Osage Nation Child Care & Development Services
239 W. 12th St.
Pawhuska, OK 74056
Phone 918-287-5296
Fax 918-287-5220

PARENTING CLASSES: Love and Logic Early Childhood Parenting (0-6 years old)

PARENT INFORMATION			
Last Name:	First Name:	MI:	Date:
Street Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Email:	Cell Phone:	Work Phone:	Date of Birth:
Social Security No.:	Tribal Affiliation:	CDIB or other verification: ☐ Yes ☐ No	
Employer:	Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed		

HOUSEHOLD INFORMATION			
Name of Household Member	Relationship	Age	Tribal Affiliation
	Self		

Signature _____ Date _____

RELEASE OF INFORMATION

(Please Print)

I, _____, authorize Osage Nation Child Care Department, to disclose to _____

_____the following information:

(Name to which disclosure can be made)

(Please check all that apply)

_____ Any and all attendance records & enrollment date;

_____ My participation in classroom;

Other:

_____ _____;

_____ _____.

I understand that my records are protected and confidential and cannot be disclosed outside of the Osage Nation government without my written consent. I also understand that I may revoke this consent in writing at any time.

_____ _____

Signature Date

CONFIDENTIALLITY AGREEMENT

By signing the agreement, I understand that all parenting classes attended through the WA[A[E Child Care Department are confidential. I agree to respect the confidentiality of all persons present in each and every class I attend (including but not limited to: not discussing any names, circumstances or specific discussions taking place in class; not taking photographs or recordings of the classroom or participants with any type of camera or recording device including those on cell phones). I further agree that if I am suspected of being in breach of this confidentiality agreement by the class facilitator or Department Director, I will be prohibited from attending classes for a period of one (1) year from the date of the violation.

_____ _____

Signature Date

PARENTING CLASS AGREEMENT

____ I understand that I cannot miss more than two class and that any classes that are missed must be made up with in a two weeks of the class missed. And if I miss more than two I will not be eligible to receive a certificate.

____ I understand that I must complete all homework assignments by the next session.

____ I understand that any violation of confidentiality may result in immediate dismissal from the current session.

____ I, the undersigned hereby expressly recognizes that the benefit sought or presently enjoyed by the undersigned from the Osage Nation government, to wit: participation in WA[A[E Child Care Parenting Class is a privilege and a benefit to the undersigned and not a property interest or matter of right. In consideration of, and as a condition precedent to, the grant, issuance or continued enjoyment of this privilege and benefit, regardless of whether the undersigned is a natural or artificial 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 matters and disputes arising out of exercise of such a benefit and privilege shall vest in the Osage Nation Trial Court. The undersigned further stipulates to be bound by all 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 jurisdiction of the Osage Nation Trial Court over any such matters, disputes, actions or decisions of any branch of the Osage Nation government.

_____ I understand that the information contained within this Agreement and any supporting documentation attached is a protected record under the Osage Nation Open Records Act. The Osage Nation will not disclose any record containing protected information without the written consent of the applicant unless the information is being used to perform the duties of an Osage Nation employee. The applicant's information may be released to other Osage Nation Departments/Programs with which the applicant is receiving or requesting services and to the Office of the Osage Nation Attorney General for an investigation to detect or eliminate fraud.

Participant Signature: _____ Date: _____

Facilitator Signature: _____ Date: _____