



Enrollment Packet

6 Weeks-Pre-K Location: 1421 Grandview

Kindergarten - 8th Grade Location: 128 W. 15th

Pawhuska

Look to the Past, Live in the Present, Learn for the Future

2025-2026

APPLICATION CHECKLIST

To process applications for ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ, the following information is needed for each child:

- ☐ Osage Membership number
- ☐ Copy of Birth Certificate
- ☐ Copy of Social Security Card
- ☐ Copy of school records if applicable
- ☐ Child's Immunization Record

Superintendent: Patrick Martin - Office (918) 287-5320

Administrative Assistant: Teresa Gorr - Office (918) 287-9772

FEES and PAYMENT POLICY

Each student who attends our ᐃᐱᐅᐅᐅᐅ ᐱᐅᐅᐅᐅᐅ is part of a learning community that provides meaningful learning experiences, which support cognitive, social, and emotional growth each day. Our academies are maintained and equipped with up-to-date technology, interactive learning materials and supplies, outdoor equipment, and alarm systems to keep children safe at all times. Our curriculum and rigor is current with research that supports early childhood education and development. In addition, nutritional meals and snacks are provided during the day, and students eat with their peer's family-style, learn, and recite Osage prayers. The cost of ᐃᐱᐅᐅᐅᐅ ᐱᐅᐅᐅᐅᐅ supports the quality of education and learning experiences provided for the students attending.

Fees and Payments

Payments are accepted at ᐃᐱᐅᐅᐅᐅ ᐱᐅᐅᐅᐅᐅ locations and are due by the *10th of the following month*. Student enrollment status will be put on hold until the bill is paid in full by the 10th of the following month. Bills left unpaid for thirty (30) days will be sent to the Attorney General's Office for collection.

Osage Nation employees will have payments automatically deducted out of their payroll check.

Language Class/Events Fee Waiver

Among the goals of the Osage Nation are the expression and retention of the Osage Culture and Language. In order to reclaim the language, ᐃᐱᐅᐅᐅᐅ ᐱᐅᐅᐅᐅᐅ is offering a Language & Cultural Class Fee Waiver.

- Tuition is \$500 per month per family. However, you can receive credit each month to lower your tuition cost.
- Osage Language Classes, Cultural Events, and ᐃᐱᐅᐅᐅᐅ ᐱᐅᐅᐅᐅᐅ events count as credits of up to \$400 per month toward tuition.
 - See chart below for # of classes/cultural events/school events needed per month to receive the maximum number of credits
 - Participants must be the mother, father, or legal guardian of a child enrolled in ᐃᐱᐅᐅᐅᐅ ᐱᐅᐅᐅᐅᐅ

Individuals must arrive no later than fifteen (15) minutes after the scheduled start time to receive credit for their attendance on their monthly log. If the arrival time is later than 15 minutes, credit will not be received to apply towards the fee waiver. Individuals leaving class fifteen (15) minutes before the scheduled end time will not receive credit for that class/event towards the fee waiver.

Parents or Guardians opting for the Osage language class waiver must have a language log signed by the authorized instructor for each class. Parents/Guardians are responsible for submitting their signed language log to your child's center manager in person on the first business day of the month, but no later than the fifth business day of each month.

Please see office for a Language Fee Waiver Log. This log is also available on the ገለጽ ለጽሑፍ ለጽሑፍ website. **Language logs must be submitted monthly by the 5th.**

| ገለጽ ለጽሑፍ ለጽሑፍ Fee Waiver Example | | |
|--------------------------------------|--|----------|
| Rate Per Month Per Child (or Family) | Osage Language/ Cultural Event/ School Event Credits | Total |
| \$500.00 | Attend 4 = \$400.00 | \$100.00 |
| \$500.00 | Attend 3 = \$300.00 | \$200.00 |
| \$500.00 | Attend 2 = \$200.00 | \$300.00 |
| \$500.00 | Attend 1 = \$100.00 | \$400.00 |

- **Waivers will apply per child or per family if you have more than 1 child attending ገለጽ ለጽሑፍ ለጽሑፍ**

| Month | # of classes required to receive the maximum credit | Cost per waiver |
|-----------|---|-----------------|
| August | N/A (due to no language classes) | N/A |
| September | 4 | \$100 |
| October | 4 | \$100 |
| November | 4 | \$100 |
| December | 2 | \$200 |
| January | 4 | \$100 |
| February | 4 | \$100 |
| March | 2 | \$200 |
| April | 4 | \$100 |
| May | 4 | \$100 |
| June | 2 | \$200 |
| July | N/A (due to no language classes) | N/A |

ENROLLMENT INFORMATION

Application Date: _____

Grade Level: _____

STUDENT INFORMATION

Student Name: _____ Nickname: _____

Osage Name (if applicable): _____

Date of Birth: _____

Osage Membership Number: _____

What district are you from? _____

Address: _____

City: _____ State: _____ Zip Code: _____

Allergies: _____

Special Needs: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____

Mother's Place of Employment: _____ Work #: _____

Mother's Cell: _____ Email: _____

Father's Place of Employment: _____ Work #: _____

Father's Cell: _____ Email: _____

LIST ALL INDIVIDUALS IN THE HOUSEHOLD

| Name | Relationship to Student | Age |
|------|-------------------------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Individuals who have permission to pick up my child, other than legal guardian(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

EMERGENCY CONTACT INFORMATION

Please identify two individuals (other than the parent or legal guardian)

ՆԱԲԵՐՈՒՄԻ ԱՆՎՈՐՈՒՄԻ may contact in the event of an emergency.

Name: _____ Relationship to Student: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to Student: _____

Cell Phone: _____ Work Phone: _____

HEALTH RECORD

Child's Physician or Clinic:

_____ Phone: _____

Address: _____ City: _____ Zip: _____

_____ I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? _____ Yes _____ No

If yes, describe:

Does your child have any known allergies? _____ Yes _____ No

If yes, explain:

Does the known allergy require special precautions, actions, or medications? _____ Yes _____ No

If yes, describe:

Describe any special precautions for diet, medication, or activity, when applicable:

Are there any other special considerations that would assist this program in providing care to your child? _____ Yes _____ No

If yes, describe:

Will your child receive any specialized services from professionals outside of this program's personnel? _____ Yes _____ No

_____ If yes, I understand that a signed and dated parental consent is required.

I give permission for program personnel to consult with specialized personnel regarding the needs of my child. _____ Yes _____ No

- Please provide any documentation if possible to support above stated.

PARENT AUTHORIZATION

Student's Name: _____ Date Completed: _____

AUTHORIZATION FOR SCREENINGS/ASSESSMENTS

The Osage Nation ᐃᐱᐅᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅᐅ Program offers the following Health Screening. By checking the boxes, you are giving consent for your child to participate in these screenings.

Type of Screening

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing | <input type="checkbox"/> Height/Weight |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Developmental | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Osage Language | <input type="checkbox"/> Other |

Parent/Guardian Signature

Date

MEDICAL AUTHORIZATION

- ☐ In case of an emergency, I authorize the ᐃᐱᐅᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅᐅ staff to provide medical/dental treatment for my child from a qualified doctor, dentist, emergency room, EMT, or health care provider.
- ☐ I authorize the ᐃᐱᐅᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅᐅ staff to administer basic first aid to my child in the classroom or in transit should an injury occur.

Parent/Guardian Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

- ☐ I authorize the Osage Nation WIC to release pertinent health information on my child to ᐃᐱᐅᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅᐅ.
- ☐ I authorize ᐃᐱᐅᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅᐅ to share information with the public school and WIC, such as my child's name and date of birth.
- ☐ I authorize ᐃᐱᐅᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅᐅ and the local public schools to share pertinent social, developmental, medical, or any other information on a need to know basis.

Parent/Guardian Signature

Date

OTHER PERMISSIONS AND RELEASES

- ☐ I give my child permission to take part in ALL ՃԱԲՕՏԿԱ ԱՊԿՕԾԱԲՈՂ field trips, picnics, etc. Advance notice of one week will be given to parents/guardians.
- ☐ I give my permission for photo releases of my child relating to ՃԱԲՕՏԿԱ ԱՊԿՕԾԱԲՈՂ.

Parent/Guardian Signature

Date

ENROLLMENT CONTRACT

Both parents, guardians, and other persons responsible for payments should read all the provisions of this contract, complete the required information, and sign and return the contract with the Enrollment Packet. A student is enrolled when the entire enrollment packet has been delivered to ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ, countersigned and dated. No amendment to this Contract and no alteration or addition to the printed terms hereof will be effective without the express prior written approval of the ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ Superintendent and the Osage Nation Director of Operations.

Students Name: _____

The families of students enrolled and attending ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ have several payment options available to them. It is the policy of ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ to make every attempt to aid those students wishing to attend ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ to be able to do so by providing financial assistance when possible, and providing payment options for Osage Nation employees.

Payments are accepted at ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ by check or money order only. Payments are due no later than the 10th of the following month.

If a check is returned, money orders will only be accepted as a form of payment.

In cases where payment has not been made by the 30th of the month, students will not be allowed to return to ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ until their balance has been paid in full.

Accounts for which no payment has been made in over sixty (60) days will be sent to the Osage Nation Attorney General for collection.

Enrollment and re-enrollment is conditioned upon the following terms:

1. Payments must be received by ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ on or before each monthly due date.
2. Payments for Osage Nation employees will be automatically deducted.
3. Acceptance of enrollment constitutes an agreement to pay each full academic month's account, comprised of both TOTAL MONTHLY RATES and all related fees and expenses of the student. ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ is entitled to be reimbursed for any attorney's fees and costs incurred in the collection of any unpaid balance.
4. The student and the student's family agree to comply with and be subject to ᐃᐱᐅᐅᐅᐅᐅ ᐱᐱᐅᐅᐅᐅᐅ rules and policies as set forth in the Parent Handbook, as amended from time to time.
5. An account is considered delinquent if not paid on or before the 10th calendar day of each month. If your account is not paid by the 10th of each month your child will not be able to return until the balance is paid in full. Whenever a fee account becomes

past due for a period of 30 days from its due date, then the remaining balance will be sent to the Attorney General's Office for collection and the student will be dismissed.

6. Parents/Guardians receiving financial assistance are responsible for all co-payments, fees, and unpaid balances under the above terms of this contract.
7. The undersigned hereby expressly recognizes that the benefit sought or presently enjoyed by the undersigned from the Osage Nation government, to with: enrollment of my child in ᏓᏳᏳᏳᏳᏳ ᏳᏳᏳᏳᏳᏳᏳ is a privilege and a benefit, regardless of whether the undersigned is a natural artifact person or entity, and further regardless of whether the undersigned is of Indian or non-Indian blood, descent or legal character, the undersigned hereby stipulates and agrees that jurisdiction over all matter and disputes arising out of exercise of such a benefit and privilege shall vest in the Osage Nation laws, codes regulations, policies and procedures governing such benefits, privileges and activities. The undersigned further expressly waives all further rights to contest the jurisdictions of the Osage Nation Courts over any such matter, disputes, actions, or decisions of any branch of the Osage Nation Government.

Father/Guardian or Person Responsible for Payment

Date

Mother/Guardian or Person Responsible for Payment

Date

ᏓᏳᏳᏳᏳᏳ ᏳᏳᏳᏳᏳᏳᏳ Administrator

Date

ALL ABOUT ME

My name is: _____

My Osage name is: _____

My district is: _____

I was born on: _____

I have _____ members in my family.

I am _____ years old.

My favorite things:

Pet _____

Color _____

Food _____

Toy _____

Things my teachers need to know about me:
