The Confederated Tribes of Grand Ronde
K-12 Youth Education Department Program Application

Type of Application: Select..

Child's Name:

First_____ M.I._____ Last_____

Sex: Male ◯ Female ◯ Date of Birth _____ Entering Grade: _____

Is your child a member of a federally recognized tribe? Yes ☐ No ☐ Direct Descendant ☐

Tribal ID or roll#_____ Tribal Affiliation_____
(Attach verification for youth or the person they are a descendant from)

Parent/Guardian Name(s):

1._____ 2._____

Street Address_____ Street Address_____

City, state, zip_____ City, state, zip_____

Mailing Address_____ Mailing Address_____

City, state, zip_____ City, state, zip_____

E-Mail: _____ E-Mail_____

Parent/Guardian 1:

Phone Home _____Work _____Cell _____

Parent/Guardian 2:

Phone Home _____Work _____Cell _____

Preferred method of contact (please check one):

Phone ◯ Email ◯ Text ◯ Mail ◯

Please give the names and telephone numbers of four persons, plus yourself, that we can contact during the day to assume responsibility for your child in your absence, (i.e. emergency, left at school, etc…). These people must have a telephone number where they can be reached during the day and early evening. They must also live locally and agree to be an emergency contact for your child.

EMERGENCY CONTACTS

Name_____
Street Address_____
Hm Phone_____Wk_____
Cell_____

Name_____
Street Address_____
Hm Phone_____Wk_____
Cell_____

Name_____
Street Address_____
Hm Phone_____Wk_____
Cell_____

Name_____
Street Address_____
Hm Phone_____Wk_____
Cell_____

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Child's Name: ____

In presenting my child for diagnosis and/or treatment, I hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusion by authorized members of the hospital staff or their designers. As their professional judgment may be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examination or treatment of the child's condition.

I hereby give my consent for my child, named above, to be transported for emergency medical, surgical, dental care, and treatment, necessary to preserve the health and life of my child for the period of **August 2020** to **August 2021.**

I acknowledge that I am responsible for ALL CHARGES in connection with SUCH CARE and TREATMENT.

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______________________________	______________________________
Family Doctor or Pediatrician	Location and Phone
______________________________	______________________________
Dentist	Location and Phone
______________________________	______________________________
Health Insurance	Policy or Group Number
______________________________	______________________________
Dental Insurance	Policy or Group Number
______________________________	______________________________
Name of Parent/Guardian Giving Consent (print)	Date

☐ By signing and submitting this form, I agree that the above information is accurate and current.
You will need to print this form and hand-write your signature prior to submitting to YED

______________________________	______________________________
Parent/Guardian Signature	Date

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Child's Name: _____

Does your child have a condition that may be a disability or special need?
Yes ☐ No ☐

Explain: _____

Does your child need any special accommodations to participate in the Afterschool Program? Yes ☐ No ☐

Please describe the accommodations required:

Does your child have any allergies and/or medical conditions that the Afterschool Program staff should be aware of? Yes: ☐ No: ☐ If yes, please describe below:

Food Allergies

1: _____ 2: _____
3: _____ 4: _____

Other Allergies

1: _____ 2: _____
3: _____ 4: _____

Medical or Diagnosed Behavioral Conditions

1: _____ 2: _____
3: _____ 4: _____

Date of Last Tetanus: _____

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Additional Consent

Please initial the spaces below that you agree to:

_____ My child may ride in a CTGR vehicle

_____ My child's image may be taken and reproduced or used in possible program mailings, Education Division pamphlets, video productions, Smoke Signals, Facebook, the GrandRonde.org website, etc…

_____ Youth Education may contact me using the Text Alert Messaging System (text messaging rates may apply)

_____ I would like to receive more information or set-up a time to discuss my child receiving academic assistance during the school year.

_____ _____

Parent or Guardian Signature Date Signed

You will need to print this form and hand-write your signature prior to submitting to YED

For Office use:

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Authorization for Release of Information

I, the undersigned, hereby request and authorize the following agencies and programs to release information to the Confederated Tribes of Grand Ronde (CTGR) Education Division to document eligibility for program services and to provide and coordinate services to my student(s).

Name of Student(s):	Date of Birth:	Grade:	Tribal Affiliation

I authorize the following agencies and programs to exchange information and coordinate services for my child :

- ☐ CTGR Education Division
- ☐ CTGR Social Services/Prevention
- ☐ CTGR Health and Wellness
- ☐ CTGR Tribal Court
- ☐ Educational Institution(s)
- ☐ CTGR Member Services
- ☐ CTGR Human Resources
- ☐ CTGR Land and Culture
- ☐ Grand Ronde Tribal Housing Authority

Please list any agencies you would NOT want Youth Education to share information with:

Authorization for the agencies and program above includes, but is not limited to:

- **Academic records/administrative records that includes class schedules, current grades, grade point average, grade level, class ranking, aptitude, test results, and assignments**
- **Individualized Education Program or Multidisciplinary Team process and results**
- **Attendance records including absences and tardies.**
- **Medical, physical, or health related records including mental, environment, social, and behavioral reports**
- **I authorize my student(s) image may be taken and used for publication including Smoke Signals, social media, CTGR employee emails, advertisements, and the grandronde.org website**
- **I authorize my student to be transported by CTGR vehicle**
- **I agree that a photocopy or fax copy of this form is acceptable with the same authority as the original**

*****This authorization will be in effect from August 2020 to August 2021 or until revoked in writing. Please note: you will need to print this form and hand-write your signature prior to submitting to YED**

Signature of Parent/ Legal Guardian **Printed Name of Parent/Legal Guardian** **Date**

Mailing Address **City** **State** **Zip**

Phone Number **Email** **Emergency Contact** **Phone**

Preferred Method of Contact: ☐ **Phone** ☐ **Text** ☐ **Email** ☐ **Mail**

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Authorization for Messaging through Alert Sense

I, the undersigned, hereby request and authorize the Confederated Tribes of Grand Ronde (CTGR) Education Division to contact me with Alert Sense Messenger using, but not limited to, the indicated preferred method of contact.

*****This authorization will be in effect from August 2020 to August 2021 or until revoked in writing.** **Please note: you will need to print this form and hand-write your signature prior to submitting to YED**

Signature of Parent/ Legal Guardian	Printed Name of Parent/Legal Guardian	Date

Parent/ Legal Guardian Cell Number	Parent/ Legal Guardian Cell Provider	Parent/ Legal Guardian Email Address

Student Cell Number	Student Cell Provider	Student Email Addresss

Preferred Method of Contact: ☐ **Phone** ☐ **Text** ☐ **Email**

Please note: *Every August, the Alert Sense messaging groups is cleared and a new Alert sense group is created with current students.*

For Office use:

Received by YED Staff: _____ Approved Not approved If not approved, why _____

Parent/Guardian notified Date: _____ **If Approved:** Date Mailed to Vendor/Parent/guardian _____ Check Number _____

Received_____