Chitimacha Tribal School

After School Care Program
Beginning Monday, August 22, 2022

Enrollment Packet
2022 - 2023
After School Care Program Registration:

- Please read and complete all information contained in the packet.
- If you have any questions, please call the Chitimacha Tribal School at 923-9960 and ask for Michelle Caro.

After School Care Funding Program:

After School Care Assistance will be available to Tribal Member Families which meet the eligibility requirements for funding. For more information about the program, please visit Ida Borel at the Human Services Department or call her at 923-7000. Office Hours: Monday-Thursday 7:30 a.m. – 5:00 p.m. & Friday 7:30 a.m. – 11:30 a.m.

To apply for funding, please bring with you the following items to Ida Borel in the Human Services Department:

- Copy of the funding Application
- Proof of Income (for the last month for household members)
- Copy of enrollment form(s).

Admission Date________________________ Withdrawal Date________________________
After School Care Program
General Information Master Form

1. Child’s Name (First) __________________ (MI) __________ (Last)__________________________
   Grade __________________ Birth Date ______________________ Sex __________

<table>
<thead>
<tr>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
</tr>
<tr>
<td>Home Phone #</td>
<td></td>
</tr>
<tr>
<td>Work Phone #</td>
<td></td>
</tr>
<tr>
<td>Cell Phone #</td>
<td></td>
</tr>
<tr>
<td>E-Mail Address</td>
<td></td>
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</tbody>
</table>

2. Person with whom the child lives __________________________________________

3. Tuition assistance: If you are interested in applying for tuition assistance, please contact Ida Borel at 337-923-7000. Family size and income will be used to determine eligibility. Only parents of tribal children may apply.

   Family size:

   ____Number of adults living in the home ________Number of children living in the home

4. Select the best way to communicate information to you about your child:

   ____Written Notices ____E-mail ____Telephone ____Text Messages (rates apply according to your carrier.)

The Chitimacha Tribal School will not bear responsibility for anything that may happen as a result of false or misleading information given at the time of enrollment. Parents are responsible for updating enrollment information.

Parent/Guardian Signature ___________________________ Date: __________________
After School Care Program
Payment Schedule Agreement Form

____________________________________
Child’s Name

I understand that tuition for my child to attend the After School Care Program must be prepaid at the rate of $20 a week for services provided on Monday through Thursday from 3:00 p.m. to 5:30 p.m.

I understand that tuition is due upon beginning services (ex. If a child starts on August 30, 2022, tuition is due that day, and then your payment schedule will be adhered to).

I understand that cash will be accepted. Please remit all tuition payments, including cash payments to the Chitimacha Tribal School office. Please write checks, cashier’s checks, or money orders to Chitimacha Tribe of Louisiana. When making a payment in cash, exact change is requested. A $25.00 fee will be assessed to all NSF checks.

Once tuition payments are 10 business days (2 weeks) past due, the child will not be allowed to attend the program on the eleventh day (third week).

I select the following tuition payment schedule. Tuition payments will not be refunded.
Please check one:

_____ Weekly       _____ Bi-Weekly       _____ Monthly

Parent/Guardian Signature: __________________________________________ Date: _____________________
After School Care Program
Emergency Medical Care Form

__________________________________________
Child’s Name

<table>
<thead>
<tr>
<th>Name:</th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone #:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Phone #:</td>
<td></td>
<td></td>
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<tr>
<td>Cell Phone #:</td>
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<td></td>
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</tbody>
</table>

In the event I cannot be reached, please call (these individuals are also authorized to pick up my child):

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation to the Child</th>
<th>Address</th>
<th>Phone/Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
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</tbody>
</table>

Does your child have any food allergies? Yes  No
Does your child have any other allergies? Yes  No
Does your child have any dietary restrictions? Yes  No

Please explain any “yes” answer here:
_____________________________________________________
____________________________________________________________

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities planned for the After School Care Program.

I hereby grant permission for my child to be evacuated to a safe place in case of emergency weather or other conditions. In the event of such emergency, the After School Care Program workers will contact me or one of the other people, I have listed on this emergency form.

I understand emergency medical treatment will be given only with parent consent. Since informed consent must be given at the time of the incident, I understand that I must leave numbers where I, the parent, or a responsible designated adult may be reached daily if the numbers above do not apply for that day. In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Doctor ___________________________ Phone__________________ Address ____________________

Dentist ___________________________ Phone__________________ Address ____________________

Hospital or Clinic Preference: ___________________________Phone # _____________________

Address: _____________________________________________________________________________

In a life-threatening situation, I authorize the After School Care Program workers, into whose care my child has been entrusted, to consent to any necessary medical procedure for my child. In a medical emergency, I also authorize the After School Care Program workers to choose a physician and to transport my child by ambulance or other vehicle when necessary.

Parent/Guardian Signature: __________________________________ Date: __________________
After School Care Program
Release Form

______________________________
Child’s Name

Designated adults authorized to pick up my child. Please include non-custodial parent and other adults 18 Years of age or over. Please notify these individuals that they may be asked to show proof of identity:

Name: __________________________________________ Phone: _________________________
Relationship: _________________________________________

Name: __________________________________________ Phone: _________________________
Relationship: _________________________________________

Name: __________________________________________ Phone: _________________________
Relationship: _________________________________________

Name: __________________________________________ Phone: _________________________
Relationship: _________________________________________

Name: __________________________________________ Phone: _________________________
Relationship: _________________________________________

Name: __________________________________________ Phone: _________________________
Relationship: _________________________________________

I understand my child will not be released to any person other than custodial parents and the designated adults on this form. Any changes made to the above list must be put in writing, signed by the parent or guardian, and given to the After School Care Program Workers.

*** Name of person(s) NOT allowed to pick up my child:

Name: __________________________________________

Name: __________________________________________

Name: __________________________________________

My child _____________________ may or may not (circle one) ride their bike or walk home from After School Care.

Parent/Guardian Signature: ___________________________ Date: ___________________
After School Care Program
Parent Release Form for Media Recording

I understand that the Chitimacha Tribal School has video cameras and video equipment that records the daily activities throughout the facility. These video recordings are conducted for the protection of the children and staff.

I understand that at various times throughout the year, the After School Care staff will be taking digital images, photographs, videotapes, and/or audiotapes of the children for various projects and decoration purposes (e.g., posting pictures on bulletin boards, in cubbies, etc.).

I, the undersigned, do hereby grant or deny (circle one) permission to the Chitimacha After School Care Program to use the image of my child, ___________________________________, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child along with his/her first and last name for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Chitimacha Tribal Web site and the Franklin Banner Tribune.

☐ Deny permission to use my child’s image at all.

☐ Grant permission to use my child’s image in the following ways (mark all that apply):

☐ Limited usage: I want my child’s image and first and last name used on printed materials only (no digital or video use).

☐ Unrestricted usage: I give unrestricted permission for my child’s image and first and last name to be used in print, video, and digital media. I agree that these images may be used by Chitimacha Tribe of Louisiana for a variety of purposes and that these images may be used without further notifying me. I do understand that the child’s last name will not be used in conjunction with any video or digital images.

Parent/Guardian Signature: ___________________________ Date: ________________
After School Care Program
Parental Agreement

____________________________________
Child’s Name

Dear Parents,

Please read and sign this agreement:

I have been given a copy of the After School Care Program Handbook which contains program and policy information. I hereby agree to comply with the rules and regulations regarding fees, student pick up, discipline guidelines and other items specified in the Handbook.

I agree to keep all enrollment information updated (e.g., telephone numbers, address, designated adults allowed to pick up your child, etc.)

Parent/Guardian Signature: _______________ Date: ______________

After School Care Program
Electronic Device Release Form

Electronic devices will not be allowed during After School Care hours. All students will be required to turn in their electronic devices upon arrival. Electronic devices will be returned to students at the end of day.

Any prohibited item found shall be confiscated and returned to the parent of the child at the end of the day.

Parent/Guardian Signature: ___________________________ Date: ______________
After School Care Program Supply List

<table>
<thead>
<tr>
<th>Grades K – 5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) Rolls of Paper towels</td>
</tr>
<tr>
<td>(2) Pack of Glue Sticks</td>
</tr>
<tr>
<td>(1) Pair of Scissors</td>
</tr>
<tr>
<td>(1) 12-Pack of Pencils</td>
</tr>
<tr>
<td>(1) Container of Clorox Wipes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grades K – 2nd</th>
<th>Grades 3rd – 5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Coloring Book</td>
<td>(1) Pack of Colored Pencils</td>
</tr>
<tr>
<td>(2) Pack of Crayons</td>
<td>(1) Pack of UNO Cards</td>
</tr>
</tbody>
</table>

Please write your child(ren)’s name on each of the above items with a permanent marker prior to submission. You may be asked throughout the course of the program for additional items.