



2016 Summer Enrichment Program ~ July 11 – August 19, 2016

Ages 11-14 ~ Monday – Friday 9:30am – 3:30pm

Student Name: _____ Age: _____ DOB: _____

School: _____ Grade (2015-2016) _____

Please circle one: Enrolled Seneca Seneca Descendent Citizen of another tribe

Clan: _____

Parent/Guardian : _____

Work phone# _____ Cell phone # _____

Is it ok to text? _____

Parent/Guardian : _____

Work phone# _____ Cell phone # _____

Is it ok to text? _____

Home address : _____

Email(required) _____

_____ I will pick up my child at the ACC by 3:30 sharp.

_____ My child has permission to walk home from the ACC.

_____ My child will ride home with _____

Please list all anyone, including yourself, 18 & older, that is authorized to pick up your child:

1. _____
2. _____
3. _____
4. _____
5. _____

****Please note that anyone who is not on this list will need authorization from you****

Emergency Contact Information

Emergency contact #1: _____

Relationship: _____

Phone #1: _____ Phone #2: _____

Is it ok to text? _____

Emergency Contact #2 : _____

Relationship: _____

Phone #1: _____ Phone #2: _____

Is it ok to text? _____

Program Expectations:

- Students will be expected to sign in daily.
- Students are required to bring assignments daily.
- No cell phones or electronic devices will be permitted during tutoring.
- No foul language.
- Be respectful of property and other students: Teasing, bullying, or physical contact in any form will not be tolerated.
- 5 consecutive “no shows” without explanation of extenuating circumstances will result in the student being dismissed from the program and returned to the bottom of the waiting list.

Consequences:

1st Warning-Verbal: Teacher will speak to the student on the issue.

2nd Warning-Phone notice: Teacher will speak to student and call parent on the issue.

3rd Warning-Dismissal: Teacher will notify parent that the student must be picked up from the program immediately. Further action may be decided by the education director.

- The use of any tobacco products, drugs, alcohol , or weapons is strictly prohibited
The identified use of such materials will result in immediate dismissal from the program.
- Staff confidentiality.
Staff members will remain available for discussion and mentoring to student participants. If an issue arises privacy will be maintained unless the student’s safety or others safety is in jeopardy, then by law we would need to breach confidentiality and alert a counselor or safety officer.
- No nit policy. We strictly adhere to the ACC’s no nit policy.
- There will be no tutoring services when school is not in session (except during the spring break and summer enrichment programs).

Student Name: _____ Date: _____

Parents Signature: _____ Date: _____

WE RESERVE THE RIGHT TO ASK ANYONE TO LEAVE UNTIL FURTHER NOTICE IF ONE CANNOT FOLLOW THE RULES AND IS BEING DISRUPTIVE AND DISRESPECTFUL.

Permission and Waiver

I _____ give _____
(Print parent name) (Print child's name)

permission to participate in programs and receive services from the Allegany Education Department.

- By signing this form my child may participate in the program. I am the legal parent/ guardian of the child named above. The recipient waives releases and forever discharges all claims against any of the staff, administration, or participating members for any injuries. Damages, losses or claims to all participants, whether known or unknown, which arise during or result from any activity of or services provided by any of the participating parties. The recipient waives all claims including but not limited to any such injury damage loss or claim arising from any services provided as part of any education and or enrichment service. In signing the permission slip I understand and agree to all terms and conditions as described on this form.

Parent /guardian signature: _____

Date: _____

Emergency Health Care:

- In the event that I cannot be reached in an emergency I hereby authorize emergency health care and services as deemed necessary by the staff for my child. I understand that the consent and authorization therein granted does not include major surgical procedures and is valid only during the allotted time of attendance during supervision. Physical conditions must be made clear.

Health care provider: _____

Address: _____

Phone # _____

Child's physician: _____

- As a parent /guardian of a participant in the education program, I understand that the recreation department does not have any insurance coverage for any accidental injuries, illness, or personal damages. I agree, by signature below, to release and hold harmless the Seneca Nation of Indians Education Department from responsibility or liability for the injuries or damages not directly caused by the negligence of the department, its officers, agents, or employees.

Parent /Guardian Signature:

Date: _____

Medical Information

Please indicate if your child has any ***ALLERGIES***(Top Priority):

Medical conditions that our staff needs to know about in case your child needs medical attention (please indicate any emotional needs i.e. ADD, ADHD, etc.):

Is your child eligible for service at the Lionel R. John Health Center? ____ Yes ____ No

Talent Release Form

I, _____, grant permission to the SENECA NATION EDUCATION DEPARTMENT to photograph me or my family member(s). Any photographic images shot may be used by the Seneca Nation Education Department and/or newsletter for their website or news release or any other publication produced by the Seneca Nation of Indians.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

