



Four Winds of Indian Education, Inc.

2345 Fair Street ♦ Chico, CA 95928

Phone (530) 895-4212 ♦ Fax (530) 895-4310

RELEASE FORM

I, _____, give permission for _____
(Name of Parent/Guardian) (Name of Student)

to participate in program services offered by Four Winds of Indian Education (Four Winds). I understand that the center is an education facility that receives funding from multiple funding sources and will be offering youth leadership activities, advocacy, instructional and social services to Native students and their families.

Authorize the release of attendance records, grades, Statewide Student Identifier number, test scores and/or records to this agency.

Authorize staff to attend Student Study Team (SST) and Individual Education Program (IEP) meetings.

Authorize the release of SST, ISP and any other behavioral health records.

Authorize staff to consult with school officials on my student's behalf.

Authorize staff to consult with collaborating agencies on my student's behalf.

Authorize staff to conduct surveys that ask students about their attitude toward school resiliency, future plans, healthy choices and life choices. Your child's responses are confidential and will never be reported in association with your child's name. Survey results will be used to determine program progress and for future funding.

I grant permission to use photographic and/or video images and/or audio recordings of my minor child(ren), without compensation, in print, video, online, and/or any other analog or digital media designed for news, informational or educational purposes.

By signing below, I acknowledge that this release is good for my child's academic career; preK-12th grade unless I submit in writing that I no longer want my child to receive services provided by Four Winds.

Signature of Parent/Guardian

Date



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ENROLLMENT FORM/EMERGENCY INFORMATION

Date: _____

(This form is to be filled out by parent/guardian)

Student Name:		Grade:	
		School:	
Tribal Affiliation (if none, write N/A):		Date of Birth:	Gender: (circle) M F
Student Phone (if none, write N/A):		Student Email:	
Parent/Guardian Name:		Parent/Guardian Phone:	Accept texts? (circle) Yes No
Address:		Parent/Guardian Work Location & Phone:	
City:	State:	Other contact number:	
Zip Code:			
Parent/Guardian Email:		Access to internet outside of school? (circle) Yes No Where (library, home, etc.)? _____.	
Name and grade of other youth in home:			
1.	_____	grade:	_____
2.	_____	grade:	_____
3.	_____	grade:	_____
4.	_____	grade:	_____
5.	_____	grade:	_____
Family Income: (optional) \$0-\$20,000 ____ ; \$21,000-\$30,000 ____ ; \$31,000-\$40,000 ____ ; \$41,000-\$50,000 ____ ; \$51,000+ ____			
Parent/Guardian Education Level (Highest Grade Completed):			
Mother:		Father:	
1st Emergency Contact: _____ Relationship to student: _____			
Address: _____ Cell, Home, Work Phone? _____			
Authorized to pick up student? (circle) Yes No			
2nd Emergency Contact: _____ Relationship to student: _____			
Address: _____ Cell, Home, Work Phone? _____			
Authorized to pick up student? (circle) Yes No			
3rd Emergency Contact: _____ Relationship to student: _____			
Address: _____ Cell, Home, Work Phone? _____			
Authorized to pick up student? (circle) Yes No			



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MEDICAL INFORMATION

Student Name: _____

In the event that an emergency arises during the program, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment or x-ray examinations for the above-named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student will be given.

Child's Physician _____ Phone Number _____

Physician's Address _____

My child is allergic to the following: _____ No allergies

Medical Insurance Carrier _____ Policy Number _____

Medi-Cal Number _____ IHS emergency authorization number _____

Please describe any other information we need to be aware of: (include any medical conditions that your child may have & list any medications/medications taken)

Parent's Signature: _____ Date: _____

STATEMENT OF PARENTS/GUARDIANS' RIGHT AND RESPONSIBILITIES

Rights: As a parent of a child enrolled in programs through Four Winds of Indian Education, Inc., I acknowledge that my child and I have the following rights:

- To have my child's education 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 that progress.

Responsibilities: As a parent of a student served by the Center, I understand that I have some responsibilities in order to help my child academically. I agree to:

- Ensure that my child is prepared and cooperative at all times.
- Provide documents required including report card and test scores as requested.
- Support my child's scheduled appointments for program services and activities. I understand that if my child does not attend, according to Center policy, his or her enrollment may be reviewed.
- Attend Center sponsored community activities, parent/teacher conferences, open houses, and back to school night.

Student's Name Parent/Guardian Signature Center Director's Signature

Date Date Date

PARENT SURVEY (to be completed yearly)

Please check the subject area(s) in which your student may need help:

Math: level: _____ Reading: areas of need: _____

Spelling: Writing: Science: Cultural: Other: _____

Does your child respond better to a culturally appropriate setting? Yes No

Does your child have any special needs or learning disabilities identified? / If not, would you like to have your child screened for special needs or learning disabilities? Yes No / Yes No

Has your child been screened for a visual learning disorder? / If not, would you like to have your child screened for a visual learning disorder? Yes No / Yes No

Are there any other areas of concern you would like to address? No Yes, explain: _____



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INFORMED CONSENT & RELEASE OF LIABILITY

Thank you for choosing to use the facilities, services, or programs of Four Winds of Indian Education, Inc. (Four Winds). We request your understanding and cooperation in maintaining both you and our safety and health by reading and signing the following informed consent and release of liability.

I, _____, declare that my child is a participant of Four Winds and intends to use/participate in some or all of the activities, facilities, programs, and services offered by Four Winds and I understand that each child, my child included, has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered are educational, recreational, or self-directed in nature.

I understand the risk involved in undertaking any activity or program is relative to my child's own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which they conduct themselves in that activity or program. I acknowledge that my choice for my child to participate in any activity, service, and program that Four Winds brings with it assumption of those risks or results stemming from this choice.

I further understand that the activities, programs, and services offered at Four Winds are sometimes conducted by personnel who may not be license, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.

I recognize that by participating in the activities, facilities, programs, and services offered by Four Winds, my child may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I will assume willfully those risks. I acknowledge that they have both had a physical exam and have been given a physician's permission, or that I have chosen to let them participate without it and assume the risk. Additionally, I acknowledge that it is my child's obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that they may suffer during and immediately after participation. I understand that they may stop or delay their participation in any activity or procedure if I so desire and that they may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

In consideration of being allowed to participate in the activities and programs of Four Winds and to use its facilities, equipment, and machinery, I do hereby waive, release and forever discharge Four Winds and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or use of equipment or machinery in the aforementioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of the mentioned and any others from acting upon their behalf from any responsibility or liability for any injury or damage to my child, including those caused by the negligent acts or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities at Four Winds or the use of any equipment at Four Winds. (Please initial _____)

I understand and am away that strength, feasibility, and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily choosing to for my child to participate in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial _____)

I understand that I may ask any questions or request further explanation or information about the activities, facilities, programs, and services offered by Four Winds at any time before, during, or after participation. I declare that I have read, understood, and agree to the contents of this Informed Consent & Release of Liability in its entirety and have received the Four Winds Physical Activity and Multipurpose Area Rules and Policies

Parent/Guardian's Signature _____

Date _____

Parent/Guardian's Printed Name _____

Child's Printed Name _____

Witness _____



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PARTICIPANT POLICY ON TECHNOLOGY ACCESS

Users are expected to use technology and the internet as an educational resource. The following procedures and guidelines are used to help ensure appropriate use of the technology and internet at all facilities used for Four Winds of Indian Education (Four Winds) purposes.

Four Winds of Indian Education Policy

- A. Four Winds of Indian Education uses a technology protection measure that blocks or filters internet access to block access to some internet sites that are not in accordance with the policy of Four Winds of Indian Education.
- B. The technology protection measure that blocks or filters internet access may be modified by a Four Winds of Indian Education staff member for bona fide research purposes by an adult.
- C. A Four Winds of Indian Education staff member may override the technology protection measure that blocks or filters internet access for a student to access a site with legitimate educational value that is wrongly blocked by the technology protection measure that blocks or filters internet access.
- D. Four Winds of Indian Education staff will monitor participants' use of the internet, through either direct supervision, or by monitoring internet use history, to ensure enforcement of the policy.

Participant Technology Use Expectations

Students are responsible for appropriate behavior on the center and/or designated school site computer network just as they are in a school setting. Communications on the network/systems are often public in nature. No assumption of confidentiality is assumed. General rules for behavior and communications apply. It is expected that users will comply with center standards and the specific rules set forth below. The use of technology is a privilege, not a right, and may be revoked if abused. The user is personally responsible for his/her actions in accessing and utilizing the center and/or designated school site's technology resources. The participants are not allowed to access, keep, or send anything that they would not want others to see.

- A. Participants shall not access material that is obscene, pornographic, child pornography, "harmful to minor", or otherwise inappropriate for educational uses.
- B. Participants shall not use center and/or designated school site resources to engage in "hacking" or attempts to otherwise compromise system security.
- C. Participants shall not engage in any illegal activities on the internet.
- D. Participants shall only use electronic mail, chat rooms, and other forms of direct electronic communications for educational-related purposes.
- E. Students shall not download or install any commercial software, shareware, or freeware onto network drives or disks, unless they have permission from the Network Administrator. Nor shall participants copy other people's work or intrude into other people's files.
- F. Participants shall not disclose personal information, such as name, school, address, and telephone number outside of the center and/or designated school site network.
- G. Participants shall notify Four Winds of Indian Education staff immediately, if by accident, you encounter materials outside of the center/school network.
- H. Participants Shall BE PREPARED to be held accountable for your actions and for the loss of privileges if the Rules of Appropriate Use are violated.

Any violation of the center policy and rules may result in loss of access to technology. Additional disciplinary action may be determined in keeping with existing school policies and procedures. When and where applicable, law enforcement agencies may be involved.

Disclaimer of Liability

Four Winds of Indian Education, Inc. disclaims all liability for the content of material that a student may access on the internet, for any damages suffered in the course of or as a result of the student's internet use, and for any other consequences of a student's internet use.

Changes in the Guidelines

Four Winds of Indian Education, Inc. reserves the right to change and/or amend this policy at any time.

Policy adopted by Four Winds of Indian Education, Inc. Board of Directors on: August 12, 2008



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As a participant enrolled in Four Winds of Indian Education Programs, I have read the enclosed information about the appropriate use of computers at the center and/or designated school site and I understand this agreement will be kept on file. (Questions should be directed to the center staff.)

I also understand that as a parent/guardian I shall be held responsible for any costs, liabilities or damages caused by myself or by the way my child/ren chooses to use the network and internet access.

Participant or Parent/Guardian Signature

Date

PARTICIPANT UNDERSTANDING OF LIABILITY, POLICY AND TECHNOLOGY USE EXPECTATIONS

As a user of the Four Winds computer network, I agree to comply with the above stated rules and to use the technology in a constructive manner.

Participant's Signature

Date

Participant's Printed Name

If under 18 years of age:

Parent/Guardian's Signature

Date

Student's Printed Name