BACK TO THE HEART IMMERSION SCHOOL

The Spokane Tribe of Indians Back to the Heart Immersion School is funded to serve 16 children.
4 children ages 18 months to 35 months; 12 children ages 3-7 years old.

Please attach the required documentation listed below-

- ☐ Completed Application
- ☐ Copy of Official Birth Certificate
- ☐ Tribal Enrollment/CIB
- ☐ Certified Immunization Record
- ☐ Guardianship/Placement Documents *If Applicable*

6220 Agency Loop Road | Wellpinit, WA 99040
Phone: 509.258.4315 | 509.299.8014 Email: lorena.abrahamson@spokanetribe.com

nče??sp?us snmeḿye?tn

2026-2027 School Calendar

August 2026

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2026

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2026

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2026

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2026

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January 2027

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 2027

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2027

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2027

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2027

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June 2027

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July 2027

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

First/ Last Day | Tribal Holiday | Tribal Holiday observed | Staff PD Day | Early Releas

Aug 26	First Day
Sep 3	No school
Sep 4	STOI Pow Wow
Sep 7	Labor Day
Sep 17	No School PD Day
Sep 24	No School
Sep 25	American Indian Day
Oct 15	No School PD Day
Nov 11	Veteran's Day
Nov 19	No School PD Day
Nov 23-25	Early Release
Nov 26	Thanksgiving
Nov 27	Native American Heritage Day
Dec 17	No School PD Day
Dec 21-31	Winter Break
Jan 4	School Resumes
Jan 14	NO School PD Day
Jan 15	Spokane Tribal Day
Jan 18	MLK Day
Feb 15	President's Day
Feb 18	NO School PD Day
Mar 8-9	Early Release
Mar 10-11	NO School PD Day
Apr 5-8	Spring Break
Apr 15	NO School PD Day
May 20	NO School PD Day
May 31	Memorial Day
Jun 9	Early Release
Jun 10	End of Year Celebration
Jun 10	Last Day

NO SCHOOL ON FRIDAYS

6220 Agency Loop Rd Wellpint, WA 99040 (509) 258-4315

Spokane Tribe of Indians

Back to the Heart Immersion School Enrollment Application

School Year
2026-2027
Student Status
☐New Student ☐Returning Student

CHILD'S INFORMATION-

Last Name	First Name	Middle Name	nqelixʷ skʷest (Indian name if given)

Date of Birth *MM/DD/YYYY*	Age (ex. Yr 2 Mo 3)	Gender	Child lives with-
	Yr- Mo-	☐ Male ☐ Female	☐Mother ☐Father ☐Both ☐Guardian/Grandparent

Enrolled in a Federally Recognized Tribe?	Tribe	Enrollment Number
☐Yes ☐No ☐Descendant		

Race:
☐American Indian/Alaska Native ☐Asian ☐Black/African American ☐White ☐Native Hawaiian/Pacific Islander
☐White ☐Other:_____

Ethnicity:
☐Hispanic, Latino, or Spanish Origins ☒Not Hispanic, Latino, or Spanish Origins

Physical address for bus pick-up	Physical address for bus drop-o

Is there a custody or visitation arrangement the school should be aware of?
☐Yes ☐No *If yes, please attach the required legal documentation to this application*

CHILD'S HEALTH INFORMATION-

Primary Physician Name/Oice	Address	Phone Number

Primary Dentist Name/Oice	Address	Phone Number

Child's Insurance Company	Policy Number

Please list all the child's allergies *including food, medication, bees, etc.*

Please list your child's health conditions/issues, including behavioral issues

Please list your child's daily medications, *If any* **ALL MEDICATIONS NEED TO BE ADMINISTERED BY THE PARENT/GUARDIAN**

Is your child Potty-trained	If yes, do they need help in the bathroom
☐Yes ☐No	☐Yes ☐No

FAMILY INFORMATION-

GUARDIAN #1

First Name	Last Name	Relationship
		☐Parent ☐Grandparent/ Legal Guardian

Mailing Address	Zip Code	Physical Address	Zip Code

Email Address	Home Phone	Cell Phone

GUARDIAN #2 ***if applicable***

First Name	Last Name	Relationship
		☐Parent ☐Grandparent/ Legal Guardian

Mailing Address *IF DIFFERENT*	Zip Code	Physical Address *IF DIFFERENT*	Zip Code

Email Address	Home Phone	Cell Phone

EMERGENCY CONTACTS- **Individuals not listed, WILL NOT have access to your child WITHOUT written consent**

First & Last Name	Relationship to child	Permission to pick up child when needed?
		☐ YES ☐ NO
Home Phone	**Work Phone**	**Cell Phone**
First & Last Name	**Relationship to child**	**Permission to pick up child when needed?**
	Auntie	☐ YES ☐ NO
Home Phone	**Work Phone**	**Cell Phone**

CONSENT SIGNATURES-

IMAGE & RECORDING CONSENT
I hereby authorize the Spokane Tribe of Indians, to use any photographs, video, likeness, characterizations, or other resemblance of my child, or biographical data concerning my child, for all purposes, with or without my endorsement, including but not limited to advertising and publicity surrounding the Spokane Tribe, its Programs, Interagency Associations or other entities or activities produced or promoted by Spokane Tribe of Indians.
Initial choice _____**YES,** I agree to the use of digital images/voice recordings _____**NO,** I do not agree to the use of digital images/voice recordings
HEALTH & MEDICAL CONSENT
I hereby authorize the Spokane Tribe of Indians Back to the Heart Immersion School Staff to seek and authorize emergency medical or dental care for my child, if ever needed.
Initial choice _____**YES,** I agree to allow BTTH to authorize emergency care _____**NO,** I do not agree to allow BTTH to authorize emergency care

Parent/Guardian's Signature	Date	Parent/Guardian's Signature *(If Applicable)*	Date

OFFICE USE ONLY			
Date Received	☐Incomplete ☐Notice Sent Date:_____	☐Complete ☐Notice Sent Date:_____	**Enrollment Date**

Spokane Tribe of Indians

Back to the Heart Immersion School
BEHAVIOR POLICY

The Back to the Heart Immersion School has the primary responsibility to ensure the safety of all individuals (children and adults) in our facility. Staff will model positive behavior and set the physical environment, promoting social competence. When conflict arises, staff will guide the children through a positive way to handle behavior.

Please be advised that disruptive, aggressive behavior *(biting, kicking, punching, swearing, spitting, scratching, bullying, and/or throwing objects, etc.)* that will cause harm to themselves, others, or property is unacceptable.

In cases where persistent unacceptable behavior occurs, the staff will be required to keep a record of the behavior and how it is/was responded to before, during, and after the incident. Parents will be notified of unacceptable behaviors.

All unacceptable behavior will be documented and sent home to the parent, such as:

1. Classroom observations, documentation of unacceptable behaviors, and the guidance techniques the teacher used to interact with the child.
2. Each time there is an incident of unacceptable behavior, the parent or guardian will be informed in writing by the staff who witnessed the incident.
3. After three occurrences, phone contact will be made with the parent/guardian to discuss the child's behavior with the child's teacher.
4. If the unacceptable behavior continues after formal contact, a team meeting will be scheduled to develop a Behavior Support Plan, where goals will be set with expectations of the child's teacher and the parent/guardian. This meeting will include parents, teachers, and other support staff as needed.
5. If deemed necessary, the parent will be responsible for finding a specialist who will be brought in to support the child, parent, and the staff through observations and guidance. Physical documentation must be provided to the Immersion School Admin Staff before the child can return to the classroom. If assistance is needed in locating appropriate services, Back to the Heart staff will provide a list of contact numbers.

Child's Name	Parent/Guardian's Signature	Date

PARENT/GUARDIAN COMMITMENT

2026 2027 SCHOOL YEAR

Parent's Name _____

Child's Name _____

Please read & initial each statement and sign at the bottom

_____ I understand that the Spokane Tribal Language Department operates the "Back to the Heart School" to *preserve and promote* the use of Native Language and that "Back to the Heart School" is a Native Language Immersion school at which Salish is used as the language of instruction to produce fluent speakers who are highly skilled learners and knowledgeable in both Salish and world academia. I support and commit to this purpose for my child.

_____ I understand that the mission of "Back to the Heart School" is to revitalize the Native Languages of the Spokane Reservation by operating Native Language Immersion schools. I support this mission.

_____ I am dedicated to supporting my child's learning at "Back to the Heart School" and my family's learning and speaking the language.

_____ My child will attend a minimum of 6 hours a day, 4 days a week; Mon-Fri.

_____ I grant permission for "Back to the Heart School" to provide care to my child during the school day, including use of play equipment, supplies, and involvement in school day activities

_____ I understand that "Back to the Heart School" is not responsible for personal items brought from home, and that real or toy weapons are prohibited.

_____ **I understand no toys or snacks(opened or unopened) are to be brought from home**

_____ I permit my child to participate in walking field trips & cultural outings within the Spokane Reservation Boundaries. I understand that this will occur without written permission. This is part of the academic educational learning to support all areas of educational development.

_____ I understand that the purpose of Back to the Heart is to teach the Spokane Language and Culture of the Spokane Tribe in an indigenous setting.

_____ I understand that much of the learning experience will be in an outdoor setting.

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

Child and Adult Care Food Program (CACFP) Enrollment Income Eligibility Application (EIEA)

PART 1 – CHILDREN'S INFORMATION (REQUIRED)

Child's Name	Birthdate	Age	Days of Attendance	Arrival Time	Departure Time	Circle Meals and Snacks Normally Received	Check Below if Foster Child
			Sun Mon Tu Wed Th Fri Sat			Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack	☐
			Sun Mon Tu Wed Th Fri Sat			Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack	☐
			Sun Mon Tu Wed Th Fri Sat			Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack	☐
			Sun Mon Tu Wed Th Fri Sat			Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack	☐

PART 2 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD/TANF/FDPIR IN WA STATE - Any household member receiving benefits can establish eligibility for children in the household. If listing case number or ID, please skip to part 5.

Case Number or ID number

PART 3 – TOTAL HOUSEHOLD GROSS ANNUAL INCOME

The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box if no SSN. *See Privacy Act Statement and Sources of Income on the back of this page*

(Annual Income Conversion by pay frequency: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12)

List names (First and Last) of everyone in your household, including foster children	Annual Earnings from Work Before Deductions	Annual Welfare, Alimony, Child Support	Retirement, Pensions, Social Security, Other
1.	$ /yr	$ /yr	$ /yr
2.	$ /yr	$ /yr	$ /yr
3.	$ /yr	$ /yr	$ /yr
4.	$ /yr	$ /yr	$ /yr
5.	$ /yr	$ /yr	$ /yr
6.	$ /yr	$ /yr	$ /yr

Number of Household Members 3

Last 4 of SSN (check box if no SSN) ☐

PART 4 – CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

We are required to ask for information about your children's race and ethnicity. This information helps to make sure we are fully serving our community. Responding to this section is optional, it will not affect your children's eligibility for receiving meals during care.

Ethnicity (check one):
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Race (check one or more):
- ☐ American Indian or Alaskan Native
- ☐ Multi-Racial
- ☐ Native Hawaiian or Pacific Island
- ☐ Black or African American
- ☐ Asian
- ☐ White

PART 5 – PARENT/GUARDIAN SIGNATURE AND CERTIFICATION—(REQUIRED) SIGNATURE CONFIRMS ALL INFORMATION PROVIDED IS CORRECT AND ACCURATE

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature _____ Print Name _____ Date _____

Address	City, State, Zip	Phone Number

DO NOT FILL OUT – CENTER USE ONLY	CATEGORY		OSPI USE ONLY
_____ _____ Institution Representative Signature Date **INVALID WITHOUT SIGNATURE AND DATE** (see back for effective date requirements)	☐ Free (Basic Food/TANF/FDPIR) ☐ Free (foster child(ren)	Total Annual Income $_____ ☐ Free ☐ Reduced-Price ☐ Above-Scale	☐ Free ☐ Reduced ☐ AS _____ OSPI Rep.

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Basic Food, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

FAX: (833) 256-1665 or (202) 690-7442; or ***Only use this address if you are filing a complaint of discrimination.**

EMAIL: program.intake@usda.gov

This institution is an equal opportunity provider.

EIEA Effective Date

If the institution uses the parent/guardian signature date as the effective date, the form must be signed by the institution representative within the same month as the parent, or the following month. If the institution representative does not sign the EIEA within these timeframes, the institution representative's signature date must be used as the effective date.

Valid TANF or Basic Food Number Guidelines and Contact Resources for WA State Recipients

Consists of seven to nine digits, such as 004235555 A parent may omit the zeros preceding the number and write as (ex. 4235555) May start with 002, 003, 004, 005 or 05 Does not include any letters	Is not a social security number (unless it's a tribal case number). Does not start with a 200 series number Is not a case number for state-paid childcare Is not an EBT card number
DSHS Customer Service Number: (877) 501-2233	**Basic Food and TANF website: www.washingtonconnection.org**

Earnings from Work	Public Assistance, Alimony, Child Support	Pension, Retirement, Other Sources of Income	Sources of Child Income	Examples:
• Salary, wages, cash bonuses • Net income from self-employment (farm or business) <u>If you are in the U.S. Military:</u> • Basic pay and cash bonuses (does NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household	Earnings from work	A child of legal working age has a regular full or part-time job where they earn a salary or wages
			Social Security -Disability Payments -Survivors Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits
			Income from any other source	A child receives regular income from a private pension fund, annuity, or trust

Spokane Tribe of Indians
Child Nutrition Programs (CACFP, CACFP At-Risk and SFSP)

Questionnaire to assist in the Assessment of USDA Complaints with Civil Rights Laws

Questionnaire
This form is used by the Tribe for the Child Nutrition Programs (CNP) operated within USDA regulations. Please complete a form for each child attending the program. The purpose of this questionnaire is to gather race and ethnicity information about persons who participate in the USDA programs operated at the facility. The information you provide will not be used when reviewing your application or when determining whether you are eligible to participate in the program. This is a voluntary questionnaire. You are not required to provide this information, but we hope you will because the information you provide will be used to: • Improve the operation of this program; • Help design additional opportunities for program participation and • Monitor enforcement of laws that require equal access to this program for eligible persons. If you have completed this form within the previous 12 months, please DO NOT fill out this form. Your information will be kept private to the extent permitted by law. Thank you for your response.
1. Enter your full legal name:
2. List each child attending the sponsored CNP site:
3. Enter your current address:
Please answer both question 4 and question 5 below about ethnicity and race. For this questionnaire, Hispanic or Latino origins are not races.
4. Select your appropriate ethnicity: ❑ Hispanic or Latino ❑ Not Hispanic or Latino
5. Select your appropriate race. Multiple races may be selected: ❑ American Indian or Alaska Native ❑ Native Hawaiian or Other Pacific Islander ❑ Asian ❑ Black or African American ❑ White
USDA Non-Discrimination Statement
"In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information OSPI Child Nutrition Services June 2022 (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720- 2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax: (833) 256-1665 or (202) 690-7442; or
email: program.intake@usda.gov

This institution is an equal opportunity provider."

Signature Section

Parent Guardian Signature	**Date Signed**
Site Representative Signature	**Date Signed**
Lorena Abrahamson	Immersion School Manager
Printed Name	**Title**