Keiki (Child) Enrollment Packet Check List

Please check off the items below and return this form with your Keiki (Child) Enrollment packet. Mahalo.

- ☐ *Completed Tūtū and Me Traveling Preschool Enrollment Form*
- ☐ *Completed Keiki (Child) Emergency and Health Information Form (if neither parent will be attending the program with the keiki,) a "Caregiver Emergency and Health Information Form" **must** be completed by any/all additional caregivers planning to attend*
- ☐ *Caregiver Emergency and Health Information Form (for any/all Caregivers attending program other than parent)*
- ☐ *Copy of Child's Immunization Record*
  (do not send originals – copies only please)
- ☐ *Copy of Child's Department of Health Certificate of Birth*
  (do not send originals – copies only please)
- ☐ *Program Participant and Caregiver Release Form for Interviews, Email and Text Messages, Photographs, and Video and Voice Recordings (1 for each participating caregiver)*
- ☐ *Written Stories Release Form (1 for each participating caregiver)*
- ☐ *Keiki Assessment Consent Form*
- ☐ *Caregiver Assessment Consent Form (1 for each participating caregiver)*
- ☐ *Keiki T-Shirt size*: ☐ 6 months ☐ 12 months ☐ 18 months
  ☐ Extra Small ☐ Small ☐ Medium

If you have any questions, please give us a call at _____

Please mail your completed forms and copies to:

Tūtū and Me Traveling Preschool

_____

_____

 Revised 07/26/22

Tūtū and Me Traveling Preschool Enrollment Form

How did you hear about Tūtū and Me? (Please check all that apply) Recruitment Event Code _____

☐ You are a Returning Family ☐ Referred by a Family Member ☐ Tūtū and Me Staff Member

☐ Saw Banner or Van Decal ☐ Other | Describe Other _____

School Year _____Site you would like to attend? _____

Keiki (Child's) Legal Name _____
(Please Print) Last First Middle

Sex: (circle one) M F Check one Date of Birth _____(Month/Day/Year)

Keiki Home Phone #( )_____ Emergency Phone #( )_____

Keiki Home Address _____
Street City State Zip code

Preferred Mailing Address _____
No. & Street or P.O. Box City State Zip code

Was this keiki born premature? ☐ Yes ☐ No If yes, how premature? (In weeks please)_____

Who does the keiki live with? ☐ Parents ☐ Mother ☐ Father ☐ Grandparents ☐ Other _____

Is this a Multigenerational Household? ☐ Yes ☐ No Number of families in the household _____

Number of people living in the household_____ Number of children living in the household_____

Which child is this? (only, oldest, youngest, middle, etc.) _____

Primary language spoken at home_____

Has your keiki recently immigrated to the United States from a country under the Compact of Free Association?
☐ Yes ☐ No (If yes, you will be asked to provide their TB clearance)

Has your keiki ever tested positive for active Tuberculosis? ☐ Yes ☐ No

If yes, has a chest x-ray been taken and has it resulted in a negative result? ☐ Yes ☐ No

Parent's Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single ☐ Widow/er ☐ Other

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Ethnic Ancestry of Keiki

Is this keiki Native Hawaiian? ☐ Yes ☐ No

Please check all other groups the keiki identifies with:

☐ African American
☐ Caucasian
☐ Chinese
☐ Filipino
☐ Hispanic
☐ Japanese
☐ Korean
☐ Native American or Alaskan Native
☐ Pacific Islander
☐ Other

Specify Other _____

 Revised 06/10/25

Tūtū and Me Traveling Preschool Enrollment Form

Parent/Guardian Information #1

(Check Appropriate Box) ☐ Father ☐ Stepfather ☐ Adoptive Father ☐ Guardian

☐ Mother ☐ Stepmother ☐ Adoptive Mother

Parent Legal Name _____
(Please Print) Last First Middle

Occupation or Title _____ **Informational Survey: Are you Native Hawaiian? ☐ Yes ☐ No**

Mobile Phone#( ) _____ Email address _____

Highest Grade Completed in School ☐Grade 9 or less ☐Some High School ☐GED ☐High School Diploma

☐Associates Degree ☐Bachelor's Degree ☐Master's Degree ☐Doctorate Degree ☐Some College

In case of an Emergency, please contact one of the following:

Name of First Emergency Contact _____

Relationship to You _____ Contact Phone#( ) _____

Name of Second Emergency Contact _____

Relationship to You _____ Contact Phone#( ) _____

Have you recently immigrated to the United States from a country under the Compact of Free Association? ☐ Yes ☐ No
If yes, you will be asked to provide your TB clearance.

Have you ever tested positive for active Tuberculosis? ☐ Yes ☐ No
If yes, has a chest x-ray been taken and has it resulted in a negative result? ☐ Yes ☐ No

I am allergic to: Food(s): _____

Other (chemical, dust, etc.): _____

Do you have any criminal convictions or history of child abuse or neglect or psychological or psychiatric problems that may adversely affect or interfere with the health, safety, or well-being of children? ☐ Yes ☐ No _____ **Initial**

I understand that checking "no" does not preclude Partners in Development Foundation from conducting a criminal background check and/or request for additional personal information to conduct the criminal background check.

In order to ensure the safety of our keiki, Tutu and Me reserves the right to deny participation/attendance at regular or special program activities to any individual who is a registered sex offender or has a criminal background.

I will be my keiki's ***Primary Caregiver*** and attending the Tūtū and Me program ☐ **Yes** ☐ **No** ☐ **Occasionally**

Parent/Guardian Information #2

(Check Appropriate Box) ☐ Father ☐ Stepfather ☐ Adoptive Father ☐ Guardian

☐ Mother ☐ Stepmother ☐ Adoptive Mother

Parent Legal Name _____
(Please Print) Last First Middle

Occupation or Title _____ **Informational Survey: Are you Native Hawaiian? ☐ Yes ☐ No**

Mobile Phone#( ) _____ Email address _____

Highest Grade Completed in School ☐Grade 9 or less ☐Some High School ☐GED ☐High School Diploma

☐Associates Degree ☐Bachelor's Degree ☐Master's Degree ☐Doctorate Degree ☐Some College

In case of an Emergency, please contact one of the following:

Name of First Emergency Contact _____

Relationship to You _____ Contact Phone#( ) _____

Name of Second Emergency Contact _____

Relationship to You _____ Contact Phone#( ) _____

Have you recently immigrated to the United States from a country under the Compact of Free Association? ☐ Yes ☐ No
If yes, you will be asked to provide your TB clearance.

Have you ever tested positive for active Tuberculosis? ☐ Yes ☐ No
If yes, has a chest x-ray been taken and has it resulted in a negative result? ☐ Yes ☐ No

I am allergic to: Food(s): _____

Other (chemical, dust, etc.): _____

Do you have any criminal convictions or history of child abuse or neglect or psychological or psychiatric problems that may adversely affect or interfere with the health, safety, or well-being of children? ☐ Yes ☐ No _____ **Initial**

I understand that checking "no" does not preclude Partners in Development Foundation from conducting a criminal background check and/or request for additional personal information to conduct the criminal background check.

In order to ensure the safety of our keiki, Tutu and Me reserves the right to deny participation/attendance at regular or special program activities to any individual who is a registered sex offender or has a criminal background.

I will be my keiki's ***Primary Caregiver*** and attending the Tūtū and Me program ☐ **Yes** ☐ **No** ☐ **Occasionally**

Total Yearly Income of Household: (Please check appropriate box)

A. ☐ Less than $25,000
B. ☐ $25,000 to $49,999
C. ☐ $50,000 to $74,999
D. ☐ $75,000 or more

I certify that the information submitted on this form is true and correct to the best of my knowledge and agree to furnish proof and other documents as requested. I hereby consent that Partners in Development Foundation has my permission to conduct a criminal background check.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Keiki (Child) Emergency and Health Information Form

Keiki (Child's) Legal Name _____
(Please Print) Last First Middle

Date of Birth: _____
(month/day/year)

In case of an emergency, please contact one of the following:

(Please list contacts other than attending caregivers)

Name of First Emergency Contact _____

Relationship to keiki _____ Contact number #( ) _____

Name of Second Emergency Contact _____

Relationship to keiki _____ Contact number #( ) _____

My keiki is allergic to: Type of Food(s): _____

Other (chemical, dust, etc.): _____

Do you have any concerns about the development of your keiki? ☐ Yes ■ No

If yes, please describe your concerns: _____

_____

Has your keiki received any Early Intervention Services? ☐ Yes ■ No If yes, referred by: _____

Does your keiki require special accommodations on the program grounds? ☐ Yes ■ No

If yes, please specify accommodations: _____

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

 Revised 04/14/23

Caregiver Emergency
and Health Information Form
(for any/all Caregivers attending program other than parent)

Keiki Name _____
Last First Middle Initial

Caregiver Legal Name _____
(Please Print) Last First Middle Initial

Caregiver's relation to the keiki: (Please check appropriate box) ☐Hānai Mother ☐Hānai Father ☐Foster Parent ☐Aunt ☐Uncle

☐Grandparent ☐Guardian ☐Other (please specify) _____ Sex: (circle one) M☐ F☐

Home Phone#( )_____ Mobile Phone#( )_____ Email address _____

Home Address _____
No. & Street or P.O. Box City State Zip code

Occupation or Title _____ Work Phone#( )_____

Informational Survey: Are you Native Hawaiian? ☐ Yes ☐ No

In case of an Emergency, please contact one of the following:

Name of First Emergency Contact _____
Last First Middle Initial

Relationship to You_____ Contact Phone#( )_____

Name of Second Emergency Contact _____
Last First Middle Initial

Relationship to You_____ Contact Phone#( ) _____

Have you recently immigrated to the United States from a country under the Compact of Free Association? ☐Yes ☐No
If yes, you will be asked to provide your TB clearance

Have you ever tested positive for active Tuberculosis? ☐Yes ☐No
If yes, has a chest x-ray been taken and has it resulted in a negative result? ☐Yes ☐No

I am allergic to: Food(s): _____

Other (chemical, dust, etc.): _____

Do you have any criminal convictions or history of child abuse or neglect or psychological or psychiatric problems that may adversely affect or interfere with the health, safety or well-being of children? ☐ Yes ☐ No _____**Initial I understand that checking "no" does not preclude Partners in Development Foundation from conducting a criminal background check and/or request for additional personal information to conduct the criminal background check**

In order to ensure the safety of our keiki, Tūtū and Me reserves the right to deny participation/attendance at regular or special program activities to any individual who is a registered sex offender or has a criminal background.

I certify that the information submitted on this form is true and correct and hereby consent that Partners in Development Foundation has my permission to conduct a criminal background check.

Caregiver's Signature _____Date_____

 Revised 06/10/25

Program Participant and Caregiver Release Form for Interviews, Email and Text Messages, Photographs, and Video and Voice Recordings

I,_____, understand that Partners in Development Foundation (PIDF) uses interviews, email and text messages, photographs, videos, and voice recordings of participants taken during preschool, school, and other related events as a means of education, evaluation, documentation, and to raise public awareness of its services.

I authorize PIDF and its designated agents, to interview, photograph, record, film, and videotape me and/or the minor children in my care.

I further authorize PIDF to use, televise, and publish (in print or on the Internet, including Facebook and other social media) such interviews, email and text messages, photographs, videos, and voice recordings for any purpose which PIDF deems suitable and which is consistent with the mission of PIDF. I agree that no representations or warranties have been made regarding the purpose or use of my interviews, email or text messages, photographs, videos, or voice recordings, except for those set forth in this release.

On behalf of myself, my heirs, executors, administrators, legal representatives, and assigns, I release and forever discharge PIDF and its Board of Directors, officers, agents, and employees from any and every claim, demand, action, in law or equity that may arise as a result of PIDF's use or publication (through print, Internet, or television) of its interviews, email or text messages, photographs, voice recordings, films, or videotapes of me and/or the minor children in my care.

I further state that I have carefully read the terms of this release. I understand that I am signing a complete release and bar to any claim resulting from PIDF's use or publication of interviews, email or text messages, photographs, voice recordings, videos and other forms of media described herein of me and/or the minor children in my care.

I further understand that this release shall survive the termination of my relationship with PIDF for all media described herein and created during said relationship.

☐ I agree to all of the above.

☐ I disagree, and do not authorize PIDF to interview, photograph, videotape or record me or the minor children in my care for any of its purposes.

_____ _____

Program Participant or Caregiver's Signature Date

_____ _____ _____

Keiki name Keiki name Keiki name

_____ _____ _____

Keiki name Keiki name Keiki name

Written
Stories
Release Form

From time-to-time Tūtū and Me uses stories from families as a means of education, evaluation and documentation. By signing below, you give permission to Tūtū and Me to post and/or publish your story(ies) in print or on the Internet for the purposes of education, evaluation and documentation.

The undersigned gives permission to Tūtū and Me to post and/or publish written documents (i.e. story/ies) by the following family members/keiki:

I _____, certify that I am authorized to approve this on

behalf of _____ (keiki).

_____	_____	_____
Program Participant or Caregiver	Signature	Date

☐ I agree with all of the above.

☐ I disagree, and do not authorize PIDF to use our story(ies) for me or the minor children in my care for any of its purposes.

 Revised 070125

Tūtū and Me Traveling Preschool
Keiki Assessment Consent Form

I, the undersigned, consent to participation of my child in the assessments at Tūtū and Me Traveling Preschool. I understand that none of the information gathered through these assessment measures will be presented in a way that links it specifically with my name or the name of my child. My responses, and my child's responses will be kept confidential by the Tūtū and Me program staff.

I, _____ certify that I am legally authorized and
(Print Name of Parent or Legal Guardian)

approved to sign on behalf of my child, _____.
(Print Name of Child)

_____ _____
Signature of Parent or Legal Guardian Date

 Revised 07/01/12

Tūtū and Me Traveling Preschool
Caregiver Assessment Consent Form

I, the undersigned, consent to participation in the assessments at Tūtū and Me Traveling Preschool. I understand that none of the information gathered through these assessment measures will be presented in a way that links it specifically with my name or the name of my child. My responses, and my child's responses will be kept confidential by the Tūtū and Me program staff.

I, _____ am attending the program with
(Print Name of Caregiver Attending Program)

_____.
(Print Name of Child)

_____ _____
Signature of Attending Caregiver Date

 Revised 07/01/12