



# Iowa Tribe of Oklahoma Tribal Summer Program Checklist of Required Documents

Early Childhood Department  
335588 E. 750 Road, Perkins, OK 74059  
Phone: (405)547-2402, Ext. 268  
Fax: (405)547-5991

## **CHECKLIST OF REQUIRED DOCUMENTS FOR SUMMER PROGRAM APPLICANTS:**

- \_\_\_\_\_ Completed application.
- \_\_\_\_\_ Iowa Tribe of Oklahoma Tribal Membership Card
- \_\_\_\_\_ Medical Release and Release of Liability
- \_\_\_\_\_ Photograph and Media Consent
- \_\_\_\_\_ Transportation Liability Release
- \_\_\_\_\_ Bullying/ Harassment/Fighting Policy
- \_\_\_\_\_ Relevant Medical Information
- \_\_\_\_\_ Child Information Forms
- \_\_\_\_\_ ITO Emergency Notification form
- \_\_\_\_\_ CACFP Nutrition Application

# Iowa Tribe of Oklahoma Tribal Summer Program Application



**Please submit completed applications to:**

Early Childhood Depart.  
335588 E. 750 Road  
Perkins, OK 74059

**DEADLINE: May 26th**

Please complete application in ink. All information requested is necessary.

*Applications must be turned in by the deadline date.*

<b>STUDENT NAME: (Please Print)</b>				/ /				
Last	First	Middle	Birth Date					
<b>Address:</b>								
Street	City	State	Zip					
<b>Phone #:</b>	<b>Message #:</b>	<b>E-mail Address:</b>						
<b>Allergies/Relevant Medical Information:</b>								
<b>PARENT/ LEGAL GUARDIAN NAME: (Please Print)</b>								
Last	First	Middle						
<b>Iowa Tribal Member Number:</b>								
<b>Tribal Member/CDIB: (Please list Tribe):</b>								
<b>Year in School Completed:</b>	(Circle one):	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>
<b>Do you have any Special Needs that would require special services? YES or NO</b>								
If Yes, please explain:								
Weeks Attending: (Check all that apply)								
June _____			July _____			August		
<input type="checkbox"/>	June 6 <sup>th</sup> – 8 <sup>th</sup> Gardening	<input type="checkbox"/>	July 4 <sup>th</sup> -6 <sup>th</sup> *No Program due to holiday*	<input type="checkbox"/>	August 1 <sup>st</sup> – 3 <sup>rd</sup> Medical			
<input type="checkbox"/>	June 13 <sup>th</sup> - 15 <sup>th</sup> Cultural and Traditions	<input type="checkbox"/>	July 11 <sup>th</sup> – 13 <sup>th</sup> Bugs life Zoo					
<input type="checkbox"/>	June 20 <sup>th</sup> - 22 <sup>nd</sup> Fit and Fun	<input type="checkbox"/>	July 18 <sup>th</sup> – 20 <sup>th</sup> Healthy Living					
<input type="checkbox"/>	June 27 <sup>th</sup> - 29 <sup>th</sup> Safety	<input type="checkbox"/>	July 25 <sup>th</sup> - 27 <sup>th</sup> Exploration Nation					
<b>PARENT/LEGAL GUARDIAN SIGNATURE:</b> _____							<b>DATE:</b> _____	



**Iowa Tribe of Oklahoma  
Tribal Summer Program**

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**Release of Liability**

I give, \_\_\_\_\_ permission to participate in

the Tribal Summer Program. I will not hold the Iowa Tribe of Oklahoma, any affiliated individual(s) and/or department(s) associated with the Tribal Summer Program liable for any accidents, injuries or incidents related to this program. I am aware of the activities that my minor child will participate in. I provided all the necessary information for the individual listed above in case of an emergency.

Parent/Guardian Print Name: \_\_\_\_\_

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



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**Emergency Medical Release**

**If emergency medical care is necessary and I cannot be reached, I authorize the Tribal Summer Program staff to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.**

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

**Include copy of insurance /medical coverage.**



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**Photograph and Media Consent**

\_\_\_\_\_ I give my child permission to be photographed during the Tribal Summer Program events. I acknowledge that the photos may be used in various formats for the newsletter, website, and/or other media associated with the Iowa Tribe of Oklahoma.

\_\_\_\_\_ I do not give my child permission to be photographed.

Parent/ Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Minor Name: \_\_\_\_\_ Signature: \_\_\_\_\_



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### Transportation Liability Release

Minor Name: \_\_\_\_\_ will travel in a vehicle owned/ operated by the Iowa Tribe of Oklahoma for official program business or in case of emergency.

I understand and agree that the Iowa Tribe of Oklahoma, employee, agents, and/or volunteers cannot be held liable for accident or injuries related to this transportation. This release of liability will be in effect for one year from the date indicated below or its withdrawal in writing from signatory.

Parent/ Legal Guardian Name: \_\_\_\_\_ Date : \_\_\_\_\_



# Iowa Tribe of Oklahoma

335588 E. 750 Rd. Perkins, Oklahoma

74059 (405) 547-2402 ext. 268

Fax: (405) 547-5991

## Bullying/Harassment/Fighting Policy

Bullying/harassment/fighting has no place at the Tribal Summer Program. Bullying/harassment/fighting means more than beating up or pushing people around. Violation of this policy includes:

- Physical assaults (touching in angry ways)
- Threats (“Better watch your back”, “I’m gonna hurt you”, “We’re gonna get you”, etc.)
- Harassment (always bothering someone)
- Name-calling
- Racial slurs
- Intimidation
- Sexual harassment – physical or verbal
- Spreading rumors
- Extortion
- Foul language
- Taunting
- Making insulting remarks about another student’s family members
- Using the internet to harass, threaten, verbally abuse, intimidate, or spread rumors

Violation of the intent of this policy by a participant of the Tribal Summer Program will not be tolerated. Review of the policy serves as your WARNING.

- If you are found to be in violation of this policy you will be suspended for 2 days and possibly dismissal from the program.
- On the second offense you will be suspended for the remainder of the year’s program.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date