

Muckleshoot Early Childhood Education Application 2026 - 2027

Program Application For: *

- ☐ Muckleshoot Indian Tribe Head Start Program
- ☐ Muckleshoot Indian Tribe CCDF Program
- ☐ Muckleshoot Indian Tribe Birth to Three Program/Support Services
- ☐ Muckleshoot Indian Tribe Child Development Center

You will receive an automated email as soon as your application is complete with all documents received.

Muckleshoot Indian Tribe Early Childhood Education Application

Parent or Guardian's Name *

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First Name

Middle Name

Last Name

DOB *

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Month Day

Year

Address *

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Street Address

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Street Address Line 2

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City

State / Province

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Postal / Zip Code

Mailing address if different from above

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Street Address

Street Address Line 2

Home Telephone

City State / Province
Please enter a valid phone number.

Postal / Zip Code

Work Telephone

Please enter a valid phone number.

Cellular Phone *

Please enter a valid phone number.

Cell Phone Carrier

Email Address *

example@example.com

Alternate E-mail address

example@example.com

2nd Parent or Guardian's Name

First Name

Middle Name

Last Name

DOB

Month Day Year

Address (if different from above)

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Home Telephone

Please enter a valid phone number.

Work Telephone

Please enter a valid phone number.

Cellular Phone *

Please enter a valid phone number.

Cell Phone Carrier

Email Address *

example@example.com

Alternate Email Address

example@example.com

Gender

- ☐ Female
☐ Male

Does your child have special needs?

- ☐ No
☐ Yes

Healthcare Provider (parent/guardian's preferred medical facility for treatment)

Please list your preferred medical facility for treatment**Doctor's Phone Number ***

Please enter a valid phone number.

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Date of last well child exam

Month Day Year

Please list information for additional child(ren)

Date of last dental exam

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Month Day Year

Please list information for additional child(ren)

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PERMISSION TO PICK UP YOUR CHILD & IN CASE OF EMERGENCY

(I give my permission for any of the following individuals to be contacted and my child may be released to any of them)

Date

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Month Day Year

Who does not have permission to pick up your child? (if court ordered, please provide a copy of the order) Release cannot be denied to biological parents without a court order

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I hereby give permission for my child (ren), (please list children names)

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If I cannot be contacted; I authorize and give my consent to medical, surgical, or hospital care; treatment and procedures to be performed for my child, by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I agree and understand that it is my responsibility to keep the Muckleshoot Early Childhood Education program/enrollment office; updated on all employment, work phone, and address so they may readily

contact me in the event of an accident or emergency.

Date *

Month Day Year

Employment Section

Employer verification the employee can self –certify, if not working then please ignore.

Employed *

- ☐ Yes
☐ No

Employer Name

Supervisor Name

First Name

Last Name

Work Phone Number

Please enter a valid phone number.

Work Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Work Schedule include day and times

Permission to Release/Request Information

Please list children's names and date of birth below

As a parent/guardian of the child named above, I hereby grant

- ☐ Muckleshoot Indian Tribe Head Start Program
- ☐ Muckleshoot Indian Tribe CCDF Program
- ☐ Muckleshoot Indian Tribe Birth to Three Program/Support Services
- ☐ Muckleshoot Indian Tribe Child Development Center

To request information relevant to my child/family from

- ☐ Muckleshoot Indian Tribe Health and Wellness Center: 17500 SE 392 ST. Auburn WA 98092 P:253-939-6648
- ☐ Muckleshoot Indian Tribe Enrollment Department
- ☐ Muckleshoot Casino Human Resources
- ☐ Muckleshoot Bingo Hall Human Resources
- ☐ Muckleshoot Indian Tribe Finance Department
- ☐ Mary Bridge Pediatrics: 202 N Division St #300, Auburn WA 98002 P: 253-876-8088
- ☐ Auburn Health Point: 126 Auburn Ave, Auburn WA 98002 P: 253-735-5066
- ☐ Pediatrics Northwest: 505 S 336th St, Suite 210, Federal Way, 98003 P: 253-927-3243

Including any or all of the following (as checked below)

- ☐ Child health information (Well-child Exam, Dental Exam, Immunizations, Lead and Hemoglobin/Hematocrit test results)
- ☐ Family eligibility information, including current family status or employment/income verification
- ☐ Child's birth Certificate
- ☐ Child's Tribal Status
- ☐ Child developmental/educational information (assessments, progress reports)
- ☐ Information regarding child's special needs (observations, individual education plan) if applicable
- ☐ Family Services information (needs assessment, service plan)

I understand that the confidentiality of any information identifying my child and/or myself will be maintained in accordance with the law and both federal and state regulations. Such information will only be used with my consent for the benefit of my child or me.

By signing below, I also acknowledge that: I may review the indicated information at any time. This authorization is voluntary, and I may refuse to sign it. My refusal to sign will not affect my eligibility for services or enrollment. This authorization will expire one (1) year from the date below, but I may also choose to revoke it at any time.

Parent/Guardian Name

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First Name

Last Name

Address

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Street Address

--

Street Address Line 2

--	--

City

State / Province

--

Postal / Zip Code

Date

--	--	--

Month

Day

Year

