

APPROVED

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BY JMD

# CHITIMACHA TRIBAL SCHOOL

## AFTER SCHOOL CARE PROGRAM

Beginning Monday, August 14, 2017

### ENROLLMENT PACKET 2017 - 2018



## After School Care Program Registration

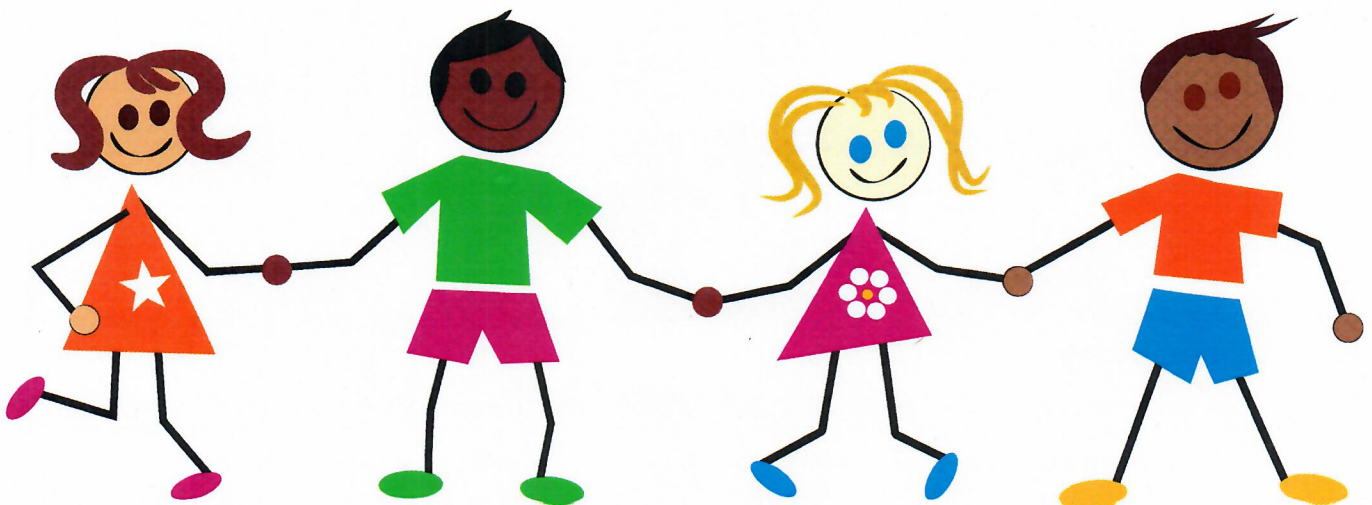
- Please read and complete all information contained in the packet.
- If you have any questions, please call the Chitimacha Tribal School at 923-9960 and ask for Stacey Landry.

- **CCDF Funding:**

Child Care Development Funding (CCDF) will be available to tribal member families which meet the Eligibility requirements for funding. For more information about CCDF, please visit with Ida Borel at the Health Clinic or call her at 923-7000.

**To apply for funding, please bring with you the following items:**

- Pay stubs for the entire household and 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 \_\_\_\_\_

	Mother	Father
Name		
Address		
Employer		
Home Phone #		
Work Phone #		
Cell Phone #		
E-Mail Address		

2. Person with whom the child lives \_\_\_\_\_

3. Tuition assistance: If you are interested in applying for tuition assistance, please contact Ida Borel at 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 14, 2017 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

	Mother	Father
Name		
Home Phone #		
Work Phone #		
Cell Phone #		

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

Name	Relation to the Child	Address	Phone/Cell
1. _____			
2. _____			
3. _____			

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: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_

My child \_\_\_\_\_ **may or may not** (circle one) ride their bike or walk home after camp.

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: \_\_\_\_\_

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: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## After School Care Program Supply Checklist

- ❖  (1) paper towel roll (wrapped)
- ❖  (1) age appropriate scissors
- ❖  (1) ream of copy paper
- ❖  (1) 12-pack of pencils
- ❖  (2) packs of pink erasers
- ❖  (1) Coloring Book
- ❖  (1) pack of construction paper
- ❖  (1) 1 pack of Colors (24 in a pack)
- ❖  K – Go-Fish Cards
- ❖  1<sup>st</sup> Grade – Old Maid Cards
- ❖  2<sup>nd</sup> and 3<sup>rd</sup> Grades – (3) rolls of Scotch Tape
- ❖  4<sup>th</sup> and 5<sup>th</sup> Grades Uno Cards

**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**