

IIPAY NATION OF SANTA YSABEL
PO Box 130 Santa Ysabel, CA 92070
Phone: (760)765-0845 / Fax: (760) 765-2545

TRIBAL YOUTH PROGRAM REGISTRATION 2024-2025

Parent/Guardian(s) Information:

(Last Name)	(First Name)	(Phone Number)	(Email)
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(Last Name)	(First Name)	(Phone Number)	(Email)
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Child Information

(List all children attending Program):

(Last Name)	(First Name)	(Middle)	(D.O.B).
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(Last Name)	(First Name)	(Middle)	(D.O.B)
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(Last Name)	(First Name)	(Middle)	(D.O.B)
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(Home Address)

(Grade)

(School Name)

Emergency Contact

Emergency Contact 1:	(Last)	(First)	(Phone Number)	(Relation to Child)
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Emergency Contact 2:	(Last)	(First)	(Phone Number)	(Relation to Child)
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Does your child suffer from any **food allergies, asthma, illness, or other medical condition**? If yes, please detail below. Yes No

Please list any dietary restrictions if applicable:

Please select all that apply:

- My child **will need** to be provided with transportation home from Tribal Youth Program.
- I will provide my child with transportation home** from Tribal Youth Program.
- My child **has my permission to walk home** from Tribal Youth Program.

Photo Release

___ I, the parent/guardian of listed minors **GIVE PERMISSION** to Tribal Youth Program to photograph my child during program activities and for the photos to be posted to the TYP Facebook Page, Tribal Website and event fliers.

___ I, the parent/guardian of listed minors **DO NOT GIVE PERMISSION** to Tribal Youth Program to photograph my child during program activities and for the photos to be posted to the TYP Facebook Page, Tribal Website and event fliers.

Additional Details

When needed, Parent/Guardians will be responsible for sending your child with the following items unless discussed otherwise: packed lunch, water/drinks, spending money, extra clothes, a bag to hold items, sunblock, deodorant, phone charger. We thank you for your consideration.

Parent Signature

Print Name

Date