

# Ho-Chunk Youth Services - La Crosse Youth & Learning Center

724 Main Street, La Crosse, WI 54601



## STUDENT REGISTRATION FORM

|  |
|--|
|  |
|--|

First Name

Middle Initial

Last Name

|     |
|-----|
| / / |
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|               |
|---------------|
| Male / Female |
|---------------|

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|  |
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|  |
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|  |
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Date of Birth

Gender

Tribal Affiliation

Tribal ID #

*If not enrolled check one of the following that best fit:*

Child's Enrollment Pending

Child's Parent Enrolled

Child's Grandparent Enrolled

|  |
|--|
|  |
|--|

Street Address

Apt.

City

State

Zip Code

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Home Phone #

Cell Phone #

Alternate Contact #

Student resides with: *(please specify)* Mother, Father, Step-mother, Step-father, Aunt, Uncle, grandparents or other: \_\_\_\_\_

**\*\* Please note any restrictions on visits, contact, pick up or drop off in the additional space below\*\***

|                             |                            |
|-----------------------------|----------------------------|
| Mother or Female Caregiver: | Father or Male Caregiver:  |
| Address:                    | Address:                   |
| Home #:                     | Home #:                    |
| Work #:                     | Work #:                    |
| Cell #:                     | Cell #:                    |
| Employer:                   | Employer:                  |
| Email:                      | Email:                     |
| Has Custody: YES NO SHARED  | Has Custody: YES NO SHARED |

|                         |
|-------------------------|
| Additional information: |
|-------------------------|

### School Information

|                     |                 |
|---------------------|-----------------|
| School Name:        | School phone #: |
| Teacher Name:       | Grade:          |
| Guidance Counselor: | School Bus #:   |

This information will only be shared with personnel on a need to know basis, this information is valuable to helping your child succeed

**\*\*My child has special needs (check all that apply)**

Speech     Physical Therapy     Reading     Math     Learning Disability

Cognitive Disability     Emotional Behavioral Disability     Autism     Behavior Plan

Gifted & Talented (describe) \_\_\_\_\_

Health/Medication needs (describe) \_\_\_\_\_

Other (please explain) \_\_\_\_\_

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## Emergency Contact/Alternate Drop Off Information

List name, relationship and phone number(s) of person(s) other than the parent/guardian that will assume temporary care of your child in an incident, illness or emergency arises if you cannot be reached. I understand that the Ho-Chunk Youth Services Division YLC staff cannot and will not leave my child unsupervised at home. If I am unable to be home at the designated time I give my permission to the HYSYD YLC staff to release my child to the temporary care of the person(s) listed below. I understand that It is my responsibility to contact the HYSYD YLC Center Director to notify them when to use the Alternative Drop off Site. I understand that they need my permission and should not rely on the information provided by my child. It is also my responsibility to keep this contact information updated with the HYSYD YLC.

|                    |                    |
|--------------------|--------------------|
| Name:              | Name:              |
| Relationship:      | Relationship:      |
| Phone #:           | Phone #:           |
| Alternate phone #: | Alternate phone #: |
| Address:           | Address:           |

## Youth Services After-School Transportation

It is the policy of the Ho-Chunk Youth Services Division that we will only pick up children from their home or school when they are released by the school.

I understand that this Form will be copied and submitted to my child's school to notify them of my permission for my child's after-school transportation arrangements with the Ho-Chunk Youth Services Division Youth and Learning Center staff. I further understand that if the Ho-Chunk Youth Services Division Youth & Learning Center will be cancelling the after-school program that their staff shall contact me and the school office to notify my child to take their school bus home or their alternative arrangements home.

|            |                |           |
|------------|----------------|-----------|
| First Name | Middle Initial | Last Name |
|------------|----------------|-----------|

|                 |                 |
|-----------------|-----------------|
| School Name:    | School phone #: |
| School Address: | Grade:          |
| Teacher Name:   | School Bus #:   |

My child will be picked up from school/home on the days selected below:

My Child's school releases students at \_\_\_\_:\_\_\_\_ p.m.

*\*Below please select the days your child will be attending the Ho-Chunk Youth Services After-School program.*

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------|---------|-----------|----------|--------|
|        |         |           |          |        |

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## Medical Information

Please answer the following questions about your child your responses are confidential and will only be used by Youth & Learning Center staff in case of emergencies when you can not be reached immediately.

Family Physician/Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Dentist/Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your child have health or accident insurance? \_\_\_ Yes \_\_\_ No Insurance carrier: \_\_\_\_\_

Does your child have any health conditions we should know? \_\_\_ Yes \_\_\_ No

If yes please explain: \_\_\_\_\_

Does your child carry an inhaler to use as needed for asthma? \_\_\_ Yes \_\_\_ No

Does your child have any allergies? \_\_\_ Yes \_\_\_ No If Yes, explain: \_\_\_\_\_

Is your child prescribed any medications? \_\_\_ Yes \_\_\_ No

- Does your child's medication schedule occur between the hours under our care? \_\_\_ Yes \_\_\_ No
  - If yes, a Medication Procedure Form must be provided with the following information:
    1. A Doctor's signature with written instruction.
    2. Written consent from the parent for YS staff to give the medication.
    3. Medication is in a properly labeled prescription bottle.

In case of accident and/or serious illness or injury, I request that the Ho-Chunk Youth Services staff contact me. If the Ho-Chunk Youth Services staff is unable to reach me, I hereby authorize the Ho-Chunk Youth Services staff to make emergency care decisions/provide first aid treatment for my child in his/her best interest.

If possible, I would prefer my child(ren) to be treated at (circle one) **Gunderson Health** or **Mayo Clinic**.

Print Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Information about your child

Please help your child have a positive exciting experience at the center by providing the following information. Being informed, will aid Youth Services staff in getting acquainted with your child and meeting his/her needs more effectively. Use a separate sheet for supplemental information if necessary. Feel free to update information with staff, as needed.

Three main areas of interests: \_\_\_\_\_

Activities that may be stressful to my child and why: \_\_\_\_\_

Recent stressful or traumatic events (moving, illness or death (including pets), family crisis, etc.): \_\_\_\_\_



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## Authorization for Participation

I understand that my child is required to abide by the policies set in place by the Youth Services Division and applicable Ho-Chunk Nation law, including but not limited to the Computer Usage Act 6 HCC § 4, I further understand that if my child fails to follow the policies that he/she may be temporarily suspended from participating in After-school programming and Incentive field trips, but he/she would still receive academic support in school as requested by me or a teacher.

My signature acknowledges and affirms that active participation in the Ho-Chunk Youth Services Division YLC programming will not subject my child to risk or harm, and that reasonable precautions will be taken to protect my child. However, it also acknowledges that unforeseen situations may arise for which the Ho-Chunk Youth Services Division YLC cannot be held responsible.

As a condition for participating in the Ho-Chunk Youth Services Division YLC Program, the signature hereby releases the Ho-Chunk Nation Youth Services Division and DSS, and its agents and representatives, from all liability for any loss or property damage resulting from the child's participation in the program. Furthermore, the signature releases the aforementioned parties from all liability for personal injury to the child resulting from the participation in the Y&LC program.

## Youth Services Transportation Form

It is the policy of the Ho-Chunk Youth Services Division that all persons utilizing our transportation services must have a signed Transportation form on file with the local Youth & Learning Center. Transportation services include but not limited to; school to YLC, home to YLC, YLC to activity, and YLC to home and participation on any field trips.

Anyone driving or riding in a Youth Service vehicle **must use a seatbelt**. Youth that are required to use a booster seat **must use them** according to the guidelines of the State. The driver of the vehicle **shall** not move vehicle until all passengers are buckled up.

- Seatbelts must be used at all times. The driver of the van **must not** leave until everyone is buckled up.
- Any youth that is less than 100 lbs and shorter than 4'9" must use a booster seat.
- All youth must respect personal space; do not poke, hit, slap, push or pinch anyone.
- All youth shall use their inside voice while riding in any vehicle so not distract the driver
- All youth are **not to be out of their seatbelts** until the driver is parked.
- On occasion transportation will be the responsibility of the parent/guardian.
- Repeated violations shall result in the youth to be suspended from our transportation services.

By signing below, I the parent/guardian of \_\_\_\_\_, hereby grant permission for my child to participate and to be transported by the HYSYD YLC employees. The signature acknowledges and affirms that participation in transportation services will not subject my child to risk or harm, and that reasonable precautions will be taken to protect my child. However, it also acknowledges that unforeseen situations may arise for which the Ho-Chunk Youth Services Division YLC cannot be held responsible. My signature hereby releases the aforementioned parties from all liability for personal injury to the child resulting from the participation in the HYSYD YLC transportation services.

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

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

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**PARENTAL AUTHORIZATION FOR THE RELEASE OF INFORMATION**

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

Student Name: \_\_\_\_\_

First

MI

Last

*I, the undersigned, hereby request and authorize:*

**Ho-Chunk Nation Youth Services Division**

**La Crosse Youth & Learning Center**

**724 Main Street**

**La Crosse, WI 54601**

**(608) 796-1550**

*To exchange with:*

School District Name: \_\_\_\_\_

Office: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

*The information pertaining to the student named above which has been indicated below:*

Official Student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement results)

Medical and/or related health records

Psychological evaluations or social work reports

Individualized education team evaluations and related reports

Appropriate agency reports

Infinity Web Access

Other (specify): Student performance & Student conduct concerns

PURPOSE OF DISCLOSURE      (X) Records/Tracking      (X) Student Assessment

(  ) Other (specify): Provide school to home/home to school support to student, family & school officials

This permission is valid for one year from the date signed. A copy of this form is as effective as an original.

\_\_\_\_\_  
Parent/Guardian Signature      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Print Parent Name

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## Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Ho-Chunk Youth Services Division YLC to use the image of my child, \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Ho-Chunk Youth Services Division Web site.

Deny permission to use my child's image at all       Grant permission to use my child's image.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parent Handbook Checklist

Please review the checklist provided initial appropriate items, sign where required and return this page to your local Youth & Learning Center.

I received the Youth Services Division Parent Handbook on \_\_\_\_/\_\_\_\_/\_\_\_\_

I have read the Youth Services Mission Statement \_\_\_\_\_

I have read the Parent Letter \_\_\_\_\_

I have read the Resolution 10-02-07 M \_\_\_\_\_

***I have read, understand and have been given an opportunity to ask question on the following policies;***

Program Services \_\_\_\_\_

Inclement Weather \_\_\_\_\_

YS Code of Conduct \_\_\_\_\_

Criminal Investigations \_\_\_\_\_

Employee Confidentiality \_\_\_\_\_

Employee Non-abusive Lifestyle \_\_\_\_\_

Pick-up/Drop-off \_\_\_\_\_

Mandatory Reporting \_\_\_\_\_

Transportation \_\_\_\_\_

Bullying \_\_\_\_\_

Parent Not Home \_\_\_\_\_

Incident Report \_\_\_\_\_

Student Health Guidelines \_\_\_\_\_

Complaint \_\_\_\_\_

Head Lice Policy \_\_\_\_\_

I have read this Parent Handbook and understand the policies set forth. I agree to abide by these policies. I agree to ensure my child will adhere to the policies as well. If at any time I have questions or concerns regarding my child and/or programming I will contact my local Center Director to address my concerns.

\_\_\_\_\_  
Parent Signature

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

\_\_\_\_\_  
Youth Signature

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

\_\_\_\_\_  
Youth Services Staff Signature

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