

# ***Yurok Tribe and NCIDC after school program 2011/2012 Enrollment Form***

**Student Information:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Nick name: \_\_\_\_\_ Gender: M or F (circle one)  
 Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Phone # \_\_\_\_\_ Enrollment # \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 (If different from above)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student #: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

**Parent or Legal Guardian Information:**

1.) Name of Parent or Guardian: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 2.) Name of Parent or Guardian: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact Information:**

1. Release Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 2. Release Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 3. Release Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Child's Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Name Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_  
 Medical Insurance Carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

**Please check services most needed for your Student and/or Family:**

**Tutorial Assistance in:** \_\_\_ Math \_\_\_ Study Skills \_\_\_ History \_\_\_ Language Arts \_\_\_ Science  
**Cultural Activities:** \_\_\_ Arts and Crafts \_\_\_ Language \_\_\_ History \_\_\_ Field Trips  
**Other:** \_\_\_ College Information \_\_\_ GED Prep \_\_\_ Parent Training

<b>Parent / Guardian Authorization</b>	<b>Student</b>
<ul style="list-style-type: none"> <li>• I give permission for my child, _____                      _____ to participate in program services offered by the Del Norte Indian Education Center (DNIEC). I understand that DNIEC is an education facility that receives funding from the California State Education Office and will be offering academic assistance and cultural activities.</li> <li>• I authorize the release of grades, test scores and student ID number to only be used in the benefit of my child.</li> <li>• I give permission for the DNIEC staff to transport my child to and from educational and cultural activities.</li> <li>• DNIEC staff have permission to seek medical attention for my child.</li> <li>• I commit in working with DNIEC staff to benefit my child.</li> </ul>	<p>Del Norte Indian Education Center Program Rules</p> <ul style="list-style-type: none"> <li>*Respect yourself</li> <li>*Respect Others</li> <li>*Be Responsible for you own actions</li> <li>*Stay with group at all times during field trips.</li> </ul>
<p><b>Parent/Guardian Signature:</b> _____</p>	<p><b>Student Signature:</b> _____</p>