

STUDENT INFORMATION

Student's Name _____ Euchee Name _____
Last First MI

Male Female Date of Birth _____ Age _____ Grade _____

School _____ Teacher _____

Home Address _____
City State Zip

Home Phone _____ Student lives with: _____

Legal Guardian (if other than parents): _____

Mother/Guardian Name _____ Cell Phone _____

Employer _____ Work Phone _____

Email _____ Email me reminders and updates: Y / N

Father/Guardian Name _____ Cell Phone _____

Employer _____ Work Phone _____

Email _____ Email me reminders and updates: Y / N

Names and ages of brothers and sisters:

Specify the student's Native American background, if any:

Tribal Enrollment: _____

Please check the appropriate box:

hô (Yes) hôn@ (No)

Has the student ever attended Yuchi language classes? If so, when?

Is the student Yuchi?

Does your child use the restroom independently?

Does your child need help dressing or undressing?

Does your child dislike any food? If yes, specify.



MEDICAL / EMERGENCY INFORMATION

Student's Name: _____ Date of Birth: _____

Emergency Contact Name <i>(do not list parent/guardian)</i>	Telephone(s)	Relationship

Doctor's Name and Phone: _____

Dentist's Name and Phone: _____

Insurance Provider (attach card copy): _____

List any medical conditions, health concerns, learning disabilities, behavioral issues, or special needs:

List any medications: _____

List any allergies or diet restrictions: _____

What techniques are effective when your child is upset? _____

How would you like us to discipline your student if needed?

CONSENT FOR STUDENT'S MEDICAL/DENTAL TREATMENT /

HOLD HARMLESS AGREEMENT

I, (parent/guardian) _____ hereby give my consent for emergency medical or dental treatment of my child (student) _____ by any licensed physician or dentist while under the care of the Euchee (Yuchi) Language Project and for the transportation of the student to and from the source of emergency treatment. This care may include examinations and any tests which, in the opinion of the physician or dentist, are deemed necessary or advisable. This does not include the right to perform surgical operations without my further consent, except in the case of an emergency when I am unable to be reached.

I waive any claim for injury to said child that may be incurred or sustained as a result of participation and/or use of premises and equipment in connection with the Euchee (Yuchi) Language Project. I agree to waive and release the Euchee (Yuchi) Language Project and its board members, agents, and employees, from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising from my child's (or my) participation in the program or any illness or injury resulting therefrom, whether caused by negligence or otherwise, on the part of the Euchee (Yuchi) Language Project and its employees. This authorization shall remain effective, unless revoked in writing and delivered in person to the Euchee (Yuchi) Language Project.

Parent/Guardian's Signature: _____

Date: _____



PERMISSION FOR USE OF PHOTOGRAPHS / RECORDINGS

I hereby agree to have my student's name, voice, likeness, picture, performance, and/or video image included in the following for use by Euchee (Yuchi) Language Project, Inc. to help raise awareness and funds for the program:

- Euchee language related publications, articles, videos, and promotions in print or digital form
- Euchee (Yuchi) Language Project website (www.yuchilanguage.org) and other online sites such as the program's facebook page

I also give my permission to the Euchee (Yuchi) Language Project to photograph or record me or my children participating in program events or classes for use in publicity or publications and will not seek compensation for such.

I wish my student's name to appear as follows: _____
Student's name

- I **DO NOT** want my student's image to be seen by the public.

Parent or Guardian's name

Signature

Date

INTEREST / INVOLVEMENT

Please share with us why you would like your child to participate in Yuchi language classes:

Describe in detail how you will support their Euchee / Yuchi language learning beyond the classroom:



TRANSPORTATION

Please check statements that apply:

- I give permission for my student to be transported by the Euchee (Yuchi) Language Project:
- to and from home
 - on field trips
 - to and from school
- I do **NOT** give permission for my student to be transported by the Euchee Language Project except in the case of a medical emergency.

Other information or instructions for transporting my child _____

I authorize the following persons (over 16 years old) to pick up my child

Name	Telephone	Relationship

**** PARENT INVOLVEMENT: ****

Parent Language Classes are held Wednesdays at 6:30pm or other times advertised. Parents are required to learn conversational phrases in Yuchi in order to support their students' learning at home. The goal is for families to take a responsibility alongside the Yuchi House in educating children and youth in the Yuchi language. To be successful, the language must live beyond the walls of the Yuchi House and in the homes of families in the community. Parents who are unable to attend parent classes must volunteer during the children's classes at some point during the week. Please make arrangements with the kids class coordinator.

Please initial one or more Parent Involvement commitments as they are applicable to you:

1. ____ I agree to attend parent classes
2. ____ I can volunteer during kids class on _____ day of the week
3. ____ I will make arrangements with a staff member for private language lessons outside of these times



CLASS RULES

In order to attend afterschool classes at the Euchee (Yuchi) Language Project, students are required to:

1. **yUdjEhala 'wAdA** Speak Yuchi!
2. **gOhahanE Enû s@nIA kEya'a** Respect your elders.
3. **zUbEla s@^hOthl'@^chE** Say all prayers with reverence.
4. **k'asOgOTanE Enû, k'aOgwaha KAêthla, zUbEla chUda** Follow instructions from staff.
5. **k'alaha s@nIA kEya'a** Be respectful of Program property and materials.
6. **sahôchE, chUda** Listen and stay seated when expected during class.
7. **gont'AlA s@nIA hOthlanô** Be kind, helpful and encouraging to others.
8. **n@ gont'A neônt@ha k'atA** Keep hands and feet to yourself; respect others' space.
9. **n@ acha** No screaming or shouting.
10. **yUdjEha ne'wAdAhA nenzAyOsh@nIA nô. yUdjEha gO'wAdAnA-A TahA Ôk'âfA.**
At ALL times be respectful and appreciative of the opportunity to carry on the Yuchi Language!

CONSEQUENCES for not following Program Rules:

First Offense:	Verbal and Written Notice
Second Offense:	Verbal and Written Notice
Third Offense:	Suspended from the after-school program for 1 class day
Fourth Offense:	Short term suspension

NOTE: The student's record starts over each new semester

YUCHI VAN RULES

In order to be transported by the Euchee (Yuchi) Language Project all students will be required to:

1. **sahandA k'agOdaKw@^nE-A hEk'û!** Wear seatbelt properly at all times.
2. **gOtOtO TagOchEnA TachE** Use appropriate child restraints such as booster seats
3. **n@chUp'@dû, n@gant'A k'atA** Keep hands and feet to themselves; respect others space.
4. **sahandA s'@chE, n@tsalAfa** Stay seated at all times.
5. **n@k'ala kûnda** Do not climb over or under seats.
6. **n@ 'wAdacha hAgû** No screaming or shouting.
7. **k'asOTanE hÊnû k'ala hô gwa chE chUda KAêthla** Always follow instruction from Staff.
8. **k'ash'êsh'ê ha hEtalA** Remove trash from the van.
9. **yUdash'Efa n@kOta, yaPEthl'O hEIachE hendA kOta**
Keep van doors closed until the van is completely stopped and parked.
10. **yaPEthl'O dEhA, n@ k'ala thl@, n@ k'ala P'A nô** No food or drinks in the van.

CONSEQUENCES for not following VAN RULES:

First Offense:	Verbal Warning
Second Offense:	Written Warning
Third Offense:	Suspended from van privileges for 3 class days
Fourth Offense:	Possible loss of van privileges

I understand that it is a privilege and a blessing to have my child(ren) attend classes at the Yuchi Language Project and be transported on the Program Van. I have read the Class & Van Rules and have reviewed them with my child(ren). I understand that the consequences will be strictly enforced for the safety of all the children and staff.

Parent/Guardian Signature

Student Signature

