



CHITIMACHA

**SUMMER DAY CAMP
&
KETKAMPA NIGHT**

ENROLLMENT PACKET

2017

Summer Day Camp & Ketkampa Night

Registration:

Monday, April 03, 2017 through Thursday, April 13, 2017

- Please read and complete all information contained in the packet.
- If you have any questions, please call the Chitimacha Recreation Department at 923-4975.
- **CCDF Funding:**
Child Care Development Funding (CCDF) will be available to Tribal Member Families which meet the eligibility requirements for funding. For more information about CCDF, please visit with Loren Richard at the Tribal Administration Office or call her at 923-4973.

To apply for funding, please bring with you the following items:

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

Return completed packet and the following items to the Chitimacha Recreation Department:

____ Initial Tuition Payment
____ \$20 Field Trip Money – (CASH ONLY)

Admission Date _____

Withdrawal Date _____

Chitimacha Summer Day Camp & Ketkampa Night Enrollment Form

1. Child's Name (First) _____ (MI) _____ (Last) _____

Entering Grade _____ Birth Date _____ Sex _____

	Mother	Father
Name		
Mailing Address		
Physical Address		
Employer		
Home Phone #		
Work Phone #		
Cell Phone #		

2. Person with whom the child lives _____

3. Days child will attend Summer Camp:

_____ 2 Days {circle 2} Monday Tuesday Wednesday Thursday

_____ 3 Days {circle 3} Monday Tuesday Wednesday Thursday

_____ 4 Days

4. Ketkampa Night:

_____ 1 Day Activity (Field Trip Only)

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Chitimacha Summer Day Camp & Ketkampa Night Payment Schedule Agreement Form

Child's Name

I understand that tuition for my child to attend Summer Day Camp and Ketkampa Night must be prepaid at the rate \$12 a day per child.

I understand that the first week of tuition and \$20 field trip money is due at the time of registration in order to secure a spot for my child. (Note: Registration Deadline for is on April 13, 2017, tuition is due on or before the applicable date, and then your payment schedule will be adhered to). I understand that if I elect to pay tuition on a weekly basis, tuition will be due on Thursday of each week.

I understand that cash payments are the most acceptable forms of payment; however, the preferred method of payment for tuition is checks, cashier's checks or money orders. Please make these items payable to the **Chitimacha Tribe of Louisiana** and remit *cash only for the \$20* field trip allowance. Please send all tuition payments to the Chitimacha Recreation Department. A \$25.00 fee will be assessed to all NSF checks. When making a payment in cash, exact change is requested.

Once tuition payments are 5 business days (1 week) past due, the child will not be allowed to attend Summer Camp on the sixth day.

I select the following tuition payment schedule. Tuition payments will not be refunded.

Please check one:

_____ Weekly

_____ One Time Payment

Weekly Payment Schedule:

Week 1	April 13, 2017
Week 2	June 22, 2017
Week 3	June 29, 2017
Week 4	July 06, 2017
Week 5	July 13, 2017
Week 6	July 20, 2017

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Chitimacha Summer Day Camp & Ketkampa Night Emergency Medical Care Form

Child's Name

List any serious allergies (such as insect bites, food allergies, etc.) _____

List any disabilities or special needs _____

Major illnesses your child has had _____

Any serious accidents? _____

Any medically necessary dietary requirements? _____

Mother's Phone Numbers: _____

Father's Phone Numbers: _____

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. _____	_____	_____	_____

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities planned at Summer Day Camp and Ketkampa Night.

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 Summer Day Camp / Ketkampa Night 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 Summer Day Camp / Ketkampa Night workers, into whose care my child has been entrusted, to consent to any necessary medical procedure for my child. In a medical emergency, I also authorize the Summer Day Camp / Ketkampa Night workers to choose a physician and to transport my child by ambulance or other vehicle when necessary.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Chitimacha Summer Day Camp & Ketkampa Night Release Form

Child's Name

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

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 and given to the Summer Day Camp / Ketkampa 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 after camp.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Chitimacha Summer Day Camp & Ketkampa Night Permission for Early Release

Pertains Only to Campers Entering 7th and Entering 8th Grades AND/OR MAX of 13 years of age

For your child's safety and protection, we will need your permission to allow your child to leave early from Summer Day Camp and/or Ketkampa Night. Once a Camper leaves early, they will not be allowed to return on the day they leave early.

_____ On days my child has permission to leave early, I will provide either written documentation or a phone call to the Summer Camp Teacher / Ketkampa Night.

_____ My child DOES NOT have permission to leave early.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Electronic Device Release Form

Electronic devices will not be allowed during Summer Day Camp / Ketkampa Night hours. All campers will be required to turn in their electronic devices upon arrival. Electronic devices will be returned to campers at the end of day.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Scheduled Family Vacation Dates

Our family vacation is scheduled beginning on _____ and my child will be returning to camp on _____.

I understand that my child will receive credit for disclosure of one (1) planned vacation during the 6 weeks program. A second vacation credit **AND** the possibility of another summer camper being available to take your child's reserved spot will exempt you of payment for said time period.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Chitimacha Summer Day Camp & Ketkampa Night Field Trip Transportation

I, the parent/guardian of _____, permit my child to use the transportation services provided by Chitimacha Summer Day Camp / Ketkampa Night for extra-curricular field trips. I fully understand that Summer Day Camp / Ketkampa Night is liable for transportation services only and not for accidents/injury during such activities. Children will not be transported in the back of a pick-up truck.

I hereby give my permission for my child to participate in authorized program vehicle trips on or off of the reservation, spontaneous walking field trip, and bike rides throughout the course of the program. I understand that each trip will take place on the reservation, weather permitting.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Water Activities Release Form

I understand that water activities may consist of running through sprinklers, playing with water hoses, etc. I understand that water activities may also include playing and swimming at the Chitimacha pool and wading pool where an appropriate number of trained lifeguards will be on duty.

My child, _____, has permission to participate in any type of supervised water activities while attending Summer Day Camp / Ketkampa Night. I understand that the camp will take precautions in providing for the safety of my child. I, the undersigned, do hereby release, remise, and forever discharge all sponsors and the Chitimacha Tribe of Louisiana from any and all suits, claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in water activities.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Chitimacha Summer Day Camp & Ketkampa Night Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to the Chitimacha Summer Day Camp / Ketkampa Night Program to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise 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 materials such as brochures and newsletters, videos, and digital images such as those on the Chitimacha Tribal Web site and the Franklin Banner Tribune.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage:** I want my child's image and first and last name used on printed materials only (no digital or video use).
 - Unrestricted usage:** I give unrestricted permission for my child's image and first and last name to be used in print, video, and digital media. I agree that these images may be used by Chitimacha Tribe of Louisiana for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Summer Day Camp Supply Checklist

ENTERING 1ST - ENTERING 3RD

- ❖ **Younger Children Extra Change of Clothes** (Including underwear & socks)
- ❖ **Pillow** (for naps)
- ❖ **Blanket** (for naps)
- ❖ **Crayons** (for rainy days)
- ❖ **Coloring Book** (for rainy days)

★ ★ ★ ★ ★ ★ ★ ★ ★ ★
Pillow and Blanket will be
sent home every Thursday
for washing.
★ ★ ★ ★ ★ ★ ★ ★ ★ ★

ENTERING 1ST - ENTERING 8TH AND/OR MAX OF 13 YEARS OF AGE

- ❖ **Large Plastic Tote Box**
- ❖ **Beach Towel**
- ❖ **Swimsuit**
- ❖ **Flip flops**
- ❖ **Sunscreen**
- ❖ **Personal hygiene items**
- ❖ **Pair of Socks for Skating/ Bowling**
- ❖ **Daily – Will need bag for wet clothes and bathing suits**

Please write your child's name on each of the above items prior to submission. You may be asked throughout the course of the program for additional items.