

**KICKAPOO TRIBE OF OKLAHOMA**  
**TRIBAL YOUTH PROGRAM INTAKE FORM**  
**AFTER SCHOOL PROGRAM APPLICATION 2011 – 2012**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Message: \_\_\_\_\_

Please Circle: Male/Female Grade: \_\_\_\_\_ School: \_\_\_\_\_

CDIB or Enrollment Card: \_\_\_\_\_ Yes \_\_\_\_\_ No Tribal Affiliation: \_\_\_\_\_

**FAMILY INFORMATION:**

Mother/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

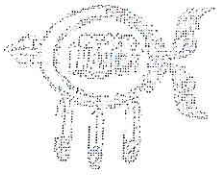
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Referred by:

\_\_\_\_\_ Parent \_\_\_\_\_ Court \_\_\_\_\_ Program \_\_\_\_\_ School \_\_\_\_\_ Self \_\_\_\_\_ Other

What specific subjects does your child need assistance with?

\_\_\_\_\_



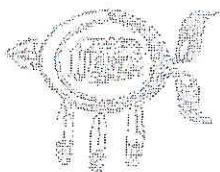
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**PARENT/GUARDIAN CONSENT & AGREEMENT**

I am requesting that my child \_\_\_\_\_ be admitted to the program. I understand there are rules and guidelines to the After School Program and agree to adhere to those rules and guidelines. I understand that transportation from McLoud Schools to the Tribal Youth Program office will be provided by the TYP. I understand that the Kickapoo Tribe of Oklahoma will not be responsible for accidents or injuries that may occur. I release the Kickapoo Tribe of Oklahoma Tribal Youth Program Coordinator, its employees, operators, counselors, and instructors from any and all claims and demands, costs, charges, and expenses from harm, injury, damage, or loss which may be sustained by the participant as a result of the or relating to the participation in TYP. I HAVE READ AND I UNDERSTAND THE ABOVE LIABILITY RELEASE.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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**TRANSPORTATION/PICK-UP AUTHORIZATION FORM**

This transportation/pick-up authorization form is intended to cover numerous transportation scenarios. This information will remain on file.

**NO YOUTH WILL BE ALLOWED TO BE TRANSPORTATED FROM TYP BY ANYONE OTHER THAN PERSONS LISTED ON THIS FORM UNLESS PARENT AND/OR GUARDIAN CONTACTS TYP STAFF WITH EITHER A WRITTEN NOTE OR A PHONE CALL. A VALID PHOTO ID WILL BE REQUIRED FOR VERIFICATION AT TIME OF PICK-UP.**

My child, \_\_\_\_\_, has my permission to be transported FROM the Tribal Youth Program (TYP) to CHR Building:

Please check if transportation is needed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Student has own transportation: \_\_\_\_\_ Yes \_\_\_\_\_ No

Person(s) my child will be allowed to ride with:

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
First and Last Name

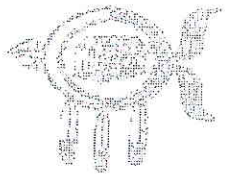
\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
First and Last Name

I understand that this form will remain in effect until I replace it with an updated from.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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**VOLUNTARY AGREEMENT/RELEASE FORM**

I, \_\_\_\_\_, agree to let my child, \_\_\_\_\_ participate in research, surveys, questionnaires, pre-test, etc for the Tribal Youth Program. I also agree to provide information such as progress reports, grades, etc., while being tutored in the Tribal Youth Program. I also agree to give permission to address academic performance of student progress with the school counselor and/or teacher.

\_\_\_\_\_  
Parent/Guardian Signature

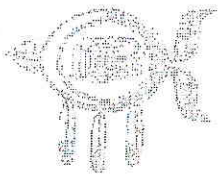
\_\_\_\_\_  
Date

The Kickapoo Tribe of Oklahoma TYP will be taking pictures and videos of the activities taking place during the after school program. The pictures will be used to demonstrate to interested people the activities and purpose of the program. Since your child will be a participant in this program, we would like your permission to use any photo/slideshow/video in the presentation in which your child appears. If you give your permission for your child's participation in this, please sign the release form below.

As parent or legal guardian of \_\_\_\_\_, I grant my permission for the Kickapoo Tribe of Oklahoma TYP to use my child's photo or video in any presentation designed for publicity purpose and hereby release the Kickapoo Tribe of Oklahoma and Tribal Youth Program of any responsibility or obligation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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**AUTHORIZATION FOR MEDICAL SERVICES**

In case of an emergency, illness, accident, or injury, I/We hereby authorize the Kickapoo Tribe of Oklahoma TYP to take, at its discretion, any action necessary for the health and welfare of my/our child \_\_\_\_\_, while he/she is enrolled with Tribal Youth Program. I/We also authorize any and all medical bills, including prescriptions, to be billed to me/us, the undersigned.

Family or Child's Physician: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

My child is now being treated for: \_\_\_\_\_

\_\_\_\_\_

My child has had a history of the following: (allergies, asthma, medications, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

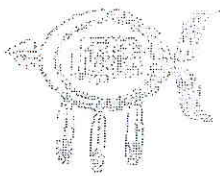
\_\_\_\_\_

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date



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**AFTER SCHOOL EXPECTATIONS:**

- Accessories such as cell phones, MP3 players, iPods, etc. are not allowed during learning sessions. They must be turned in to TYP Coordinator or staff.
- Name calling and belittling are not allowed.
- Obscenities (curse words) are not allowed.
- You must stay in designated areas.
- We must pick-up after ourselves. This means no littering and no leaving items out after using them.
- Absolutely no fighting! Fighting will result in expulsion from the program. If there is a problem, a staff person will help you through it.
- You must follow the instructions given by staff.
- Participation is required, not optional.

Transportation will be provided for students from McLoud Schools to the CHR Building after school. We are responsible for students of this program from 3:00 – 5:00 pm. PARENTS ARE RESPONSIBLE FOR PICKING UP THEIR STUDENTS FROM THE CHR BUILDING (next to Fitness Center) by 5:00 pm., if they are not capable of their own transportation.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

I realize that my child is responsible for his/her actions regardless of what others may do. He/She will be held to the contract they signed.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**