



Grand Ronde Chinuk Immersion Kindergarten-Fifth Grade Registration Form 2023-2024

Completed applications should be turned in to either of the following:
 Kayla Grijalva – Kayla.Grijalva@grandronde.org
 Mailed to: 9615 Grand Ronde Rd.
 Grand Ronde, OR 97347

Child's Name (first, middle, last): _____ Male ___ Female ___

Date of Birth: _____ Preferred Nickname: _____

Street Address: _____ City: _____ Zip: _____

Mailing Address if other than above: _____

Parent/Guardian	Parent/Guardian
Relation to child:	Relation to child:
Primary phone:	Primary phone:
Secondary phone:	Secondary phone:
Email:	Email:
Preferred method of contact:	Preferred method of contact:

Is child a member of a federally recognized Tribe? _____ Descendent: _____

Tribal Affiliation: _____ Roll Number: _____

Please initial below:

_____ I give my permission for Grand Ronde Chinuk Immersion Program to share my name and contact information with other Education Department Programs, Grand Ronde Tribal resources, Grand Ronde Health & Wellness Center, and Yamhill/Polk County resources for the purpose of referral to education, and health.

Parent/Guardian Signature

Date

Health

List all household members by name:

Child's Allergies: _____

Do any of your child's allergies require an epi-pen? YES / NO

Does your child have Asthma? YES / NO

Does your child carry an inhaler? YES / NO

What triggers your child's Asthma? Exercise, seasonal, or other.
Please explain. _____

Any ongoing medication: _____

Are your child's immunizations up to date? YES / NO

Do you have any concerns for your child in the following areas? Please explain.

Medical: _____

Physical: _____

Speech/hearing: _____

Child's Doctor: _____ Phone: _____

Insurance Provider: _____ Group#: _____

Child/Family Information

1. What are your child's strengths and interests?

2. What is important for us to know about your child?
(fears, temperament, ability to process emotions and to communicate needs, history, etc)

3. How does your child handle transitions and new situations?

4. What cultural activities does your family enjoy?

5. Please tell us why it is important to your family to be involved in this program.

6. What will your family's daily commitment to language learning look like?

7. Are you prepared to commit extra time at home to supporting your child's Chinuk language development and understanding, as well as their English academics?

8. In what ways are you (parent/guardian) willing to contribute to the program?
(volunteer, prep material, attend program events, read to kids, take adult language classes, demonstrate a cultural skill/knowledge, sit on parent board etc.)