



LTBB YOUTH SERVICES DEPARTMENT

YOUTH REGISTRATION FORM

AFTERSCHOOL PROGRAM

FALL/WINTER 2018-19

Youth Name:	_____	Parent/Guardian:	_____
Address:	_____	Work Phone:	_____
City:	_____	Emergency Contact:	_____
State:	_____	Relationship to child:	_____
Zip:	_____	Emergency Contact Phone:	_____
Age/DOB:	_____	Please list all authorized adults who may pick-up your child:	_____
Parent Email:	_____		_____
Cellphone Number:	_____		_____
Texting Phone:	_____		_____

Tribal preference guidelines: Please check all that apply and provide membership documentation.

- 1. Member of a federally recognized tribe: Tribe: _____ Enrollment # _____
- 2. 1st Generation Descendent of LTBB Enrolled member: Enrolled Member: _____
- 3. Descendent of an LTBB Enrolled member: Relationship to Enrolled Member: _____
- 4. Non-native sibling, living (with enrolled sibling) on or near LTBB reservation: Enrolled member: _____

Initial

I would like to receive information about the Parent Advisory Committee. _____ Yes _____ No

Are there specific cultural practices (ex. Dancing, singing, drumming, beading, etc) that you would like your child to learn?

What skills do you have you may like to share with the youth (i.e., regalia making, sewing, beading, drumming, singing, crafts, etc.)?

Parents/caretakers are welcome to volunteer at YSW to share a talent or knowledge, or chaperone on field trips however **all volunteers must complete the LTBB/Youth Services volunteer background check packet** (please ask YSW staff for volunteer application or visit the YSW website to print one).

Forms that must be completed and/or received in order for registration to be complete:

- Afterschool Registration form 2018-19
- Permission & Medical Release Form
- Waiver of Liability Form
- Media Release Form
- Behavior Expectation Contract
- Academic Record Release
- Assessment/Survey Consent Form
- General Information/Consent Form
- Computer/Video Game/Movie Consent Form
- Youth Services Transportation/Pick-up Release Form



YOUTH SERVICES DEPARTMENT AFTERSCHOOL TRANSPORTATION PICK-UP/RELEASE INFORMATION

I understand that the LTBB Youth Services Department is **NOT** a Childcare facility; my child may sign out of the Youth Center by him/herself with parent permission at age 13+. It is an after-school program providing recreation activities and academic assistance to **children 6-17 years old**. If you wish, you may have your child walk/ride with a staff from Central School to the Youth Center. Students walking/riding with a staff from Central school will sign in at Central School pick-up area and are required to remain with the group until they arrive at the Youth Center. Students wishing to walk/ride with a staff must meet in the front of Central School, closest to the school bussing area. Youth are not permitted to cross the street without a Youth Services staff person. Parents are responsible for children who are late, or miss Youth Services transportation. The Youth Center is not equipped to take care of sick children. You must pick up your child in the event of illness.

Permission to Walk Independently after school (please initial those that apply):

_____ My child **HAS** permission to walk independently from the staff and student/youth group. I understand that the Youth Center is not responsible for my child until they sign in at the Youth Center. I will notify the youth center in writing if my child is no longer able to walk independently from the group.

_____ My child **DOES NOT** have permission to walk independently to the Youth Center from Central School independently from the Staff and student/youth group.

_____ My teen (ages 13+) **HAS** permission to utilize the open door policy and sign themselves in and out of the youth services department without an adult at their own leisure whether during school or summer months.

Transportation to Youth Services after-school: Please check one of the following boxes:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	I will drop my child(ren) up at 915 Emmet Street afterschool (after 3:00PM)
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	I need Youth Services to pick up my child(ren) at Central School at 3:05, 3:25, 3:35 PM

Parents must pick-up their children promptly. If you are going to be late, please call the site directly and notify us.

Youth **MUST BE PICKED UP NO LATER THAN 5:45 PM** from the Youth Center, otherwise by the designated pick-up times.

Parents and caretakers: **PLEASE MAKE SURE THAT YOU WALK YOUR CHILDREN TO THE FRONT DOOR and NEVER DROP YOUR CHILDREN OFF WITHOUT MAKING CONTACT WITH YSW STAFF** (a hello from your car or a wave is okay but dropping and driving away before we open the door is NOT okay).

Parents must notify school that LTBB will be transporting youth afterschool. Parents are responsible for student pickup on-site.

Permissions: **Please initial the following:**

_____ I give my child permission to ride in a LTBB Government Vehicle.

_____ I give my child permission to ride in a school bus.

_____ I understand that LTBB Youth Services Department reserves the right to remove my child from transportation service at any time.

Field Trips/Special Events/Summer Travel:

_____ I authorize travel with the LTBB Youth Services Department to any field trip or outing during the school year and/or summer program.

OR

_____Initials

_____ **I DO NOT** authorize **ANY** travel with LTBB Youth Services. By selecting this option, your child **CANNOT PARTICIPATE** in off-site events.



LTBB YOUTH SERVICES DEPARTMENT

COMPUTER/VIDEO GAME /MOVIE USAGE/RATINGS

COMPUTERS/INTERNET

INITIAL ONLY ONE OPTION IN THIS SECTION

_____ My child CAN USE e-mail and the internet while at LTBB Youth Services Department. As a user of the Youth Services Computer network, my child and I agree to comply with all rules and use the network and computers in a constructive positive manner.

_____ My child CANNOT USE e-mail or the internet while at the Youth Services Department.

VIDEO GAME USAGE

INITIAL ONLY ONE OPTION IN THIS SECTION

_____ My child CAN play video games while at LTBB Youth Services Department but ONLY offline games.

_____ My child CAN play video games while at LTBB Youth Services Department including online and offline games.

_____ My child CANNOT play video games at LTBB Youth Services Department.

My child CAN play games with the following Rating:

PLEASE INITIAL ALL THAT APPLY

_____ Early Childhood Everyone _____ Everyone 10+ _____ Teen _____

MOVIES

INITIAL ONLY ONE OPTION IN THIS SECTION

_____ My child CAN watch movies while at LTBB Youth Services Department.

_____ My child CANNOT watch movies while at LTBB Youth Services Department.

My child CAN WATCH MOVIES with the following Rating:

PLEASE INITIAL ALL THAT APPLY

_____ G (General Audience) _____ PG (Parental Guidance)

_____ PG-13 (Parents Strongly Cautioned)

Parent/Guardian Signature

Date



LTBB YOUTH SERVICES DEPARTMENT

CONSENT TO RELEASE ACADEMIC RECORDS

Pursuant to the Provisions of the **Family Educational Rights and Privacy Act**, I give my consent to authorized representatives of _____ School District/School for the release of my child's academic and attendance records. I understand that this authorization will remain in effect until I rescind it in writing. I understand that I have the right to rescind this authorization at any time.

Child's Name: _____ D.O.B. ____/____/____

Parent/Guardian Signature: _____

Date: ____/____/____

Printed Name: _____

Information for entity/staff Authorized to Receive Academic Information

**Little Traverse Bay Bands of Odawa Indians
Youth Services Department
Kristina Dominic-Youth Coordinator
7500 Odawa Circle
Harbor Springs, MI 49740**

TO BE COMPLETED BY PERSON(S) AUTHORIZED TO RECEIVE ACADEMIC INFORMATION:

In accordance with the consent of the above student, I accept full responsibility for any and all information contained in the academic record that may be released to me, and agree to abide by the following procedures and provisions:

1. All requests for information will be submitted by me in writing or on a form supplied by the school. I understand that academic information may not be discussed over the telephone.
2. The parent may rescind authorization at any time.

Signature: _____
Youth Coordinator

Date: _____



LTBB YOUTH SERVICES DEPARTMENT PARTICIPANT ASSESSMENT PERMISSION FORM

Your child's opinions are important and we want them to have the best experience at LTBB Youth Services. To provide children of this community with the most effective and fun programs requires us to periodically ask youth about their life and their experiences in the LTBB Youth Services Department Programming. The information we gather will be used to help Youth Services Staff better understand youth and the programs that will best promote their overall success as students and as successful adults.

By initialing below, you indicate that you are the parent or guardian of the person named in this registration packet and that you give your consent to and give authorization for your child to participate in Assessments/Surveys/Questionnaires used by the Little Traverse Bay Bands of Odawa Indian Youth Services Department, their subsidiaries, and affiliates. These assessments may include household information, my child's grades, demographics and/or survey information:

_____ I give my permission for my child to participate.

_____ I DO NOT give permission for my child to participate.

We hope you will allow your child to participate. As you consider doing so, we want you to know several things:

- Your child's participation in the assessments is entirely voluntary. You must give your permission for them to participate. They must also agree to participate. If you do not give your permission, or if he/she decides not to participate, there will be no penalty or consequences for anyone involved.
- The purpose of assessing is to satisfy reporting requirements to our community and partners, to better understand positive youth development, and to create better programs – the information is not used for any other purpose. There is no right or wrong answers in the outcome surveys (questions are about feelings, opinions and experiences).
- There are no known discomforts or hazard associated with participation – only assessments and surveys are involved.
- Copies of assessments are available when used if you would like to review any of the questions being asked.
- All information from the assessments is kept confidential.
- All findings will be combined, summarized, and reported in group form so that it will be impossible to identify individual people.

If you have any questions, please contact Kristina Dominic, Youth Coordinator at Little Traverse Bay Bands of Odawa Indians: 7500 Odawa Circle Harbor Springs, MI 49740. Telephone 231-242-1593; email kdominic@ltbbodawa-nsn.gov

Parent/Guardian Signature _____

Date _____



LTBB YOUTH SERVICES DEPARTMENT GENERAL INFORMATION/CONSENT

AFTER-SCHOOL-PROGRAMMING: Fall/Winter2018-19

Monday through Friday 3:00 P.M. – 5:45 P.M

We follow the Petoskey Public Schools Calendar. We will do our best to provide parents with notice if the center will be closed. The Youth Services Department after-school program is available for students **ages 6-17, no exceptions to age requirements.**

Please **circle** which days your child will be attending fall afterschool programming:

Monday Tuesday Wednesday Thursday Friday

I have read and understand the drop-off and pick-up times for the programming in which my child will attend. Initial

IMPORTANT INFORMATION:

If children 6-12 years old do not arrive on the circled days, we will try to contact the parent through contact information listed on registration form. Parents are responsible for communicating all changes to his/her child, school staff, and bussing staff, and other appropriate channels regarding afterschool transportation or other after school accommodations. Parents are responsible for children who miss or cannot make the designated Youth Services pick-ups times or locations. In addition to notifying the abovementioned school and bussing staff with changes, please notify LTBB Youth Services (in advance) as soon as possible if your 6-12-year-old will be absent. Any changes to people/family designated to pick up your child must be in writing.

Youth Services afterschool and/or transportation services may close at any time with little notice during emergency situations, which may include but are not limited to: LTBB Governmental Inclement Weather closings, youth transportation break down, and staff, health or other emergencies.

Parents must pick up youth on-site by designated pick-up time (See program hours). **If child is not picked up (3 or more times) within the designated pick up window LTBB Youth Services reserves the right to terminate afterschool services.** Parents must call or text when running 5 or more minutes late.

Please call Youth Center at **231.242.1593** in **advance** if you have an emergency and are unable to pick up your child by pick-up time.

AFTERSCHOOL OPEN DOOR POLICY FOR YOUTH 13 AND UP

LTBB Youth Services is a drop-in center and has an open door policy for teens 13 and up.

- Youth are not required to attend every day.
- Youth are advised to stay on the premises; however, we cannot legally require a youth to stay.
- Teens are allowed to leave the center without adult supervision, with a pre-existing signed parental consent form. The agreement on leaving the center must exist between the parent, youth, and center. The form must be submitted to the center before any teen will be allowed to leave the premises.
- LTBB Youth Services is not responsible for the welfare and/or behavior of any youth walking to the youth center or leaving the property with or without parental consent.
- Teens will be required to sign in and out each time they arrive and leave the Youth Services Center.

DISCIPLINE POLICY

Minor Offenses:

1st Offense*: Verbal Warning

2nd Offense*: Time Out (Can be in or out of program area depending on how disruptive behavior is).

3rd Offense*: Write-up, sent to Coordinator

*Within one program period or one day.

- Parents will be notified of all write-ups.
- 3 write-ups of minor offenses will result in either in-center or out-of-center suspension.
- Examples of consequences of for minor offenses include, but are not limited to:
 - Clean-up duty
 - Exclusion from a particular program area
 - Exclusion from field trips or other special activities
 - Essays or other writing assignments
 - In-center suspension (exclusion from all program areas and activities)
 - Out-of-center suspension

 Initials

Major Offenses:

- All major offenses can constitute an automatic suspension without warning.
- Major offenses are:
 - Fighting
 - Disrespecting staff
 - Inappropriate Language (i.e.: cursing, name-calling or other offensive or explicit language)
 - Stealing
 - Vandalism/Destruction of Property
 - Inappropriate Touching/Inappropriate Sexual Behavior
 - Gang Activity
 - Bullying
 - Weapons

Notes:

- This is only a guideline. Actual consequences are determined on a case-by-case basis and are at the discretion of the Youth Coordinator.
- If a pattern of on-going behavior (i.e.: continuous verbal warnings or time-outs for the same offense) is noticed, consequences may be given with or without a write-up, and regardless of the severity of the offense.
- The length of a suspension (in or out-of-center) is determined by the severity of the offense and the number of previous offenses. In general, suspensions are 1-5 days.
- Only full-time staff can suspend a youth with the approval of the Youth Coordinator.

- Expulsion may incur when youth is a physical danger to others or him/herself or when chronic/severe behavior is an emotional distress to other youth, and/or staff.

DRESS CODE:

The following types of clothing are prohibited:

- 1) See-through or mesh clothing, unless worn over other apparel
- 2) Garments that expose the midriff (modest swimming suits only please)
- 3) Bare feet
- 4) Garments or accessories that display emblems relating to abusive substances, sex and/or obscenities.
- 5) Any gang-related garments

The Youth Coordinator reserves the right to determine if certain other items of clothing are inappropriate for wear at the youth center and/or during center field trips or other special events.

FIELD TRIP POLICY

Before any youth can participate in a field trip, he/she must have a signed permission slip that gives parental consent.

PERSONAL ITEMS

- Youth are responsible for all of their personal items. Please label all belongings to increase the potential of lost items being returned.
- Cell phones need to be on vibrate while in the youth center and should not be out during activities. LTBB Youth Services is not responsible for any electronics brought to the center by your youth and will not provide any reimbursement for lost, stolen or damaged property.

 Initials

TECHNOLOGY GUIDELINES

Youth Services is pleased to offer youth access to a computer. To gain access, all youth must obtain parental permission verified by signatures on the attached form. Youth are responsible for appropriate behavior on the Youth Center computers and network. Communications on the network are often public in nature. General rules for behavior and communications apply. It is expected that users will comply with standards and rules set forth. The use of the computers/network is a privilege, not a right and may be revoked if abused. The youth are advised to never access, keep or send anything that they would not want their parents or staff to see.

What are computer the rules?

Privacy – Network storage areas may be treated like school lockers. The MIS Director may review communications to maintain system integrity and can ensure that youth are using the system responsibly.

Storage Capacity – Users are expected to remain within allocated USB space and delete email or other material, which take up excessive storage space.

Illegal Copying – Youth should never download or install commercial software, shareware, or freeware onto the network drives or USB's, unless they receive authorization from the MIS Director.

Inappropriate Materials or Language – Profane, abusive, or impolite language should not be used to communicate nor should materials be accessed which are not in line with the rules of the Youth Services Code of Conduct/Behavior. Should youth encounter such material by accident, they should report it to the Youth Coordinator or staff immediately.

Guidelines

1. Do not use a computer to harm other people or their work.
2. Do not damage the computer or network in any way.
3. Do not interfere with the operation of the network by installing illegal software, shareware or freeware.
4. Do not violate copyright laws.
5. Do not view, send, or display offensive messages or pictures.
6. Do not share your password with another person.
7. Do not waste limited resources such as disk space or printing capacity.
8. Do not trespass in others folders, work, or files.
9. Notify a staff immediately if you accidentally encounter materials that violate the Rules of Appropriate Use.
10. Be prepared to be held accountable for your actions and for the loss of privileges if the Rules of Appropriate Use are violated.

Internet Safety Rules

1. I will not give out personal information such as my address, telephone number, parents' work address/telephone number, or the name and location of my school.
2. I will tell staff right away if I come across any information that makes me feel uncomfortable or is inappropriate.
3. I will never agree to get together with someone I met online.
4. I will never send a person my picture or anything else.
5. I will not respond to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message like that. If I do, I will tell a Youth Services staff right away so that they can contact MIS.
6. I will not give out my internet password to anyone (even my best friends) other than my parents.
7. I will be a good online citizen and not do anything that hurts other people or is against the law.

 Initials

HOMEWORK LAB

After meal/snack, we provide a structured Homework Lab for the children to concentrate on homework. We will make every effort to help and encourage them during this period. Be aware that this may not be enough time for all their homework to be completed. All children will be required to work on homework at this time. We understand that some parents would prefer the help while others would prefer their children to do it at home with the help of the parent. Please check your preference below. Children not doing homework during the homework hour will be required to read quietly or work on math skills.

_____ HOMEWORK TO BE DONE AT LTBB YOUTH SERVICES

_____ HOMEWORK TO BE DONE AT HOME ONLY

BULLYING/NO TOLERANCE

Bullying of any kind will not be tolerated in our youth center. If a bullying incident occurs, all parties involved Parents/Legal Guardians will be called so that it can quickly be resolved. The guilty perpetrator will be dismissed from the program.

ALCOHOL/DRUGS

This is an alcohol and drug free Youth Services Department/Center. If anyone is caught with alcohol or drugs, the Tribal Police will be notified immediately, followed by a phone call to a parent/legal guardian. This will result in immediate dismissal from the youth services programming.

SNACK/MEALS (Please initial only one)

_____ LTBB Youth Services CAN provide meals/snacks to my child without special instruction or diet.

_____ I will provide all snacks and meals for my child.

_____ LTBB Youth Services CAN provide meals/snacks with the exception of _____

_____ Initials

TRIAL PERIOD

All children are accepted into the program on a trial basis. If there is a question about the child's ability to fit into the program or about the program's ability to meet the child's needs, a conference will be set up to determine the child's continuation in our program. **Any behavioral issues, special needs, etc. should be addressed prior to registration in the program.**

Youth Signature of understanding/agreement

Date

Parents Signature of understanding/agreement

Date



Little Traverse Bay Bands of Odawa Indians Permission and Medical Release Form

This Permission and Medical Release Form gives authorization, including traveling to and from, for the LTBB Department and Program and the related event/activities named below during the dates specified below.

_____	_____	_____
First Name	Last Name	Department/Program
_____ to _____		_____
Dates (From / To)		Event/Activity

While my child or myself is attending, or traveling to or from the respective LTBB Department and or Program event or activity, I HEREBY AUTHORIZE THE LTBB STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT. This authorization shall remain effective until the specified event or activity concludes in this department or program unless sooner revoked in writing. I understand that as a participant/parent/guardian, I will be responsible for the cost of any service or treatment provided.

EMERGENCY CONTACT INFORMATION

_____	_____
Name	Relationship
(_____) _____	(_____) _____
Emergency Day Phone (with area code)	Emergency Night Phone (with area code)

_____	_____	_____	_____
Mailing Address	City	State	Zip

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child or myself is in good health and can be transported, by any means arranged, to and participate in all functions and/or activities that I have authorized on any registration form provided by the LTBB. I understand it is my responsibility to keep the information on this Permission and Medical Release Form updated by contacting the respective LTBB Department or Program.

_____	_____
Signature of Participant/Parent/Guardian	Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit receipt of any non-life threatening medical attention in the event of illness or accident for my child or myself.

_____	_____
Signature of Participant/Parent/Guardian	Date

PLEASE FILL OUT BOTH PAGES COMPLETELY



Little Traverse Bay Bands of Odawa Indians Permission and Medical Release Form

_____/_____/_____
 Participant First Name Participant Last Name Date of Birth

Subject to:	YES	No	Now Have or Have Had	Yes	No
Colds			Heart Trouble		
Sore Throat			Asthma		
Fainting Spells			Lung Trouble		
Bronchitis			Sinus Trouble		
Convulsions			Hernia (rupture)		
Cramps			Appendicitis		
Allergies			Has appendix been removed?		
Wear corrective lenses?			Do you walk in your sleep?		
Is hearing good?					

Date of last Tetanus Vaccination: _____

Please check over-the-counter medications that may be administered:

- Tylenol Ibuprofen Cough Syrup Decongestant Dramamine
 Antacid Polysporin Hydrocortisone Other: _____

Please check outdoor preventions that may be administered/provided:

- Sunscreen Insect Repellant Other

Please identify allergies including allergies to food, medications, and drug reactions:

Please list any disability accommodations you will need in order to participate in this program or activity.

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please explain "yes" answers on this page.

I attest and affirm this information is true and accurate to the best of my knowledge.

 Parent/Guardian

 Date



Little Traverse Bay Bands of Odawa Indians

Waiver of Liability

Waiver. In consideration of being permitted to participate or for my child to participate in any way, in any and all Little Traverse Bay Bands of Odawa Indians activities hereinafter called "Activity", I, for myself, my heirs, personal representatives or assigns, do release, waive, discharge, and covenant not to sue the Little Traverse Bay Bands of Odawa Indians, any officers, employees, and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participating in the Activity.

Child's Name

DOB: _____

Signature

Date: _____

Printed Name

If participant is under 18 years of age Parent/Guardian must sign

Assumption of Risks. Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint of back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Acknowledgement of Understanding. I have read this waiver of liability and assumption of risk agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability, for myself or my above named child, to the greatest extent allowed by law.

Signature

Date: _____

Printed Name

If participant is under 18 years of age Parent/Guardian must sign.