

It's all about me!

Name? _____

What school do you go to? _____

Three favorite snacks? _____

Favorite color? _____

What do you do in your free time? _____

Favorite subject? _____

Subject you struggle with? _____

Do you play any sports? _____

RELEASE/PICKUP AUTHORIZATION

I understand that participants in this afterschool program will not be permitted to leave with anyone other than the person(s) I have listed below.

Name(s): _____

Relationship to
Child: _____

Signature of Person Picking up Child / Date

I give permission for the following person(s) to pick up my child from the afterschool program.

Signature of Parent/Guardian

Eastern Shawnee Tribe of Oklahoma

After School Program

Pictures Consent Form

I, (parent name) _____, give permission for my child (child's name)

_____ to have their picture(s) taken while attending any Eastern Shawnee After School Program activities.

Parent Signature

Date

Parent Phone Number _____



**Easter Shawnee Tribe of Oklahoma
After School Program
Enrollment Form
2014**

Name: _____ Age: _____ Male: _____ Female: _____

Address: _____ Phone: _____

_____ Parent Work/Cell Phone: _____

Tribe: _____ Copy of CDIB/Enrollment Card: _____

Mother's Name: _____ Father's Name: _____

Medical Information (Dr. Name/ Phone Number): _____

Siblings Attending Program:

Child's shirt Size: _____ Child's Shoe Size (no ½ size) _____

Persons Approved to pick up your child (List 2)

Name / Address	Phone
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Please list any information you feel would better assist us in caring for your child during field trip activities;
(allergies, medicines, etc,) _____

SUBMIT TO:
Eastern Shawnee Tribe of Oklahoma
Cultural Preservation Department
10100 Bluejacket Rd Suite 3
Wyandotte, Ok 74730
918-666-7710



Easter Shawnee Tribe of Oklahoma
After School Program
Homework Consent Form
2014

I, (parent's name) _____, the parent of (child's name) _____, give permission to the Eastern Shawnee Tribe of Oklahoma's After School Program Counselors to assist my child with daily homework. I understand that the After School Program Counselors are not licensed teachers, but will be available to answer any questions my child has with school work. I also understand that it is the responsibility of my child to complete their work, as assigned by their teacher, and that the After School Program Counselors will not be responsible for any incomplete or incorrect work, or for work not turned into their teacher by my child.

Parent's Signature

Date

Eastern Shawnee Tribe of Oklahoma

After School Program

Release of Responsibility

I, (parent's name) _____, the parent of (child's name) _____, understand and acknowledge the possibility of accidents associated with outdoor activities. I also understand the After School Program Counselors will provide supervision to the best of their ability to my child in an effort to prevent accidents. Furthermore, I will not hold my Tribe or person associated with the After School Program activities responsible for accidents concerning my child during his/her participation with the After School Program.

Parent's Signature

Date

Consent for Medical Treatment

While my child is in the care of the Eastern Shawnee After School Program, I will allow my child to be treated at a medical facility or doctor and will consent to emergency transport in the event that a medical emergency should occur.

The Eastern Shawnee Tribe After School Program will seek treatment with your child's family doctor if possible.

Doctor's Name _____ Phone _____

Address _____

Please list any allergies your child has _____

Please list any medications your child will be bringing to the After School Program

Parent's Signature

Date