



**CHITIMACHA**

**SUMMER DAY CAMP  
&  
KETKAMPA NIGHT**

**ENROLLMENT PACKET  
2020**

# Summer Day Camp & Ketkampa Night

Registration:

*Monday, June 01, 2020 through Friday, June 05, 2020*

- Please read and complete all information contained in the packet.
- If you have any questions, please call the Chitimacha Recreation Department at 337-923-4975.
- **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 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. and 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 Completed CCDF Application (blank copies available at Recreation)
- Proof of Income (for the last month for household members)
- Copy of enrollment form(s).

## **CCDF Application Dates:**

Monday, June 01, 2020 through Friday, June 05, 2020.

Return completed enrollment packet and the following items to the Chitimacha Recreation Department:

\_\_\_\_\_ Initial Tuition Payment  
\_\_\_\_\_ \$20 Field Trip Money – (CASH ONLY)

Admission Date \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

# Chitimacha Summer Day Camp & Ketkampa Night Enrollment Form

1. Child's Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Entering Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

	Mother	Father
Name		
Mailing Address		
Physical Address		
Employer		
Home Phone #		
Work Phone #		
Cell Phone #		

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

3. Days child will attend Summer Camp:

\_\_\_\_\_ 2 Days {circle 2}    Monday    Tuesday    Wednesday    Thursday

\_\_\_\_\_ 3 Days {circle 3}    Monday    Tuesday    Wednesday    Thursday

\_\_\_\_\_ 4 Days

4. Ketkampa Night:

\_\_\_\_\_ 1 Day {Activities / Field Trips Only}

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

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

# Chitimacha Summer Day Camp & Ketkampa Night Payment Schedule Agreement Form

\_\_\_\_\_   
 Child's Name

I understand that tuition for my child to attend Summer Day Camp and Ketkampa Night must be prepaid at the rate \$12 a day per child.

I understand that the first week of tuition and \$20 field trip money is due at the time of registration in order to secure a spot for my child. (Note: Registration Deadline is on June 05, 2020, tuition is due on or before the applicable date, and then your payment schedule will be adhered to). I understand that if I elect to pay tuition on a weekly basis, tuition will be due on Thursday of each week.

I understand that cash payments are the most acceptable forms of payment; however, the preferred method of payment for tuition is checks, cashier's checks or money orders. Please make these items payable to the **Chitimacha Tribe of Louisiana** and remit *cash only for the \$20* field trip allowance. Please send all tuition payments to the Chitimacha Recreation Department. A \$25.00 fee will be assessed to all NSF checks. When making a payment in cash, exact change is requested.

**Once tuition payments are 5 business days (1 week) past due, the child will not be allowed to attend Summer Camp on the sixth day.**

I select the following tuition payment schedule. Tuition payments will not be refunded.

**Please check one:**

\_\_\_\_\_ Weekly

\_\_\_\_\_ One Time Payment

### **Weekly Payment Schedule:**

Week 1	June 05, 2020
Week 2	June 25, 2020
Week 3	July 02 , 2020
Week 4	July 09, 2020

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

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

# Chitimacha Summer Day Camp & Ketkampa Night Emergency Medical Care Form

\_\_\_\_\_

Child's Name

List any serious allergies (such as insect bites, food allergies, etc.) \_\_\_\_\_

\_\_\_\_\_

List any disabilities or special needs \_\_\_\_\_

Major illnesses your child has had \_\_\_\_\_

Any serious accidents? \_\_\_\_\_

Any medically necessary dietary requirements? \_\_\_\_\_

Mother's Phone Numbers: \_\_\_\_\_

Father's Phone Numbers: \_\_\_\_\_

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. _____			

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities planned at Summer Day Camp and Ketkampa Night.

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 Summer Day Camp / Ketkampa Night 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 Summer Day Camp / Ketkampa Night 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 Summer Day Camp / Ketkampa Night workers to choose a physician and to transport my child by ambulance or other vehicle when necessary.

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

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

# Chitimacha Summer Day Camp & Ketkampa Night Release Form

\_\_\_\_\_   
Child's Name

Designated adults authorized to pick up my child. Please include non-custodial parent and 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 and given to the Summer Day Camp / Ketkampa 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: \_\_\_\_\_

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

# Chitimacha Summer Day Camp & Ketkampa Night Permission for Early Release

**Pertains Only to Campers Entering 7<sup>th</sup> and Entering 8<sup>th</sup> Grades AND/OR MAX of 13 years of age**

For your child's safety and protection, we will need your permission to allow your child to leave early from Summer Day Camp and/or Ketkampa Night. Once a Camper leaves early, they will not be allowed to return on the day they leave early.

\_\_\_\_\_ On days my child has permission to leave early, I will provide either written documentation or a phone call to the Summer Camp Teacher / Ketkampa Night.

\_\_\_\_\_ My child DOES NOT have permission to leave early.

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

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

## Electronic Device Release Form

Electronic devices will not be allowed during Summer Day Camp / Ketkampa Night hours. All campers will be required to turn in their electronic devices upon arrival. Electronic devices will be returned to campers at the end of day.

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

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

## Scheduled Family Vacation Dates

Our family vacation is scheduled beginning on \_\_\_\_\_ and my child will be returning to camp on \_\_\_\_\_.

I understand that my child will receive credit for disclosure of one (1) planned vacation during the 6 weeks program. A second vacation credit **AND** the possibility of another summer camper being available to take your child's reserved spot will exempt you of payment for said time period.

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

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

## **Chitimacha Summer Day Camp & Ketkampa Night Field Trip Transportation**

I, the parent/guardian of \_\_\_\_\_, permit my child to use the transportation services provided by Chitimacha Summer Day Camp / Ketkampa Night for extra-curricular field trips. I fully understand that Summer Day Camp / Ketkampa Night is liable for transportation services only and not for accidents/injury during such activities. Children will not be transported in the back of a pick-up truck.

I hereby give my permission for my child to participate in authorized program vehicle trips on or off of the reservation, spontaneous walking field trip, and bike rides throughout the course of the program. I understand that each trip will take place on the reservation, weather permitting.

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

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

## **Water Activities Release Form**

I understand that water activities may consist of running through sprinklers, playing with water hoses, etc. I understand that water activities may also include playing and swimming at the Chitimacha pool and wading pool where an appropriate number of trained lifeguards will be on duty.

My child, \_\_\_\_\_, has permission to participate in any type of supervised water activities while attending Summer Day Camp / Ketkampa Night. I understand that the camp will take precautions in providing for the safety of my child. I, the undersigned, do hereby release, remise, and forever discharge all sponsors and the Chitimacha Tribe of Louisiana from any and all suits, claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in water activities.

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

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



## Chitimacha Summer Day Camp & Ketkampa Night Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to the Chitimacha Summer Day Camp / Ketkampa Night 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: \_\_\_\_\_

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

# Summer Day Camp Supply Checklist

## ENTERING 1<sup>ST</sup> - ENTERING 3<sup>RD</sup>

- ❖ Younger Children Extra Change of Clothes (Including underwear & socks)
- ❖ Pillow (for naps)
- ❖ Blanket (for naps)
- ❖ Coloring Book (for rainy days)
- ❖ Tennis Shoes at all times

## ENTERING 1<sup>ST</sup> - ENTERING 8<sup>TH</sup> AND/OR MAX OF 13 YEARS OF AGE

- ❖ Large Plastic Tote Box
- ❖ Beach Towel
- ❖ Swimsuit
- ❖ Sunscreen
- ❖ Flip flops
- ❖ Tennis Shoes at all times
- ❖ Personal hygiene items
- ❖ Pair of Socks for Skating/ Bowling
- ❖ Daily – Will need bag for wet clothes and bathing suits

*Please write your child's name on each of the above items prior to submission. You may be asked throughout the course of the program for additional items.*