

**YOUTH  
EDUCATION &  
ACTIVITIES**

# UNIT 1 AFTER SCHOOL PROGRAM

**FOR KINDERGARDEN TO 5TH GRADERS**  
Priority given to Sault Tribe students, but all  
students are welcome to participate.



**Unlock Your  
Child's Potential  
with Our After  
School Program!**

Are you searching for the  
perfect after-school  
activity that combines  
fun, learning, and  
growth? Look no further!

## **Programs Include:**

- Home Work Completion
- Themed Arts & Crafts
- Traditional Teachings
- Outside Play
- Snacks Provided

Contact us now to secure  
your child's spot.  
Only 20 spots available

**Limited Space**

**Visit us at:**

<https://www.saulttribe.com/membership-services/education/youth-education-activities-program>

**Call  
906-253-1321**

**Email:  
pteeple@saulttribe.net or  
SBazinau@saulttribe.net  
lburnside@saulttribe.net**

Youth Education & Activities  
Program Registration/ Liability Waiver

**After School Program**

**Planned Activities:** After School Program, YEA Room at the Big Bear Arena

**Date(s):** 9/9/2024 To 12/20/2024

**Time:** Times will vary based on Location

**Transportation:** Please see the attached request for transportation for Sault Schools.

**If your child attends JKL School, please contact the school for transportation to the BIG BEAR.**

Please type or print clearly. Fill in all the blanks. All information is needed in case of emergency.

<b>Participant Name:</b>		<b>Age:</b>	<b>T-Shirt Size:</b>
<b>Address, City, State, Zip:</b>			
<b>Grade:</b>		<b>Tribal Affiliation</b>	<b>Tribal Card Number (RED #)</b>
<b>Parent or Guardian(s) Name</b>			
<b>Email address:</b>		<b>Phone:</b>	
<b>Emergency Contact Name &amp; Address</b>		<b>Phone:</b>	
<b>Special Needs Please Explain:</b>			
<b>Food Allergies, if any:</b>			

**LIABILITY WAIVER**

*I acknowledge that my child will follow the rules set by the Sault Tribe Youth Education & Activities program while participating in their activities. If my child needs discipline, I will be contacted to handle the situation. I take full responsibility for any damage to person(s) or property caused by my child. Additionally, I waive any liability claims against the Sault Tribe Youth Education & Activities Program and its representatives. If my child requires immediate medical attention, I give consent for a licensed physician to treat my child at the nearest hospital.*

*I give permission for my child's photos to be taken and used for promotional advertising for future YEA activities. I understand that my child's photo may be shared with the local media, including the internet. Additionally, I authorize my child to be transported in the YEA Program Vehicle to and from program activities. This includes pick-up from our residence, transportation during activities, and drop-off at home. I understand that I must contact the YEA office if my child is to be picked up and dropped off at a location other than the parent/guardian address listed above.*

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date:**

**Sault Ste. Marie Area Public Schools Transportation Department**  
**REQUEST FOR STUDENT TRANSPORTATION 2024/2025 SCHOOL YEAR**

\*\*Students living within 1 mile of their attending school or the “Walking Zone” of the newly reconfigured Elementary Buildings will not be eligible for transportation.

**MY CHILD/CHILDREN (WILL/WILL NOT) NEED TRANSPORTATION SERVICES**

**STUDENT INFORMATION: (FOR UPCOMING 2024/2025 SCHOOL YEAR)**

<u>Student Name</u>	<u>Grade</u> 2024-25 School Year	<u>Date of Birth</u>	<u>School</u> 2024-2025 School Year	<u>Medical Alerts</u>

**ADDRESS INFORMATION:** We can accept **ONLY ONE** address for Pickup and Drop off for each student. Please fill out all of the requested information for the address provided. Forms received without all information completed will not be processed. If a student should need to be transported to/from a destination other than that, please provide court documentation and accommodations will attempt to be made.

Pick Up & Drop Off Address\*: \_\_\_\_\_ City\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Home, Daycare, etc?\* \_\_\_\_\_ Contact at this address \* \_\_\_\_\_ Phone\* \_\_\_\_\_

AM pick up requested \_\_\_\_\_ (Yes/No) PM drop off requested \_\_\_\_\_ (Yes/No)

I, (Parent/Guardian) Please Print \_\_\_\_\_ accept the attached rules.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing, you (the parent/guardian) indicate that you have read through the attached rules with your student(s). You (the parent/guardian) agree to the procedures that Sault Area Public Schools will take during an incident of misconduct by your student. If you have any questions or concerns with the above rules or procedures, you agree to contact the Transportation Department by phone at (906) 635-6608 or by email at saulttransportation@eupschools.org

**PLEASE REVIEW THE ATTACHED BUS RULES AND BUS CONDUCT PROCEDURES, THEN SIGN AND RETURN THE ATTACHED CARD. WE WILL NOT PROCESS ANY REQUESTS RECEIVED WITHOUT A SIGNED REQUEST CARD.**

**EXPECTED BEHAVIORS FOR STUDENTS**

1. Pupils are expected to conform to the requests of the bus drivers and help to assure safety at all times.
2. Be on time at designated bus stops, at least 5 minutes early. The bus cannot wait.
3. Expect to walk at least one-half mile to bus stop, if necessary.
4. Stay off roadway at all times while waiting for the school bus. No pushing or shoving.
5. Cross at least 10 feet in front of bus when crossing on roadway, not in back of bus.
6. Wait until the bus comes to a complete stop, and red lights are on, before attempting to enter or leave the bus. Stay seated until the bus has stopped.
7. Do not leave the bus without the driver’s permission.
8. Occupy the seat assigned to you by the driver. When seated, keep feet out of aisles. Report any damaged seats to the bus driver.
9. If the bus is crowded, seat three in a seat starting from the back of the bus and working forward.
10. Sit upright with feet on the floor.
11. Keep hands and head inside the bus at all times.
12. Avoid unnecessary and disturbing noises; do not shout at passing persons or vehicles.
13. Talk only to students sitting near you, in a low, normal inside voice.
14. Use no bad or inappropriate language.
15. Help keep the bus clean, sanitary, and orderly.
16. Be considerate of other students. No hitting, throwing things, teasing or harassing.
17. No eating or drinking on the bus.
18. Make sure that you are prepared to exit once the bus has stopped.

**Sault Tribe Youth Education & Activities Program**

**Activity: After School Program**

Medical Release Form

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician Name:	Physician Phone #	Address:
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Insurance Provider & Policy Number: \_\_\_\_\_

If a hospital visit is necessary, your child will be taken to the nearest hospital. It is the parent's responsibility to arrange transportation home from the hospital.

**IS YOUR CHILD CURRENTLY TAKING ANY PRESCRIBED MEDICATIONS?**  
**Yes or No (circle one)**

Name of Medication(s): \_\_\_\_\_ Condition being Treated: \_\_\_\_\_

Date(s) Medication is to be Given: \_\_\_\_\_

Time Medication is to be Given (s) \_\_\_\_\_ Dosage or Amount to be Given: \_\_\_\_\_

Method of Administration (for example, oral, topical, nasal, etc.) \_\_\_\_\_

**If necessary, please attach a separate sheet.**

**Over-the-Counter Medications – Circle all that apply or write those that are not listed:**

- Pain Reliever/Fever Reducer
- Pepto Bismol
- Tums
- Cortisone Cream
- Midol

**List those not listed:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please List Your Child's Allergies/Medical Problems:**  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give my permission for the Youth Education & Activities Program Staff to administer this medication according to the instructions above. I agree that the Sault Tribe Youth Education & Activities Program Staff will not be held liable for any illness or injury resulting from the administration of this medication and will not be held responsible for the reimbursement of any medical expenses resulting from such actions.

\_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**



**Sault Ste. Marie Tribe of Chippewa Indians  
Youth Education & Activities Program**

**Student Conduct Agreement**

While participating in the After School Program, \_\_\_\_\_, agrees to comply with the following rules: (Name of Child)

**General Rules:**

1. Absolutely no smoking, drugs, or alcohol will be permitted. Tobacco will be used for ceremonial purposes only, in which case the chaperones will supply it.
2. Using profane, obscene, or suggestive language or gestures will not be tolerated.
3. Fighting will not be tolerated.
4. Appropriate clothing must be worn at all times.
5. No lighters, matches, or other dangerous weapons will be permitted.
6. Participants will remain with the group at all times.
7. Participants will treat one another with respect.
8. Cooperation is a must for all activities.
9. A positive attitude is essential.
10. Participants will listen to the directions given by YEA staff during all activities.

**Activity Specific Rules:**

**1. For overnight hotel trips & Culture Camp Activities**

**a. For participants ages 12 & up**

- i. If a participant loses their hotel key, they will tell YEA staff immediately so that all keys can be changed at the hotel reception.
- ii. Once YEA staff has conducted bedtime check-in, the participant will not leave the room throughout the night.
- iii. Participants will not enter any room with the opposite gender without staff supervision.

**b. For participants under the age of 12**

- i. Participant will not go to their hotel room alone at any point; YEA staff must be present.
- ii. The participant is not to leave the room throughout the night.
- iii. Participants will not enter any room with the opposite gender without staff supervision.

**2. For overnight camping trips:**

- a. Participant will not leave their tent or room throughout the night unless they need to use the bathroom. Instructions for using the bathroom are below.
- b. If a student needs to use the bathroom during the night, they must wake a staff member, who will escort the student to and from the bathroom.

I understand that failure to comply with any of the rules could result in disciplinary action, including suspension from future Youth Education activities. Additionally, I understand that if disciplinary problems persist, I may be sent home from activities early. In such a case, it will be my parents' responsibility to make arrangements for my transportation home.

My conduct will reflect my respect for my peers, chaperones, and myself.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Participant signature)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent signature)