HANÁÁDŁÍ COMMUNITY SCHOOL FACE PROGRAM

FAMILY & CHILD EDUCATION

KEEPING THE CIRCLE STRONG

SY26-27: F.A.C.E. Enrollment

Welcome to the Hanáádłí F.A.C.E. Program Enrollment Form.

FACE Site: Hanáádłí Community School

Adults Enrolling in FACE

Please enter the name of each adult who will be enrolling in FACE for 2026-2027 school year.
This includes any adult who will be the primary contact for a child enrolling in Pre-Kindergarten.

	First Name	Middle Name	Last Name	Date of Birth
Adult 1:				
Adult 2:				
Adult 3:				

Children Enrolling in FACE

Please enter the name of each child who will be enrolling in FACE for the 2026-2027 school year.

	First Name	Middle Name	Last Name	Date of Birth
Child 1:				
Child 2:				
Child 3:				
Child 4:				
Child 5:				

Prenatal child? ☐ Yes ☐ No If yes, Due Date: _____

Family Information

Physical Home Address: _____

Mailing Address: _____

How many people live in the home? (include children enrolled in the FACE in the totals)

Number of children aged birth to 2 years: _____

Number of children aged 3 to 5 years: _____

Number of children aged 6 to 10 years: _____

Number of children aged 11 to 15 years: _____

Number of children aged 16 to 18 years: _____

Number of adults aged 19 or older: _____

Please select all languages that are spoken in the home?

☐English ☐Indigenous Language Specify: _____ ☐Spanish ☐Other

What is the primary or most frequently spoken language in home?

☐English ☐Indigenous Language Specify: _____ ☐Spanish ☐Other

Emergency Contact

Please enter emergency contact information for your family below:

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Adult 1 Information

First Name: _____ Last Name: _____

NASIS #: _____ Tribe: _____

Date of Birth: _____ Gender: _____

Email: _____ Phone: _____

In which component(s) are you planning to participate?

☐ Family Enrichment ☐ Support a Pre-Kindergarten child ☐ Adult Education

Please describe why you are enrolling yourself or child in FACE (select all that apply):

☐ To improve my parenting skills.

☐ To prepare my child for school.

☐ To be more involved in my child's school.

☐ To improve my academic skills so I can go to college/technical school or get other training/education.

☐ To improve my reading skills.

☐ To get a job.

☐ To improve my family's well-being.

☐ To improve my Indigenous language skills and cultural knowledge.

☐ To improve my health and fitness.

☐ To understand child development.

☐ To help my child get along with others and socialize.

☐ To help me obtain a GED or high school diploma.

☐ To help me with my college/technical school coursework.

☐ To improve my employability skills.

☐ To make friends.

☐ To obtain help in identifying and accessing resources for family and individual support.

☐ To increase my community involvement.

☐ Other:

What is the highest level of education or degree completed?

☐ Less than High School Diploma

☐ Received a High School Diploma

☐ Completed a GED

If yes, what was the highest grade completed? _____

☐ Received/completed a certificate, trade apprenticeship, or job training program.

If yes, please describe: _____

☐ Completed some college course(s)

If yes, how many credit hours did you complete? _____

☐ Received a 2-year Associate Degree

☐ Received a Bachelor's Degree

☐ Received a Master's Degree

☐ Other:

If yes, please describe 'other' completed: _____

Are you currently attending school (other than FACE Adult Education)?

☐ Yes ☐ No If yes, please enter name of school: _____

What is your current employment status?

☐ Employe Full-Time If yes, how many hours per week? _____

☐ Employed Part-Time If yes, how many hours per week? _____

☐ Unemployed (seeking employment)

☐ Not in the workforce (stay at home parent, retired, etc.)

How well do you do each of the following?

	Not at all	Not very well	Pretty well	Very well
Speak English?	☐	☐	☐	☐
Read English?	☐	☐	☐	☐
Write English?	☐	☐	☐	☐
Understand someone speaking English?	☐	☐	☐	☐
Speak your Indigenous language?	☐	☐	☐	☐
Read your Indigenous language?	☐	☐	☐	☐
Write your Indigenous language?	☐	☐	☐	☐
Understand someone speaking your Indigenous language?	☐	☐	☐	☐

Adult 2 Information

First Name: _____ Last Name: _____

NASIS #: _____ Tribe: _____

Date of Birth: _____ Gender: _____

Email: _____ Phone: _____

In which component(s) are you planning to participate?

☐ Family Enrichment ☐ Support a Pre-Kindergarten child ☐ Adult Education

Please describe why you are enrolling yourself or child in FACE (select all that apply):

☐ To improve my parenting skills. ☐ To understand child development.

- ☐ To prepare my child for school.
- ☐ To be more involved in my child's school.
- ☐ To improve my academic skills so I can go to college/technical school or get other training/education.
- ☐ To improve my reading skills.
- ☐ To get a job.
- ☐ To improve my family's well-being.
- ☐ To improve my Indigenous language skills and cultural knowledge.
- ☐ To improve my health and fitness.
- ☐ To help my child get along with others and socialize.
- ☐ To help me obtain a GED or high school diploma.
- ☐ To help me with my college/technical school coursework.
- ☐ To improve my employability skills.
- ☐ To make friends.
- ☐ To obtain help in identifying and accessing resources for family and individual support.
- ☐ To increase my community involvement.
- ☐ Other:

What is the highest level of education or degree completed?

- ☐ Less than High School Diploma
- ☐ Received a High School Diploma
- ☐ Completed a GED
- ☐ Received/completed a certificate, trade apprenticeship, or job training program.
- ☐ Completed some college course(s)
- ☐ Received a 2-year Associate Degree
- ☐ Received a Bachelor's Degree
- ☐ Received a Master's Degree
- ☐ Other:

If yes, what was the highest grade completed? _____

If yes, please describe: _____

If yes, how many credit hours did you complete? _____

If yes, please describe 'other' completed: _____

Are you currently attending school (other than FACE Adult Education)?

☐ Yes ☐ No If yes, please enter name of school: _____

What is your current employment status?

- ☐ Employe Full-Time — If yes, how many hours per week? _____
- ☐ Employed Part-Time — If yes, how many hours per week? _____
- ☐ Unemployed (seeking employment)
- ☐ Not in the workforce (stay at home parent, retired, etc.)

How well do you do each of the following?

	Not at all	Not very well	Pretty well	Very well
Speak English?	☐	☐	☐	☐
Read English?	☐	☐	☐	☐
Write English?	☐	☐	☐	☐

Understand someone speaking English?	☐	☐	☐	☐
Speak your Indigenous language?	☐	☐	☐	☐
Read your Indigenous language?	☐	☐	☐	☐
Write your Indigenous language?	☐	☐	☐	☐
Understand someone speaking your Indigenous language?	☐	☐	☐	☐

Adult 3 Information

First Name: _____ Last Name: _____
NASIS #: _____ Tribe: _____
Date of Birth: _____ Gender: _____
Email: _____ Phone: _____

In which component(s) are you planning to participate?
☐ Family Enrichment ☐ Support a Pre-Kindergarten child ☐ Adult Education

Please describe why you are enrolling yourself or child in FACE (select all that apply):

☐ To improve my parenting skills.
☐ To prepare my child for school.
☐ To be more involved in my child's school.
☐ To improve my academic skills so I can go to college/technical school or get other training/education.
☐ To improve my reading skills.
☐ To get a job.
☐ To improve my family's well-being.
☐ To improve my Indigenous language skills and cultural knowledge.
☐ To improve my health and fitness.
☐ To understand child development.
☐ To help my child get along with others and socialize.
☐ To help me obtain a GED or high school diploma.
☐ To help me with my college/technical school coursework.
☐ To improve my employability skills.
☐ To make friends.
☐ To obtain help in identifying and accessing resources for family and individual support.
☐ To increase my community involvement.
☐ Other:

What is the highest level of education or degree completed?

☐ Less than High School Diploma
☐ Received a High School Diploma
☐ Completed a GED
☐ Received/completed a certificate, trade apprenticeship, or job training program.
☐ Completed some college course(s)
☐ Received a 2-year Associate Degree
☐ Received a Bachelor's Degree
☐ Received a Master's Degree

If yes, what was the highest grade completed? _____

If yes, please describe: _____

If yes, how many credit hours did you complete? _____

☐ Other: If yes, please describe 'other' completed: _____

Are you currently attending school (other than FACE Adult Education)?
☐ Yes ☐ No If yes, please enter name of school: _____

What is your current employment status?
☐ Employe Full-Time If yes, how many hours per week? _____
☐ Employed Part-Time If yes, how many hours per week? _____
☐ Unemployed (seeking employment)
☐ Not in the workforce (stay at home parent, retired, etc.)

How well do you do each of the following?

	Not at all	Not very well	Pretty well	Very well
Speak English?	☐	☐	☐	☐
Read English?	☐	☐	☐	☐
Write English?	☐	☐	☐	☐
Understand someone speaking English?	☐	☐	☐	☐
Speak your Indigenous language?	☐	☐	☐	☐
Read your Indigenous language?	☐	☐	☐	☐
Write your Indigenous language?	☐	☐	☐	☐
Understand someone speaking your Indigenous language?	☐	☐	☐	☐

Child 1 Information

First Name: _____ Last Name: _____
Date of Birth: _____ Gender: _____
NASIS #: _____ Tribe: _____

Which FACE component is the child enrolling in?
☐ Family Enrichment ☐ Pre-Kindergarten

Has this child previously been enrolled in the FACE Program or any other early childhood education program?
☐ Yes ☐ No

If yes, which component of the FACE Program was the child enrolled in, and/or which early childhood education program did they attend?
☐ FACE Family Enrichment
☐ FACE Pre-kindergarten
☐ Head Start or Early Head Start
☐ Other Non-FACE Preschool or Prekindergarten
☐ Other home-based learning program

With whom does the child live? (select all that apply)
☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Other Relative ☐ Other Non-Relative

Please list below anything else you would like to share about this child to help us better support their learning and growth (ex: allergies dietary restrictions, health conditions, support or special needs):

_____

_____

Child 2 Information

First Name: _____ Last Name: _____
Date of Birth: _____ Gender: _____
NASIS #: _____ Tribe: _____

Which FACE component is the child enrolling in?

☐ Family Enrichment ☐ Pre-Kindergarten

Has this child previously been enrolled in the FACE Program or any other early childhood education program?

☐ Yes ☐ No

If yes, which component of the FACE Program was the child enrolled in, and/or which early childhood education program did they attend?

☐ FACE Family Enrichment
☐ FACE Pre-kindergarten
☐ Head Start or Early Head Start
☐ Other Non-FACE Preschool or Prekindergarten
☐ Other home-based learning program

With whom does the child live? (select all that apply)

☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Other Relative ☐ Other Non-Relative

Please list below anything else you would like to share about this child to help us better support their learning and growth (ex: allergies dietary restrictions, health conditions, support or special needs):

_____

_____

Child 3 Information

First Name: _____ Last Name: _____
Date of Birth: _____ Gender: _____
NASIS #: _____ Tribe: _____

Which FACE component is the child enrolling in?

☐ Family Enrichment ☐ Pre-Kindergarten

Has this child previously been enrolled in the FACE Program or any other early childhood education program?

☐ Yes ☐ No

If yes, which component of the FACE Program was the child enrolled in, and/or which early childhood education program did they attend?

☐ FACE Family Enrichment
☐ FACE Pre-kindergarten
☐ Head Start or Early Head Start
☐ Other Non-FACE Preschool or Prekindergarten
☐ Other home-based learning program

With whom does the child live? (select all that apply)

☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Other Relative ☐ Other Non-Relative

Please list below anything else you would like to share about this child to help us better support their learning and growth (ex: allergies dietary restrictions, health conditions, support or special needs):

_____

_____

Child 4 Information

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____

NASIS #: _____ Tribe: _____

Which FACE component is the child enrolling in?

☐ Family Enrichment ☐ Pre-Kindergarten

Has this child previously been enrolled in the FACE Program or any other early childhood education program?

☐ Yes ☐ No

If yes, which component of the FACE Program was the child enrolled in, and/or which early childhood education program did they attend?

☐ FACE Family Enrichment

☐ FACE Pre-kindergarten

☐ Head Start or Early Head Start

☐ Other Non-FACE Preschool or Prekindergarten

☐ Other home-based learning program

With whom does the child live? (select all that apply)

☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Other Relative ☐ Other Non-Relative

Please list below anything else you would like to share about this child to help us better support their learning and growth (ex: allergies dietary restrictions, health conditions, support or special needs):

_____

_____

Child 5 Information

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____

NASIS #: _____ Tribe: _____

Which FACE component is the child enrolling in?

☐ Family Enrichment ☐ Pre-Kindergarten

Has this child previously been enrolled in the FACE Program or any other early childhood education program?

☐ Yes ☐ No

If yes, which component of the FACE Program was the child enrolled in, and/or which early childhood education program did they attend?

- ☐ FACE Family Enrichment
- ☐ FACE Pre-kindergarten
- ☐ Head Start or Early Head Start
- ☐ Other Non-FACE Preschool or Prekindergarten
- ☐ Other home-based learning program

With whom does the child live? (select all that apply)

☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Other Relative ☐ Other Non-Relative

Please list below anything else you would like to share about this child to help us better support their learning and growth (ex: allergies dietary restrictions, health conditions, support or special needs):

_____

_____

Ahéhee' for completing this form!

For more information on Hanáádlí F.A.C.E. Program:

School Information: Hanáádlí Community School/Dormitory, Inc.
School Physical Address: 700 CR 7150; Bloomfield, NM 87413
School Mailing Address: P.O. Box 639; Bloomfield, NM 87413
School Phone: (505) 960-3411
F.A.C.E. Email: FACE@hanaadli.org
School website: www.hanaadlicsd.com