

Neekun After School Program Registration Packet



The Wôpanâak Language Reclamation Project/ Tribal Language Department, and Mashpee Wampanoag Youth Programs Department are pleased to announce the spring session of the K-6 **Neekun (“Our House”)** after school immersion and enrichment program, Tuesdays and Thursdays March 15th - June 16th (3-4:30pm), and Monday-Friday during April school vacation week (April 18-22 8:30am-4:30pm).

Students must currently be enrolled in Kindergarten through Grade 6.

Based on available classroom space, enrollment is limited to 20 students. Students already registered from Neekun Winter Session get preference. Transportation in MWT vans is available from the K.C. Coombs and Quashnet Schools.

The purpose of **Neekun** is to provide fun language, immersion, and enrichment activities in a safe community environment in order to enrich students’ lives culturally, socially, and academically. Over 14 weeks, **Neekun** will achieve this by implementing selected activities from the three focus areas below.

Focus Area 1: Wôpanâak Culture and Wôpanâôt8âôt (Wampanoag Language)

Ceremony: **Neekun** will include daily ceremony and prayer where children will learn and practice circle protocol and smudging as an essential component to Mashpee Wampanoag life and health.

Language: WLRP/Language Department teachers will implement immersion activities and projects including theater, puppet theater, songs, Wôpanâak literacy, vocabulary-building, and conversational skills.

Traditional music: **Neekun** students will learn traditional eastern songs and Wôpanâak language songs.

Crafting: **Neekun** youth will learn a variety of contemporary and traditional crafting from staff and local artisans.

Traditional Ecological Knowledge (TEK): **Neekun** students will learn about local ecosystems, including Mashpee waterways, traditional/modern methods of fishing, and local plant and animal life.

Intergenerational Learning: **Neekun** youth will interact with elders by learning local history, lineage, creation stories, and crafting.

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Focus Area 2: Healthy Lifestyles

Physical Fitness: **Neekun** staff will teach athletic skills and participants will engage in sports including, but not limited to, kickball, volleyball, and basketball. They will also learn and practice traits of good sportsmanship, an essential component of athleticism.

Healthy Snacks: **Neekun** staff will collaborate with youth to prepare and serve healthy, low/no sugar snacks.

Traditional Foods: **Neekun** youth will learn about traditional local foods, planting, harvesting, and preparation practices.

Focus Area 3: Academic Achievement

“Reading Challenge”: **Neekun** participants will read age-appropriate books in a group-based reading challenge, learn **Wôpanâak words and phrases**, and create a projects based on what they have read.

Study Skills: **Neekun** students will learn transferable strategies for note taking, focused reviews, and subject matter retention for both Wôpanâak and English academic content.

Neekun Program Goals:

- Integrate evidence-based youth development principles into all aspects of after school programming.
- Provide cultural awareness through language development, educational and traditional activities.
- Increase opportunities to boost youth resiliency, leadership skills, and peer-to-peer and intergenerational relationship building.
- Provide opportunities to develop performing arts and oratory skills.
- Provide academic and mentoring support to build students’ confidence and expectations for achievement.
- Provide daily opportunities to increase and maintain physical fitness and an overall healthy lifestyle.

Program Dates & Location: Tuesday March 15th – Thursday June 16th (2-4:30pm Tuesdays and Thursdays). Neekun programming will also be held 8:30am-4:30pm Tuesday-Friday during April vacation week. **Neekun will be closed for all major holidays observed by the Town of Mashpee’s school system and will also observe their weather related closings.** Neekun After School Program will be held in the language classrooms and gym at the Mashpee Wampanoag

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Tribal Community & Government Center at 483 Great Neck Road South Mashpee, MA. Pickup time is between 4:30 and 5pm each day. A late fee of \$1 per minute after 5pm will be applied.

Enrollment & Cost: The Neekun After School Program is for up to 20 Mashpee Wampanoag youth enrolled in Kindergarten through Grade 5.

There is no cost for program, but we do ask for a suggested donation of \$5 each week to defray the cost of daily snacks and drinks. Parents/guardians MUST send children with lunch during school vacation weeks. Snacks will always be provided.

Please mail or drop off applications to the following offices:

Youth Programs Department c/o Tracy Kelley 483 Great Neck Road South Mashpee, MA 02649
OR WLRP/Language Department c/o Jennifer Weston 483 Great Neck Rd. S.

(Our offices are next door to one another. Please do not leave applications at the front desk or with other staff)

Please keep these informational sheets (Pages 1-3) for your records.

If you have any questions or want more information please contact:

Tracy Kelley, Director of Youth Programs- Tracy.Kelley@mwtribe.com or (508)477-0208 ext. 150 or work cell # (774)327-0878

Jennifer Weston, Language Department Director- jweston@wlrp.org or (508)477-0208 ext.168

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Contact Information

Child's Name: _____

GRADE LEVEL (K-6 only) _____ DOB ___/___/___ Male _____ Female _____

Address _____

City _____ **State** _____ **Zip** _____

Cell # (____) _____ **Home #**(____) _____

Work #(____) _____ **email** _____

EMERGENCY CONTACT:

Name/relationship: _____

Phone #s _____

Please note that staff WILL NOT RELEASE YOUR CHILD TO ANYONE NOT LISTED BELOW without prior consent from parent or legal guardian.

I authorize the following person(s) to pick up my child(ren):

Name/relationship to child

Name/Relationship to child

_____ / _____ / _____

Parent/legal guardian signature

Date

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Medical Information:

Child's primary care physician: _____

Phone # (____) _____

Primary Care Address:

Does your child have any allergies? ___ Yes ___ No If 'yes' please describe severity of reaction, requested accommodations, and how they are to be managed: *(On next page)*

Does your child have any dietary restriction? ___ Yes ___ No if 'yes' please explain below:

Does your child have any medical, physical, or emotional conditions (including disabilities)?

___ Yes ___ No If 'Yes' please provide information to assist us in providing the best program experience for your child.

Does your child take any medications (including inhalers): ___ Yes ___ No

If your child must take medication DURING program please note the medication, the dosage, and the frequency here. All medications must be in their original containers and be appropriately labeled. Please do not give your

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child's medication to them, medications must be received by Youth Program Director or Senior staffer of program.

Medication Name: _____ Dosage _____
Frequency _____

Medication Name: _____ Dosage _____
Frequency _____

Medication Name: _____ Dosage _____
Frequency _____

Is your child up-to-date on all state required immunizations? ____ Yes ____ No

Current immunization copy must accompany this form IF your child did not attend the 2015 Mashpee Wampanoag Youth Day Program, WLRP Summer Turtle Program, or Neekun Winter Session

Insurance:

Is the child covered by family medical/hospital insurance? ____ Yes ____ No

Carrier or Plan Name: _____ Group # _____

Address _____ City _____ State ____

Zip _____

Name of Insured _____ Relationship to child _____

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Waivers/Permissions

Program Permission Form

I give my permission for my child, _____, to take part in the **Neekun** After School Program to be held at the Mashpee Wampanoag Tribal Community and Government Center. To the best of my knowledge, s/he is capable of participating in normal program activities. I understand that some activities associated with a daily sports and physical fitness program may have an inherent risk and that all appropriate precautions will be taken for the safety of my child. I agree not to hold The Mashpee Wampanoag Tribe, WLRP, the **Neekun** After School Program or any of its agents responsible in the event of injury of my child. _____ parent initials

Field Trips- I permit my child to leave MWTC grounds on authorized trips under the supervision of the **Neekun** staff. I may review a written schedule of activities to be conducted off of the MWTC premises.

_____ parent initials

Photography- I permit **Neekun** to use images of my child as a program participant in internal and external promotion materials. This includes any printed material, broadcast and print advertising, promotional videos and the WLRP and Mashpee Wampanoag Tribe websites. I understand that my child's name is not published. _____ parent initials

Medication- I give my permission to **Neekun** staff and volunteers and/or hospital staff to administer medical assistance to my child. This may include topical skin applications as needed for sunscreen, sunburn, bug bites etc., in addition to the administering of medication as indicated in the registration form and approved by me. In the event of an emergency in which I/we cannot be contacted, Emergency Medical Staff and **Neekun** staff may take appropriate action in the best interest of my child.

_____ parent initials

Pickup Policy- I acknowledge that the **Neekun** will assume that either parent or people listed from parent/guardian may pick up the child at any time during the program unless there is sufficient court documentation that indicates otherwise. Pickup time is between 4:30 and 5pm each day. A late fee of \$1 per minute after 5pm will be applied.

Inclement weather- Neekun observes the Mashpee Public School snow policy. If inclement weather results in early release, please note we **will not** hold Neekun program that day and **will not** pick up your child(ren). Please plan accordingly.

Lost items- I understand that **Neekun** is not responsible for any personal items lost or stolen at our program.

I have read and understand all the policies stated above.

_____ (Parent/Guardian Print Name)

_____/_____/_____

Signature of Parent/Guardian

Date