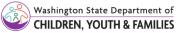


Betty J. Taylor Early Learning Academy 2025-2026 Registration Packet

Contents	Date Turned In	Staff Initials	
Registration Packet			
☐ Parent Acknowledgment	☐ Child Nutrition History		
☐ Emergency Consent	☐ General Health History		
□ Parental Consent	☐ Family Engagement Survey		
☐ Fluoride Varnish Consent	☐ Therapeutic Group Cons	ent	
☐ Medical/Dental Survey	 University of Washington 	n Consent	
CACFP Enrollment Form			

All forms in **red** are separate from this packet.











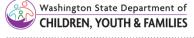




Parent Acknowledgement Form

Student(s) Name:
Parent/Guardian Name:
In order to ensure that our parents clearly understand our policies and procedures, we require all parents to read the Parent Handbook and sign below to acknowledge that they have received and read a copy of the BJTELA Parent Handbook. Please initial each acknowledgement and sign at the bottom.
I acknowledge that I have read, reviewed, and agree to abide by the Attendance Policy.
I acknowledge that I have read, reviewed, and agree to abide by the Extended Care Services section of the parent handbook.
I acknowledge that I have read, reviewed, and agree to abide by the Communication with Families and Confidentiality sections of the parent handbook.
I acknowledge that I have read, reviewed, and agree to abide by the Child Abuse and Neglect Policy.
I acknowledge that I have read, reviewed, and agree to abide by the BJTELA Health and Safety Policies which are listed below:
 Emergency Preparedness Incident Report Forms Head Lice Health Attendance Disease Exclusion Medication Administration Immunization
I acknowledge that I have read, reviewed, and agree to abide by the Car Seat and Parking Lot Policy
I acknowledge that I have read, reviewed, and agree to abide by the Child Safety Policy.
I acknowledge that I have read, reviewed, and agree to abide by the Biting Policy.
I acknowledge that I have read, reviewed, and agree to abide by the Parent Code of Conduct, Paren Complaint Policy and Process, and Security Camera Policy.
I acknowledge that I have read, reviewed, and agree to abide by the Parent Agreement.
signing this, I acknowledge that I have received and read a copy of the BJTELA Parent Handbook. I also agree to side by the policies set in the handbook.
rent/Guardian Signature: Date:















Emergency Consent

Student Information	
Name:	Date of Birth:
Address:	
Parent Information	
Parent/Guardian:	Parent/Guardian:
Cell Phone:	
Work Phone:	
Email:	
Signature:	
Custody Concern:	
Name:	Relationship:
Situation:	
In an emergency if a parent or legal guardian cannot be child:	reached, contact the following who also has permission to pick up my
Name:	Name:
Phone:	Phone:
Relationship:	Relationship:
Other than you, and the emergency contacts listed abo	ve, who else has permission to pick up your child?
Name:	Phone:
	Phone:
	Phone:
Name:	Phone:
Health Concerns Any current medication? No Yes If y Reason	res, list medication:
Medical/Health Concerns? No Yes	If yes, list:
Food Allergies? No Yes	If yes, list:
Medication Allergies? No Yes	If yes, list:
Any Other Allergies? No Yes	If yes, list:
Immunization Exemption? No Yes	If yes, have you filled out the Immunization Exemption Form? No Yes















Parental Consent

2025-2026 School Year

Should an emergency arise involving your child and we are unable to contact you, written consent is required in order to provide medical or dental care to your child in your absence. Please read and initial each item to show your understanding and approval. Items not initialed will be considered not approved.

Medical and Emergency Care
I consent to allow a qualified staff member to administer first aid/CPR to my child if deemed necessary by BJTELA staff. I consent to allow my child to be transported by emergency medical transport to a licensed healthcare provider or accredited hospital if deemed necessary by BJTELA staff.
In the event I cannot be contacted, I authorize licensed healthcare providers to perform any necessary medical, dental, surgical, or hospital procedures to safeguard my child's health.
BJTELA requires written consent for your child to participate in the activities listed below which are designed to enhance your child's school experience. Please read and initial each item to show your understanding and approval. Items not initialed will be considered not approved.
Records and Communications Communication
I consent to allow BJTELA to share enrollment info between Birth to Three and Preschool.
I consent to allow BJTELA the use of my name and my child's name in email communications, understanding that email is not a secure form of communication.
Health, Dental and Developmental Screenings (Required by Performance Standards)
I understand Health and Developmental Screenings are a requirement of BJTELA. I authorize my child's participation in the
screening process including:
I consent to required health, dental, and developmental screenings (ASQ-3, ASQ-SE2, height, weight, vision, hearing, and classroom observations) conducted by BJTELA staff and partnered professional agencies.
<u>Activities</u>
I consent to allow my child to go on spontaneous walks without advance notice for educational experience.
I consent to allow my child to be transported on program field trips about which I have been notified in advance.
Daily Care Items
I give permission for my child to participate in daily tooth brushing.
I give permission for my child to receive applications of sunscreen following the manufacturer's instructions.
I give permission for my child to receive applications of diaper ointments. (Children in our Birth to Three Program)
I give permission for my child to receive applications of lip balm or lotion following manufacturer's instructions.
I give permission for my child to use hand sanitizer or hand wipes with alcohol. (Only children 2 years of age or older)
Other Permissions
I consent to allow my child to be photographed and/or videotaped for academy/educational purposes.
I consent to allow my child to participate in trying traditional foods provided as part of language and culture curriculum
By signing below, I acknowledge that I have the right to access, review, and discuss all information regarding my child with the appropriate staff member and/or consultant. I also give my consent for all items that I have initialed.



Signature of Parent or Legal Guardian













Fluoride Varnish Consent Form

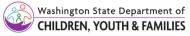
2025-2026 School Year

YES, I would like m	ny child's teeth varnished f	or free.	ree/
NO, I would not lik	ce my child's teeth varnish	ed for free.	7
Please fill out the rest of this	form only if you would like your child	to receive a dental varnish (print clearly).
proceed with administer	linic of Tulalip Washington, and any oring the fluoride varnish that will help our child is registered for services at t	prevent cavities on my child	l's teeth.
Student Name (first and last): _			
Date of Birth:			
Street Address:			
City/State:_Zip Code:			
Phone Number:			
Parent/Guardian Signature	Relationship to Student	Date Signed	

WHAT IS FLUORIDE VARNISH?

Fluoride varnish is an easy, effective, and safe way to help protect your child's teeth and prevent cavities. The varnish is a liquid coating that is painted on your child's teeth with a brush. It dries instantly and only takes minutes to apply. The varnish releases fluoride over several months, which strengthens teeth and helps prevent decay.















Medical and Dental Survey

2025-2026 School Year

Please check all that apply

✓	Medical	✓	Dental		
	Tulalip Health Clinic		Tulalip Dental Clinic		
	Lummi Tribal Health Care		Puget Sound Pediatric Dentistry – Marysville		
	Optum (Previously Everett Clinic) – Marysville		Puget Sound Pediatric Dentistry – Stanwood		
	Optum (Previously Everett Clinic) – Smokey Point		Marysville Kids Dentistry		
	Optum (Previously Everett Clinic) – Lake Stevens		Cascade Kids Dentist		
	Optum (Previously Everett Clinic) – Mill Creek		Arlington Pediatric Dentistry		
	Optum (Previously Everett Clinic) – Founders (Everett)		DDS Dental		
	Providence Medical Group – Marysville		Willamette Dental Group		
	Providence Medical Group – Mill Creek		Stellar Kids Dentistry		
	Skagit Regional Health		Apple Pediatric Dentistry		
	Marysville Family Medicine: WWMG		Other:		
	Other:				
	Would you like assistance in setting up a MyChart A	Acco			
	√ Health	Insu	Please check all that appl		
	Apple Health (Medicaid/0	CHIP/	State)		
	Private Health Insurance		·		
	Indian Health Services				
	Other:				
	No Health Insurance				
	Do you need assistance signing your child up for He	ealth	Insurance?		
	Child's Name:		DOB:		
	Parent's Name:		<u> </u>		
	Staff Signature:				















Child Nutrition History

Is your child allergic to any foods?	Yes	No
If yes, please list:		
Has a healthcare provider suggested any special diet for your child?	Yes	No
If yes, please explain:		
Does your child take vitamin/mineral supplements at home?	Yes	No
If yes, is iron included?		
Does your child have trouble chewing or swallowing?	Yes	No
If yes, please explain:		
, , , ,		
Are there foods that cannot be eaten for cultural, religious or medical reason	ns? Yes	No
If yes, which foods?	·	<u> </u>
Have there been any changes in your child's appetite during the last three m	onths? Yes	No
If yes, please explain:		
Do you have any concerns about your child's eating habits?	Yes	No
If yes, please explain:		
Do you have any concerns about your child's growth?	Yes	No
If yes, please explain:	163	
in yes, preuse explaini		
Do you have any concerns about your child's weight?	Yes	No
If yes, please explain:		
Does your child eat non-food items?	Yes	No
If yes, please list:		
Do you share meals together as a family?	Voc	No
Do you share means together as a ranning:	Yes	No
Child's Name	Date of Birth:	
Parent Signature	Date:	
Parent Name:	_	
Staff Signature:	Date:	
-		















General Health History

child's Name:	_ 56	ex: ۱\	// F DOB:
Pregnancy/Birth History	Yes	No	Explain "Yes" Answers
 Did the mother have any health problems during pregnancy or during delivery of this child? 			
2. Did the mother visit a physician fewer than two times during the pregnancy?			
3. Was the child born outside of a hospital?			
4. Was the child born more than three weeks early or late?			
5. What was the child's birth weight?			lbs. oz.
6. Was anything wrong with the child at birth?			
7. Was anything wrong with the child in the nursery?			
8. Did the child or mother stay in the hospital for medical reasons longer than usual?			
9. Is the mother pregnant now?			
Hospitalizations and Illness	Yes	No	Explain "Yes" Answers
10. Has the child ever been hospitalized or operated on?			
11. Has your child had any of the following?			
 Asthma or other breathing issues? 			
 Any life-threatening allergies? 			
Seizures/other neurological issues?			
 Heart/other cardiovascular issues? 			
Diabetes or other endocrine concerns?			
Bone or joint issues?			
Eczema or skin issues?			
 Frequent ear infections or tubes? 			

Other ear, nose or throat concerns?			
Tuberculosis exposure?			
Bladder, bowel/urinary tract concerns?			
Frequent, heavy nosebleeds?			
Injury or abuse?			
 Second-hand smoke exposure? 			
 Do you have concerns with your child's behavior? 			
Other, please explain:			
Health Problems	Yes	No	Explain "Yes" Answers
12. Has the child ever had convulsions or a seizure? Is the child taking medicine for seizures?			
13. Do any of the conditions we have talked about get in the way of the child's everyday activities?			
14. Are there any conditions we have not talked about that get in the way of the child's everyday activities?			
15. Did a doctor or health professional tell you that the child has this problem?			
Parent/Family	Yes	No	Explain "Yes" Answers
16. Do you have any concerns about your child's vision? (if applicable) Is the child wearing (or supposed to wear) glasses?			
17. Do you have any concerns about your child's hearing?			
18. Do you have any concerns about your child's speech?			
19. Do you have any concerns about your child's behavior?			
20. Do you have any concerns about your child's development?			
21. Do you have any concerns about your child/family?			
22. Are cigarettes or other tobacco products used in your home or car?			
23. Is there anything that gets in the way of going to the doctor or dentist? For example: Time, transportation, no insurance, etc.			

	1	
Yes	No	Explain "Yes" Answers

Diagnosed Chronic Conditions	Yes	No	Explain "Yes" Ansv	vers
38. Is your child diagnosed with any of the following				
chronic conditions:				
Anemia				
Asthma				
 Autism Spectrum Disorder 				
Diabetes				
 High Lead Levels 				
 ADHD 				
 Hearing Difficulties 				
 Vision Difficulties 				
 Seizures 				
 Life-Threatening Allergies 				
• Other (Please Specify)				
Medication	Yes	No	Explain "Yes" Ansv	vers
39. Does your child take medication on a regular basis?				
40. Would any medications be required at school? Name of medication(s), dosage and when taken:				
Dental History	Yes	No	Explain "Yes" Ansv	vers
			Very Good	
			Somewhat Good	
41. How would you rate your child's dental health?			Fair	
			Somewhat Bad	
			Very Bad	
42. Has your child ever had an injury to the teeth and/or mouth?				
43. Does your child complain about tooth or mouth pain?				
44. Other dental concerns?				
Parent/Guardian Signature: Relationship to child:				
Staff Signature:			Date:	













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Family Engagement Survey

2025-2026 School Year

Phone: _	lame: Date: hone: Email Address: me(s):					
When attending a BJTELA E	Event or Parent Training: (Plea	se circle one)				
Which day of the week w	orks best for you? Mon.	Tues. Wed.	Thur. Fri.			
When attending BJTELA Pa	rent Committee/Policy Counc	il: (<mark>Please circle one</mark>)				
What time of the day w	orks best for you? Mornin	g Lunch Afternoon	After Hours			
	eflect families' interests and e	gs for the upcoming school year, E encourage high participation. Nutrition	BJTELA would appreciate your Budgeting			
□ Discipline	☐ Education	☐ Cooking Recipes & Tips	☐ Low Cost Meals			
☐ Child Development	☐ Literacy	☐ Healthy Eating	☐ Budget Management			
□ Self-Esteem	☐ Adult Education	☐ Meal Planning	☐ Clothing on a Budget			
☐ Single Parenting	☐ Child Development	□ Nutrition Education	☐ Ways to cut your PUD			
☐ Working Parents	☐ Child Milestones	☐ Cooking Classes	Cost			
☐ Making Memories	☐ ESL Speech Classes	□ Portion Control	☐ Couponing			
☐ Choosing Childcare	☐ Learning	☐ WIC information	☐ Saving to buy a Home			
☐ Free / Low Cost	Environments		☐ Buying a Car			
Resources	☐ GED Continuing ED	Do you have any traditional	☐ Emergency/ Housing			
☐ Grandparent Support	☐ Special Needs	food idea or food ideas for	Information			
□ Activities	☐ ESL-English Language	our academy menu?				
	☐ Sign Language		Other:			
	_ 5.8588.					
Employment	Health & Safety	Hobbies/ Cultural	Personal			
☐ Resume Assistance	☐ First Aid/ CPR Training	□ Crafts	☐ Stress Management			
☐ Starting a Career	☐ Emergency Disaster/	☐ Home & Garden	☐ Anger Management			
□ Need a Job	Preparedness Training	□ Sewing	☐ Organization Skills			
☐ Job Training	☐ Exercise Classes	□ Basket Weaving	☐ Alcohol/ Drug Abuse			
☐ Grandparent PT- Job	☐ Self Defense Classes	□ Cooking	□ Communication			
	☐ Mental Health	□ Painting	□ Car Maintenance			
Other:	Information/ Support	□ Drumming				
		☐ Traditional Foods	Other:			



Other:











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Children of the sealmon



Therapeutic Group Consent Form

	2025-2026 School Year
Child's Name:	Parent/Guardian Name:
Date of Birth:	
As part of our commitment to supporting t regular therapeutic group activities during	the emotional, social, and developmental needs of our students, we offer class time.
All programs are:	
 Conducted in classroom groups durin 	g the school day. • Non-clinical and educational in nature.
Trauma-informed, inclusive, and age-	-appropriate. • Designed to support children holistically.
These programs include:	
Music Therapy	
 Facilitated by a qualified m 	nusic therapist, this group uses music experiences (such as singing, movement, apport students in expressing emotions, improving communication, developing overall well-being.
• Rainbowdance®	
movement and rhythm-baconnection through safe, go Second Step Child Protection Unit This classroom-based curr developmentally appropriate activities to reinforce: Recognizing safe volumerstanding boot lidentifying trustee	iculum is designed to teach young children essential personal safety skills in a late way. We enhance this unit with age-appropriate songs and movement as unsafe situations dy boundaries and personal space
Consent Statement	
classroom curriculum. I understand the pu	o the child's discretion.
☐ My child's privacy and dignity will	
	m staff with any questions or concerns.
Please indicate your consent below:	
Signature:	Date:
Phone:	Email:



msylvester@tulaliptribes-nsn.gov









vgilman@tulaliptribes-nsn.gov



Questions? Contact: Marysa Sylvester LMHC-A, M.Ed or Vee Gilman LMHC-A, MT-BC



Land and Culture Based Indigenous Language Curriculum: Teacher Development and Child Assessment in a Coast Salish Tribal Nation Early Learning Program

Child Consent Form (2025-2026)
Principal Investigator: Anna Lees leesa3@uw.edu

I am asking your permission for your child to be in a research study. Participation is voluntary. The purpose of this form is to give you the information you will need to help you decide whether or not you want your child to participate. Please read the form carefully. You may ask questions about anything that is not clear. When all of your questions have been answered, you can decide if you want your child to be in the study or not. This process is called "informed consent." You are receiving a hard copy of this consent form; and you may keep it for your records.

Study Purpose

The purpose of this study is to understand how Indigenous language teachers use Indigenous teaching strategies and assessments for children's language learning and how the language curriculum supports children's language learning.

Study Tasks

Participation involves video recordings and photographs that are collected during regular program activities to be used for research purposes in order to determine how the Lushootseed curriculum supports children's language learning.

Risks and Benefits

There are no known risks for your child's participation in this research study. The information collected may not benefit your child directly. The information learned in this study will help TELA and the Lushootseed Departments continue improving their curriculum and may be helpful to others in tribal nation early learning programs. The information you provide will enable the programs to use empirical research to enhance understandings about how tribally specific curriculum materials impact language learning.

Withdrawing Participation

Your decision for your child to participate may change at any time. You may choose to withdraw your child from the study completely and can choose to remove your child's data from the study if you withdraw them. You can e-mail me or tell me in person if you wish to withdraw.

Confidentiality and Data Protections

I will take every precaution to protect your child's information and anonymity in this study, though no guarantee of security can be absolute. Your child's name will not be included in any publications or presentations, including those that include video or photographs of your child. This signed consent form will be stored in a locked file.

Questions

Consent to Participate

By signing below, you indicate that you have read this form, have had your questions answered, understand the tasks involved, and give permission for your child to take part in this research. You can change your mind at any time and withdraw your child from the study without penalty.

Email:		
Signature:	Print Name:	
Child's Name:	: Date:	