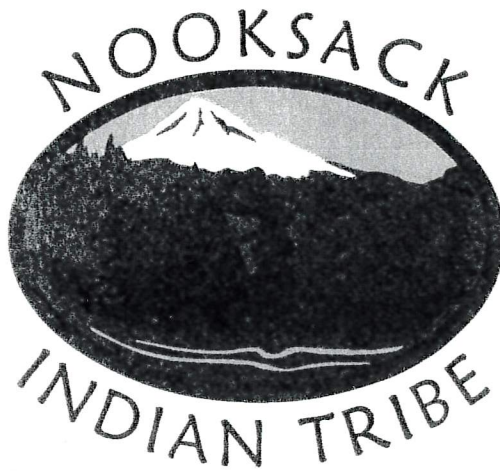


Nooksack Tribe Youth Program Application

Valid: June 2025 through June 2026



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 _____

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 will call the front desk to make any changes to the location of my child's Drop off.

___ 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 Tribe Social Media, Nooksack Tribe Newsletter and the Nooksack Tribe website.

___ My child will be respectful to themselves, staff and the other students. There is Zero Tolerance for Bullying at NITYP.

___ I understand that Youth Program staff are not permitted to administer medications to my child. If child has a medical condition that requires medication there must be a Medical Plan in place that is created and signed by the child's doctor on file for our staff to follow.

___ 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 or Youth Program Manager.

___ **FIELD TRIP CONSENT** I give my full authorization and consent for my child to participate in every field trip that is scheduled for the 2025/26 year. I give my consent for NITYP to transport my child off campus.

**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 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: _____

Parent/Guardian Name: _____ Contact Number: _____

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">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 signature

Date

NIT BH After School, Summer School, and Public School Programs
Children & Youth (Age 5-12) Client Packet 2025-2026

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.

NIT BH After School, Summer School, and Public School Programs
Children & Youth (Age 5-12) Client Packet 2025-2026

- **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.

Signing this form also acknowledges that I have received and read a copy of the Client Rights.

Print Full Name

Client Signature

Date

Counselor Name & Signature

Date

NIT BH After School, Summer School, and Public School Programs
Children & Youth (Age 5-12) Client Packet 2025-2026

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 2025)

- | | | |
|---|--|--|
| <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"/> Other _____ |
| <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 | <input checked="" type="checkbox"/> NIT Tribal Youth Program |

****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.***

Parent/Guardian Signature	Print Name	Date