes No

If yes, please describe your concerns: _____

Has your keiki received any Early Intervention Services? Yes No If yes, referred by: _____

Does your keiki require special accommodations on the program grounds? Yes No

If yes, please specify accommodations: _____

Father/Guardian's Signature _____ Date _____

Mother/Guardian's Signature _____ Date _____

Primary Caregiver Emergency and Health Information Form



***Primary Caregiver** attending Tūtū and Me (If yes, please Check Box) **Keiki Name** _____

Caregiver Legal Name _____
(Please Print) Last First Middle Initial

Caregiver's relation to the keiki: (Please check appropriate box) Birth Father Birth Mother Step Father Step Mother
 Adoptive Father Adoptive Mother Hānai Mother Hānai Father Foster Parent Aunt Uncle Guardian

Language spoken at home _____ Sex: (circle one) M F **Are you a grandparent to this keiki?** Yes No

Highest Grade Completed in School Grade 9 or less Some High School GED High School Diploma Associates Degree
 Bachelors Degree Masters Degree Doctorate Degree Some College

Home Phone _____ Mobile Phone _____ Email address _____
(check here if you do not wish to receive information about PID via email)

Occupation or Title _____ Employer _____ DOB: _____
month/day

Health Insurance Company _____ Primary Care Physician _____ Phone# _____

Home Address _____
No. & Street or P.O. Box City State Zip code

Informational Survey: Are you Native Hawaiian? Yes No

In case of an Emergency, please contact one of the following:

Name of First Emergency Contact _____ Relationship to You _____ Contact Phone# _____

Name of Second Emergency Contact _____ Relationship to You _____ Contact Phone# _____

Have you recently immigrated to the United States from a country under the Compact of Free Association? Yes No
If yes, you will be asked to provide your TB clearance

Have you ever tested positive for active Tuberculosis? Yes No
If yes, has a chest x-ray been taken and has it resulted in a negative result? Yes No

Do you receive regular care for any medical conditions? Yes (Please check all that apply) No Medical Conditions
 Allergies Asthma Chronic Cough/Wheezing Diabetes Heart Disease Hemophilia High Blood Pressure
 Seizures Other (please specify) _____

I am allergic to: Food(s): _____ Medication: _____

Other (chemical, dust, etc.): _____

Date of last allergic reaction: _____ Description of last allergic reaction: _____

How was the last allergic reaction handled? _____

I am currently on medication: Yes No If yes, the medications are: _____

Is there a need for an Emergency Plan for above identified medical health conditions? Yes No

If yes, please specify plan: _____

If I need to be taken to an emergency facility, I hereby give my consent to be taken to the nearest location and for the program authorities to take appropriate action for my safety and welfare. Yes No _____ **Initial**

Do you have any criminal convictions or history of child abuse or neglect or psychological or psychiatric problems that may adversely affect or interfere with the health, safety or well-being of children? Yes No _____ **Initial I understand that checking "no" does not preclude Partners in Development Foundation from conducting a criminal background check and/or request for additional personal information to conduct the criminal background check**

I certify that the information submitted on this form is true and correct and hereby consent that Partners in Development Foundation has my permission to conduct a criminal background check.

Caregiver's Signature _____ Date _____

Additional Caregiver Emergency and Health Information Form



***Additional Caregiver** attending Tūtū and Me (If yes, please Check Box) **Keiki Name** _____

Caregiver Legal Name _____
(Please Print) Last First Middle Initial

Caregiver's relation to the keiki: (Please check appropriate box) Birth Father Birth Mother Step Father Step Mother
 Adoptive Father Adoptive Mother Hānai Mother Hānai Father Foster Parent Aunt Uncle Guardian

Language spoken at home _____ Sex: (circle one) M F **Are you a grandparent to this keiki?** Yes No

Highest Grade Completed in School Grade 9 or less Some High School GED High School Diploma Associates Degree
 Bachelors Degree Masters Degree Doctorate Degree Some College

Home Phone _____ Mobile Phone _____ Email address _____
(check here if you do not wish to receive information about PID via email)

Occupation or Title _____ Employer _____ DOB: _____
month/day

Health Insurance Company _____ Primary Care Physician _____ Phone# _____

Home Address _____
No. & Street or P.O. Box City State Zip code

Informational Survey: Are you Native Hawaiian? Yes No

In case of an Emergency, please contact one of the following:

Name of First Emergency Contact _____ Relationship to You _____ Contact Phone# _____

Name of Second Emergency Contact _____ Relationship to You _____ Contact Phone# _____

Have you recently immigrated to the United States from a country under the Compact of Free Association? Yes No
If yes, you will be asked to provide your TB clearance

Have you ever tested positive for active Tuberculosis? Yes No
If yes, has a chest x-ray been taken and has it resulted in a negative result? Yes No

Do you receive regular care for any medical conditions? Yes (Please check all that apply) No Medical Conditions
 Allergies Asthma Chronic Cough/Wheezing Diabetes Heart Disease Hemophilia High Blood Pressure
 Seizures Other (please specify) _____

I am allergic to: Food(s): _____ Medication: _____

Other (chemical, dust, etc.): _____

Date of last allergic reaction: _____ Description of last allergic reaction: _____

How was the last allergic reaction handled? _____

I am currently on medication: Yes No If yes, the medications are: _____

Is there a need for an Emergency Plan for above identified medical health conditions? Yes No

If yes, please specify plan: _____

If I need to be taken to an emergency facility, I hereby give my consent to be taken to the nearest location and for the program authorities to take appropriate action for my safety and welfare. Yes No _____ **Initial**

Do you have any criminal convictions or history of child abuse or neglect or psychological or psychiatric problems that may adversely affect or interfere with the health, safety or well-being of children? Yes No _____ **Initial I understand that checking "no" does not preclude Partners in Development Foundation from conducting a criminal background check and/or request for additional personal information to conduct the criminal background check**

I certify that the information submitted on this form is true and correct and hereby consent that Partners in Development Foundation has my permission to conduct a criminal background check.

Caregiver's Signature _____ Date _____



Program Participant and Caregiver Release Form for Interviews, Email and Text Messages, Photographs, and Video and Voice Recordings

I, _____, understand that Partners in Development Foundation (PIDF) uses interviews, email and text messages, photographs, videos, and voice recordings of participants taken during preschool, school, and other related events as a means of education, evaluation, documentation, and to raise public awareness of its services.

I authorize PIDF and its designated agents, to interview, photograph, record, film, and videotape me and/or the minor children in my care.

I further authorize PIDF to use, televise, and publish (in print or on the Internet, including Facebook and other social media) such interviews, email and text messages, photographs, videos, and voice recordings for any purpose which PIDF deems suitable and which is consistent with the mission of PIDF. I agree that no representations or warranties have been made regarding the purpose or use of my interviews, email or text messages, photographs, videos, or voice recordings, except for those set forth in this release.

On behalf of myself, my heirs, executors, administrators, legal representatives, and assigns, I release and forever discharge PIDF and its Board of Directors, officers, agents, and employees from any and every claim, demand, action, in law or equity that may arise as a result of PIDF's use or publication (through print, Internet, or television) of its interviews, email or text messages, photographs, voice recordings, films, or videotapes of me and/or the minor children in my care.

I further state that I have carefully read the terms of this release. I understand that I am signing a complete release and bar to any claim resulting from PIDF's use or publication of interviews, email or text messages, photographs, voice recordings, videos and other forms of media described herein of me and/or the minor children in my care.

I further understand that this release shall survive the termination of my relationship with PIDF for all media described herein and created during said relationship.

I agree to all of the above.

I disagree, and do not authorize PIDF to interview, photograph, videotape or record me or the minor children in my care for any of its purposes.

Program Participant or Caregiver's Signature

Date



Written Stories Release Form

From time to time Tūtū and Me uses stories from families as a means of education, evaluation and documentation. By signing below you give permission to Tūtū and Me to post and/or publish your story(ies) in print or on the Internet for the purposes of education, evaluation and documentation.

The undersigned gives permission to Tūtū and Me to post and/or publish written documents (i.e. story/ies) by the following family members:

I _____ (parent/guardian), certify that I am legally authorized
to approve this on behalf of _____ (child).

Parent or Legal Guardian

Signature

Date

Please check this box if you ***do not*** want your story(ies) used on our web site.



Tūtū and Me Traveling Preschool Keiki Assessment Consent Form

I, the undersigned, consent to participation of my child in the assessments at Tūtū and Me Traveling Preschool. I understand that none of the information gathered through these assessment measures will be presented in a way that links it specifically with my name or the name of my child. My responses, and my child's responses will be kept confidential by the Tūtū and Me program staff.

I, _____ certify that I am legally authorized and
(Print Name of Parent or Legal Guardian)

approved to sign on behalf of my child, _____
(Print Name of Child)

Signature of Parent or Legal Guardian

Date



Tūtū and Me Traveling Preschool Caregiver Assessment Consent Form

I, the undersigned, consent to participation in the assessments at Tūtū and Me Traveling Preschool. I understand that none of the information gathered through these assessment measures will be presented in a way that links it specifically with my name or the name of my child. My responses, and my child's responses will be kept confidential by the Tūtū and Me program staff.

I, _____ am attending the program with
(Print Name of Caregiver Attending Program)

(Print Name of Child)

Signature of Attending Caregiver

Date