



MISSION & KEY CLUB ELEMENTS

The Mission of Tsek Houdaqh (Where the Children Are At) Youth Programs is to provide a positive place to inspire and enable young people to realize their full potential as productive, responsible, and caring Citizens by celebrating their culture and community, enjoying healthy fun with their peers, and to learn new skills and self-confidence under the guidance of responsible adults.

To achieve this, we follow these key elements:

- Safe, Positive Environment – Maintained are age-appropriate settings which create stability, consistency, and a sense of physical emotional safety for Members. The Club provides structure and clearly defines acceptable behaviors (See Club House Rules).
- Fun – Members develop a strong sense of belonging through connections they establish with peers and staff. Staff make the Club feel like a Club the members want to belong and take ownership.
- Culture – Members will have opportunities to learn their Wiyot Culture through language arts, traditional arts, regalia making, and other modern and traditional cultural practices guided by staff, outside providers and volunteers.
- Improve academic achievement – Individualized tutoring and homework assistance, with a computer lab, is available to all club members. We have a tutor on staff and continue to find outside providers. School supplies are also available to students of need.
- Healthy Lifestyle – Members are taught through well-balanced meals and snacks, and through physical exercise, a sense of physical health. A Counselor from the Health & Human Services Department will also be available to teach members about emotional and mental well-being as well. Members will learn how to incorporate these skills into a lifelong commitment to Health.
- Supportive Relationships – Members develop meaningful relationships with peers and adults. Staff actively encourage such relationships through consistent and fair application of the House Rules, and daily practice of politeness, respectfulness and patience as all Members learn effective social and negotiation skills.
- Opportunities and Expectation – Members acquire physical, mental, emotional, social, technological, statistic, financial and other Life skills. Members are encouraged to participate in the daily activities as to gain these skills and develop moral character, under high and fair expectations by the staff and other teachers.
- Recognition – Accomplishments, achievements and individuality of each club member are recognized. Staff encourage participation and effort through positive reinforcement.
- Positive Self-Identity – Members learn to set and attain goals, confidently making necessary decisions to achieve their Life plans. Through practice and achievement, they gain a positive view of Self and their Future. They become self-sufficient and can support themselves, others, and the Community.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.



Club House Rules

With Culture Comes Responsibility, We:

- Respect our Elders
- Give back to our community
- Speak our language
- Practice our traditional ways
- Respect our bodies
- Care for one another
- Invest positive energy into everything we create
- Prepare ourselves through healthy eating and physical activity

Discipline Statement

Tsek Houdaqh Members have high standards for their own behavior. Acceptable behavior is defined by the following:

- Respect for themselves
 - Respect for Others
 - Respect for the Club

Our Members also understand that there are both negative and positive consequences for their personal behavior:



kudos, praise, increased responsibility, & Club Bucks for prizes!

Negative

- 1) Lots of support from Staff to help you get the outcome you want.
- 2) *Warning* – Change the behavior and fix the problem. Apologize and clean up.
- 3) *1st Strike* – Talk with Staff about your behavior and perform a service to make it up to the Club or the other person.
- 4) *2nd Strike* – Phone call to your parent/guardian with a staff member to discuss your behavior. Perform a service to make it up to the Club or the other person.
- 5) *3rd Strike* – The behavior being displayed is causing a level of disruption that warrants being sent home immediately, or longer depending on the incident. The Member is not open to discussion, talking, negotiating, and the behavior impacts the safety of Members and Staff, is inappropriate, or completely stops the activities of the Club.

This does not mean that the Staff have given up on the Member. It just means that the Member needs more support than what Tsek Houdaqh staff can offer. We will discuss return with the Member and the parents/guardians once safety or end of the behavioral can be assured. The Member should be ready to perform service to the Club or other persons involved.

- 6) *Continued repeated serious offenses* – A week suspension may be warranted if the serious behavior returns. We will discuss return with the Member and the parents/guardians once safety or end of the behavioral can be assured. The Member should be ready to perform service to the Club or other persons involved.
- 7) *Revocation of Membership* – Determined by the Director and can be appealed within 30-days to the Tribal Administrator.



Membership Information Form

Tsek Houdaqh (Where the Children Are)

As a member of the Tsek Houdaqh, I vow to follow the rules of the Club and do my best part to make it a safe and Positive place of kids to



Office Use Only

KidTrax ID []	Member ID []	Data Entry Rec'd: []
Member Status <input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> Former	Active <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Entered: [] ID Issued: []
Comment: [] [] []	Membership Dates Service: [] Termination: [] Initial: [] Renewal: []	

Child's Information (Please Print)

1) Member's (Child) First Name: []	2) M/I: []	3) Last Name: []	4) Child's Nickname: []
5) Home Address (Street): []	6) City: []	7) State: []	8) Zip Code: []
<i>If your child is enrolled in school, please complete numbers 9 and 10.</i>			
9) School Name: []			10) Grade: []
11) Select One <input type="checkbox"/> I would like to enroll my child in the ECE program. <input type="checkbox"/> I would like to enroll my child in the after-school program. <input type="checkbox"/> I would like to enroll my child in both the ECE and after-school program.	12) Has your child ever been enrolled in the Tsek Houdaqh Center? <input type="checkbox"/> Yes, my child was/has been a member since _____. <input type="checkbox"/> No, my child has never been a member.		

Demographics

1) Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____	2) Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	3) Tribal Affiliation: []	4) Tribal ID #: []
5) Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	6) Household Size []	7) Family Home Language []	

Family Information:

1) a) Parent's/Guardian's First Name: []	b) Parent's/Guardian's Last Name: []	c) Check if Applicable <input type="checkbox"/> Parent/Guardian Resides in Home
d) Address: []		e) Home Phone: []
f) Occupation: []	g) Employer: []	h) Work Phone & Ext: []
2) a) Parent's/Guardian's First Name: []	b) Parent's/Guardian's Last Name: []	c) Check if Applicable <input type="checkbox"/> Parent/Guardian Resides in Home
d) Address: []		e) Home Phone: []
f) Occupation: []	g) Employer: []	h) Work Phone & Ext: []

Medical/Emergency

1) Medical Conditions/Allergies: <input style="width:100%; height:40px;" type="text"/>	2) Medications: <input style="width:100%; height:40px;" type="text"/>
3) a) Physician: <input style="width:100%; height:25px;" type="text"/>	b) Physician Phone: <input style="width:100%; height:25px;" type="text"/>
4) a) Preferred Hospital or Clinic: <input style="width:100%; height:25px;" type="text"/>	b) Hospital Phone: <input style="width:100%; height:25px;" type="text"/>
5) a) Insurance Company: <input style="width:100%; height:25px;" type="text"/>	b) Insurance Policy Number: <input style="width:100%; height:25px;" type="text"/>
6) Can Member swim? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency Contacts/Pick up Information (ID MUST BE PRESENTED AT PICK-UP)

List Two Individuals We May Contact in the Event of an Emergency (*These Individuals are Authorized for Pick-Up*)

1) a) First/Last Name: <input style="width:100%; height:25px;" type="text"/>	b) Home Phone: <input style="width:100%; height:25px;" type="text"/>	c) Relation to Child: <input style="width:100%; height:25px;" type="text"/>
2) a) First/Last Name: <input style="width:100%; height:25px;" type="text"/>	b) Home Phone: <input style="width:100%; height:25px;" type="text"/>	c) Relation to Child: <input style="width:100%; height:25px;" type="text"/>

List any other individuals Who are *Authorized for Pick Up*

3) a) First/Last Name: <input style="width:100%; height:25px;" type="text"/>	b) Home Phone: <input style="width:100%; height:25px;" type="text"/>	c) Relation to Child: <input style="width:100%; height:25px;" type="text"/>
4) a) First/Last Name: <input style="width:100%; height:25px;" type="text"/>	b) Home Phone: <input style="width:100%; height:25px;" type="text"/>	c) Relation to Child: <input style="width:100%; height:25px;" type="text"/>
5) a) First/Last Name: <input style="width:100%; height:25px;" type="text"/>	b) Home Phone: <input style="width:100%; height:25px;" type="text"/>	c) Relation to Child: <input style="width:100%; height:25px;" type="text"/>

Confidential The following information is **necessary** for our records and the funding the Wiyot Tribe, Health & Human Services Department, receives. The answers you provide are completely **confidential and required**. Your cooperation in providing this information is both appreciated and necessary.

1) Household Information <input type="checkbox"/> One Parent Household <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative (Grandparent/Uncle/Aunt/Cousin) <input type="checkbox"/> Other (Not Related)	2) Check All That Apply <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> PATH <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> School Lunch <input type="checkbox"/> Vet. Compensation	3) Annual Household Income <input style="width:100%; height:25px;" type="text"/>	4) Child's Social Security Number <input style="width:100%; height:25px;" type="text"/>
		5) Child's Labor Force Status <input type="checkbox"/> Student <input type="checkbox"/> Employed _____ <input type="checkbox"/> Other _____	6) List All Known Disabilities <input style="width:100%; height:40px;" type="text"/>

Media Release Select One

I give my consent for my child to be photographed by the Tsek Houdaqh Youth Program and for photographs, in which my child may appear, to be used in any way the Tsek Houdaqh Youth Program may care to use them.

I DO NOT give my consent for my child to be photographed by the Tsek Houdaqh Youth Program and for photographs, in which my child may appear, to be used in any way the Tsek Houdaqh Youth Program may care to use them.

I have read the completed application, understand the rules of the Tsek Houdaqh Youth Program and request that my child be admitted into membership. I have explained the rules to my child and agree that the Tsek Houdaqh Youth Program will not be responsible for any accident to my child while on the Club premises or while engaged in any of its activities away from the Club. I give permission for my child to go on trips away from the Tsek Houdaqh Youth Program, whether by foot, Tsek Houdaqh Youth Program, or other contracted transportation. I give the Tsek Houdaqh Youth Program permission to survey my child for use in reports and general knowledge. I also give the Tsek Houdaqh Youth Program permission to speak with school staff regarding my child's behavior and education. In case of an emergency, the Tsek Houdaqh Youth Program staff have my permission to give first aid to take my child to a physician for treatment. I hereby give my permission for staff to call a doctor for medical or surgical care for my child. Should an emergency arise, I understand that a conscientious effort will be made to locate me or an emergency contact before action is taken, but I agree to accept any expense associated with such emergency if it is not possible to locate me in advance of treatment. I hereby, for myself, my child, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against the Tsek Houdaqh Youth Program, for any and all injuries suffered by my child at any activity sponsored by these organizations.

Parent/Guardian Signature: _____

Date: _____

Membership Promise

I promise to follow the rules of the Tsek Houdaqh and will give respect to all Club staff, volunteers, members, and property. I will help to maintain a safe, positive, and healthy place for all Club members to enjoy. I willingly accept any reasonable consequences for my behavior.

Member's (Child) Signature: _____



Tsek Houdaqh Youth Program Parent Committee Sign-up

Yes, I am interested in being a committee member to provide feedback to the Director of the program, and to give my time for planning and create fundraisers for Tsek Houdaqh.

I understand that to be on the committee, I must:

- be a parent or guardian of an active club member at Tsek Houdaqh
- be approved by the Tribal Council Chair to be on the committee
- abide by the Wiyot Parent Committee Handbook (which I will receive once approved)

No, I am not interested in being a committee member at this time.

Signature

Date

Print Name

Phone Number

Email Address



Tsek Houdaqh Youth Program Permission to Leave

My child, _____,

(Print Child's Name)

Has my permission to sign themselves out of the Tsek Houdaqh Youth Program at this designated time _____. By selecting this option, I understand that my child may leave the Tsek Houdaqh Youth Program without an authorized adult.

DOES NOT have my permission to sign themselves out of the Tsek Houdaqh Youth Program at any time. By selecting this option, I understand that my child MUST be signed out each day by myself or another authorized adult.

Signature of Parent or Guardian

Date

Signature of Participant

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