

Nooksack Tribe Youth Program Application

Valid: July 2023 through June 2024



Please complete each section of this application

Incomplete applications will not be accepted for Youth Department registration

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 2023/24

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 2023*: _____ Grade entering *FALL 2023*: _____
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 2023/24 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.

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.
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.

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 signa

