The following documents shall be submitted during enrollment. Information listed below will be required before any payments by the tribe are authorized.

1) ___ Immunization Record

2) ___ Provider Rate Sheet and/or statement from provider stating what he/she is charging for the child/children

3) ___ Copy of providers License - *if child/children are being cared for by a Center-based facility, or Group Home*

4) ___ Proof of Registration with the State of California's "Trust-line" system. If services are provided in the Parent’s home, or by an immediate relative

5) ___ Signed 3-Party Agreement with Provider and Enterprise Rancheria, based upon the service being provided.

   If child/children is/are in a center-based facility, or group home then the form entitled "**Agreement for Center-Based or Group-Home Services**" needs to be signed.

   If child/children are in the care of an immediate family member, then the form entitled "**Agreement for In-Home or Family Services**" needs to be signed and returned.

6) ___ Child Care Attendance Agreement

7) ___ Proof of income

8) ___ Completed W-9 for Childcare Provider
Enterprise Rancheria
Child Care & Development

ENROLLMENT FORM

Parent/Guardian Name(s) ___________________________ Phone Numbers:
Child’s Name ____________________________________
Child’s Tribal Membership # _______________________
Address _________________________________________
City/State/Zip ___________________________________
Single Parent □ Two Parents □ No# of Children in Family: ______
Parent #1: Employed □ Job Training □ Student □
Parent #2: Employed □ Job Training □ Student □

Employment

Parent 1

Employer ___________________________
Address ___________________________
Employer’s Phone No. _______________
Days/Hours ________________________

Parent 2 (Spouse, Significant other)

Employer ___________________________
Address ___________________________
Employer’s Phone No. _______________
Days/Hours ________________________

Student/Job Training

Parent 1

School ___________________________
Major ___________________________ Units ___________
Days/Hours _______________________

Parent 2

School ___________________________
Major ___________________________ Units ___________
Days/Hours _______________________

Family Income

Employment Income
AFDC/Tribal TANF
Alimony/Child Support
Unemployment Insurance/SSI
Other Income, i.e.: Veteran’s Pension, etc.
   Specify: ___________________________
TOTAL Monthly Income ____________________ + __________________ = $__________
Names of Children | Ages | Membership No #s
--- | --- | ---

Assurances of Parent or Legal Guardian

1. I affirm, to the best of my knowledge, that the information contained on this Enrollment Form is true, correct and complete.

2. I will notify the Enterprise Rancheria within Five (5) Working days of any changes in my family’s income, family size, or of need status.

3. I understand that my eligibility for the program and the amount of the subsidy is subject to review by the Enterprise Rancheria Childcare Staff.

4. I understand that the tribe’s subsidy for child care services is subject to change or termination at the sole discretion of Enterprise Rancheria.

5. I understand that I am responsible for directly paying the Provider for the non-subsidized portion of the child care services.

6. If this application for services is denied or if services are terminated, I understand that I have the right to file a written appeal with the Enterprise Rancheria Tribal Council within 15 days of notice of denial or termination. A public hearing to review the appeal will be held by the Tribal Council.

7. I have read and understand the Enterprise Rancheria Childcare Program Policies and Procedures.

Signature | Relationship to Child(ren) | Date
--- | --- | ---

For Office Use Only

Program Manager | Date
--- | ---

**Required Attachments:**
- Verification of Income
- Training/School Verification
- Parent Medical Report
- Immunization Records
- Proof of Trustline Registration
- Provider Cost Schedule
- Copy of Provider’s State License
- Signed 3-Party Agreement w/ Parent & Provider

Accepted □  Denied □  Pending □

Explanation of Pending status or Denial: ______________________
Preadmission Health History - PARENT'S REPORT

FAMILY INFORMATION
CHILD’S Name: ____________________________ Sex: ______ Child’s date of Birth: ____________
Child’s Tribal Member No#: ____________
FATHER’S Name: ____________________________ Age: ______ In Home with Child(Y/N)?
MOTHER’S Name: ____________________________ Age: ______ In Home with Child(Y/N)?

PHYSICIAN INFORMATION
1) Has the child been under regular supervision of a physician (Y/N)? ______
2) NAME of Physician: ____________________________
3) Phone No. of Physician: ____________________________
4) Date of last examination: ____________________________

DEVELOPMENT HISTORY
1) Walked at: _____ months 2) Began talking at: _____ months 3) Toilet training at: _____ months

ILLNESSES
Check those illnesses that the child has had and give approximate dates:
1) Chicken Pox (Y/N)? _____ Date ____________
2) Asthma (Y/N)? _____ Date ____________
3) Other ______ (Y/N)? _____ Date ____________
4) Other ______ (Y/N)? _____ Date ____________

ALLERGIES and/or DISLIKED FOOD
1)
2)
3)
4)

SHOTS
An Immunization Report is Attached (Y/N)? ______
# Enterprise Rancheria Child Care Attendance Agreement

I, ___________________________ the parent/guardian of ___________________________ (Parent/Guardian) (Child)

have enrolled my child into ___________________________ (Child Care Provider)

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<th>Parent/Guardian Signature</th>
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<th>Provider Signature</th>
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<th>Enterprise Rancheria Director Signature</th>
<th>Date</th>
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My Child will be attending on the following days:

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<tr>
<th>Day of week</th>
<th>Time In</th>
<th>Time Out</th>
<th>Hrs a day</th>
<th>Signature of parent</th>
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</table>
Parent - Provider - Tribe
Agreement for Center-based or Group-Home Services

Parent’s Name

Provider’s Name

Child’s Name

Child’s Birth date

1. The child care provider charges $____ per hour/day/week/month (please circle one option) as shown by the rate card that is attached to this agreement. The provider certifies that the fees indicated are the usual and customary charges for the same services provided to children of non-subsidized families.

2. The Enterprise Rancheria herein referred to as the ‘tribe’, will pay ____% of the monthly bill which will be based on the fee above. The parent is responsible for directly paying the provider for the remaining portion of the monthly bill. The tribe may change or terminate its subsidy upon written notice to other parties at the sole discretion of the tribe.

3. I understand that all subsidies will be paid in arrears (the previous month) and invoices are due, signed the parent as verification, by the tenth of the month following care. The tribe will reimburse the provider by the fifteenth of each month. All reimbursement time lines are dependent on receipt of funds sources.

4. The provider certifies that child care services do not include religious instruction.

5. The provider certifies that he or she is free of communicable diseases and is physically and mentally capable of caring for children.

6. The provider assures that the provider will: 1) protect the child against infectious disease, 2) protect the child from physical or mental harm or abuse, and 3) insure the health, safety, and good nutrition of the child.

7. All parties agree to remain in compliance with all policies and procedures of the tribe’s Child Care and Development Program.

8. The parent is to give all parties a two week notice of withdrawal from program.

9. The provider is licensed by the State to provide Center-Based child care services, which includes meeting that states Health & Safety standards for such services.

10. The provider guarantees that the parent(s) and the tribe will have unlimited access to their children and to the individual(s) caring for their children, during the normal hours of operation or whenever such children are in the care of the provider.

11. The parent(s) and the provider understand that the tribe has a procedure to assess and substantiate grievances against providers; that the tribe will provide information on any substantiated complaints to other government agencies; and that the tribe keeps a file of “substantiated complaints” at the tribal office that is open to the public.

12. All parties concerned realize that this is a parental choice program and that the tribe has not warranted the condition of the provider’s facility or the degree or type of supervision. The tribe assumes no responsibility for injury or damage arising from the performance of this contract. The provider and parent understand that the tribe is a federally recognized Indian Tribe with sovereign immunity and cannot be held liable for harm arising from this program.

13. Any other written or unwritten agreement between the parent and the provider that is not discussed here is solely between the parent and the provider. The tribe assumes no responsibility for such agreements.

Provider’s Signature

Date

License No.

Parent/Guardian’s Signature

Date

Enterprise Rancheria Child Care Director

Date
Parent - Provider - Tribe  
Agreement for In-home or Family Services

Parent’s Name ___________________ Provider’s Name ___________________

Child’s Name ___________________ Relationship of Provider to Child _________

1. The child care provider charges $________ per hour/day/week/month (please circle one option) as shown by the rate card that is attached to this agreement. The provider certifies that the fees indicated are the usual and customary charges for the same services provided to children of non-subsidized families.

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Provider’s Signature ___________________ Date ___________ Soc. Sec. No. ________

Parent/Guardian Signature ___________________ Date ___________

Enterprise Rancheria Childcare Director ___________________ Date __________
Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above.

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.
   - Individual/sole proprietor or single-member LLC
   - Limited liability company
   - Other (see instructions)

   Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _______________ Exemption from FATCA reporting code (if any) _______________

   (Applies to accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.) See instructions.

6. City, state, and ZIP code

7. List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Social security number

Or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

• Form 1099-INT (interest earned or paid)
• Form 1099-DIV (dividends, including those from stocks or mutual funds)
• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
• Form 1099-S (proceeds from real estate transactions)
• Form 1099-K (merchant card and third party network transactions)
• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
• Form 1099-C (canceled debt)
• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.