

# Tūtū and Me Traveling Preschool 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 \_\_\_\_\_



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Parent/Guardian Information

(Check Appropriate Box)  Birth Father  Stepfather  Adoptive Father  Guardian

Parent Legal Name (Please Print) Last First Middle

Occupation or Title Informational Survey: Are you Native Hawaiian?  Yes  No

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  Bachelor's Degree  Master's Degree  Doctorate Degree  Some College

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

I am allergic to: Food(s):

Other (chemical, dust, etc.):

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 will be my keiki's Primary Caregiver and attending the Tūtū and Me program  Yes  No  Occasionally

(Check Appropriate Box)  Birth Mother  Stepmother  Adoptive Mother  Guardian

Parent Legal Name (Please Print) Last First Middle

Occupation or Title Informational Survey: Are you Native Hawaiian?  Yes  No

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  Bachelor's Degree  Master's Degree  Doctorate Degree  Some College

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**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

I am allergic to: Food(s): \_\_\_\_\_

Other (chemical, dust, etc.): \_\_\_\_\_

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 will be my keiki's **Primary Caregiver** and attending the Tūtū and Me program  Yes  No  Occasionally

**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 certify that the information submitted on this form is true and correct to the best of my knowledge and agree to furnish proof and other documents as requested. I hereby consent that Partners in Development Foundation has my permission to conduct a criminal background check.**

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 #( ) \_\_\_\_\_

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

Other (chemical, dust, etc.): \_\_\_\_\_

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 \_\_\_\_\_

**Caregiver Emergency  
and Health Information Form**  
(for any/all Caregivers attending program other than parent)



**Keiki Name** \_\_\_\_\_  
Last First Middle Initial

**Caregiver Legal Name** \_\_\_\_\_  
 (Please Print) Last First Middle Initial

Caregiver's relation to the keiki: (Please check appropriate box)  Hānai Mother  Hānai Father  Foster Parent  Aunt  Uncle  
 Grandparent  Guardian  Other (please specify) \_\_\_\_\_ Sex: M F

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

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

Occupation or Title \_\_\_\_\_ Work Phone#( ) \_\_\_\_\_

**Informational Survey: Are you Native Hawaiian?  Yes  No**

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

Name of First Emergency Contact \_\_\_\_\_  
Last First Middle Initial

Relationship to You \_\_\_\_\_ Contact Phone#( ) \_\_\_\_\_

Name of Second Emergency Contact \_\_\_\_\_  
Last First Middle Initial

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

I am allergic to: Food(s): \_\_\_\_\_

Other (chemical, dust, etc.): \_\_\_\_\_

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

\_\_\_\_\_  
Keiki name

\_\_\_\_\_  
Keiki name

\_\_\_\_\_  
Keiki name

\_\_\_\_\_  
Keiki name

\_\_\_\_\_  
Keiki name

\_\_\_\_\_  
Keiki name



## 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