



Betty J. Taylor Early Learning Academy

2025-2026

Registration Packet

Contents	Date Turned In	Staff Initials
1. Registration Packet		
<input type="checkbox"/> Parent Acknowledgment	<input type="checkbox"/> Child Nutrition History	
<input type="checkbox"/> Emergency Consent	<input type="checkbox"/> General Health History	
<input type="checkbox"/> Parental Consent	<input type="checkbox"/> Family Engagement Survey	
<input type="checkbox"/> Fluoride Varnish Consent	<input type="checkbox"/> Therapeutic Group Consent	
<input type="checkbox"/> Medical/Dental Survey	<input type="checkbox"/> University of Washington Consent	
2. CACFP Enrollment Form		

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



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Parent Acknowledgement Form

2025-2026 School Year

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
- Health Attendance
- Disease Exclusion
- Medication Administration
- Head Lice
- 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, Parent Complaint Policy and Process, and Security Camera Policy.

_____ I acknowledge that I have read, reviewed, and agree to abide by the Parent Agreement.

By signing this, I acknowledge that I have received and read a copy of the BJTELA Parent Handbook. I also agree to abide by the policies set in the handbook.

Parent/Guardian Signature: _____ Date: _____



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Emergency Consent

2025-2026 School Year

Student Information

Name: _____ Date of Birth: _____
Address: _____

Parent Information

Parent/Guardian: _____	Parent/Guardian: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____
Signature: _____	Signature: _____

Custody Concern:

Name: _____ Relationship: _____
Situation: _____

In an emergency if a parent or legal guardian cannot be reached, contact the following who also has permission to pick up my child:

Name: _____	Name: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

Other than you, and the emergency contacts listed above, who else has permission to pick up your child?

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Health Concerns

Any current medication? No _____ Yes _____ If yes, list medication: _____

Reason _____

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 _____



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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

- _____ 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.

Activities

- _____ 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

Date



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Fluoride Varnish Consent Form

2025-2026 School Year

☐ YES, I would like my child's teeth varnished for free.



☐ NO, I would not like my child's teeth varnished for free.

Please fill out the rest of this form only if you would like your child to receive a dental varnish (print clearly).

I authorize the Tulalip Dental Clinic of Tulalip Washington, and any other person associated or assisting them to proceed with administering the fluoride varnish that will help prevent cavities on my child's teeth.

☐ Check Box if your child is registered for services at the Tulalip Health/Dental Clinic

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.



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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:		

Do you need assistance in finding a Primary Care Provider? ☐ Yes ☐ No

Do you need assistance in finding a Dentist for your child? ☐ Yes ☐ No

Are you currently signed up for MyChart Access for your child? ☐ Yes ☐ No

Would you like assistance in setting up a MyChart Account? ☐ Yes ☐ No

Please check all that apply

✓	Health Insurance
	Apple Health (Medicaid/CHIP/State)
	Private Health Insurance
	Indian Health Services
	Other:
	No Health Insurance

Do you need assistance signing your child up for Health Insurance? ☐ Yes ☐ No

Child's Name: _____ DOB: _____

Parent's Name: _____

Staff Signature: _____



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Child Nutrition History

2025-2026 School Year

Is your child allergic to any foods? If yes, please list:	_____ Yes	_____ No
Has a healthcare provider suggested any special diet for your child? If yes, please explain:	_____ Yes	_____ No
Does your child take vitamin/mineral supplements at home? If yes, is iron included?	_____ Yes	_____ No
Does your child have trouble chewing or swallowing? If yes, please explain:	_____ Yes	_____ No
Are there foods that cannot be eaten for cultural, religious or medical reasons? If yes, which foods?	_____ Yes	_____ No
Have there been any changes in your child's appetite during the last three months? If yes, please explain:	_____ Yes	_____ No
Do you have any concerns about your child's eating habits? If yes, please explain:	_____ Yes	_____ No
Do you have any concerns about your child's growth? If yes, please explain:	_____ Yes	_____ No
Do you have any concerns about your child's weight? If yes, please explain:	_____ Yes	_____ No
Does your child eat non-food items? If yes, please list:	_____ Yes	_____ No
Do you share meals together as a family?	_____ Yes	_____ No

Child's Name _____
 Parent Signature _____
 Parent Name: _____
 Staff Signature: _____

Date of Birth: _____
 Date: _____
 Date: _____



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General Health History

2025-2026 School Year

Child's Name: _____ Sex: M F DOB: _____

Pregnancy/Birth History	Yes	No	Explain "Yes" Answers
1. 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? <i>(if applicable)</i> 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? <i>For example: Time, transportation, no insurance, etc.</i>			

24. Does your child take a nap? If yes, when and for how long?			
25. Does your child sleep less than 8 hours a day or have trouble sleeping (such as being fretful, having nightmares, wanting to stay up late)? If yes, describe sleeping arrangements?			
26. Does your child use the toilet?			
27. Does your child need help using the toilet during the day or night? (If applicable)			
28. How does your child act with adults that they do not know?	---	---	
29. How does your child act with children their own age?	---	---	
30. Does your child often get cranky or cry when they are not tired, hungry, or sick and you cannot figure out why? a. If yes, can you please elaborate?			
31. Have there been any big changes in your child's life in the last six months?			
Allergies	Yes	No	Explain "Yes" Answers
32. Does your child have allergies or severe reactions (including intolerances) to food, medicine, insects, animals, or other substances? If yes (please answer questions 33-37) If no (please skip to next section)			
33. Please name what your child is allergic to and describe your child's allergic reaction:			
34. How do you treat your child's allergy? Please list any over-the-counter medications you use at home, if any.			
35. Has this allergy been diagnosed by a licensed healthcare provider?			
36. Do you have epinephrine or any prescription medication at home to treat your child's allergy?			
37. Additional information about allergies?			

Diagnosed Chronic Conditions	Yes	No	Explain "Yes" Answers
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" Answers
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" Answers
41. How would you rate your child's dental health?	---	---	Very Good
			Somewhat Good
			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: _____ Date: _____

Relationship to child: _____

Staff Signature: _____ Date: _____



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Family Engagement Survey

2025-2026 School Year

Parent/Guardian Name: _____ Date: _____
 Phone: _____ Email Address: _____
 Student Name(s): _____

When attending a BJTELA Event or Parent Training: (Please circle one)

Which day of the week works best for you? Mon. Tues. Wed. Thur. Fri.

When attending BJTELA Parent Committee/Policy Council: (Please circle one)

What time of the day works best for you? Morning Lunch Afternoon After Hours

As we plan Family Engagement Events and parent trainings for the upcoming school year, BJTELA would appreciate your input to ensure the events reflect families' interests and encourage high participation.

Please check all topics you are interested in:

Parenting	Education	Nutrition	Budgeting
<input type="checkbox"/> Discipline <input type="checkbox"/> Child Development <input type="checkbox"/> Self-Esteem <input type="checkbox"/> Single Parenting <input type="checkbox"/> Working Parents <input type="checkbox"/> Making Memories <input type="checkbox"/> Choosing Childcare <input type="checkbox"/> Free / Low Cost Resources <input type="checkbox"/> Grandparent Support <input type="checkbox"/> Activities	<input type="checkbox"/> Education <input type="checkbox"/> Literacy <input type="checkbox"/> Adult Education <input type="checkbox"/> Child Development <input type="checkbox"/> Child Milestones <input type="checkbox"/> ESL Speech Classes <input type="checkbox"/> Learning Environments <input type="checkbox"/> GED Continuing ED <input type="checkbox"/> Special Needs <input type="checkbox"/> ESL-English Language <input type="checkbox"/> Sign Language	<input type="checkbox"/> Cooking Recipes & Tips <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Meal Planning <input type="checkbox"/> Nutrition Education <input type="checkbox"/> Cooking Classes <input type="checkbox"/> Portion Control <input type="checkbox"/> WIC information Do you have any traditional food idea or food ideas for our academy menu? _____ _____	<input type="checkbox"/> Low Cost Meals <input type="checkbox"/> Budget Management <input type="checkbox"/> Clothing on a Budget <input type="checkbox"/> Ways to cut your PUD Cost <input type="checkbox"/> Couponing <input type="checkbox"/> Saving to buy a Home <input type="checkbox"/> Buying a Car <input type="checkbox"/> Emergency/ Housing Information Other: _____ _____
Employment	Health & Safety	Hobbies/ Cultural	Personal
<input type="checkbox"/> Resume Assistance <input type="checkbox"/> Starting a Career <input type="checkbox"/> Need a Job <input type="checkbox"/> Job Training <input type="checkbox"/> Grandparent PT- Job Other: _____ _____ _____	<input type="checkbox"/> First Aid/ CPR Training <input type="checkbox"/> Emergency Disaster/ Preparedness Training <input type="checkbox"/> Exercise Classes <input type="checkbox"/> Self Defense Classes <input type="checkbox"/> Mental Health Information/ Support Other: _____ _____	<input type="checkbox"/> Crafts <input type="checkbox"/> Home & Garden <input type="checkbox"/> Sewing <input type="checkbox"/> Basket Weaving <input type="checkbox"/> Cooking <input type="checkbox"/> Painting <input type="checkbox"/> Drumming <input type="checkbox"/> Traditional Foods Other: _____ _____	<input type="checkbox"/> Stress Management <input type="checkbox"/> Anger Management <input type="checkbox"/> Organization Skills <input type="checkbox"/> Alcohol/ Drug Abuse <input type="checkbox"/> Communication <input type="checkbox"/> Car Maintenance Other: _____ _____ _____



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Therapeutic Group Consent Form

2025-2026 School Year

Child's Name: _____ Parent/Guardian Name: _____

Date of Birth: _____ Classroom/Teacher: _____

As part of our commitment to supporting the emotional, social, and developmental needs of our students, we offer regular therapeutic group activities during class time.

All programs are:

- Conducted in classroom groups during the school day.
- Trauma-informed, inclusive, and age-appropriate.
- Non-clinical and educational in nature.
- Designed to support children holistically.

These programs include:

- **Music Therapy**
 - Facilitated by a qualified music therapist, this group uses music experiences (such as singing, movement, and instrument play) to support students in expressing emotions, improving communication, developing social skills, and enhancing overall well-being.
- **Rainbowdance®**
 - Led by certified facilitators trained by the Boston Children's Foundation, Rainbowdance® is a structured movement and rhythm-based program that fosters emotional regulation, resilience, and peer connection through safe, guided group play.
- **Second Step Child Protection Unit (with music enhancements)**
 - This classroom-based curriculum is designed to teach young children essential personal safety skills in a developmentally appropriate way. We enhance this unit with **age-appropriate songs and movement activities** to reinforce:
 - Recognizing safe vs. unsafe situations
 - Understanding body boundaries and personal space
 - Identifying trusted adults
 - How to say "no" and get help when needed

Consent Statement

I understand that my child may participate in **Music Therapy** and **Rainbowdance®** group sessions provided as part of the classroom curriculum. I understand the purpose of these sessions is to promote social-emotional development, and they are conducted by trained facilitators. I consent to communication among facilitators, teachers, staff, and myself as needed for the scheduling and implementation of these programs.

I acknowledge:

- ☐ Participation is voluntary and up to the child's discretion.
- ☐ These activities are not clinical therapy or diagnostic services.
- ☐ My child's privacy and dignity will be respected during group sessions.
- ☐ I may contact the school or program staff with any questions or concerns.

Please indicate your consent below:

Signature: _____ Date: _____

Phone: _____ Email: _____

Questions? Contact: Marysa Sylvester LMHC-A, M.Ed or Vee Gilman LMHC-A, MT-BC
msylvester@tulaliptribes-nsn.gov vgilman@tulaliptribes-nsn.gov



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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

If you have questions about the research at any time, please contact Anna Lees. If you have questions, concerns, or complaints about your rights as a research subject, please contact the University of Washington Human Subjects Division at hsdinfo@uw.edu or 206.543.0098.

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: _____