

Ho-Chunk Youth Services - Youth & Learning Centers

BRF Ho-Chunk Youth & Learning Center, N7160 Low Cloud Rd., Black River Falls, WI 54615 (715)284-8378



STUDENT REGISTRATION FORM

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First Name

Middle Initial

Last Name

/ /

Male / Female

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Date of Birth

Gender

Tribal Affiliation

Tribal ID #

IF not enrolled check one of the following that best fit:

Child's Enrollment Pending

Child's Parent Enrolled

Child's Grandparent Enrolled

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Street Address

Apt.

City

State

Zip Code

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Home Phone #

Cell Phone #

Alternate Contact #

Student resides with: *(please specify)* Mother, Father, Step-mother, Step-father, Aunt, Uncle, grandparents or other: _____

**** Please note any restrictions on visits, contact, pick up or drop off in the additional space below****

Mother or Female Caregiver:	Father or Male Caregiver:
Address:	Address:
Home #:	Home #:
Work #:	Work #:
Cell #:	Cell #:
Employer:	Employer:
Email:	Email:
Has Custody: YES NO SHARED	Has Custody: YES NO SHARED

Additional information:

School Information

School Name:	School phone #:
Teacher Name:	Grade:
Guidance Counselor:	School Bus #:

This information will only be shared with personnel on a need to know basis, this information is valuable to helping your child succeed

****My child has special needs (check all that apply)**

Speech Physical Therapy Reading Math Learning Disability

Cognitive Disability Emotional Behavioral Disability Autism Behavior Plan

Gifted & Talented (describe) _____

Health/Medication needs (describe) _____

Other (please explain) _____

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Emergency Contact Information

List name, relationship and phone number(s) of person(s) other than the parent/guardian that will assume temporary care of your child in an incident, illness or emergency arises if you cannot be reached.

Name:	Name:
Relationship:	Relationship:
Home phone #:	Home phone #:
Cell phone #:	Cell phone #:

Medical Information

Please answer the following questions about your child your responses are confidential and will only be used by Youth & Learning Center staff in case of emergencies when you can not be reached immediately.

Family Physician/Clinic: _____ Phone #: _____

Family Dentist/Clinic: _____ Phone #: _____

Does your child have health or accident insurance? Yes No Insurance carrier: _____

Does your child have any health conditions we should know? Yes No

If yes please explain: _____

Does your child carry an inhaler to use as needed for asthma? Yes No

Does your child have any allergies? Yes No If Yes, explain: _____

Is your child prescribed any medications? Yes No

- Does your child's medication schedule occur between the hours under our care? Yes No
 - If yes, we will need the following information:
 1. A Doctor's signature with written instruction.
 2. Written consent from the parent for YS staff to give the medication.
 3. Medication is in a properly labeled prescription bottle.

I give my permission for my child to receive any necessary first aid treatment that may be needed.

Signature Parent/Guardian: _____ Date: ____/____/____

In case of accident and/or serious illness or injury, I request that the Ho-Chunk Youth Services staff contact me. If the Ho-Chunk Youth Services staff is unable to reach me, I hereby authorize the Ho-Chunk Youth Services staff to make emergency care decisions for my child in his/her best interest.

Print Child's Name: _____ Date of Birth: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

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Authorization for Participation

By signing below, I the parent/guardian of _____, hereby grant permission for my child to participate in the Youth & Learning Centers, operated by Youth Services Division of the Ho-Chunk Nation.

I understand that my child is required to abide by the policies set in place by the Youth Services Division, I further understand that if my child fails to follow the policies that he/she may be temporarily suspended from participating in After-school programming and Incentive field trips, but he/she would still receive academic support in school as requested by me or a teacher.

My signature acknowledges and affirms that active participation in the Ho-Chunk Youth Services Division YLC programming will not subject my child to risk or harm, and that reasonable precautions will be taken to protect my child. However, it also acknowledges that unforeseen situations may arise for which the Ho-Chunk Youth Services Division YLC cannot be held responsible.

As a condition for participating in the Ho-Chunk Youth Services Division YLC Program, the signature hereby releases the Ho-Chunk Nation Youth Services Division and DSS, and its agents and representatives, from all liability for any loss or property damage resulting from the child's participation in the program. Furthermore, the signature releases the aforementioned parties from all liability for personal injury to the child resulting from the participation in the Y&LC program.

Signature of Parent/Guardian

____/____/____
Date

Youth Services Transportation Form

It is the policy of the Ho-Chunk Youth Services Division that all persons utilizing our transportation services must have a signed Transportation form on file with the local Youth & Learning Center. Transportation services include but not limited to; school to YLC, home to YLC, YLC to activity, and YLC to home and participation on any field trips.

Anyone driving or riding in a Youth Service vehicle **must use a seatbelt**. Youth that are required to use a booster seat **must use them** according to the guidelines of the State. The driver of the vehicle **shall** not move vehicle until all passengers are buckled up.

- Seatbelts must be used at all times. The driver of the van must not leave until everyone is buckled up.
- Any youth that is less than 100 lbs and shorted than 4'9" must use a booster seat.
- All youth must respect personal space; do not poke, hit, slap, push or pinch anyone.
- All youth shall use their inside voice while riding in any vehicle so not distract the driver
- All youth are not to be out of their seatbelts until the driver is parked.
- On occasion transportation will be the responsibility of the parent/guardian.
- Repeated violations shall result in the youth to be suspended from our transportation services.

By signing below, I the parent/guardian of _____, hereby grant permission for my child to be transported by the HYSY YLC employees. The signature acknowledges and affirms that participation in transportation services will not subject my child to risk or harm, and that reasonable precautions will be taken to protect my child. However, it also acknowledges that unforeseen situations may arise for which the Ho-Chunk Youth Services Division YLC cannot be held responsible. My signature hereby releases the aforementioned parties from all liability for personal injury to the child resulting from the participation in the HYSY YLC transportation services.

Signature of Parent/Guardian

____/____/____
Date

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PARENTAL AUTHORIZATION FOR THE RELEASE OF INFORMATION

Date: ____/____/____

Student Name: _____
First MI Last

I, the undersigned, hereby request and authorize:

**Ho-Chunk Nation Youth Services Division
BRF Youth & Learning Center
N7160 Low Cloud Rd.
Black River Falls, WI 54615
(715) 284-8378**

To exchange with:

School District Name: _____
Office: _____
Street Address: _____
City, State, Zip: _____

The information pertaining to the student named above which has been indicated below:

- () Official Student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement results)
- () Medical and/or related health records
- () Psychological evaluations or social work reports
- () Individualized education team evaluations and related reports
- () appropriate agency reports
- () Other (specify): Student performance & Student conduct concerns

PURPOSE OF DISCLOSURE (X) Records/Tracking (X) Student Assessment

() Other (specify): Provide school to home/home to school support to student, family & school officials

This permission is valid for one year from the date signed. A copy of this form is as effective as an original.

Parent/Guardian Signature

Date: ____/____/____

Print Parent Name

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Youth Services After-School Transportation

It is the policy of the Ho-Chunk Youth Services Division that we will only pick up children from their home or school when they are released by the school.

I understand that this Form will be copied and submitted to my child's school to notify them of my permission for my child's after-school transportation arrangements with the Ho-Chunk Youth Services Division Youth and Learning Center staff. I further understand that if the Ho-Chunk Youth Services Division Youth & Learning Center will be cancelling the after-school program that their staff shall contact me and the school office to notify my child to take their school bus home or their alternative arrangements home.

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First Name

Middle Initial

Last Name

School Name:	School phone #:
School Address:	Grade:
Teacher Name:	School Bus #:

My child will be picked up from school on the days selected below:

My Child's school releases students at ____:____ p.m.

**Below please select the days your child will be attending the Ho-Chunk Youth Services After-School program.*

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

OR

My child can be picked up at home on the days selected below:

My child is home and can be picked up at ____:____ p.m.

**Below please select the days your child will be attending the Ho-Chunk Youth Services After-School program.*

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

I, _____, give permission for my child, _____,
Print Parent Name Print child's name

to be transported after school on the days selected above by the Ho-Chunk Youth & Learning Center Staff, who are safe and licensed drivers. If my child is absent from school or will NOT be attending the After School program on a previously selected day I will call the Youth & Learning Center to report they do not have to pick my child up that day. I understand the YLC has a transportation schedule & I do not wish to delay them. I also agree to be home when my child is returning from the YS After School program or designate an alternate drop-off site. I understand that the YS staff cannot & will not leave my child unsupervised at home.

Parent/Guardian Signature _____ Date ____/____/____

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Alternative Drop off Site

I understand that it is my responsibility to be home at the Drop off time designated by the Ho-Chunk Youth Services Division Youth & Learning Center staff. I understand that the Ho-Chunk Youth Services Division YLC staff cannot and will not leave my child unsupervised at home. If I am unable to be home at the designated time I give my permission to the HYSYD YLC staff to release my child to the temporary care of the person(s) listed below. I understand that It is my responsibility to contact the HYSYD YLC Center Director to notify them when to use the Alternative Drop off Site. I understand that they need my permission and should not rely on the information provided by my child. It is also my responsibility to keep this contact information updated with the HYSYD YLC.

Name:	Name:
Address:	Address:
Relationship:	Relationship:
Home phone #:	Home phone #:
Cell phone #:	Cell Phone #:

Print Child's Name: _____ Date of Birth: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Ho-Chunk Youth Services Division YLC 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 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 Ho-Chunk Youth Services Division Web site.

- 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 used within the Ho-Chunk Youth Services Division setting only (not in the larger community).
 - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within Ho-Chunk Youth Services Division or in the larger community. One example of this could be videos in parent education classes.
 - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
 - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Ho-Chunk Youth Services Division 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: ____/____/____

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Computer and Internet Use

Students registered with the Ho-Chunk Youth Services Division Program have access to and may use the Nation's computer systems and the Internet. Student use of technology is considered a crucial part of the learning process. We encourage our students to utilize these resources in order to promote educational excellence in our centers.

The Nation's computer and/or Internet access will be used only for educational and research purposes consistent with the educational objectives of the Youth Services Program. Students and parents/guardians are advised that the Nation reserves the right to monitor a student's use of the Nation's computer system, including which computers they use, which Internet sites they visit, and any E-mail they send or receive. Students should not expect privacy in any work they do any communication they make or any material they save.

Students and parents/guardians should also be advised that some material accessible via the Internet and other computer networks may contain items that are illegal, defamatory or potentially offensive to some people. Access to the Internet and other computer networks is given as a privilege, not a right, to students who act in a considerate and responsible manner. Failure to abide by the rules may result in loss of computer/Internet access.

Suspicion of inappropriate or prohibited computer use shall be investigated. The Nation also cautions that routine maintenance and system monitoring may lead to the discovery of AUP violations. Misuse of computers, network resources or Internet access, as well as other center rules, may result in loss of network and/or Internet use privileges and parent/legal guardian notification.

Students accidentally accessing inappropriate materials on the Internet should immediately close the browser window and/or shut off the monitor. Students should then notify the center staff, so appropriate measures are taken to address the issue.

Please choose one of the following

I have read and understand the Ho-Chunk Youth Services Division Computer and Internet Use policy, at this time my child: _____ has my permission to use the Nation's Internet as explained above;

OR

My child: _____ does NOT have my permission to use the Nation's Internet.

Signature of Parent/Guardian: _____ Date: ____/____/____

I understand that I can make any changes with my response with this agreement at any time and can do so with the HYSY YLC Center Director by filling out another form.

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Youth Services Code of Conduct

I understand to participate in the Ho-Chunk Youth Services Division Program; I must act appropriately and use good listening skills and

- I will treat everyone; myself, other youth, parents, staff and any visitors or guests with respect
- I will use manners at all times, I will use phrases like "Thank you", "Please", "excuse me" etc.
- I will do my homework as required & will have the YS staff /tutors check my assignment notebook
- I will follow all the rules set in place at HYSD YLC so we are able to have more time for activities
- I know it is wrong to play jokes or horseplay if it will hurt other people and I do not want to hurt others
- I will remember I do not like it when people hurt my feelings, so I will not say mean things to others to hurt their feelings
- I will keep my hands to myself so I do not cause harm to others
- I know it is wrong to use swear words at others and I will not swear at anyone or use inappropriate language
- I will not use inappropriate gestures, or make threats to harm anyone or bully any of my peers
- I will be honest when answering questions and participating in activities
- I will be responsible for my actions and my words
- When entering a vehicle I will buckle my seatbelt & remain buckled until arriving at destination
- I will use my inside voice while riding in any vehicle so I do not distract the driver
- I want a healthy mind and body so, I will not use alcohol, drugs or abuse tobacco
- I will not leave the Youth Center or YS sponsored activities without a chaperone & parental permission
- If I am having a bad day I will talk to a YS staff & let them know about my day & figure out what we can do to make a positive change
- If I feel like someone is bullying me or picking on me I will let the YS staff know so we can work it out
- If I feel uncomfortable or feel like I'm treated differently than the other youth I will talk to the YS staff, or the Center Director & my parent/guardian and let them know what concerns me

I have read and understand the above mentioned rules and will follow them when participating in the Ho-Chunk Youth Services Program as a youth, parent, volunteer or a chaperone. I understand if I do not obey them that I shall expect the appropriate consequences for my actions which could result in a suspension of participation at the YLC or denial of attending future scheduled events, out-of center activities or field trips sponsored by the Ho-Chunk Youth Services Division.

Student Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

HYSD YLC Staff: _____ Date: ____/____/____