

Pueblo de San Ildefonso
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San Ildefonso Summer Education Enhancement Program (June 8 to July 23, 2026)

The San Ildefonso Summer Education Enhancement Program (SEEP) 2026 will run from June 8 through July 23. The program will be held at the Library Mondays through Thursdays from 9:00 AM to 3:00 PM. Breakfast and lunch will be provided to all participants each day of the program. The program will offer a variety of enrichment activities in reading, health & wellness, science, and traditional arts, in addition to outdoor activities.

The summer program is open to school-age children who meet the following minimum requirements: must have completed Kindergarten and MUST be potty-trained. Students will be placed in the following age groups (based on the grade just completed): K-2nd grade; grades 3rd-5th; grades 6th and up. Each group will be limited to fourteen (14) students on a first-come, first-serve basis.

Please read the sections on policies and practices, before filling out the attached registration and enrollment packet and returning it to the Library. **CHILDREN MUST SIGN BEFORE TURNING IN APPLICATION. APPLICATIONS WILL NOT BE ACCEPTED WITHOUT CHILDREN'S SIGNATURES.** NOTE: Full participation in the summer program will be required for any student to attend any planned end-of-summer fieldtrips. "Full" participation is defined as attending summer program for at least three days during each week (unless approved by education department staff).

Deadline to register your child is Friday, June 6.

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 SEEP is taking place. 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 SEEP staff within 24 hours. If you have not contacted the SEEP 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.
2. All children must use appropriate language and appropriate behavior while in attendance at SEEP. This means respecting other students, staff, volunteers, and the department property.
3. 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.
4. SEEP will not be responsible for any personal items that may be lost or broken while in attendance.
5. 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, SEEP staff will notify the BIA police department.
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.** It is important for the safety of your child and the communication between you and the SEEP staff that this information remains accurate.
8. Parent/guardian or another authorized person will be notified 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 SEEP. If your child arrives ill to the SEEP, you will be asked to make other arrangements for their health and health of other children.

Dismissal:

Transportation will not be provided. Students will be released at 3pm and pick up will begin then. Please make up arrangements for your children if you cannot come to pick them up.

The parent(s)/guardian(s) or other authorized individuals(s) must inform and check with the SEEP Staff if they are picking up the child/children early. If your child/children are to walk to and from the SEEP, 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 SEEP 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 SEEP 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 SEEP, you must make arrangements for you to personally provide such medication to your child.

Withdrawal:

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

NOTE: - Changes or additions to the Practices: The SEEP staff reserves the right to make changes and/or additions to the Practices identified herein. Written notice of any changes will be provided and the continued participation in the SEEP will mean that such changes will be applicable to such participation.

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
- 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 SEEP (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 SEEP. 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

SEEP 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 SEEP.
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 SEEP 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(ren) are 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 SEEP. 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 SEEP 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 SEEP.

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

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: _____