

Cross Departmental Intake for Children & Teens



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 or prior authorization to self sign out if 13-17 years old.

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: _____

--- I _____ authorize my child _____ who is between 13 and 17 years old to sign him/herself out of youth nights.

Medical Information:

Child's primary care physician: _____

Phone: _____ Primary Care Address: _____

Does your child have any allergies? -- Yes -- No

Cross Departmental Intake for Children & Teens

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

Does your child have any dietary restriction? -- Yes -- No

If 'yes' please explain below:

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.

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

Current immunization copy must accompany this form

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 _____

Waivers/Permissions

I give my permission for my child, _____, to take part in Mashpee Wampanoag Tribal programs 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

Cross Departmental Intake for Children & Teens

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 MWTC 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 ____

Inclement weather- MWT observes the Mashpee Public School snow policy. Please plan accordingly.

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

Cross Departmental Intake for Children & Teens

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.

_____ Date _____
Program Participant Name (Please Print) Signature of Program participant

_____ Date _____
Parent or Guardian Name (Please Print) Signature of Parent or Guardian