



Pechanga Youth Registration

↓ Complete & Return to Pechanga Staff ↓

HOUSEHOLD INFORMATION & PARENT CONTACT INFORMATION (PLEASE PRINT CLEARLY)			
Tribal Member Parent/Guardian Name:		Enrollment #:	DOB:
Spouse/Partner Name:		Enrollment #:	DOB:
Tribal Affiliation:	Home/Msg. Phone #:	Cell Phone #:	
Do you live on the Pechanga Indian Reservation: <input type="checkbox"/> Yes <input type="checkbox"/> No or Do you live within Riverside or Orange County: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address (City, State, Zip Code):			
STUDENT INFORMATION (LIST ALL STUDENTS PARTICIPATING)			
Child's Name:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Tribal Affiliation:	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School		Grade Level:
What activities is your child interested in? <input type="checkbox"/> Tutoring <input type="checkbox"/> Culture <input type="checkbox"/> Multimedia <input type="checkbox"/> Wellness <input type="checkbox"/> ITS Sports <input type="checkbox"/> College Tours <input type="checkbox"/> Bridges to Success <input type="checkbox"/> Youth Conferences <input type="checkbox"/> Youth/Teen Activities <input type="checkbox"/> Other: (Please explain) _____			
Child's Name:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Tribal Affiliation:	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School		Grade Level:
What activities is your child interested in? <input type="checkbox"/> Tutoring <input type="checkbox"/> Culture <input type="checkbox"/> Multimedia <input type="checkbox"/> Wellness <input type="checkbox"/> ITS Sports <input type="checkbox"/> College Tours <input type="checkbox"/> Bridges to Success <input type="checkbox"/> Youth Conferences <input type="checkbox"/> Youth/Teen Activities <input type="checkbox"/> Other: (Please explain) _____			
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PARENT CONSENT AND INFORMATION RELEASE

I DO or DO NOT, hereby grant the Pechanga Tribe, including all of its departments, permission to take photos of my child(ren) and myself for use in their newsletter, website, or any other internal use in the future.

I DO or DO NOT, authorize the Pechanga Tribe to publish photos of myself or of my family for external use in the future.

I DO or DO NOT, give my child(ren) permission to receive transportation to and from any and all events and activities by the Pechanga Tribe, including all of its departments. I understand that it is also a privilege for my son/daughter to receive these services and failure to adhere to minimum conduct standards may result in suspension of these privileges.

I DO or DO NOT, give my child(ren) permission to walk home from events/activities provided by the Pechanga Tribe, including all of its departments.

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact (Name & Relation):	Cell Phone # ()	Home Phone # ()
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Mailing Address (City, State Zip Code):

Secondary Emergency Contact (Name & Relation):	Cell Phone # ()	Home Phone # ()
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Mailing Address (City, State Zip Code):

MEDICAL INFORMATION

1. Does your child(ren) have any known allergies to foods, insects, odors, plants, materials, etc.? Yes No
2. Does your child(ren) have any medical conditions that the program should be aware of? Yes No
3. Is your child(ren) taking any medications? If yes please list all medications? Yes No

Child's Name	Medications	List Allergies/Medical Condition(s)

I am the parent/guardian of the above child(ren) and hereby acknowledge that I have reviewed the above information with my child(ren) and hereby grant permission for my child(ren) to attend activities, events and field trips with the Pechanga Tribe, including all of its departments. I release the Pechanga Tribe, including all of its departments and individuals from liability in case of an accident during activities related to the Pechanga Tribe, including all of its departments, as long as normal safety procedures have been taken. I understand additional waivers and releases may be required for each activity provided by the Pechanga Tribe.

In the event that I cannot be contacted, I hereby grant Pechanga Tribe, including all of its department employees, to contact the persons listed above in the event of an emergency. In the case of an emergency when neither parent/guardian can be reached, I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment.

Signature of Parent, Caretaker Relative or Authorized Representative:	Date:
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Release of Students Records

Must be signed by Parents/Guardian

Information Release: I hereby permit the staff of my child's education provider, to disclose and discuss my student's information to a representative of the Pechanga Indian Reservation. This includes access to my child's academic recorders, current transcripts, schedule of classes, attendance records and progress reports as deemed necessary from my child's school. If electronic information is available please fill in the appropriate line below to allow Pechanga Indian Reservation to access information for your child.

Student-1 Information:		
Student's Name:		DOB:
Name of School:		School Phone #:
Teacher/Counselor Name:	Teacher/Counselor Phone #:	Teacher Email Address:
ONLINE SCHOOL INFORMATION		
Website:	Login:	Password:
Student-2 Information:		
Student's Name:		DOB:
Name of School:		School Phone #:
Teacher/Counselor Name:	Teacher/Counselor Phone #:	Teacher Email Address:
ONLINE SCHOOL INFORMATION		
Website:	Login:	Password:
Student-3 Information:		
Student's Name:		DOB:
Name of School:		School Phone #:
Teacher/Counselor Name:	Teacher/Counselor Phone #:	Teacher Email Address:
ONLINE SCHOOL INFORMATION		
Website:	Login:	Password:
Student-4 Information:		
Student's Name:		DOB:
Name of School:		School Phone #:
Teacher/Counselor Name:	Teacher/Counselor Phone #:	Teacher Email Address:
ONLINE SCHOOL INFORMATION		
Website:	Login:	Password:
I understand this information will be kept confidential by the Pechanga Tribal Government employees.		
Parent/Guardian Signature:		Date:



Pechanga Tribal TANF Request for Virtual Tutoring Form

Virtual Tutoring is provided through the Learner Resource Center Monday-Friday 10:00 am to 5:00 pm using Zoom. If you think you might need some extra help in a program-specific course, or with completing a project, please indicate the days and times you are available for tutoring. Parents may refer their students for one-on-one tutoring by filling out the referral form.

Students will need access to a device with a camera and microphone in order to participate.

This form should be completed and submitted to Mikela Underwood, Pechanga TANF Activity Coordinator, munderwood@pechanga-nsn.gov

Student Information:

Student Name (Last, First, MI):	Today's Date:	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Grade:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Student Primary Phone Number:		Email:
Parent Primary Phone Number:		Email:

School Information: Traditional School Independent Study Charter School Home Study

Name of School:	School Phone Number:
Website:	Login: Password:

List all subjects for which a tutor is needed:

Priority	Course/Subject (i.e. College Algebra)	Instructor	What is your status in the class
1			<input type="checkbox"/> On Track <input type="checkbox"/> A Little behind <input type="checkbox"/> Failing
2			<input type="checkbox"/> On Track <input type="checkbox"/> A Little behind <input type="checkbox"/> Failing
3			<input type="checkbox"/> On Track <input type="checkbox"/> A Little behind <input type="checkbox"/> Failing

Please indicate days and times you are available to schedule tutoring sessions:

Monday	Tuesday	Wednesday	Thursday

Does your child need a dedicated tutor to create a custom learning plan that addresses specific needs? Yes No (If Yes, explain):

Students who are requesting in-depth one-on-one tutoring and need a custom learning plan to address specific needs may be referred to the Pechanga Education Support & Scholarship department.

Please complete the following questions:

Do you need assistance with increasing your math, reading or language comprehension? Yes No (If Yes, explain):

What would you like help with? Completing a school project/assignment Test prep for an exam Improving study habits All

Are you involved in extracurricular activities? Yes No (If Yes, explain):

Are you willing to be tutored in a small group? Yes No Are you a student athlete? Yes No

PTTP does not guarantee tutor availability. Students who request tutoring may need to adjust their personal schedule in order to receive tutoring services. Students who are approved for tutoring services must notify PTTP in advance if they will be unable to attend a session. Any student who misses multiple sessions without notifying PTTP staff in advance, will be dropped from one-on-one or after hour tutoring sessions. Tutoring is intended to provide assistance in specific course content in a manner which facilitates development of independent, efficient, and self-confident learners.

I agree to adhere to the above conditions. I agree I don't agree Signature: _____

For PTTP Staff Use Only

Tutor Assigned:	Date Notified:	Days/Times:
PTTP Staff Approval: _____		Date Approved: _____