

## Neekun Summer Program Registration Packet



The Mashpee Wampanoag Youth Program Department is pleased to announce registration is now open for Neekun Summer Program. This 4-week program for youth ages 5-13 is held August 1, 2016 through August 26, 2016 Monday through Friday from 8:30am-4:30pm. Registration closes June 3, 2016.

The purpose of this program is to provide a safe place for children that will enrich their lives culturally, socially, and academically. Neekun will achieve this by implementing three focus areas which include culture, healthy lifestyles, and academic retention. Below is a sample of activities that we will implement:

### Culture

**Ceremony:** Neekun will conduct daily ceremony where children will learn and practice circle protocol and smudging as an essential component to Mashpee Wampanoag life and health.

**Language:** Youth and Language departments will implement language activities including alphabet, songs, introducing ourselves, playing common games in the language, and naming common objects.

**Traditional music:** Neekun participants will learn and recite traditional eastern songs.

**Crafting:** Neekun participants will learn a variety of traditional crafting from staff and local artisans including weaving, painting, and clay work.

**Flora & Fauna:** Neekun participants will upkeep the youth garden at Maushop farm, while learning about traditional/modern methods of gardening and harvest. They will also learn about local waterways and methods of fishing.

**Intergenerational Learning:** Neekun participants will interact with Elders, adults, and teens by learning local history, lineage, creation stories, and other various program activities.

### Academics

**Library:** Neekun will be frequenting Mashpee Public library throughout August. We will have story time for the younger participants during program. There is also time during the day to work on summer packets some students receive from school. Please notify staff if your child has academic needs such as a packet to complete or tutoring assistance during August.

### Healthy Lifestyles

**Physical Fitness:** Youth Dept. staff will help strengthen athletic skills with participants by engaging in sporting including, but not limited to swimming, kickball, volleyball, archery, and basketball. They will also learn and practice traits of good sportsmanship which is an essential component of athleticism.

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**Program Dates & Location:** Monday August 1, 2016 through Friday August 26, 2016. Program is held Monday-Friday 8:30am-4:30pm. Program will be held on the front field at the Mashpee Wampanoag Tribal Community & Government Center 483 Great Neck Road South Mashpee, MA 02649. If we have inclement weather, we will hold program in the gymnasium.

Parents/legal guardians MUST send children with a bagged lunch. Snacks in the morning and afternoon are provided by program. Water/juice is also provided, but we ask that you send a water bottle with your child daily.

### **Enrollment & Cost:**

Neekun Summer program is for Mashpee Wampanoag Youth ages 5-13. There are 35 slots available. You must enroll your child(ren) **by POSTMARK AND MAILING APPLICATIONS** because it's first come, first serve. 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 where Youth Dept is located and have easier drop-off access. We appreciate your understanding regarding the enrollment process. Applications that are dropped off will not be accepted.

**Please mail/postmark applications by the Friday June 3<sup>rd</sup>, 2016 DEADLINE to:**

Youth Program Department c/o Tracy Kelley  
483 Great Neck Road South  
Mashpee, MA 02649

The cost for each child is \$80 (\$20 per week for 4 weeks). Upon notification on program enrollment, full payment is due no later than Friday June 24, 2016. Please do not send payment until you have received notice that your child received a program slot. If financial assistance is needed please contact Tracy Kelley. Non-payment will result in removal from registered participant list, so other families on the wait-list can send their child(ren).

Please make check payable to:

MWT Youth Program Department  
483 Great Neck Road South  
Mashpee, MA 02649

Keep the informational sheets (Pages 1 and 2) for your records.

**If you have any questions or want more information please contact:**

**Tracy Kelley**

**Director of Youth Programs**

**[Tracy.kelley@mwtribe.com](mailto:Tracy.kelley@mwtribe.com) or work (508)477-0208 ext. 150 cell # (774)327-0878**

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## Contact Information

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

Address \_\_\_\_\_ DOB: \_\_\_\_\_

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

Parent/Guardian Cell # ( \_\_\_ ) \_\_\_\_\_ Parent/Guardian Home # ( \_\_\_ ) \_\_\_\_\_

Parent/Guardian Work # ( \_\_\_ ) \_\_\_\_\_ Parent/Guardian email \_\_\_\_\_

## EMERGENCY CONTACTS:

Name/relationship to child: \_\_\_\_\_ Cell \_\_\_\_\_

Name/relationship to child: \_\_\_\_\_ Cell \_\_\_\_\_

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

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

Name/relationship to child \_\_\_\_\_

Name/Relationship to child \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/legal guardian signature Date

## 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 Youth Program Director or Senior staffer of program.

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

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.

Health Coverage:

Is your child registered with Indian Health Services? YES or NO

If yes, would you like your child to be scheduled for routine preventative care at dental clinic this summer? YES or NO

If no, would you like information about Indian Health Services and a registration packet? YES or NO

Is your child covered by family medical/hospital insurance? \_\_\_ Yes \_\_\_ No

Carrier or Plan Name: \_\_\_\_\_ Group # \_\_\_\_\_

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

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

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## Waivers/Permissions

### Program Permission Form

I give my permission for my child, \_\_\_\_\_, to take part in Neekun Summer 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 an outdoor program have an inherent risk and that all appropriate precautions will be taken for the safety of my child. I agree not to hold Neekun Summer Program 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 the staff. I may review a written schedule of activities to be conducted off of the MWTC premises.

\_\_\_\_\_ parent initials

**Photography-** I permit the Youth Department 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 the Mashpee Wampanoag Tribe website. \_\_\_\_\_ parent initials

**Medication-** I give my permission to 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 program staff may take appropriate action in the best interest of my child.

\_\_\_\_\_ parent initials

**Pickup Policy-** I acknowledge that the Youth Department 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. Pickup time is at 4:30 each day. A late fee of \$1 per minute will be applied.

**Inclement weather-** In the event of a program closing due to inclement weather, Youth Department will contact all parents by 7am at the latest.

**Lost items-** I understand that Youth Department 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)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date