

POMO YOUTH COLLEGE/CAREER SUCCESS PROJECT (PYCCSP)

Summer STEM ACADEMY Registration 2019

(The Academy is jointly funded by Ukiah Unified School District and PYCCSP)

307 N. State Street Ukiah, CA 95482
ph: 707-463-1454 fax: 707-463-6601

Held at Ukiah High School
For incoming 7th and 8th Grade Native Students
(Application Deadline-May 10, 2019)

Program Dates: Monday, June 10 through Friday, June 28, 2019
June 10-11 will be Pre-Academy activities held at Academic Success Center, 307 N State Street

Please submit completed forms to _____ or _____
Packet should include Registration Form, Student Commitment, Parental Permission and Medical Info.

Please check all that apply:

- Needs Transportation
- Ride School Bus (June 12-June 28)
- Parent/Guardian will provide transportation

Summer STEM Academy Information:

- STEM Academy is opened to all incoming 7th and 8th grade Native students.
- Classes in Math and Technology (STEM) as well as Basketball and Art will be offered.
- Each Friday will feature youth development workshops or an educational and fun field trip
- Transportation will be provided to students who have difficulty arranging transportation.
- A snack and lunch will be provided.
- As this program is a fun and positive learning experience, there are no excused absences from our summer academy. Students are expected to attend every day and be on time. If a student is absent 2 or more times they will be dropped.
- Enrollment is limited to first come, first served so, register quickly! Maximum class size is 30 students.
- Parents are expected to pick up students promptly at the end of each school day.
- Application is completed once this form is returned to _____ or _____.
- Parents will be notified if their child is selected to attend the Summer STEM Academy.

Please Indicate:

Parent/Guardian Name(s)

Mailing Address City Zip Code

Pick up Address

Drop off Address

Home Phone Number Work Phone Number Cell Phone Number

Email: _____ Tribe: _____

Parent/Guardian Signature: _____

1. YOUTH Name (first, last): _____

Current Grade: _____ Gender: M / F Current Counselor _____

Tribe: _____

Student's Commitment

I, _____, commit to bringing my best attitude to the PYCCSP Summer STEM Academy. I will participate to the best of my ability and will act in a safe and respectable manner to the staff and volunteers, my fellow students, and myself. I commit to being a good example to my community and will strive to promote the philosophy of the Pomo Youth College/Career Success Project (PYCCSP) Summer STEM Academy.

Child's Signature _____

Parent/Guardian Signature _____

Pomo Youth College/Career Success Project (PYCCSP)
Summer STEM Academy
Permission, Release, and Indemnification

I, _____, am the parent or legal guardian of

_____.

I hereby give permission for my child or children named above to participate in all PYCCSP Summer STEM Academy activities, by District/Pomo Pinoleville Staff and Volunteers from Monday, June 10 through Friday, June 28, 2019.

I understand that the PYCCSP Summer STEM Academy activities include, but are not limited to, academic classes, field trips and sports activities. I understand the potential hazards of such activities and give my permission for my child(ren) named above to participate in all of them. I understand also that I have a right to be present at all PYCCSP Summer STEM Academy activities and to personally supervise my child(ren). I am not aware of any special needs or conditions of my child(ren) that could make these activities unusually dangerous for them, or cause them to require special attention or supervision.

I release and hold harmless, Pinoleville Pomo Nation, and their respective staff, officers, employees, agents, volunteers and directors against all liability that may arise or be alleged by any person or entity to arise as a result of participation by my child(ren) in any (PYCCSP) Summer STEM Academy activity, including, but not limited to liability for injuries, illness, or death allegedly caused by negligence. I also agree to defend and indemnify Pinoleville Pomo Nation, and their respective staff, officers, employees, agents, volunteers and directors against all claims of any nature made by anyone in connection with the participation by my child(ren) in those events.

Signature (Parent or Guardian)

Date

Print Name

Attest

Date

POMO YOUTH COLLEGE/CAREER SUCCESS PROJECT (PYCCSP) MEDICAL EMERGENCY
NOTIFICATION INFORMATION

Student Name: _____
 Last First Middle

Sex: _____ Date of Birth: ____/____/____ Age: _____ Grade: _____

Address: _____
 Street City Zip Code

Home Phone _____

Please print the following information:

Father (Guardian): _____ Telephone: _____

Father’s Employer: _____ Telephone: _____

Mother (Guardian): _____ Telephone: _____

Mother’s Employer: _____ Telephone: _____

Emergency Contact Name: _____ Telephone: _____

Medical Information

Family Physician: _____ Telephone: _____

Family Dentist: _____ Telephone: _____

If we are unable to be contacted, call the physician or dentist listed above. We authorize the proper program authorities to take any needed action necessary for the health and welfare of our child in our absence if we cannot be located.

Signed: _____ Date: _____
 Parent of Guardian

Signed: _____ Date: _____
 Parent or Guardian

Please list any medical problems/Allergies or conditions that we need to be aware of. PLEASE BE SPECIFIC.
