



# Seneca Nation

## S.E.A.R.C.H Program

Summer **E**nrichment **A**cademic **R**ecreation **C**ulture **H**ealth

**2023**

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Application Cover Sheet:

Please retain this cover sheet for your records and reminders of requirements.  
Students will be enrolled when application materials are completed in full.

**Eligibility: Students Grades 1-8**

(grade level **entering** in the fall, 2023-24 school year)

**Program Dates: July 5 – August 10, 2023**

**Program Hours: Monday through Thursday**

**8:30 am – 3:00 pm**

**Applications are due no later than JUNE 9, 2023** to the  
Education Department located at 2016 Hënödeyësta' Drive Irving, NY.

**Requirements: The following items must be completed and turned in to ensure your student is accepted into the program.**

- Application must be completed **in full** and turned in by June 9
- Any medical forms must be completed **in full** and turned in by June 9
- Policies and Procedures must be read with child and signature must be completed before the program begins.
- Any IEP/504 information that is required must be on file by June 9

**Parent: please retain pages 2-4 for future reference.**

Rules specific to the S.E.A.R.C.H Program will be defined as follows for both participants and parents/guardians respectively. As a shared responsibility, the parents will have their obligations and responsibilities for punctuality and attendance and the participants will have theirs while attending for behavior and conduct.

**PARTICIPANT RESPONSIBILITIES:**

**Code of Conduct:**

**A condition of Participating in the Program is adhering to the S.E.A.R.C.H Program Code of Conduct. The Program Staff will investigate all reported incidents. Suspension or termination of Program participation may result from any violation of the Code of Conduct depending on severity.**

- All participants are expected to respect all others and conduct themselves in a manner that does not interfere with another person's enjoyment of the program.
- All participants are required to demonstrate good moral character. At all times, the dignity of others will be respected. **FIGHTING, BULLYING, PROFANITY, AND/OR ABUSIVE, INSULTING, OBSCENE LANGUAGE, OR "HANDS ON"** are strictly prohibited and are grounds for suspension from the program.
- Food will only be consumed in designated areas. **NO CHEWING GUM ALLOWED.** In respect for those with food allergies, all snacks will be provided. **NO PACKED LUNCHES/SNACKS** unless cleared in advance due to dietary restrictions and must be considerate of food allergies in the program. A list of allergies identified will be provided upon request. All participants shall properly dispose of all trash and recyclables.
- Vandalism and the willful or malicious destruction, defacement or theft of any equipment or property is strictly prohibited and should be reported immediately. Willful damage will be the financial responsibility of the participant/parent/guardian for repair.
- Participants will wear proper attire for fitness, sports, and outdoor activities (weather permitting). This includes wearing proper gym shoes. **NO OPEN TOED SHOES (e.g. flip flops, sandals, etc.). SHOES MUST BE WORN AT ALL TIMES.** A change of clothes and shoes are recommended. You may get dirty or muddy. No profanity, negative or offensive logos/ images on shirts. Participants may be excluded from activities based on attire (skirts, dresses, improper shoes, etc.) at the discretion of Program Staff.
- There will be a **ZERO TOLERANCE of any drugs, tobacco products, alcohol, or controlled substances.** Any incidents will be grounds for immediate dismissal from the program.
- There will be **ZERO TOLERANCE of weapons** (including knives and firearms) on the premises. Participants are required to immediately report knowledge of a weapon on the premises to Program Staff. Any incidents will be grounds for immediate dismissal from the program.
- Participants will be responsible to secure their own personal belongings. It is strongly advised that **NO VALUABLES** are to be brought to the program. This includes any phones or electronics (e.g. iPods, MP3 players, handheld games, eReaders, etc.)
- A student's person and/or personal effects (e.g., purse, book bag, etc.) may be searched whenever Program Staff has reasonable suspicion to believe that the student is in possession of illegal or unauthorized materials.
- There is to be no pictures or recording of videos taken in the locker room for privacy of others, if caught taking a picture or recording in the locker rooms it will be at the Program Staff discretion if you are able to stay for the remainder of the program.

**Anti-Bullying Policy:** “Bullying” or “Harassment” is intentional written, cyber, verbal, or physical act that is reasonably perceived as being dehumanizing, intimidating, hostile, humiliating, threatening character that is persistent, or pervasive that creates an intimidating or threatening environment.

### **3 – Step Discipline Policy:**

**STEP 1** – verbal warnings will be given to child by Program Staff. Program Coordinators will be notified of concerns and documentation will be filed.

**STEP 2** – parents are given a written report and notification of possible suspension by Program Coordinators. Parent conference will take place if requested by parent.

**STEP 3** – third written report documented and immediate phone call to parents requesting a conference is to take place. Suspension from the summer program may occur immediately. Duration of suspension is to be determined by the Program Coordinators.

### **PARENTAL RESPONSIBILITIES:**

#### **Court Orders Affecting Participants**

If your child is the subject of a court order (e.g. Custody Order, Order of Protection, etc.) the S.E.A.R.C.H Program must be provided by the parent, with a signed and dated copy, with the courts seal, of the most recent order and all amendments. If conflicting orders are present, the most recently dated court order will be followed.

This order must be strictly followed by all Program Staff until a new order or amendment has been issued by the court. The Program Staff will report any violations of these orders to the appropriate authorities and the court.

In joint custody cases, custodial parents must put in writing a schedule for any mutually agreed times to the Program Staff. Unless this is on file, the Program Staff will not allow pickups or visits by the non-custodial parent.

#### **Drop Off & Pick-Up Procedures**

- Only parents or other authorized adults (18 or older) may pick up your child.
- All parents or authorized adults must sign in/out their child.
- It is the parent/guardian’s responsibility to ensure that someone (either parent or emergency/alternate pickup person) is available to pick up the child on time. Pick up time is any time prior to 3:00pm. 3 late unexcused pickups may result in dismissal from the program.
- In an emergency situation, the child’s parents or guardians will be called first. If they cannot be reached, staff will call the persons listed until someone can be contacted. If a parent is reached but cannot pick up the child, they must arrange for someone from their list to do so.
- All changes and/or additions to both of these lists must be made in written form, signed and dated by the custodial parent/guardian.

\*\*\*Parents with joint custody cannot take people off of each other’s lists. Parents do not need to be listed as emergency contacts or pickups. All parents have the right to pick up their child (in absence of a court order indicating otherwise)

## Health Concerns/Illness Policies

- SNI S.E.A.R.C.H Program **STAFF CANNOT ADMINISTER PRESCRIBED MEDICATIONS TO YOUR CHILD. PLEASE ADMINISTER BEFORE THE PROGRAM OR MAKE OTHER ARRANGEMENTS. THANK YOU!**  
Exceptions are limited to emergency medications e.g. EpiPens or asthma inhalers
- Notify the staff/activity leader of any communicable illness your child may have; we must notify other parents of communicable diseases that may be present. Confidentiality of the child will be maintained.
- Out of respect for the other participants, please do not send child if they have a fever (temperature over 100° without medication within the last 24 hours) or have been vomiting (more than 2x in 24 hours). Children may return after illness subsides for 24 hrs.
- Children with open oozing sores must have them covered and may not participate in any pool activity.
- Children with infections requiring antibiotics (examples: Pink Eye, Impetigo, Strep Throat, etc.) must be on antibiotics for at least 24 hours and have a doctor's slip before they return.

**Seneca Nation S.E.A.R.C.H Program 2023**

Child's Name: \_\_\_\_\_ Grade (entering in 2023-24): 1 2 3 4 5 6 7 8

D.O.B. \_\_\_\_\_ Male/Female T-shirt Size: Youth: S M L XL Adult: S M L XL 2XL

Parent(s)/Guardian(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone/Location: \_\_\_\_\_

**AUTHORIZED INDIVIDUALS TO PICK UP MY CHILD FROM S.E.A.R.C.H. PROGRAM:**

|              |                      |               |
|--------------|----------------------|---------------|
| <b>Name:</b> | <b>Relationship:</b> | <b>Phone:</b> |
|--------------|----------------------|---------------|

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Please note: ONLY the above listed individuals will be allowed to pick up your child.  
\*\*\* Additional space provided on page 7.

**Custody Alert/Restrictions:**

If so, provide information & instructions to Program staff. Please provide a copy of documentation.

**Emergency Care**

In the event of a medical emergency in which I *cannot* be reached, the physicians at a local hospital are hereby authorized to provide emergency care deemed necessary for my child during the **Seneca Nation S.E.A.R.C.H Program.**

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

**Medical Information Certification and Emergency Authorization**

I certify that my child is in good health to the best of my knowledge and that he/she has not been recently exposed to any contagious diseases. In the event of illness, injury or medical emergency, I authorize the adult staff of the Seneca Nation SEARCH Program, as an agent for the undersigned, to perform first aid on my child, I also give my consent for any medical or surgical care deemed advisable by any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital. I also authorize the Seneca Nation SEARCH Program to administer the sunscreen/insect repellent as specified to my child.

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

**Media Authorization**

I understand that various forms of media may be taken of my child while they are enrolled in the program. This media will only be used for publicity purposes or general activity documentation.

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

Please provide any additional information you feel is necessary for program staff to know.

\_\_\_\_\_

\_\_\_\_\_

**Health Information:**

Does your child have/had any of the following? Please check all that apply

| Diseases                                | Chronic Illness  | Known Allergies                         | Other                                       |
|---|--|---|---|
| <input type="checkbox"/> Chicken Pox    | <input type="checkbox"/> Epilepsy                                | <input type="checkbox"/> Food _____     | <input type="checkbox"/> Mental Disability  |
| <input type="checkbox"/> Measles        | <input type="checkbox"/> Behavior/Emotional                      | <input type="checkbox"/> Hay Fever      | <input type="checkbox"/> Deafness           |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Ear Infection                           | <input type="checkbox"/> Insect Stings  | <input type="checkbox"/> Visual Impairment  |
| <input type="checkbox"/> Mumps          | <input type="checkbox"/> Asthma <input type="checkbox"/> Inhaler | <input type="checkbox"/> Drugs _____    | <input type="checkbox"/> Contact Lenses     |
|   | <input type="checkbox"/> Heart Disease                           | <input type="checkbox"/> Ivy, Oak, etc. | <input type="checkbox"/> Fainting           |
|   | <input type="checkbox"/> Convulsions                             | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Sleep Disturbances |
|   | <input type="checkbox"/> Diabetes Type __                        |   | <input type="checkbox"/> Bed Wetting        |
|   | <input type="checkbox"/> Other _____                             |   | <input type="checkbox"/> Constipation       |
|   |  |   | <input type="checkbox"/> OT, PT, Speech     |

Were any medical problems noted during your child's last health exam? If yes, please explain

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Does child have an IEP/504? Y / N (if Yes, please provide a copy)

**AUTHORIZED INDIVIDUALS TO PICK UP MY CHILD**

**\*If any more persons need to be added, please use the space below\***

I have read **Pages 2-4** and agreed with the stated rules, disciplinary policies, and procedures as covered; I understand these policies will be strictly adhered to and have discussed the consequences with my child.

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

Child's Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

PARENTS: Please ensure your child signs this contract as this is used in the event of any problems or concerns.