



Seneca Nation

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

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

2026

Application Cover Sheet:

Please retain this cover sheet for your records and reminders of requirements.

Applicants will be notified via phone call to confirm enrollment in the program.

Eligibility: Students Grades K-8

(grade level entering in the fall, 2026-27 school year)

Program Dates: July 6 – August 6, 2026

Program Hours: Monday through Thursday

8:30 am – 3:00 pm

Applications are due no later than May 29, 2026 and must be dropped off in person at the Education Department located at 2016 Hënödeyësta' Drive Irving, NY.

Requirements: The following items must be completed and turned in to ensure the application is complete.

- Application must be completed **in full** and turned in by May 29
- Any medical forms must be completed **in full** and turned in by May 29
- Policies and Procedures must be read with child and signed.
- Any IEP/504 information that is required must be on file by May 29

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 Crocs). **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.** 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.

Head Lice Policy & Procedure:

1. If a student is found to have a live infestation of head lice, the parent/guardian will be notified via phone and information on head lice will be given to the parent/guardian at the time their child is picked up.
 - a. The student must be picked up promptly after notification by phone has been made.
2. Both phone and written notifications will include information explaining that the student may return to the program after they have been treated for head lice, no live lice remain and all nits within ¼" of the scalp have been removed.
3. The student must be checked and cleared by the nurse, or program staff upon returning to the program. (Please allow additional time for the head check to be performed. Parent/Guardian must be present during check).

Seneca Nation S.E.A.R.C.H Program 2026

Child's Name: _____ Grade (entering in 2026-27): K 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:

Name:	Relationship:	Phone:
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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 any, please provide information & instructions to Program staff. Please provide a copy of documentation.

Participation & Transportation

I give permission for my child to participate in all program activities, including on-site and off-site events and field trips. I also authorize transportation provided or arranged by the program.

_____(initial)

Media Release

I consent to the use of my child's name, photograph, video, and/or work for program-related purposes, including educational materials, social media, publications, and promotional content.

_____(initial)

Medical Authorization

In the event of illness or injury, I authorize program staff to administer basic first aid. I authorize the onsite ECLC RN to assess my child and give basic care. If further care is needed, emergency personnel will be contacted and parent notified. I understand that program staff are not licensed medical professionals and may only provide limited care as allowed by law. I agree to be responsible for any resulting medical expenses. _____(initial)

Liability Waiver

I understand that participation in program activities involves inherent risks, including but not limited to physical activity, travel, and recreational events. I voluntarily assume all such risks. To the fullest extent permitted by law, I release, waive, and hold harmless the Seneca Nation S.E.A.R.C.H. Program, its staff, volunteers, and affiliates from any and all liability, claims, or damages arising from participation, except in cases of gross negligence or willful misconduct. _____(initial)

I also authorize the Seneca Nation SEARCH Program to administer the sunscreen & insect repellent as specified to my child. _____(initial)

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/Emotion	<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"/> Inhal	<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

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

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

Name& Phone Number

I have read **Pages 2-4** and agreed with the stated rules, 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.