

Nooksack Tribe Youth Program Application

Valid: June 2026 through June 2027



Please complete each section of this application

Incomplete applications will not be accepted for Youth Department registration

Nooksack Youth Department • 360.966.9696 • 5604 Mission Rd, Bellingham, WA 98226

For Office Use Only:

Date/Time Rec'd _____

Youth Information:

Name: _____ DOB: _____

School entering FALL 2026: _____ Grade: _____

Shirt size: Youth Adult Small Medium Large XLarge Other: _____

Home Address: _____

Pick up Address (if different from home address):

Drop off Address (if different from home address):

Parent/Guardian #1 Information:

Name: _____

Contact #: _____ Work #: _____

Email address: _____

Parent/Guardian #2 Information:

Name: _____

Contact #: _____ Work #: _____

Email address: _____

Emergency Contact Information:

Name (1): _____

Relationship to youth: _____ Phone: _____

Authorized to pick up: YES NO

Name (2): _____

Relationship to youth: _____ Phone: _____

Authorized to pick up: YES NO

Youth Medical Information:

Allergies/Chronic illness/Medical Concerns: _____

Description of Severity, Symptoms: _____

(Medical Plan must be signed by Medical Professional) ***If my child has a medical condition that requires medication- there must be a Medical Plan in place that is created and signed by the child's doctor. This must be on file for our staff to follow.



Emergency Consent Release Form

As the natural/legal guardian of _____, I hereby grant permission for a certified Nooksack Tribal Youth Program Staff to perform CPR or Emergency First Aid as necessary. I further authorize and consent to the emergency medical, surgical, and/or hospital care, treatment and procedures to be performed by my child's regular physician, or when the physician cannot be reached, by a licensed practitioner when deemed immediately necessary to safeguard my child's health if I am unable to be reached. I also grant permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Child's Regular Physician: _____ Phone: _____

Please list any allergies and/or medical concerns:

Prescribed medications(s): _____

Signature of Authorized Parent/Legal Guardian

Printed Name

Date

Policy Agreement

In-person policy agreements must be adhered to upon entry to our program. Policy agreement will ensure the enrolled youth will abide by rules to ensure safety and efficiency of our program.

Please initial each statement after you have read each policy

___ My child will attend Nooksack Youth Program regularly. In the matter whereas my child is not attending regularly, he/she will be removed from Nooksack Youth Program to allow youth on our waitlist to enter the program.

___ My child will participate in the Nooksack Indian Tribe Behavior Health sessions that are offered.

___ My child will participate in the NITYP classrooms and NIT Tribal library in a respectful manner and will follow all health & safety precautions.

___ I will pick up my child on time. In case of emergency, I will notify the front desk of any tardiness.

___ I will call the front desk to make any changes to the location of my child's drop off at least 30 minutes in advance of departure at the end of day.

___ I or an authorized adult will walk into the building and sign my child(ren) in and/or out and make certain a staff member knows he/she has arrived or is departing.

___ Parents/Guardians must provide written notice of changes in address, phone numbers, emergency information, or any other changes that are necessary to notify family members, especially in emergency situations.

___ I allow the authorized Youth Program/Education Department staff to photograph my child during any youth program events, including on-campus activities, off-campus activities, and all other program-sponsored activities. I understand that these may be shared on Nooksack Tribe Social Media, in the Nooksack Tribe Newsletter, and on the Nooksack Tribe website.

___ My child will be respectful to themselves, staff and the other students. There is Zero Tolerance for Bullying at NITYP.

___ I understand that Youth Program staff are not permitted to administer medications to my child. If my child has a medical condition that requires medication, there must be a Medical Plan in place that is created and signed by the child's doctor on file for our staff to follow.

___ I understand NITYP is not responsible for personal belongings. If my child brings electronic devices/money/valuable items, it is at their own risk.

___ If I have any complaints or concerns regarding social well-being, bullying, protocols of NITYP, I will fill out the designated NITYP Complaint Form and/or contact the NITYP Receptionist or Youth Program Manager.

___ For youth that have a driver's license: my child is allowed to drive to program at Timber Ridge. Once the driver arrives, the youth's keys must be submitted to the Teen Center staff. They may not leave until the end of the day unless given a written notice by parent/guardian. No other youth may ride with them unless that has been arranged with parent/guardian and Program staff.

Parent/Guardian Signature _____ Date _____

Field Trip Consent:

Please read and initial after you have read each policy

_____ I give my full authorization and consent for my child to participate in every field trip that is scheduled for the 2026/27 year.

_____ I give my consent for NITYP to transport my child off campus.

_____ My child will follow all vehicle rules.

_____ My child may go on spontaneous local field trips (such a walks or parks).

_____ Your child may need to bring additional items. It is recommended that all children bring a back pack with extra clothes, towels, and water bottle daily (refill water stations on-campus available).

_____ Staff is not responsible for lost or stolen items.

**NITYP staff are not authorized to apply sunscreen to youth participants. It is recommended that you apply sunscreen to your child prior to arriving to ensure UV protection.

Parent/Guardian Signature _____ **Date** _____

Nooksack Indian Tribe
Release of Information

The Family Educational Rights And Privacy Act (FERPA) is a federal law that protects the privacy of student records, FERPA normally requires that the school district (the "District") obtain written consent from a parent/guardian or eligible student before disclosing the student's personally identifiable information from such records. This form is intended to satisfy the requirements of FERPA and enable the District to communicate with the Nooksack Tribe (the "Tribe"), as authorized by the parent/guardian or eligible student. By signing this form, the parent/guardian or eligible student authorizes the District officials to disclose the education records specified herein as requested by the Tribe.

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

Student Name: _____ DOB: _____

School District: _____ DATE: _____

Parent/Guardian Name: _____ Contact Number: _____

Authorized Representations of

The Nooksack Tribe

5016 Deming Road

P.O. Box 157

Deming, WA 98244

Phone (360) 592-5176

Fax (360) 592-2125

AND

Authorized Representatives of

School District Name: _____

Address: _____

Phone: _____

Examples of educational records to be disclosed on a need-to-know basis only:

Attendance records, grades, assignments, notes related to student academic success, discipline etc.

For the purpose of: coordinating academic support for the above student between the Nooksack Tribe and the School District listed above.

1. I understand that my consent for the release of records is voluntary and that I may withdraw my consent at any time, in writing. Should I withdraw my consent, it does not apply to information that has already been disclosed under the prior consent for release.
2. Unless revoked by undersigned parent/guardian/student, this authorization is valid from the signature date below and for as long as the child is continuously enrolled in the School District listed above.

By signing this form, I authorize the District to disclose information from my child's or my education records as specified above.

Parent/Guardian OR Student signature

Date

Parent Handbook Acknowledgment

I, _____ (print name), have received and read the Nooksack Youth Program Parent Handbook.

Parent/Guardian Signature: _____ Date: _____

*** Parent Handbook is yours to keep, do not return with application***