



San Ildefonso Pueblo Library Afterschool Program September 2019 to May 2020

The San Ildefonso Pueblo Library Afterschool Program will start September 3, 2019 and will run through May 21, 2020. The program will be held at the Library after school daily Monday to Thursday offering a variety of educational and enrichment activities in Tewa language, homework help/tutoring, reading challenges, arts & crafts, agriculture, and physical activity. The Afterschool Program is designed for students in grades Kindergarten through High School. A light snack will be provided to Afterschool Program participants.

There is no deadline for registration however we ask that parents complete the attached registration packet and return it to the Pueblo Library prior to participating in the Afterschool Program. A calendar of events will be provided to each student and updated copies are available in the main lobby of Library. Events will also be listed on the Library's Webpage at www.sanipueblolibrary.org. In general, the weekly schedule will be as follows:

	MONDAY / TUESDAY		WEDNESDAY		THURSDAY	FRIDAY
12:45			LAPS Early Release		PVS Early Release	NO AFTERSCHOOL PROGRAM ACTIVITIES
3:00	SIDS K-5 Snack		SIDS K-5 LAPS K-6 Snack		SIDS K-5 PVS K-6 Snack	
3:15	PVS 6-12 Snack		PVS 6-12 Snack		PVS 6-12 Snack	
3:30	*Homework Reading		Homework Reading		Homework Reading	
4:00		Open Gym & Library		Open Gym & Library		
4:15	PVS K-5 LAPS K-6	Computers Arts & Crafts	PVS K-5 Snack	Computers Arts & Crafts	LAPS K-6 Snack	
4:30	Snack Homework Reading		Homework Reading		Open Gym & Library Computers Arts & Crafts	
5:00						
5:15	K-6 PARENT PICK-UP		K-6 PARENT PICK-UP		K-6 PARENT PICK-UP	
6:00	LIBRARY CLOSSES		LIBRARY CLOSSES		LIBRARY CLOSSES	

* Activity and Homework / Reading time blocks may be interchanged based on availability of presenters.

Practices and Procedures:

1. For safety reasons, children must stay in supervised areas.
2. All children must use appropriate language and appropriate behavior. This means respecting other students, staff, volunteers, and Pueblo property.
3. Children are responsible for picking up after themselves such as putting away games, equipment, supplies, toys etc. before leaving the class room as well as when leaving to go home.
4. The Pueblo will not be responsible for any personal items that may be lost or broken while in attendance.
5. Staff will notify the parent/guardian or other authorized individual (listed on emergency contact form) if the child leaves the premises unauthorized. If none of these individuals can be reached, staff will notify the BIA police department.
6. If you wish to withdraw your child from the program, please contact Education Department staff at (505) 455-2635.
7. Please notify staff in writing of any change in phone number, home address, or work site. It is important for the safety of your child that this information remains accurate.
8. Parent/guardian or another emergency contact will be notified if a child becomes ill or injured and needs to be picked up. Staff is trained in CPR procedures and will attend to minor cuts and scrapes.
9. Please make sure that your child is not sick before sending them to the Afterschool Program. If your child arrives ill, you will be asked to make other arrangements for their health and health of other children.

Dismissal Practice:

No transportation will be provided for participation in the Afterschool Program. Children age 12 and younger must be picked up promptly at **5:15 pm** by a parent/guardian or an Authorized Individual. Students age 13 and over are welcome to remain in the library until 6:00 pm to use library resources. Students age 12 and younger are also allowed to remain in the library until 6:00 pm if accompanied and under the direct supervision of a parent/guardian or other Authorized Individual 18 years old or older.

The parent(s)/guardian(s) or other Authorized Individual(s) must inform and check with staff if they are picking up the child/children early. If your child/children walk to and from the library, the staff should be notified in writing of your request within the registration packet in the Authorized Individuals section. Any individual wishing to pick up a child from the library when authorized by a parent not known to the staff will be required to show a photo ID prior to the child being released to them. Written notification to staff is required for dismissal of a child to an individual not listed as an Authorized Individual.

Medication Practice:

The staff will not administer any form of medication to your child/children. If your child requires medication during the time they are attending the Afterschool Program, you must make arrangements for you to personally provide such medication to your child.

NOTE: Changes or additions to the Practices - The Pueblo reserves the right to make changes and/or additions to the Practices identified herein. Written notice of any changes will be provided and the continued participation in the Afterschool Program will mean that such changes will be applicable to such participation.

STUDENT ENROLLMENT FORM

Participant Information:

See attached from to enroll additional child(ren)

First Child's Name: _____ Birthday: _____

First Child's School: _____ Grade: _____

Allergies or Medical condition: _____

How to treat allergies or medical condition should they be encountered: _____

Second Child's Name: _____ Birthday: _____

Second Child's School: _____ Grade: _____

Allergies or Medical condition: _____

How to treat allergies or medical condition should they be encountered: _____

Third Child's Name: _____ Birthday: _____

Third Child's School: _____ Grade: _____

Allergies or Medical condition: _____

How to treat allergies or medical condition should they be encountered: _____

Family Information:

Please include information for all parent(s) and/or guardian(s) legally responsible to make decisions on behalf of child(ren) enrolled in program.

Name: _____ Relationship: _____

Home address: _____ Email address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Name: _____ Relationship: _____

Home address: _____ Email address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

EMERGENCY SITUATION DISCLAIMER

In the event that my child(ren) should have a sudden illness or accident, I understand that the staff will attempt to reach me or another authorized individual for instructions. If no one can be reached immediately or if the staff views the situation as critical, I request that one of the following physicians be contacted.

However, if emergency treatment is necessary, I authorize Pueblo staff to request assistance from the emergency medical service (EMS) and/or permission to transport my child(ren) to a medical facility. I further authorize and consent to any emergency treatment that is recommended by the EMS personnel, physician, or hospital or emergency room staff.

I understand that the Pueblo de San Ildefonso does not provide Program participants with medical insurance and has no responsibility to pay for any medical treatment. If I do not have medical insurance, I have been advised to consider acquiring such insurance for my child(ren). It is also understood that I will be responsible for all costs involved in the treatment and transportation of the minor child(ren).

Signature of parent/guardian	Date
Physician Name _____	Physician Phone Number _____
Dentist Name _____	Dentist Phone Number _____
Health Insurance Provider _____	Policy number _____

EMERGENCY CONTACTS

Please list two individuals, other than those previously listed who may be contacted in case of an emergency.

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____

INDIVIDUALS AUTHORIZED TO PICK-UP STUDENT

As parent/legal guardian, I authorize the following individuals (must be 18 years old or older) pick my child/children:

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

DISCIPLINE PRACTICE and CHILD(REN)'S RESPECT CONTRACT

Discipline Practice:

The goal of discipline is to help children manage their own behaviors. Children will be expected to demonstrate respect for one another, program staff, volunteers and the program materials at all times.

The following behaviors are inappropriate and will result in consequences for the child:

- Aggressive physical behavior/fighting, bullying and or excessive physical contact
- Stealing or damaging another person's things
- Ganging up on someone
- Leaving someone out on purpose or trying to get other students not to play with someone
- Defiance of authority
- Disruptive and out of control behavior
- Lack of consideration and rudeness towards other students and staff
- Inappropriate school behavior/language

Consequences of bad behavior in successive order:

- The student's behavior and impact upon themselves and others will be discussed with them by staff.
- Removal from activity/time out/student will be redirected.
- Written/verbal notification and explanation of situation and behavior to the parent/guardian.
- Suspension from the Afterschool Program (length of time to be determined at the time of suspension).

Staff will immediately inform parents/guardians if their child's behavior endangers their safety, the safety of other students or staff. While attempts will be made to implement this process, staff maintains the sole discretion to skip any sequence and take other action including suspension or removal from the program.

Child's Respect Contract:

I, _____, agree to be an outstanding kid in the Pueblo de San Ildefonso Afterschool Program. I will follow all of the rules. I will show respect to the other kids, staff and Pueblo property. I know I am deserving of respect from the other kids and staff in the program and I will act in this manner. I understand that if I do not follow the rules there will be consequences for my behavior.

First Child's Signature

Date

Second Child's Signature

Date

Third Child's Signature

Date

Fourth Child's Signature

Date

Fifth Child's Signature

Date

AFTERSCHOOL PROGRAM PARENT/GUARDIAN AGREEMENT

BY SIGNING BELOW I AGREE TO THE FOLLOWING:

1. I give my permission for my child(ren) to be enrolled in the afterschool program.
2. I understand that it is my responsibility as parent/guardian to notify the staff if my child(ren) will not be in attendance.
3. I understand that the Pueblo does not carry health and accident insurance for my child(ren) and that I, as parent/guardian will be primarily responsible in case of injury where bills are incurred.
4. I understand that if my child(ren) are ill, the staff will notify me and it will be my responsibility to pick up my child(ren) or arrange for someone to pick up my child(ren) immediately after I am notified.
5. I give program staff or San Ildefonso CHR permission to transport my child(ren) for purpose of medical care.
6. I give permission for the Pueblo to use any photographs, writings, artwork, etc. for displays and presentations in the library / learning center.
7. I understand that my child(ren) may be dismissed for failure to follow rules, failure to participate, failure to respect program staff and/or other students and failure to follow general practices and procedures.
8. As the Parent/Guardian, I will work as a partner with staff to ensure my child(ren) are successful in the program.

Signature of parent/guardian

Date

LIABILITY WAIVER AND RELEASE (Minor Child)

Through my signature, I certify that I am the adult parent or legal guardian of _____, the minor child(ren), and consent to his/her participation in the Pueblo de San Ildefonso Afterschool Program. I agree personally and on behalf of such minor child(ren), to assume full responsibility for any bodily injury to such minor child(ren), property loss or damage and release and discharge the Pueblo de San Ildefonso, Tribal Officials, Tribal Council, employees, and volunteers (the "Released Parties") for any injury, loss or damage arising out of the participation and attendance of the minor child(ren) at the Afterschool Program. I agree, personally and on behalf of such minor child(ren), to hold harmless and agree to indemnify the Released Parties from any and all claims of bodily injury and/or property damage (including costs and attorney fees) which result from participation in activities arising out of or related to the Afterschool Program.

I am at least eighteen years of age and have carefully read and freely signed this Liability Waiver and Release Form (Minor Child). I understand and agree that no oral or written representations can or will alter the contents of this document.

Signature of parent/guardian

Date

ADDITIONAL STUDENT ENROLLMENT FORM

COMPLETE THIS PAGE ONLY IF ENROLLING 4 OR MORE CHILDREN

Family Information:

Below, please include information for all the parents/guardians in which the enrolled child(ren) reside:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Participant Information:

Fourth Child's Name: _____ Birthday: _____

Fourth Child's School: _____ Grade: _____

Fourth Child's Allergies or Medical conditions: _____

How to treat allergies or medical condition should they be encountered: _____

Fifth Child's Name: _____ Birthday: _____

Fifth Child's School: _____ Grade: _____

Fifth Child's Allergies or Medical conditions: _____

How to treat allergies or medical condition should they be encountered: _____

Sixth Child's Name: _____ Birthday: _____

Sixth Child's School: _____ Grade: _____

Sixth Child's Allergies or Medical conditions: _____

How to treat allergies or medical condition should they be encountered: _____