

CHEHALIS TRIBE DISTANCE LEARNING PROGRAM

The Distance Learning Program is for CHEHALIS TRIBAL YOUTH and TRIBAL COMMUNITY YOUTH and must be in grades K-12.

Oakville starts September 9th

Rochester starts September 15th

Oakville: Mondays & Wednesdays Rochester: Tuesdays & Thursdays

Chehalis Tribal Member Employees Children: Fridays

"This program is intended for the educational development of Chehalis Tribal K-12 students and parents, while respecting everyone's health and safety."

Community Center
461 Secena Road
Oakville, WA 98568
Phone: (360)273-9674

Email: jshortmanjr@chehalistribe.org
lboyd@chehalistribe.org

APPLICATION

Youth's Name _____ DOB _____ Age _____ Gender _____

Youth's Name _____ DOB _____ Age _____ Gender _____

Youth's Name _____ DOB _____ Age _____ Gender _____

Parent/Guardian Names _____

Physical Address _____

City _____ Zip _____ Primary Phone _____

Cell Phone #1 _____ Cell Phone #2 _____

PERSONS AUTHORIZED TO PICKUP MY CHILD AND EMERGENCY CONTACTS

If your child wishes to leave for any given reason, he/she will need to contact a person on the list below. This list will also be for Emergency Contacts if we cannot get ahold of parent(s)/guardian(s).

NAME	PHONE NUMBER	RELATATIONSHIP TO CHILD

TRANSPORTATION (will not be provided by the program)

(Initial next to each section to acknowledge you have read and agree to the terms)

- _____ I am responsible for making drop-off and pick-up arrangements for my child(ren).
- _____ I must have my child(ren) sign in or out by an authorized adult at the Main Front Entrance of the Community Center. Please note that this is the only point of entry into the building.
- _____ I consent to daily health screen checks for my child(ren) and will not leave the premises until complete.
- _____ I will make arrangements to pick up my child(ren) in a timely manner if they become ill.

By signing below, I (authorized parent/guardian) _____ agree to the Transportation Terms provided in this section.

Signature

Date

CONSENT FOR SERVICES AND MEDICAL RELEASE

(Initial next to each section to acknowledge you have read the terms)

I give consent to the Program staff to arrange for or to provide the following services for my child(ren):

- _____ Health care including medical examinations, routine lab studies, x ray procedures and skin tests;
_____ Dental care including dental exams and necessary emergency dental care;
_____ Dental care including preventative use for fluorides;
_____ Emergency health care for accidents or illness;
_____ Participate in low impact exercise;
_____ Participate in swimming activities (complete info below)

Youth Name _____ Swim Level: Fear of Water _____ Needs Help _____ Independent _____

Youth Name _____ Swim Level: Fear of Water _____ Needs Help _____ Independent _____

Youth Name _____ Swim Level: Fear of Water _____ Needs Help _____ Independent _____

Exceptions or special instructions (please list any dietary needs and/or medications your child is on below):

While my child(ren) participate in the Chehalis Tribal Distance Learning Program, I (authorized parent/guardian) _____ hereby agree to indemnify and hold harmless the Confederated Tribes of the Chehalis Reservation and all its Tribal Departments and all employees thereof, against any and all liability, loss, damage, costs, fees, including attorney's fees, or expenses which I may sustain, incur, or be required to pay.

Signature

Date

OTHER INFORMATION

Please have your child(ren) dress appropriately for the weather.

Provide a towel and swimming clothes for swim days.

The Youth Center is not responsible for the loss or damage of personal items (iPod, cell phone, etc.)

YOUTH AND PARENT CONTRACT

It is essential that we promote a safe and respectful environment for all youth participants to enjoy.

Participation at the Youth Program is not an entitlement. It is a benefit for all tribal and community member youth. Therefore, to assist staff with maintaining the necessary environment at the Youth Program, there are consequences to conduct that is harmful or impairs the morale or good conduct of others.

The following steps are in motion for repeated violations to the Youth Behavior Contract. The Program Manager and Director reserve the right to alter the step system when the action or situation is severe:

- First occurrence: Speak with child(ren) involved
- Second occurrence: Speak with parent(s)/guardian(s) of child(ren) involved
- Third occurrence: Letter to parent(s)/guardian(s) of child(ren) involved – child(ren) will be asked to leave the Community Center and shall not return for x amount of days as determined by the Youth Program Manager or Director.
- Fourth occurrence: Child(ren) cannot participate at the Youth Center for an extended amount of time and may be excluded from activities and/or trips. A Youth Center staff person will contact you when your child(ren) can return.
- Fifth occurrence: Guidelines from the fourth occurrence will continue on. The Youth Program may require you to meet with staff to discuss future participation for your child(ren) at the Youth Center. Parent/Guardian and youth will be required to comply with any conditions set by the program in order to continue to participate in the Summer Youth Program.

YOUTH EXPECTATIONS

1. Respect youth coordinators, volunteers, parents and other youth and facility workers at all times.
2. Use honoring language and actions; I will not gossip, name-call, use profanity or inappropriate words or actions.
3. Treat property and equipment of the facility with care and respect.
4. Dress modestly and appropriately; I will not wear clothing that will be distracting.
5. Be pure in my relationship choices and actions; I will avoid the use of drugs, alcohol, tobacco products, and inappropriate physical contact with others.
6. Attend every class and/or workshops unless given permission by staff to be absent.
7. Stay in designated areas at all times.
8. Have hair checked by parents and/or staff and be free of head lice.

PARENT EXPECTATIONS

1. Respect youth coordinators, volunteers, parents and other youth and facility workers at all times.
2. Use honoring language and actions; I will not gossip, name-call use profanity or inappropriate words or actions.
3. Adhere to the pickup and drop off arrangements made for child(ren).
4. I will contact the Distance Learning Program for alternate pickups when there is a change in schedule.
5. Speak to the Program Manager, Director and staff to problem-solve ongoing issues.
6. Keep my child(ren) free of head lice.
7. Honor the occurrence system specified in the Youth and Parent Contract if required.
8. Encourage my child(ren) to follow the Youth Expectations of the Youth and Parent Contract.
9. Encourage my child(ren) to attend every class and/or workshop provided by the Distance Learning Program.

By signing below, I agree to comply with the Chehalis Tribal youth Behavior Contract terms and conditions.

Authorized Parent/Guardian Signature

Date

Youth Signature

Date

Youth Signature

Date

Youth Signature

Date

HEALTH AND SAFETY ACKNOWLEDGEMENT AND AGREEMENT FORM

I have reviewed the information shown in the Health and Safety Orientation presentation. I understand the practices below are for my child's safety and wellbeing as well as the safety and wellbeing of others. These guidelines are subject to change as new information is received.

Initial below to indicate agreement and adherence to the following:

- _____ My child(ren) will be subject to daily health screenings upon arrival to the Community Center; and
- _____ If my child(ren) present with a fever of 100.4 degrees or higher, cough or shortness of breath or two (2) or more of the following symptoms: headache, muscle ache, nausea, diarrhea, fatigue and new loss of smell or taste, my child(ren) will be sent home. My child(ren) must be cleared to return by a medical provider or 72 hours after symptoms have subsided; and
- _____ My child(ren) will wash/sanitize hands after the following activities: arriving to the Community Center, using the restroom, sneezing, blowing nose, eating, drinking, entering or leaving to another area
- _____ My child(ren) will wear a facemask when interacting within six (6) feet of others (except for youth ages 8 or under or during swimming and exercise activities); and
- _____ My child(ren) and I will adhere to all dedicated points of exit and entry; and
- _____ My child(ren) will remain with their assigned youth group and designated activity areas; and
- _____ I acknowledge that my child(ren) may be excluded from the Distance Learning Program in the event that they do not follow these requirements.

I acknowledge that the health and safety measures implemented by the Chehalis Tribe are a condition of my participation in the Distance Learning Program. My child(ren) and I will comply with the health and safety precautions set forth in this Acknowledgment and Agreement Form.

Authorized Parent/Guardian Signature

Date

Youth Signature

Date

Youth Signature

Date

Youth Signature

Date

Volunteer Background Application

Effective for the 2020 Chehalis Tribal Distance Learning Program all parents/ guardians/ volunteers are required to submit to a background check prior to attending activities hosted by the Distance Learning Program. Employees of the Chehalis Tribe are exempt from this process, as they have already completed a background check.

Complete the form provided and turn it into Philip Youckton for processing. His primary contact information is (360) 688-3380 or pyouckton@chehalistribe.org if you have any questions.

In order to keep groups to 10 or fewer people, we need information about when you would like to volunteer. Please indicate times and days of the week you would like to volunteer.

DAY OF WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
TIMES AVAILABLE					

OTHER TIMES:

Print Name: _____
(First) (middle) (last)

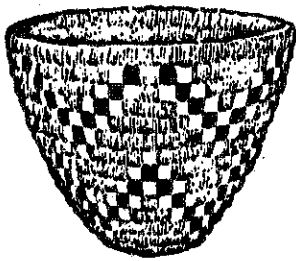
Date of Birth: _____

Name of Child(ren) enrolled in program (if applicable): _____

Name: First, last

Signature: _____

Date: _____



CONFEDERATED TRIBES of the CHEHALIS RESERVATION

Consent for the Release of Confidential Information,
for the 2020-2021 school year.

I, _____ hereby authorize a mutual exchange of information between the student's current School district and Chehalis Tribal K-12 Education Program concerning our child/children.

Name _____	Name _____	Name _____
School _____	School _____	School _____
Grade _____	Grade _____	Grade _____
Tribe _____	Tribe _____	Tribe _____
Birth Date _____	Birth Date _____	Birth Date _____

Information to be released and/or exchanged:

- Identifying Information
- Attendance Records
- Skyward Access
- Youth Engagement Program
- Academic Information (IEP, IHP, 504, Graduation, grades, transcripts, and homework)

Send Records to: _____ at _____

I understand this information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulation (42CFR, Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, unless otherwise provided for in the regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. I also understand that this consent is subject to revocation at any time, except to the extent those actions have been taken in reliance thereon.

Preferred method of contact: Phone: _____
Text: _____
Email: _____

Mailing Address

City/State

Physical Address

City/State

Signature of Parent

Date

Signature of Student (if student is over 13)

Date



Community Center Tentative Schedule – Fall 2020

THIS SCHEDULE IS SUBJECT TO CHANGE AT ANY MOMENT

Monday & Wednesday – Oakville School District students only

Tuesday & Thursday – Rochester School District students only

Friday – Chehalis Tribal Member Employees children only

Oakville (K-4) schedule

<i>Time</i>	<i>Activity</i>
7:50-8:30am	Drop Off
8:30-9:00am	Morning Check-in
9:00-11:00am	Class
11:00am-12:00pm	Lunch
12:00-12:30pm	Afternoon Check-in
12:30-2:00pm	Class
2:00-3:00pm	Study Hall
3:00pm	Pick Up

Oakville (5-12) schedule

<i>Time</i>	<i>Activity</i>
7:50-8:30am	Drop Off
8:30-10:00am	Block 1
10:00-11:30am	Block 2
11:30am-12:30pm	Lunch
12:30-2:00pm	Block 3
2:00-3:00pm	Study Hall
3:00pm	Pick Up

Rochester Primary & Elementary (K-5) schedule

<i>Time</i>	<i>Activity</i>
7:50-8:30am	Drop Off
8:30-9:15am	Class
9:20-10:05am	Class
10:10-10:35am	Recess
10:40-11:25am	Class
11:30-11:55am	Lunch
12:00-12:25pm	Recess
12:30-1:15pm	Class
1:20-2:05pm	Class
2:10-3:10pm	Recess
3:10pm	Pick Up

Community Center Tentative Schedule – Fall 2020

THIS SCHEDULE IS SUBJECT TO CHANGE AT ANY MOMENT

Rochester Middle School schedule

<i>Time</i>	<i>Activity</i>
7:50-8:30am	Drop Off
8:30-9:40am	Physical Activity (30 minutes minimum)
9:45-10:05am	Advisory
10:15-11:25am	Class
11:25am-12:15pm	Lunch
12:15-1:25pm	Class
1:35-2:25pm	Class
2:25-3:10pm	Study Hall
3:10pm	Pick Up

Rochester High School schedule

<i>Time</i>	<i>Activity</i>
9:00-9:25am	Drop Off
9:30-10:20am	Class
10:30-11:20am	Class
11:25am-12:25pm	Lunch
12:30-1:20pm	Class
1:30-2:20pm	Class
2:30-3:10pm	Class
3:10pm	Pick Up

Friday Schedule (Chehalis Tribal Member Employees Children Only)

<i>Time</i>	<i>Activity</i>
7:50-8:30am	Drop Off
8:30-9:00am	Breakfast
9:00-10:30am	Activity 1
10:30am-12:00pm	Activity 2
12:00pm-1:00pm	Lunch
1:00pm-2:30pm	Activity 3
2:30pm-4:00pm	Activity 4
4:00pm	Pick Up