

Pueblo de San Ildefonso
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San Ildefonso Pueblo Library Afterschool Program

The San Ildefonso Pueblo Library Afterschool Program will start September 8, 2026 and will run through May 27, 2027. The program will be held at the Tribal Library after school daily Mondays through Thursdays from 3:00 to 5:30 pm, offering a variety of educational and enrichment activities in homework help/tutoring, reading, arts & crafts, and physical activity for students in Kindergarten through 12th grade. A daily snack will be provided to all program participants.

Enrollment for the Afterschool Program will be limited to 40 students. The first 40 students to register will be accepted, and a waiting list created for any other students interested in participating. **Please fill out the attached registration packet and return it to the library by 5:00 pm on Thursday, September 3rd.**

Practices and Procedures:

1. For safety reasons, children must stay in supervised areas. No child will be allowed in any part of the building other than where Afterschool Program is taking place. Staff will notify the parent/guardian or other authorized individual (listed on emergency contact form) if the child leaves the premises unauthorized. If none of these individuals can be reached, program staff will notify the BIA police department.
2. If your child has another appointment/commitment and will not be attending a certain day, it is your responsibility as the parent/guardian to notify the Afterschool Program staff within 24 hours. If you have not contacted the staff and the child does not show up, as a courtesy, the program staff will contact the phone number provided to let you know that the child did not show up.
3. All children must use appropriate language and appropriate behavior while in attendance. This means respecting other students, staff, volunteers, and property.
4. Children are responsible for picking up after themselves such as putting away games, equipment, supplies, toys etc. before leaving the class room as well as when leaving to go home.
5. Staff will not be responsible for any personal items that may be lost or broken while in attendance.
6. If you wish to withdraw your child from the program, please contact the Education Director at 505-455-2635.
7. Please notify the staff in writing of any change in phone number, home address, or work site to ensure the accuracy of the contact information both for the safety of your child and for effective communication.
8. Program staff will notify parent/guardian if a child becomes ill or injured and needs to be picked up.
9. Please make sure that your child is not sick before sending them to the Afterschool Program. If your child arrives ill to the program, you will be contacted and asked to pick up your child for their health and health of other children. A doctor's note will be required before your child is allowed to return to the program.

Dismissal/Pick-Up:

Children must be picked up promptly at 5:30 pm by a parent/guardian or authorized individual.

The parent(s)/guardian(s) or other authorized individuals(s) must inform and check with the Afterschool Program staff if they are picking up the child/children early. If your child/children is to walk to and from the Afterschool Program, the staff should be notified in writing of your request within the registration packet in the Address Section. Any individual wishing to pick up a child from the Afterschool Program when authorized by a parent not known to the staff will be required to show a photo ID prior to the child being released to them. Written notification to the staff is required for dismissal of a child to an individual not listed as an authorized person.

Medication:

The staff will not administer any form of medication to your child/children. If your child requires medication during the time they are attending the Afterschool Program, you must make arrangements for you to personally provide such medication to your child.

Withdrawal from Program:

The staff requires a written notice of withdrawal if your child(ren) will no longer be attending the program.

NOTE: The Afterschool Program staff reserves the right to make changes and/or additions to the Practices identified herein. Written notice of any changes will be provided to parents/guardians of registered students.

ENROLLMENT, EMERGENCY CONTACT and AUTHORIZED INDIVIDUALS

Participant Information:

See attached from to enroll additional child(ren)

First Child's Name: _____ Birthday: _____

First Child's School: _____ Grade: _____

Allergies: _____

How to treat allergies should they be encountered: _____

Second Child's Name: _____ Birthday: _____

Second Child's School: _____ Grade: _____

Allergies: _____

How to treat allergies should they be encountered: _____

Third Child's Name: _____ Birthday: _____

Third Child's School: _____ Grade: _____

Allergies: _____

How to treat allergies should they be encountered: _____

Family Information:

Below, please include information for all the parents/guardians in which the enrolled child(ren) reside:

Name: _____ Relationship: _____

Home address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email address: _____

Name: _____ Relationship: _____

Home address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email address: _____

DISCIPLINE PRACTICE and CHILD(REN)'S RESPECT CONTRACT

Discipline Practice:

The goal of discipline is to help children manage their own behaviors. Children will be expected to demonstrate respect for one another, program staff, volunteers and the program materials at all times.

The following behaviors are inappropriate and will result in consequences for the child:

- Aggressive physical behavior/fighting, bullying and or excessive physical contact
- Stealing or damaging another person's things
- Ganging up on someone
- Leaving someone out on purpose or trying to get other students not to play with someone
- Defiance of authority (including rules regarding COVID-19 safety practices)
- Disruptive and out of control behavior
- Lack of consideration and rudeness towards other students and staff
- Inappropriate school behavior/language

Consequences of bad behavior in successive order:

- The student's behavior and impact upon themselves and others will be discussed with them by staff.
- Removal from activity/time out/student will be redirected.
- Written/verbal notification and explanation of situation and behavior to the parent/guardian.
- Suspension from the program (length of time to be determined at the time of suspension).

Staff will immediately inform parents/guardians if their child's behavior endangers their safety, the safety of other students or staff. While attempts will be made to implement this process, staff maintains the sole discretion to skip any sequence and take other action including suspension or removal from the program.

Child's Respect Contract:

I, _____, agree to be an outstanding kid in the Pueblo de San Ildefonso Afterschool Program. I will follow all of the rules. I will show respect to the other kids, staff and Pueblo property. I know I am deserving of respect from the other kids and staff in the program and I will act in this manner. I understand that if I do not follow the rules there will be consequences for my behavior.

First Child's Signature

Date

Second Child's Signature

Date

Third Child's Signature

Date

Fourth Child's Signature

Date

Fifth Child's Signature

Date

PARENT/GUARDIAN AGREEMENT

BY SIGNING BELOW I AGREE TO THE FOLLOWING:

1. I give my permission for my child(ren) to be enrolled in the Afterschool Program.
2. I understand that it is my responsibility as parent/guardian to notify the staff as soon as possible if my child(ren) will not be in attendance.
3. I understand that the Pueblo does not carry health and accident insurance for my child(ren) and that I, as parent/guardian, will be primarily responsible in case of injury where bills are incurred.
4. I understand that if my child(ren) are ill, the staff will notify me and it will be my responsibility to pick up my child(ren) or arrange for someone to pick up my child(ren) immediately after I am notified.
5. I give Afterschool Program staff or San Ildefonso CHR permission to transport my child(ren) for purpose of medical care.
6. I give permission for the Pueblo to use any photographs, writings, artwork, etc. for displays and presentations in the library/learning center.
7. I understand that my child(ren) may be dismissed for failure to follow rules, failure to participate, failure to respect program staff and/or other students and failure to follow general practices and procedures.
8. As the Parent/Guardian, I will work as a partner with staff to ensure my child is successful in the program.

Signature of parent/guardian

Date

LIABILITY WAIVER AND RELEASE (Minor Child)

Through my signature, I certify that I am the adult parent or legal guardian of _____, the minor child(ren), and consent to his/her participation in the Pueblo de San Ildefonso Afterschool Program. I agree personally and on behalf of such minor child(ren), to assume full responsibility for any bodily injury to such minor child(ren), property loss or damage and release and discharge the Pueblo de San Ildefonso, Tribal Officials, Tribal Council, employees, and volunteers (the "Released Parties") for any injury, loss or damage arising out of the participation and attendance of the minor child(ren) at the Afterschool Program which includes any off-site field trips or activities. I agree, personally and on behalf of such minor child(ren), to hold harmless and agree to indemnify the Released Parties from any and all claims of bodily injury and/or property damage (including costs and attorney fees) which result from participation in activities arising out of or related to the Afterschool Program.

I am at least eighteen years of age and have carefully read and freely signed this Liability Waiver and Release Form (Minor Child). I understand and agree that no oral or written representations can or will alter the contents of this document.

Signature of parent/guardian

Date

EMERGENCY SITUATION DISCLAIMER

In the event that my child(ren) should have a sudden illness or accident, I understand that the staff will attempt to reach me or another authorized individual for instructions. If no one can be reached immediately or if the staff views the situation as critical, I request that one of the following physicians be contacted.

However, if emergency treatment is necessary, I authorize Pueblo staff to request assistance from the emergency medical service (EMS) and/or permission to transport my child(ren) to a medical facility. I further authorize and consent to any emergency treatment that is recommended by the EMS personnel, physician, or hospital or emergency room staff.

I understand that the Pueblo de San Ildefonso does not provide program participants with medical insurance and has no responsibility to pay for any medical treatment. If I do not have medical insurance, I have been advised to consider acquiring such insurance for my child(ren). It is also understood that I will be responsible for all costs involved in the treatment and transportation of the minor child(ren).

Signature of parent/guardian

Date

Physician Name _____ Physician Phone Number _____

Dentist Name _____ Dentist Phone Number _____

Health Insurance Provider _____ Policy number _____

Emergency contacts:

Please list two individuals, other than those previously listed who may be contacted in case of an emergency.

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Authorized Individuals: (must be 18 years old or older)

As parent/legal guardian, I am requesting that only the following individuals pick my child/children:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

COMPLETE THIS PAGE ONLY IF ENROLLING 4 OR MORE CHILDREN

ADDITIONAL CHILD(REN) ENROLLMENT and ALLERGY INFORMATION

Family Information:

Below, please include information for all the parents/guardians in which the enrolled child(ren) reside:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Participant Information:

Fourth Child's Name: _____ Birthday: _____

Fourth Child's School: _____ Grade: _____

Fourth Child's Allergies: _____

How to treat allergies should they be encountered: _____

Fifth Child's Name: _____ Birthday: _____

Fifth Child's School: _____ Grade: _____

Fifth Child's Allergies: _____

How to treat allergies should they be encountered: _____

Sixth Child's Name: _____ Birthday: _____

Sixth Child's School: _____ Grade: _____

Sixth Child's Allergies: _____

How to treat allergies should they be encountered: _____