



## Mashpee Wampanoag Tribal Summer Youth Program

The Mashpee Wampanoag Tribe's Youth and Natural Resources Departments, in collaboration with the Wôpanâak Language Reclamation Project, is pleased to offer our first-ever collaborative **Tribal Summer Youth Program**.

This six-week program, which will be based at the Mashpee Wampanoag Community and Government Center powwow field, will combine curriculum from Neekun, Preserving our Homeland and Summer Turtle programs in order to create an integrated summer program that incorporates language, culture, sports, science and, of course, lots of summer fun. Details about the program are below.

**Age Requirements:** 5 through 13

**Program Dates:** July 10, 2017 through August 18, 2017

**Program Fee:** \$25 per week for \$150 total

**Registration Timeframe:** April 17, 2017 through May 12, 2017

**# of Open Slots:** 40

Applications will be on a first-come, first-served basis, **which will be determined only by postmark of fully completed applications mailed to: Nitana Hicks-Greendeer, 483 Great Neck Road South, Mashpee, MA 02649**. You must enroll your child(ren) **by POSTMARK AND MAILING APPLICATIONS** because it's first come, first served. This is deemed the most fair enrollment process as opposed to dropping off applications. It ensures the most equal opportunity to all tribal members considering many work during our business hours or have family that work in the building and have easier drop-off access. We appreciate your understanding regarding the enrollment process. Applications that are dropped off will not be accepted. All applications received after the first 40 slots are filled will be placed on a wait-list.

Parents/guardians will be notified of your child(ren)'s acceptance to the program as soon as we process your application.

Upon notification on program enrollment, full payment is due no later than Friday May 26, 2017. Please do not send payment until you have received notice that your child received a program slot. If financial assistance is needed please contact Nitana Hicks-Greendeer at 508-477-0208 x149. Non-payment will result in removal from registered participant list, so other families on the wait-list can send their child(ren).

Please make checks payable to: **WLRP**



## Mashpee Wampanoag Tribal Summer Youth Program

### Contact Information

Child's Name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Male \_\_\_ Female \_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Cell # \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

**EMERGENCY CONTACTS: Please DO NOT list the parent/guardian above. The following people listed will be contacted AFTER first attempting to contact primary parent/guardian**

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

\*Please note that staff WILL NOT RELEASE YOUR CHILD TO ANYONE NOT LISTED BELOW without prior written consent from parent/legal guardian.

Please choose one of the following dismissal authorization options:

I authorize the following person(s) to pick up my child(ren):

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_



## Mashpee Wampanoag Tribal Summer Youth Program

### Medical Information:

Child's primary care physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Primary Care Address: \_\_\_\_\_

Does your child have any allergies?  Yes  No

If 'yes' please describe severity of reaction, requested accommodations, and how they are to be managed:

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Does your child have any dietary restrictions?  Yes  No

If 'yes' please explain below:

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Does your child have any medical, physical, or emotional conditions (including disabilities)?  
 Yes  No

If 'Yes' please provide information to assist us in providing the best program experience for your child.

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Does your child take any medications (including inhalers):  Yes  No

If your child must take medication DURING program please note the medication, the dosage, and the frequency here. All medications must be in their original containers and be appropriately labeled. Please do not give your child's medication to them, medications must be received by MWT adult Staff.

Medication Name: \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Is your child up-to-date on all state required immunizations?  Yes  No

Is the child covered by family medical/hospital insurance?  Yes  No

Carrier/Plan Name: \_\_\_\_\_ Policy number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Please include a copy of your current insurance card**



## Mashpee Wampanoag Tribal Summer Youth Program

### Waivers/Permissions

I give my permission for my child, \_\_\_\_\_, to take part in Mashpee Wampanoag Tribal Summer Youth Program to be held at the Mashpee Wampanoag Tribal Community and Government Center. To the best of my knowledge, s/he is capable of participating in normal program activities. I understand that some activities associated with a daily sports and physical fitness program may have an inherent risk and that all appropriate precautions will be taken for the safety of my child. I agree not to hold The Mashpee Wampanoag Tribe or any of its agents responsible in the event of injury of my child. \_\_\_\_\_ parent initials

**Field Trips-** I permit my child to leave MWT grounds on authorized trips under the supervision of staff. I may review a written schedule of activities to be conducted off of the MWT premises.  
\_\_\_\_\_ parent initials

**Photography-** I permit MWT to use images of my child as a program participant in internal and external promotion materials. This includes any printed material, broadcast and print advertising, promotional videos and Mashpee Wampanoag Tribe websites. I understand that my child's name is not published.  
\_\_\_\_\_ parent initials

**Medication-** I give my permission to MWT staff and volunteers and/or hospital staff to administer medical assistance to my child. This may include topical skin applications as needed for sunscreen, sunburn, bug bites etc., in addition to the administering of medication as indicated in the registration form and approved by me. In the event of an emergency in which I/we cannot be contacted, Emergency Medical Staff and MWT staff may take appropriate action in the best interest of my child.  
\_\_\_\_\_ parent initials

**Pickup Policy-** I acknowledge that the MWT staff will assume that either parent or people listed from parent/guardian may pick up the child at any time during the program unless there is sufficient court documentation that indicates otherwise.  
\_\_\_\_\_ parent initials

**Movie Ratings-** I give permission for my child to view \_\_\_\_\_ PG-13, \_\_\_\_\_ PG, and \_\_\_\_\_ G movies.

**Game Ratings-** I give permission for my child to play video games rated M and below (Call of Duty) \_\_\_\_\_ Rated Teen \_\_\_\_\_ Everyone 10+ \_\_\_\_\_ Everyone \_\_\_\_\_ Early Childhood \_\_\_\_\_

**Lost items-** I understand that MWT is not responsible for any personal items lost or stolen at our program.

I have read and understand all the policies stated above.

\_\_\_\_\_  
(Parent/Guardian Print Name)      \_\_\_\_\_  
Parent/Guardian Signature      \_\_\_\_\_  
Date



## Mashpee Wampanoag Tribal Summer Youth Program

### The Mashpee Wampanoag Tribe does not condone and will not permit:

1. Corporal punishment
2. Ridiculing, threatening, using an inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity

### A child's behavior is expected to be consistent with the following:

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.
5. Stay in program areas – running away is not acceptable.

### The Discipline Policy:

1. If a child is unable to comply with the behavior expectations, a conference will be held by the program director and/or program coordinator with the child. The parent(s)/guardian will be contacted via phone or in person.
2. If after the above meeting the child is still unable to comply with the behavior expectations, the program director and/or program coordinator will set up a conference with the parent(s)/guardian. A behavior contract will be established and signed by the child (if appropriate), parent(s)/guardian and the program director.
3. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.
4. Failure of the parent(s)/guardian to attend conference(s) and cooperate will subject the child to dismissal from the remainder of program.

### Behaviors which may result in immediate dismissal include but are not limited to:

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff
2. Fighting
3. Possession of a weapon of any kind
4. Vandalism or destruction of tribal property or property of others
5. Sexual misconduct
6. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor
7. Running away
8. Biting, Kicking, Hitting

I have read and understand all the policies stated above.

\_\_\_\_\_  
Program Participant Name (Please Print) Signature of Program participant Date \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Name (Please Print) Signature of Parent or Guardian Date \_\_\_\_\_