



Wampanoag Tribe of Gay Head (Aquinnah) Education Department 2023 Summer Turtle Program Registration Packet

This is the registration packet for the WTGHA Summer Turtle Program, also referred to as STP or Turtle Program. The Summer Turtle Program will begin **Wednesday, July 5** and end **Friday, August 18** and will run Monday through Friday, 8:30AM–3:30PM.

Note that the Registration Packet contains multiple forms, all of which are required *per child*. Please submit the forms and any accompanying documents to the Education Department. For additional copies, please reach out to the Education Department, or refer to the Summer Turtle Program website at the following link:

wampanoagtribe-nsn.gov/summer-turtle-program

You may refer to this checklist and ensure you have all the documents:

- STP General Registration Form (p. 2-3)
- Emergency Contact and Dismissal/Release Form (p. 4)
- Transportation Permission/Release of Liability Form (p. 5)
- Photo/Video & Social Media Release Form (p. 5)
- STP Medical Form (p. 6-7)
- Immunization Record/Refusal to Vaccinate Form (p. 8)

Once you have completed this packet, please submit it and the accompanying documents to the Education Department. **The registration deadline is FRIDAY, JUNE 2ND at 5:00PM.** Refer to the information below about how to submit this packet.

By mail:	Fax:	Email:	In-person:
WTGH(A) - Education Dept 20 Black Brook Rd Aquinnah, MA 02535 ATTN: Jade Maak	ATTN: Jade Maak 508-645-3790	eduspec@wampanoagtribe-nsn.gov	Contact Jade via email or phone (508-560-1894) to arrange a time.

Please note that registration deadlines allow for us to order the correct number of supplies and make timely reservations. Forms submitted after the deadline may result in your child(ren) not having the materials for to participate in certain activities or being unable to attend field trips.

Summer Turtle Program General Registration Form

PART A. STUDENT INFORMATION

Child's Full Name _____
Child's Preferred Name/Nickname _____ Gender _____
Tribal Enrollment Number _____ Age _____ Date of Birth ____/____/____
Enrolled School _____ Grade _____

PART B. FAMILY INFORMATION

1st Parent/Guardian's Full Name _____ Relation to Child _____
Daytime Phone # _____ Can this number receive text messages? YES NO
Evening Phone # _____ Can this number receive text messages? YES NO
Email _____
Street Address _____

Mailing Address _____

2nd Parent/Guardian's Name _____ Relation to Child _____
Daytime Phone # _____ Can this number receive text messages? YES NO
Evening Phone # _____ Can this number receive text messages? YES NO
Email _____
Street Address (if different) _____

Mailing Address (if different) _____

Child resides with: 1st Parent/Guardian 2nd Parent/Guardian Both Other: _____

Please list all siblings/household members that will also be enrolled in the program:

Name _____ Relation to Child _____
Name _____ Relation to Child _____
Name _____ Relation to Child _____
Name _____ Relation to Child _____

PART C. PROGRAM INFORMATION

Please select which weeks your child will be attending STP.

Note: Only send your child on the week they sign up for; our order of supplies, tickets, and reservations are based on these numbers. Last minute changes may result in your child being unable to participate in certain activities and even turned away from field trips.

- | | | |
|---------------------------------|-----------------------|---------|
| <input type="checkbox"/> Week 1 | July 5 – July 7 | *3 days |
| <input type="checkbox"/> Week 2 | July 10 – July 14 | |
| <input type="checkbox"/> Week 3 | July 17 – July 21 | |
| <input type="checkbox"/> Week 4 | July 24 – July 28 | |
| <input type="checkbox"/> Week 5 | July 31 – August 4 | |
| <input type="checkbox"/> Week 6 | August 7 – August 10 | *4 days |
| <input type="checkbox"/> Week 7 | August 14 – August 18 | |

PART D. ADDITIONAL INFORMATION

Does your child have a current Individualized Education Plan (IEP)? YES NO

If yes, please submit a copy with this registration packet and it will be discussed personally with the Education Program Specialist as needed. All information will be kept confidential.

Does your child have a current 504 Plan? YES NO

If yes, please submit a copy with this registration packet and it will be discussed personally with the Education Program Specialist as needed. All information will be kept confidential.

Is there any other information about your child that you would like us to inform us about?

PART E. PARENT/GUARDIAN SIGNATURE

By signing this form and submitting it with the Registration Packet, I am registering my child for enrollment in the Summer Turtle Program. I agree that I have reviewed the *Summer Turtle Program Policy and Procedure* and the *Summer Turtle Handbook* prior to registration. I agree that all the information provided is true. In the event that any of the above information changes, I will inform the Education Department as soon as possible.

Printed Name

Date

Parent/Guardian Signature

Emergency Contact and Dismissal/Release Form

Child's Name: _____

Please fill in the names of persons (*other than* the parent/guardians) that we may contact in an emergency and have your permission to pick up your child from the Summer Turtle Program. Individuals NOT listed below will not be able to pick up your child from our program.

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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Does your child have permission to walk or bike home BY THEMSELVES at the end of Summer Turtle Program (3:00PM)?

YES NO

Is there anyone who is NOT permitted to pick up your child from our program?

If yes, the Education Department will reach out to discuss this matter. Any special instructions such as custody or restraining orders must be attached to this registration packet. All information will be kept confidential.

YES NO

Parent/Guardian Signature

Print Name

Date

You are entitled to change this list at any time. Changes must be made IN WRITING to be in effect.

Please inform Education Department staff if you would like to make changes or resubmit this form.

Transportation Permission/Release of Liability Form

I, the undersigned parent/guardian, understand and **AGREE** to allow my child to be transported by the Wampanoag Tribe of Gay Head (Aquinnah) to various locations on Martha’s Vineyard for activities involved with the Summer Turtle Program. These locations include but are not limited to public beaches, libraries, public playgrounds, and areas on Tribal lands. The Education Department staff will inform me of these trips via text.

I agree that the transportation of my child by the WTGH(A) will be at my own risk. I expressly, voluntarily, and knowingly release, agree to protect, hold harmless and indemnify the WTGH(A), its employees, representatives, officers, advisors, agents, members, and any and all individuals or organizations affiliated with the WTGH(A) from any liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries, property damage, property loss, and/or theft of any property arising out of transportation of my child by the WTGH(A).

By signing below, I verify that I have read the above Release of Liability and have voluntarily signed with full understanding of its purpose.

Parent/Guardian Signature

Child’s Name

Date



Photo/Video Release Form

I, the undersigned adult parent/guardian, **AGREE** to allow photos and/or videos taken of my child during the After-School Program to be used for the Wampanoag Tribe of Gay Head (Aquinnah) Education Department for their website, social media, brochures, flyers, calendars and any other use deemed appropriate for the department’s use, including publishing in the Toad Rock Times. The pictures and/or videos will not be used by other organizations without my written consent.

Parent/Guardian Signature

Child’s Name

Date

Summer Turtle Program Medical Form

Child's Name: _____ Birth Date: _____ Sex: _____ Age: _____

Pediatrician or Physician: _____ Phone: _____

Date of last physical examination: _____

Dentist or Orthodontist: _____ Phone: _____

Health History: (Give approximate dates)

- | | | | |
|---|---|---|--------------------------------|
| <u>Conditions:</u> | <u>Allergies:</u> | <u>Diseases:</u> | <u>Other (Please specify):</u> |
| <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Asthma | <input type="checkbox"/> Mononucleosis | |
| <input type="checkbox"/> Heart defect/disease | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Chicken pox | |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Poison ivy | <input type="checkbox"/> Measles | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insect sting | <input type="checkbox"/> German measles | |
| <input type="checkbox"/> Bleeding/Clotting disorder | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Mumps | |
| <input type="checkbox"/> Chronic Lyme disease | <input type="checkbox"/> Alpha-GAL Syndrome (AGS) | | |

Dietary Modifications (including allergies): _____

Does your child use any of the following? Eyeglasses Contact lenses Hearing aid

List any medications taken by your child and reason for taking:

Medication: _____	Reason: _____
Medication: _____	Reason: _____
Medication: _____	Reason: _____

I authorize my child to apply topical medications such as SUNSCREEN, CALAMINE LOTION, BUG/TICK REPELLENT, and/or ALOE VERA under the supervision of the After-School Program staff. These topical medications will be provided by myself, as the parent/guardian.

Please initial here: _____

Comments or Details of Above:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted.

Parent/Guardian Name (Printed)

Child's Name

Parent/Guardian Signature

Date

PERMISSION TO ADMINISTER FIRST AID AND EMERGENCY SERVICES: In the event of an emergency, injury or situation that requires medical attention, I request that the Summer Turtle Program staff make every effort to contact me and the listed emergency contacts. However, I/WE, the undersigned adult(s), authorize the Summer Turtle Program staff to obtain whatever medical attention is appropriate including the use of emergency medical technicians reached through

911 services for _____.
Child's name

Do you have medical insurance for this child? Yes No

If YES, please fill out the following:

Insurance Company: _____

Policy Subscriber's Full Name: _____

Policy # _____

Parent/Guardian Signature

Date

EMERGENCY AUTHORIZATION: I hereby **GIVE PERMISSION** to medical personnel at the nearest urgent care to order x-rays, routine tests and treatment for my child _____, and in the event I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injections of anesthesia and/or surgery for my child as named above.

Parent / Guardian Signature

Date

Immunization Record

(to be completed by child's physician)

Required immunization must be determined locally. Please record the date (MM/YY) of basic immunizations and most recent booster doses:

VACCINES	Date of Basic Immunization	Date of Last Booster
Diphtheria		
Pertussis (Whooping Cough)		
Tetanus		
DPT or		
Tetanus TD		
Diphtheria or		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubella)		
Mumps		
Rubella (German Measles or 3-day Measles)		
Most recent Tuberculin test given (TINE)		
Other (specify):		

 Physician Signature

 Date

Or please attach a form with immunization records from your physician's office with the signature of the physician.

or Refusal to Vaccinate

I have decided at this time to decline or defer the vaccines recommended for my child. I know I may readdress this issue with my child's doctor or nurse at any time and that I may change my mind and accept vaccination for my child any time in the future. I acknowledge that by signing here I have agreed to tell all health care professionals in all settings what vaccines my child has not received because he or she may need to be isolated or may require immediate medical evaluation and tests that might not be necessary if my child had been vaccinated in the event of a medical emergency.

 Child's full name

 Parent/Guardian Signature

 Date