

**The Confederated Tribes of Grand Ronde
General K-12 Youth Enrichment Program Application**

Type of Application: 2024-2025 School Year

Child's Name:

First _____ M _____ Last _____

Sex: Male Female Date of Birth: _____ Grade (2024-2025): _____

Is your child a member of a federally recognized tribe? Yes No

Tribal ID or roll# _____ Tribal Affiliation _____

Is your child a CTGR direct descendant? Yes No

If yes, please attach a certificate or letter of descendency from the Enrollment Office. If you are unable to obtain one, please contact our staff.

Parent/Guardian Name(s):

1. _____ 2. _____

Street Address _____ Street Address _____

City, state, zip _____ City, state, zip _____

Mailing Address _____ Mailing Address _____

City, state, zip _____ City, state, zip _____

E-Mail _____ E-Mail _____

Cell Number _____ Cell Number _____

Work Number _____ Work Number _____

Please give the names and telephone numbers of four persons, plus yourself, that we can contact during the day to assume responsibility for your child in your absence, (i.e. emergency, left at school, etc...). These people must have a telephone number where they can be reached during the day and early evening. They must also live locally and agree to be an emergency contact for your child.

EMERGENCY CONTACTS

Name _____
Street Address _____
Hm Phone _____ Wk _____
Cell _____

I authorize this person to pick up my child

Name _____
Street Address _____
Hm Phone _____ Wk _____
Cell _____

I authorize this person to pick up my child

Name _____
Street Address _____
Hm Phone _____ Wk _____
Cell _____

I authorize this person to pick up my child

Name _____
Street Address _____
Hm Phone _____ Wk _____
Cell _____

I authorize this person to pick up my child

For Office use:

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MEDICAL CONSENT FORM
(2024-25 General Youth Enrichment Application)

Child's Name: _____

In presenting my child for diagnosis and/or treatment, I hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusion by authorized members of the hospital staff or their designers. As their professional judgment may be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examination or treatment of the child's condition.

I hereby give my consent for my child, named above, to be transported for emergency medical, surgical, dental care, and treatment, necessary to preserve the health and life of my child for the period of **April 2024** to **August 2025**.

I acknowledge that I am responsible for ALL CHARGES in connection with SUCH CARE and TREATMENT.

~~~~~

\_\_\_\_\_  
Family Doctor or Pediatrician

\_\_\_\_\_  
Location and Phone

\_\_\_\_\_  
Health Insurance

\_\_\_\_\_  
Policy or Group Number

\_\_\_\_\_  
Name of Parent/Guardian Giving Consent (print)

\_\_\_\_\_  
Date

By signing and submitting this form, I agree that the above information is accurate and current.  
*You will need to print this form and hand-write your signature prior to submitting*

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

\_\_\_\_\_  
Date

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**ADDITIONAL INFORMATION**  
(2024-25 General Youth Enrichment Application)

**Child's Name:** \_\_\_\_\_

**Does your child have a condition that may be a disability or special need?**

No  Yes  If yes, please contact the Youth Enrichment Manager prior to your child starting the program.

**Does your child need any special accommodations to participate in the Program?**

No  Yes  If yes, please contact the Youth Enrichment Manager prior to your child starting the program.

**Does your child have any allergies, medical and/or behavioral conditions that the Youth Enrichment Program Should be aware of?**

No  Yes  If yes, please explain below

**Additional Consent**

No  Yes  My child may ride in a CTGR vehicle

No  Yes  My child's image may be taken and reproduced or used in possible program mailings, Education Division pamphlets, video productions, Smoke Signals, Facebook, outside grant related projects, the GrandRonde.org website, etc...

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date Signed

*You will need to print this form and hand-write your signature prior to submitting*

Please note: The following three documents are optional but highly encourage to complete.

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**The Confederated Tribes of Grand Ronde  
K-12 Youth Enrichment Department Program Application**

**Authorization for Release of Information**

I, the undersigned, hereby request and authorize the following agencies and programs to release information to the Confederated Tribes of Grand Ronde (CTGR) Education Division to document eligibility for program services and to provide and coordinate services to my student.

| Name of Student: | Date of Birth: | Grade: | Tribal Affiliation |
|------------------|----------------|--------|--------------------|
|                  |                |        |                    |

I authorize the following agencies and programs to exchange information and coordinate services for my child:

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| CTGR Education Division         | CTGR Member Services                 |
| CTGR Social Services/Prevention | CTGR Human Resources                 |
| CTGR Health and Wellness        | CTGR Land and Culture                |
| CTGR Tribal Court               | Grand Ronde Tribal Housing Authority |
| Educational Institution(s)      |                                      |

Please list any agencies you would NOT want Youth Education to share information with:

Authorization for the agencies and program above includes, but is not limited to:

- Academic records/administrative records that includes class schedules, current grades, grade point average, grade level, class ranking, aptitude, test results, and assignments
- Individualized Education Program or Multidisciplinary Team process and results
- Attendance records including absences and tardies.
- Medical, physical, or health related records including mental, environment, social, and behavioral reports
- I authorize my student(s) image may be taken and used for publication including Smoke Signals, social media, CTGR employee emails, advertisements, and the grandronde.org website
- I authorize my student to be transported by CTGR vehicle
- I agree that a photocopy or fax copy of this form is acceptable with the same authority as the original

\*\*\*This authorization will be in effect from **April 2024** to **August 2025** or until revoked in writing. **Please note: you will need to print this form and hand-write your signature prior to submitting**

|                                     |                                       |      |
|-------------------------------------|---------------------------------------|------|
| Signature of Parent/ Legal Guardian | Printed Name of Parent/Legal Guardian | Date |
|-------------------------------------|---------------------------------------|------|

**Alert Sense Communications**

This document is one of The Enrichment programs communicate tools to communicate to guardians and or students. It is used for special events, notifications, closures and other important information.

**Authorization for Messaging through Alert Sense**

I, the undersigned, hereby request and authorize the Confederated Tribes of Grand Ronde (CTGR) Education Division to contact me with Alert Sense Messenger using, but not limited to, the indicated preferred method of contact.

\*\*\*This authorization will be in effect from **April 2024** to **August 2025** or until revoked in writing. *Please note: you will need to print this form and hand-write your signature prior to submitting*

\_\_\_\_\_  
**Signature of Parent/ Legal Guardian**                      **Printed Name of Parent/Legal Guardian**                      **Date**

\_\_\_\_\_  
**Parent/ Legal Guardian Cell Number**                      **Parent/ Legal Guardian Cell Provider**                      **Parent/ Legal Guardian Email Address**

\_\_\_\_\_  
**Student Cell Number**                      **Student Cell Provider**                      **Student Email Address**

***Please note:** Every August, the Alert Sense messaging groups is cleared and a new Alert sense group is created with current students.*

# Subscribe to the CTGR Education Virtual Monthly Newsletter Stay informed!

Greetings Parents and Students!

In an effort to provide our families with current program information, we ask that you please take a few moments to subscribe to our virtual monthly Newsletter. Included in this Newsletter are key dates and important information pertaining to each of our programs ranging from Early Childhood to Adult Education. Should you choose to provide your consent, we will use the information below to add you to our system.

If you have any questions, please give us a call at 503-879-2275.

Sincerely,  
The Education Department

## Newsletter Consent

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_

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

For Office use:

|                                      |                                   |                                                                                                          |                            |
|--------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------|
| Received by Staff: _____             | <input type="checkbox"/> Approved | <input type="checkbox"/> Not approved                                                                    | If not approved, why _____ |
| Parent/Guardian notified Date: _____ | <b>If Approved:</b>               | Date Mailed to  _____ | Check Number _____         |