

Lummi Nation Johnson O'Malley Program

2508 A Kwina Rd. Bellingham WA 98226

Office: 360-384-7170

LummiJOM@lummi-nsn.gov

"To provide extra support for JOM eligible students ages 3 through 12th grade, through school"



JOM After School Tutoring Agreement

School Year: _____

Students participating in the JOM tutoring program must adhere to the following guidelines:

Students:

1. Must be JOM eligible.
2. Are in at least **second (2nd)** grade and actively attending a public school.
3. Must be referred by a parent/teacher/school counselor.
4. Will come to tutoring prepared to work.
5. Will be respectful of themselves, other participants, JOM tutors/staff, and visitors.
6. Must be signed out by an authorized individual (**must have written permission to walk home**).

The JOM Tutoring Program is a **NO BULLYING/HARASSMENT ZONE!** Violation of this rule will result in:

1. A verbal warning and parent contact for the first violation, followed by a write-up for the second violation, and finally, the student being sent home for the day for a third violation.
2. If the behavior has not improved after the third violation, the JOM program will work with the student, family and if necessary, their teacher(s) to develop an intervention plan.

Parents:

1. Are responsible for picking up their student(s) at the scheduled pick-up time. Currently, JOM does not offer transportation home.
2. Pick up time is ***5:30pm and NO later than 5:45pm***, except for prior notice.
3. We understand that life happens, however, it is important to respect the time of our staff. Our staff may not always be able to accommodate late pick-ups.

By signing below, you are acknowledging that you have read, understand and agree to the above-listed guidelines to be a participant of the Lummi Johnson O'Malley Tutoring Program.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Site Supervisor: _____

Date: _____

Student Information

Please print clearly

Student Name: _____ Date of Birth _____

Address: _____

Tribal Affiliation: _____ Enrollment #: _____

Descendent (check if student is a descendent, with at least one biological parent or grandparent enrolled in a federally recognized tribe, with supporting documentation, i.e., birth certificates)

School: _____ Grade: _____ Bus #: _____

Teacher/Classes: _____

Parent/Legal Guardian Information

Please print clearly

Parent/Guardian: _____

Phone: _____ Email: _____

Tribal Affiliation: _____ Enrollment #: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Permission for Field Trips/Publication/School Network Access

Field Trips

- Yes, I give JOM permission to take my child(ren) on outings around the Lummi Reservation, to participate in culture and academic activities.
- NO, I do not give JOM permission to take my child off JOM property during the after-school program hours.

Publication

- Yes, I give Lummi JOM permission to publish my/my child’s photo & name for program promotional purposes. This includes JOM social media platforms, and the Lummi Squol’Quol.
- NO, I do not give Lummi JOM permission to publish my/my child’s photo & name for program promotional purposes.

School Network Access

- Yes, I give permission to the JOM Staff to access Skyward to access my student’s assignments and attendance.
Login ID: _____ Password: _____
- NO, I do not give the JOM Staff permission to access my students’ grades, assignments, attendance, or to communicate with their teacher.

Parent/Legal Guardian Signature: _____ **Date:** _____

Emergency Contact Information

Please print clearly.

**If the parent/guardian is unable to be contacted, please list at least two (2) people we may contact.*

| | | |
|------------------------------|-------------------------------|---------------|
| <u>Emergency Contact #1:</u> | <u>Relationship to child:</u> | <u>Phone:</u> |
| <u>Emergency Contact #2:</u> | <u>Relationship to child:</u> | <u>Phone:</u> |

**In cases where the parent wishes to deny access to the non-custodial parent, they must provide the JOM program with the appropriate copies of legal documentation (custody decree, parenting plan, restraining & non-contact orders, termination of parental rights, etc.) **

Pick up Authorization

Please print clearly.

| Allowed to Pick up | Not Allowed to Pick up <i>(please use additional sheet if needed.)</i> |
|---------------------------|----------------------------------------------------------------------------------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

Medical Information

Please indicate whether you child has any health concerns that JOM needs to be aware of **(check all that apply):**

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> No Known health concerns | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Allergies: (please list) _____ _____ Does your child require an EPI pen? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Asthma Does your child require an inhaler? <input type="checkbox"/> Yes <i>*If yes, please provide one with student or JOM Staff.</i> <input type="checkbox"/> No |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other: (specify) |

If the parent/legal guardian and physician named on this form cannot be reached, and if observation of treatment is urgent, I authorize the JOM Tutoring staff to get my child emergency medical or dental treatment by any licensed physician or dentist while under the care of the JOM Tutoring Program and for transportation to and from the source of the emergency. This does NOT include the right to perform surgical operations without my further consent, except in the case of an extreme emergency and after all efforts have been made to contact and/or locate me and I am unavailable. I understand that I will assume full responsibility for any services rendered.

Parent/Legal Guardian: _____

Date: _____

Release of Information

Notice: To fulfill our mission of providing supplemental educational and financial support, the JOM program needs to be able to communicate with other agencies, schools, and individuals. By signing below, you are authorizing the JOM program to request confidential information from the entities stated on this form.

Student Name: _____ **Date of Birth:** _____

Address: _____

Phone: _____ **Email:** _____

Release of information from: _____

Send information to: Lummi Johnson O'Malley Program Attn: _____

2508 A Kwina Rd

Bellingham, WA 98226

Or email:

LummiJOM@lummi-nsn.gov

Information to be shared: *(Check all that apply)*

Tuition/Account

Attendance

School work

Fees/Fines

Grades

Other, please specify: _____

- This consent is valid for the current school year of, _____ and shall be voided at the end of the academic year.
- Consent may be revoked at anytime in writing, but in doing so, may adversely affect my child receiving proper services or payments.
- A copy of this form is valid to give my permission to share my records/information.

By signing below, I have read and understand the release of information form:

Student/Adult Student Signature: _____ **Date:** _____

Parent/Legal Guardian Signature: _____ **Date:** _____

For JOM Office Use Only:

Date Received: _____

Staff initials: _____