

Chitimacha Tribal School

After School Care Program

Beginning Monday, August 23, 2021



**Enrollment Packet
2021 - 2022**

After School Care Program Registration:

- Please read and complete all information contained in the packet.
- If you have any questions, please call the Chitimacha Tribal School at 923-9960 and ask for Stacey Landry or Michelle Caro.

After School Care Assistance Program:

After School Care Assistance Program will be available to Tribal Member Families which meet the eligibility requirements for funding. For more information about the program, please visit Ida Borel at the Human Services Department or call her at 923-7000. Office Hours: Monday-Thursday 7:30 a.m. – 5:00 p.m. & Friday 7:30 a.m. – 11:30 a.m.

To apply for funding, please bring with you the following items to Ida Borel in the Human Services Department:

- Copy of the funding Application
- Proof of Income (for the last month for household members)
- Copy of enrollment form(s).



Admission Date _____

Withdrawal Date _____

After School Care Program General Information Master Form

1. Child's Name (First) _____ (MI) _____ (Last) _____
 Grade _____ Birth Date _____ Sex _____

	Mother	Father
Name		
Address		
Employer		
Home Phone #		
Work Phone #		
Cell Phone #		
E-Mail Address		

2. Person with whom the child lives _____

3. Tuition assistance: If you are interested in applying for tuition assistance, please contact Ida Borel at 337-923-7000. Family size and income will be used to determine eligibility. Only parents of tribal children may apply.

Family size:

___ Number of adults living in the home ___ Number of children living in the home

4. Select the best way to communicate information to you about your child:

___ Written Notices ___ E-mail ___ Telephone ___ Text Messages (rates apply according to your carrier.)

The Chitimacha Tribal School will not bear responsibility for anything that may happen as a result of false or misleading information given at the time of enrollment. Parents are responsible for updating enrollment information.

Parent/Guardian Signature _____ Date: _____

After School Care Program Payment Schedule Agreement Form

Child's Name

I understand that tuition for my child to attend the After School Care Program must be prepaid at the rate of \$20 a week for services provided on Monday through Thursday from 3:00 p.m. to 5:30 p.m.

I understand that tuition is due upon beginning services (ex. If a child starts on August 30, 2021 tuition is due that day, and then your payment schedule will be adhered to).

I understand that cash will be accepted. Please remit all tuition payments, including cash payments to the Chitimacha Tribal School office. Please write checks, cashier's checks, or money orders to Chitimacha Tribe of Louisiana. When making a payment in cash, exact change is requested. A \$25.00 fee will be assessed to all NSF checks.

Once tuition payments are 10 business days (2 weeks) past due, the child will not be allowed to attend the program on the eleventh day (third week).

I select the following tuition payment schedule. Tuition payments will **not** be refunded.
Please check one:

Weekly

Bi-Weekly

Monthly

Parent/Guardian Signature: _____ Date: _____

After School Care Program Emergency Medical Care Form

Child's Name

	Mother	Father
Name:		
Home Phone #:		
Work Phone #:		
Cell Phone #:		

In the event I cannot be reached, please call (these individuals are also authorized to pick up my child):

Name	Relation to the Child	Address	Phone/Cell
1. _____			
2. _____			
3. _____			

Does your child have any food allergies? Yes No

Does your child have any other allergies? Yes No

Does your child have any dietary restrictions? Yes No

Please explain any "yes" answer here: _____

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities planned for the After School Care Program.

I hereby grant permission for my child to be evacuated to a safe place in case of emergency weather or other conditions. In the event of such emergency, the After School Care Program workers will contact me or one of the other people I have listed on this emergency form.

I understand emergency medical treatment will be given only with parent consent. Since informed consent must be given at the time of the incident, I understand that I must leave numbers where I, the parent, or a responsible designated adult may be reached daily if the numbers above do not apply for that day. In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Doctor _____ Phone _____ Address _____

Dentist _____ Phone _____ Address _____

Hospital or Clinic Preference: _____ Phone # _____

Address: _____

In a life-threatening situation, I authorize the After School Care Program workers, into whose care my child has been entrusted, to consent to any necessary medical procedure for my child. In a medical emergency, also authorize the After School Care Program workers to choose a physician and to transport my child by ambulance or another vehicle when necessary.

Parent/Guardian Signature: _____ Date: _____

After School Care Program Release Form

Child's Name

Designated adults authorized to pick up my child. Please include non-custodial parent and other adults **18 Years** of age or over. Please notify these individuals that they **may be** asked to show **proof of identity**:

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

I understand my child will not be released to any person other than custodial parents and the designated adults on this form. Any changes made to the above list must be put in writing, signed by the parent or guardian, and given to the After School Care Program Workers.

*** Name of person(s) **NOT** allowed to pick up my child:

Name: _____

Name: _____

My child _____ **may or may not** (circle one) ride their bike or walk home from After School Care.

Parent/Guardian Signature: _____ Date: _____

After School Care Program Parental Agreement

Child's Name

Dear Parents,

Please read and sign this agreement:

I have been given a copy of the After School Care Program Handbook which contains program and policy information. I hereby agree to comply with the rules and regulations regarding fees, student pick up, discipline guidelines and other items specified in the Handbook.

I agree to keep all enrollment information updated (e.g. telephone numbers, address, designated adults allowed to pick up your child, etc.)

Parent/Guardian Signature: _____ Date: _____

Chitimacha After School Care Program Participation Agreement Release and Waiver of Liability and Assumption of Risk Agreement

Child's Name: _____ Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent Phone Number: _____

Parent Email Address: _____

I certify that the above information is true, accurate, and complete.

I desire to have my child, named above, attend the Chitimacha Summer Day Camp & Ketkampa ("After School Care"). The After School Care is operated by the Chitimacha Tribe of Louisiana ("Tribe"). In consideration of being permitted by the Tribe to allow my child to attend After School Care and in recognition of the Tribe's reliance on this agreement, I agree to the terms and conditions provided below.

Grant or Deny Permission:

1. **Use of Images and Videos:** I do hereby **GRANT** or **DENY** (circle one) permission to the After School Care to use the image of my child. Such use includes the display, distribution, publication, transmission, or other use of photographs, images, and/or video taken of my child along with his/her first and last name for use in materials that include, but may not be limited to, printed and digital materials such as brochures, newsletters, social media websites, and the Chitimacha Tribal Website.

Acknowledgments of After School Care Activities, Care, Risks, and Prohibitions:

1. **Emergency Medical Care:** I am aware and understand that the After School Care may involve physical activity and that my child will be under the supervision of After School Care workers. I authorize the After School Care workers, into whose care my child is entrusted, to consent to any necessary medical procedure for my child, and in an emergency, I authorize the After School Care workers to choose a physician and to transport my child by ambulance or other vehicle when necessary.
2. **COVID-19:** I acknowledge that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and is reported to be extremely contagious. The After School Care and the Tribe cannot prevent your child from becoming exposed to, contracting, or spreading COVID-19 while attending After School Care. It is not possible to prevent against the presence of the disease. Therefore, if you choose to allow your child to attend After School Care you may be exposing your child to and/or increasing his/her risk of contracting or spreading COVID-19.

In an effort to prevent further transmission of COVID-19, I, the undersigned, agree that I will not send my child to After School Care if they have tested positive for COVID-19 in the last 14 days, if they have any COVID-19 symptoms, as defined by the Center for Disease Control, if they have been exposed to a COVID-19 positive individual in the last 10 days, or if they are waiting on COVID-19 test results.

3. **Electronic Devices Prohibited:** Electronic devices are not allowed during After School Care, and I authorize and acknowledge that my child will be required to turn in any electronic device upon arrival to After School Care. The device will be returned to my child at the end of the day.

In addition, I hereby fully and forever waive, release, and discharge the Tribe, and its agents, employees, directors, officers, and volunteers, from any and all injuries, losses, damages, claims, demands, lawsuits, expenses, and any other liability of any kind, of or to me, my property, or any other person or other person's property, directly or indirectly arising out of or in connection with my child's participation in the After School Care, even if it is due to the negligence, injudicious act, omission, or other fault of the Tribe and its agents, employees, directors, officers, and volunteers. I also will defend, indemnify, and hold the Tribe harmless from and for any action against any action, damages, losses, or costs initiated or assessed against the Tribe by a third party and related to any accident or injury, loss, or property damage, however caused, resulting from or arising out of my child's participation in After School Care.

I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself and my child during the entire period of his/her participation in After School Care. This agreement is governed by the laws of the Chitimacha Tribe of Louisiana. If any portion of the agreement is held invalid, the remainder shall not be affected and shall continue in full legal force and effect.

I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY COERCION, FRAUD, OR UNDUE INFLUENCE AND WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE OF ANY NATURE BEING MADE TO ME.

Signature: _____ Date: _____

Name (printed): _____

(If applicable) I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: _____ Date: _____

Name (printed): _____

After School Care Program Supply Checklist

- ❖ (1) Roll of Paper towels
- ❖ (1) Container of Clorox Wipes
- ❖ (1) Pair of Scissors
- ❖ (1) 12-Pack of Pencils
- ❖ (1) Coloring Book
- ❖ (1) Pack of Colors or Color Pencils (24 in a pack)

Please write your child(ren)'s name on each of the above items with a permanent marker prior to submission. You may be asked throughout the course of the program for additional items