



Bishop Indian Education Center

Tazawano

Summer Enrichment Program





Bishop Indian Education Center

Tazawano Summer Enrichment Program Student Enrollment Form 2021

Student Name:		D.O.B. (mm/dd/yy):	Age:
Gender: M F	School:		
Grade going into:		Parent/Guardian Name:	
Parent/Guardian Name:	Parent/Guardian Name:		
Home Phone:	Home Phone:		
Cell Phone:	Cell Phone:		
Physical Address:	Physical Address:		
Mailing Address (if different):	Mailing Address (if different):		
Email:	Email:		
Parent/Guardian Work and phone #:	Parent/Guardian Work and phone #:		
<p>The Bishop Indian Education Center would like to contact you via text message or through remind.com regarding BIEC updates, news and important information. Would you like to receive information via text message/remind.com and or email?</p> <p>YES or NO</p> <p>YES or NO</p> <p>Email : _____</p> <p>Cell Phone #: _____</p>			

I, _____ (parent/guardian), give permission for _____ (student), to participate in program services offered by the Bishop Indian Education Center. I understand that the center is an educational facility that receives funding from the California Department of Education Offices and TANF; and will be offering instructional services for Native American students, with an emphasis on reading, math skills, two-parent family formation, and teen pregnancy prevention. By signing this form it also gives the Bishop Indian Education Center staff authorization to contact student's teachers, obtain school grades, test scores, students' attendance and allow access to school loop.

In addition, I assume full responsibility for risk of injury, death, or property damage which may arise out of my student's participation in BIEC activities. I release the Bishop Paiute Tribe and its staff from any liability resulting in injury or harm arising from my student's participation in this program. I am also financially responsible for any damage incurred.

Parent/Guardian Signature: _____ Date: _____



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Emergency Contact/Medical Information



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Student's Name:	Allergies:
Student's Physician:	Contact #:
Medical Insurance:	Policy #:
Medications:	Special Diet Needs:
Emergency Contact:	Contact #: Address:

In the event than an emergency does occur during the Bishop Indian Education Center program hours, I _____ (parent/guardian), hereby grant the permission for the Bishop Indian Education Center Staff to escort my student, _____ to the nearest medical facility.

Parent/Guardian Signature _____ Date _____

Parent/Guardian (Print Name) _____



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Tazawano Summer Enrichment Program Rights and Responsibilities 2021

As the parent/guardian of a child enrolled in the programs offered through the Bishop Indian Education Center, I understand that my child and I have the following rights:

- **To have my child's educational and education-related records maintained in a confidential and professional manner to the extent provided by law.**
- **To be informed of my child's academic progress and plans for helping him/her to improve their progress and success.**
- **To know that my child is being provided with a safe and friendly learning environment.**

The BIEC is a Mandated Reporting Organization, and will take the appropriate actions when seeing any sign of child abuse and neglect on a minor.

Responsibilities

As the parent of a student served by the Bishop Indian Education Center, I understand that I also have RESPONSIBILITIES in order to help my child be successful in the Bishop Indian Education Center Summer Enrichment program:

- **I will ensure that my child is prepared and cooperative at all times.**
- **I will support my child's scheduled appointments for program services and activities. I understand that my child must attend regularly in order to remain actively enrolled. Regular attendance means 4 days week unless it's an excused absence. IE, (sick, medical appointment, family emergency).**
- **I will notify the Bishop Indian Education Center on days my child will be absent or late, also if there are any changes in the home (phone #, addresses, guardianship).**
- **I will help my child be successful by encouraging a positive attitude.**

*By signing below parent/ guardian and student recognize and agree to abide by ALL BIEC rules and policies stated with in this application and any not included (all policies can be received from administration office). Failure to abide by all policies student may have privileges taken away (walking or riding bike/van etc.), or depending on the severity may be removed from the program.

Student Name

Date



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Parent/Guardian Signature

Date



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Standard Agreement Form



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By checking each item listed and signing below, I _____, (**Student Name**) agree to the following standards for attendance at the Bishop Indian Education Center for the 2021 Tazawano Summer Enrichment Program. Furthermore, my failure to abide by this agreement may result in being dropped from the summer program:

- € I will follow the Bishop Indian Education Center Rules (posted at the center).
- € I will follow staff directions and rules.
- € I will follow the Bishop Indian Education Center internet rules. If I violate this rule, I understand my internet privilege may be suspended.
- € I will follow the Bishop Indian Education Center van rules (using seatbelts, staying seated being respectful & NO horseplay or bullying).
- € I will be responsible for all personal property (bikes, helmets, backpacks, etc.).
- € I will participate in all required activities.
- € I will maintain a positive attitude and arrive on time (at least 3 days a week or parent/guardian will call and let the BIEC if they student will be absent or late).
- € I will not leave the Bishop Indian Education Center without being signed out by a parent/guardian/ approved adult.
- € I will not use my cell phone during after- school program tutoring hours. If I violate this rule, I understand my cell phone will be confiscated until after tutoring hours are over.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Tutor Coordinator Signature: _____ Date: _____



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Tazawano Summer Enrichment Program Transportation Policy

Pick-Up Policy:

Parent/Guardian must pick up the student by coming into the office and signing them out, and if the student will be returning the parent/guardian must sign them back in as well. Students will NOT be allowed to "wait out front". The BIEC will only release a student to an adult (other than the parent) when we are given a note of permission from students parent/guardian. Please list names of adults who have your permission to pick up student.

Name: _____ Contact Number: _____

Relation to Student: _____

Name: _____ Contact Number: _____

Relation to Student: _____

Name: _____ Contact Number: _____



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Student Walking/Bike Unsupervised Waiver



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Start Date: _____ End Date: _____

Student's Name: _____ Grade: _____

I _____ am the Parent/Guardian of the student listed above, and I am requesting that my student be permitted to walk/ride a bike to the following address:

upon dismissal from the Bishop Indian Education Center's Tazawano Summer Enrichment Program or any other program my student is enrolled in through the BIEC, until otherwise stated in this waiver.

As a condition of being allowed to do so, I hereby release and discharge the Bishop Indian Education Center from ANY and ALL claims for personal injuries, property damage that my student may suffer as a result of walking or riding their bike from the Education Center to the student's designated location.

Should it be necessary for my student to receive medical treatment while walking or riding their bike, I hereby give the Bishop Indian Education Center personal permission to use their judgment in obtaining medical service and give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other adults participating from any liability in connection with this request.

(Parent/Guardian Print Name)

(Parent/Guardian Signature)

(Contact Number)

(Date)



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Student Photo Release Form



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By signing this photo release form I am granting permission for the Bishop Indian Education Center to post, print, or release my student's photograph or work. I understand that it may be printed in a publication such as a workshop flyer, Tribal Newsletter and/or funding requirements. It may also appear on the Bishop Indian Education Center's webpage and social media site.



Your child's name or address **WILL NOT** be included with your child's image/photograph or student's work when published.

.....

RELEASE AUTHORIZATION

€ I give the BIEC permission to take and use _____
(Student Name)

photographs as

described above. I understand that by checking this box it means my student's photos maybe in the public domain.

€ I do not give the BIEC permission to take photographs of _____
(Student Name)
or their work for any use as

described above.



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Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____