

Comanche Nation Youth Program



2017-2018 SCHOOL YEAR

Center Location _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Date of Birth _____ Current Age _____

Shirt Size: _____ **Comanche**
C.D.I.B#. _____
(Attach Copy)

Parent Information/Emergency Contact

Please list...

Parent/Guardian: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

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Cell Phone: _____ Work Phone: _____

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Cell Phone: _____ Work Phone: _____

Parent Pick-Up Release Form

To better ensure the safety of your participant, we are asking that all parent/guardians fill out this Pick-Up Release Form. We realize that there may be times when someone other than yourself may have to pick up your participant from The Youth Program and you were unable to notify us.

If we do not know the person coming in to pick up your participant we will ask for identification. If the person coming in is not on the list, we will not release your participant to that person.

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We ask that you please notify Youth Program if someone other than yourself will be picking up your participant.

If this form is not returned we will not release your participant to anyone other than the parent/guardian. If you have any questions, please contact The Youth Program at **(580)492-3290**.

Please list all the people, including yourself, who are allowed to pick up your participant.

	NAME	RELATIONSHIP TO PARTICIPANT
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Print Participant's Name:		
Coordinator:		
Date:		
Parent/Guardian Signature:		

Health Questionnaire

These questions are very important to assist us in taking care of your Participant while attending all CNYP activities.

Please check yes or no.

Does your participant have:

- | | | | |
|-----------------------|-----|----|----|
| Asthma? | YES | or | NO |
| Heart Problems? | YES | or | NO |
| Diabetes? | YES | or | NO |
| Head Lice? | YES | or | NO |
| Respiratory Problems? | YES | or | NO |
| Food Allergies? | YES | or | NO |
| Outdoor Allergies? | YES | or | NO |

If yes to any allergies, please list:

Taking any medication:	YES	or	NO
If yes, please list all medication:	YES	or	NO
Does your participant have any individual special needs?	YES	or	NO
If yes, please describe:			

Comanche Nation Youth Program will NOT hold, administer or distribute ANY medication. Each case will be taken into consideration by The Director. If you have any questions please contact CNYP at (580)492-3290.

Pick up Policy

All participants of the Comanche Nation Youth Program must be picked up by 6:15PM. If your participant is not picked up by 6:15PM you will have 3 chances after the 3rd late pick up your participant will be withdrawn from the Comanche Nation Youth Program.

Attendance Policy

If participant has not attended Youth Program in 5 Consecutive days **YOU MUST** notify CNYP before your participant is permitted to attend.

Comanche Nation Youth Program Rules

Rules

1. Be Courteous
2. Respect yourself and your neighbor
3. Respect your presenters
4. Be willing to help when asked
5. Participates in all activities
6. Play fair to others
7. No name calling
8. Keep your hands to yourself
9. Always be prepared to learn

****Comanche Nation Youth Program, with probable cause will search a participants backpack if the CNYP Staff deems necessary.**

Your participant will be given 3 chances as follows:

1. Verbal reprimand with notification/documentation to parent/legal guardian
2. Second time will be 2nd Verbal Reprimand/documentation and parent/legal guardian notification.
3. Third time will be withdrawal from the Comanche Nation Youth Program

Violations of the following rules will result in immediate withdrawal from the Comanche Nation Youth Program

1. Possession of weapons
2. Possession of drugs and alcohol
3. Fighting or any physical violence
4. Use of any Profanity
5. Bullying

Disclaimer and Signature

I have read through the Comanche Nation Youth Program Application. I understand that all parts of the application must be completed before it is officially accepted. I also understand all rules, conduct policies, and attendance policy.

Participant Signature

Date

Parent/Guardian Signature

Date