

# Nooksack Tribe Youth Program Application

Valid: July 2022 through June 2023



**Please complete each section of this application**

Incomplete applications will not be accepted for Youth Department registration

**MEDICAL ALERT!** If your child has ANY MEDICAL NEEDS/CONCERNS please complete additional Medical Policy Form. (See Front Desk)

Nooksack Youth Department • 360.966.9696 • 5604 Mission Rd, Bellingham, WA 98226

For Office Use Only:

Date/Time Rec'd \_\_\_\_\_

# Nooksack Indian Tribe Youth Program 2022/23

*Our program operates under the policies and guidance from the Nooksack Pandemic Response Team. We will follow all safety measures to ensure the participants safety. We must inform you that participation can potentially expose attendees to unvaccinated individuals.*

**Youth Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
School entering *FALL 2022*: \_\_\_\_\_ Grade entering *FALL 2022*: \_\_\_\_\_  
Home Address: \_\_\_\_\_

## **Parent/Guardian Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### **Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Authorized to pick up:  Yes  No  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Authorized to pick up:  Yes  No

### **Youth Medical Information**

Allergies/Chronic illness/Medical Concerns: \_\_\_\_\_  
Description of Severity, Symptoms and Plan of Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Any Additional Information: \_\_\_\_\_  
\_\_\_\_\_

## **Policy Agreement**

*In-person policy agreements must be adhered to upon entry to our program. Policy agreement will ensure the enrolled youth will abide by rules to ensure safety and efficiency of our program. **Please initial each statement** after you have read each policy*

- \_\_\_ My child will attend Nooksack Youth Program regularly. In the matter whereas my child is not attending regularly he/she will be removed from Nooksack Youth Program to allow youth on our waitlist to enter the program.
- \_\_\_ My child will participate in the Nooksack Indian Tribe Behavior Health sessions that are offered.
- \_\_\_ My child will participate in the NITYP classrooms and NIT Tribal library in a respectful manner and will follow all health & safety precautions.
- \_\_\_ I will pick up my child on-time. In case of emergency I will notify the front desk of any tardiness.
- \_\_\_ I allow the authorized Youth Program/Education Department staff to take photos of my child while participating in on-campus activities. I understand this may be shared to the Nooksack Youth Program Facebook page, Nooksack Newsletter and the Nooksack tribal website.
- \_\_\_ I understand the participation in NITYP involves risks of exposure as there is unvaccinated individuals on site. My child is participating under my full authorization and consent. NIT/NITYP will not be legally responsible.
- \_\_\_ My child will be respectful to themselves, staff and the other students.
- \_\_\_ My child will follow COVID-19 & any Health Safety measures set in place.
- \_\_\_ I understand NITYP is not responsible for personal belongings. If my child brings electronic devices/money/valuable items, it is at their own risk. NITYP only allows cellphones for emergent use and must remain in child's backpack/coat.

\_\_\_ If I have any complaints or concerns regarding social well-being, bullying, protocols of NITYP, I will fill out the designated NITYP Complaint Form and/or contact the NITYP Receptionist (Victoria Williams , Youth Program Manager (Dean Ollinger) or Tribal Education Liaison & Family Advocate.

### **FIELD TRIP CONSENT**

*Local Parks, Village Books, Summit Trampoline Park, Park Bowl, Regal Cinemas, Lynden Skateway, Local Berry Farms, Edaleen Dairy, Whatcom Falls Park, Bellewood, Historical Village's Tour, Woodland Park Zoo, Wild wave theme park. Fieldtrips are subject to change due to inclement weather and other factors.*

*\*Additional field trip destinations may be added.*

*Select your choice:*

I give my full authorization and consent for my child to participate in every field trip that is scheduled for the 2022/23 year. I give my consent for NITYP to transport my child off campus.

I would like to receive individual field trip consent forms each week. (If they are not signed and returned, your child will not be authorized to leave the NITYP building)

- NITYP fieldtrips & on site activities may involve water sprinklers and the children's clothing may become wet. It is recommended that all children bring extra clothes daily.
- NITYP staff are not authorized to apply sunscreen to youth participants.  
It is recommended that you apply sunscreen to your child prior to arriving to ensure UV protection.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Nooksack Indian Tribe

## Release of Information

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student records, FERPA normally requires that the Mount Baker School District (the "District") obtain written consent from a parent/guardian or eligible student before disclosing the student's personally identifiable information from such records. This form is intended to satisfy the requirements of FERPA and enable the District to communicate with the Nooksack Tribe (the "Tribe"), as authorized by the parent/guardian or eligible student. By signing this form, the parent/guardian or eligible student authorizes the District officials to disclose the education records specified herein as requested by the Tribe.

### AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School District: \_\_\_\_\_ DATE: \_\_\_\_\_

I hereby authorize the disclosure of information from my child's or my educational records between the following two agencies:

#### **Authorized Representations of**

#### **The Nooksack Tribe**

5016 Deming Road

P.O. Box 157

Deming, WA 98244

Phone (360) 592-5176

Fax: (360) 592-2125

**AND**

#### **Authorized Representatives of**

School District Name: \_\_\_\_\_

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

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

#### **Examples of educational records to be disclosed on a need-to-know basis only:**

Attendance records, grades, assignments, notes related to student academic success, discipline etc.

**For the purpose of:** coordinating academic support for the above student between the Nooksack Tribe and the School District listed above.

- |  |
|--|
| <ol style="list-style-type: none"><li>1. I understand that my consent for the release of records is voluntary and that I may withdraw my consent at any time, in writing. Should I withdraw my consent, it does not apply to information that has already been disclosed under the prior consent for release.</li><li>2. Unless revoked by undersigned parent/guardian/student, this authorization is valid from the signature date below and for as long as the child is continuously enrolled in the School District listed above.</li></ol> |
|--|

By signing this form, I authorize the District to disclose information from my child's or my education records as specified above.

\_\_\_\_\_  
Parent/Guardian OR Student signature

\_\_\_\_\_  
Date

# Nooksack Indian Tribe Youth Program

INFORMATION PAGE – Keep this page for your records



## After school program

September-June

Hours of Operation 2:00pm-5:30pm

Early Release Days 1:00pm-5:30pm

### All day program schedule

*(One school district is closed for the day & the other school district is open)*

9:00am -5:30pm

#### Bus Route pick up times:

*Rutsatz 9:00am*

*5-Cedars 9:00am*

*Goshen & Roberts Rd. 9:15am*

*Suchanon 9:00am*

*Sulwhanon 9:10am*

*Bus leaves Youth program at 5:30pm*

## Summer Program

July-August 26<sup>th</sup>

Hours of Operation 9:00am-3:30pm

#### Bus Route pick up times:

*Rutsatz 8:40am*

*5-Cedars 8:40am*

*Goshen & Roberts Rd. 8:50am*

*Suchanon 8:40am*

*Sulwhanon 8:45am*

*Bus leaves Youth program at 3:30pm*

**\*Our offices are open in accordance to the NIT Holiday Calendar\***

#### Tribal Holidays 2022:

June 17<sup>th</sup> Friday before Fathers Day

June 20<sup>th</sup> Juneteenth-Observed

July 4<sup>th</sup> Independence Day

September 2<sup>nd</sup> Friday before Labor Day

September 23<sup>rd</sup> Governance Day

October 10<sup>th</sup> Coast Salish Day

November 11<sup>th</sup> Veterans Day

November 24<sup>th</sup> Thanksgiving Day

November 25<sup>th</sup> Day after Thanksgiving

December 23<sup>rd</sup> Admin. Leave

December 26<sup>th</sup>-30<sup>th</sup> Christmas Day/Admin Leave

### Notice:

We have water dispensers on campus, reusable water bottles are encouraged for students to bring.

(Please label your child's name on their personal property)

Staff is not permitted to administer medication/sunblock.

Staff is not permitted to hold any currency on behalf of youth program participants.

**We have capacity of 80 youth on campus. Youth that do not attend regularly will be excused from our registrar.** They will be exchanged with a youth that is on our waiting list. Please communicate absences beforehand to prevent your child being removed.

# Nooksack Education & Youth Program Staff

Education & Youth Program Director: Donia Edwards MEd.  
dedwards@nooksack-nsn.gov

Employment & Career Coordinator, Assistant to Education Director: Jessica Kelly BA  
Jessica.kelly@nooksack-nsn.gov

Youth Program Manager: Dean Ollinger  
[dollinger@nooksack-nsn.gov](mailto:dollinger@nooksack-nsn.gov)  
(360) 325-2406 (After hours Emergent Concerns only)

Teen Enrichment Program and Prevention Specialist: Keith Lindsey  
klindsey@nooksack-nsn.gov  
Teen Enrichment Program Assistant: Monica Bailey

Language Instructor: Loren Roberts  
lroberts@nooksack-nsn.gov

Education & Academic Enrichment Manager: Charise Wenzl  
cwenzel@nooksack-nsn.gov

Certified Teacher: Marjorie Farquhar  
[mfarquhar@nooksack-nsn.gov](mailto:mfarquhar@nooksack-nsn.gov)

Tribal Education Liaison, Family Advocate & Youth Program Manager Assistant: Ravenia D. Williams  
[rdwilliams@nooksack-nsn.gov](mailto:rdwilliams@nooksack-nsn.gov)

Receptionist: Victoria Williams  
Victoria.williams@nooksack-nsn.gov

Lead Cook: Jamie Johnson  
[Jamie.johnson@nooksack-nsn.gov](mailto:Jamie.johnson@nooksack-nsn.gov)

Transportation Coordinator: Avto Kekutia  
Akekutia@nooksack-nsn.gov

Youth Program Aide: Maly Roberts  
Youth Program Aide: Jordan Latorre  
Youth Program Aide: Alma Edwards  
Youth Program Aide: Sara Roberts  
Youth Program Aide: Shyra Williams  
Youth Program Aide: Lucas Revey  
Youth Program Aide: Rochelle Peterson  
Youth Program Aide: Erikka Edwards  
On-call Youth Program Aide: Zachary Williams  
On-call Youth Program Aide: Sahteenkah Tigilau

Front Desk Contact Number: (360) 966-9696  
Fax: (360)966-2944

Office hours:  
Monday – Friday  
8:00am-5:30pm

Follow our **Nooksack Youth Program** Facebook page for additional updates



# **Nooksack Behavioral Health Youth/Children Client Packet 2022-2023**

## **Client's Rights**

1. To be treated with respect and dignity.
2. To be provided professional care and services.
3. To Refuse any participation in service.
4. To receive care, which does not discriminate against me and is sensitive to my gender, race spiritual beliefs, national origin, language, age, disability and sexual orientation.
5. To be free of any sexual exploitation or harassment.
6. To review any record of service I have received with professional staff member of Nooksack Behavioral Health.
7. To receive services which we hold as completely confidential.
8. To lodge a complaint with Nooksack Health Director or Nooksack Behavioral Health Unit (Dr. Khan) if you believe your rights have been violated. A staff member from the Nooksack Behavioral Health Office may, at your request, assist you in filing a grievance.





## Nooksack Behavioral Health Youth/Children Client Packet 2022-2023

- **Records:** I understand the telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I understand my clinician will maintain a record of our session in the same way records have been maintained if my session was in-person in accordance with Behavioral Health policies.
- **Disclosure without consent or authorization:** Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

Nooksack Behavioral Health welcomes you. We are glad we can be of service to you and look forward to working with you. If you have any questions, please feel free to call.

**I have read and understand this and my signature indicates that I agree for my child to receive mental health services from Nooksack Behavioral Health and to participate in counseling.**

\_\_\_\_\_

Print Full Name

\_\_\_\_\_

Client Signature

Date

\_\_\_\_\_

Counselor Name & Signature

\_\_\_\_\_

Date

**Nooksack Behavioral Health Youth/Children Client Packet 2022-2023**

**Consent to Release Confidential Information between NIT Behavioral Health  
After School and Public Schools**

I hereby give my permission for any/all (need to know basis) information to be released between Nooksack Behavioral Health and the Tribal Youth Program, as well as my child's school:

*(Check your child's school for Fall 2022)*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Acme Elementary        | <input type="checkbox"/> Harmony Elementary      | <input type="checkbox"/> Kendall Elementary |
| <input type="checkbox"/> Everson Elementary     | <input type="checkbox"/> Nooksack Elementary     |   |
| <input type="checkbox"/> Nooksack Middle School | <input type="checkbox"/> Mount Baker Junior High |   |
| <input type="checkbox"/> Nooksack High School   | <input type="checkbox"/> Mount Baker High School |   |

***\*Any shared information between your child's school and Nooksack Behavioral Health will be used for the sole purpose of maintaining and improving your child's academic success.***

<b>Parent/Guardian</b>  <b>OR</b> <b>Client signature</b> (13 years and above)  <b>Signatures</b>	<b>Print Name</b>	<b>Date</b>
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