

TRIBAL PROGRAM NEWS



Youth Enjoy Day in the Snow

More than 40 Portland and Salem area youth spent an exciting and sometimes frustrating day at Mt. Hood Meadows in March, learning how to snow board and ski. The weather was great – the sun was out and soft, dry snow made their falls less painful.

Cathy Rasmussen from the Eugene area office coordinated the trip. Among those who came along are (photo above) members of the Ransier family, including Mark, Kenya, Stephen, and Colby. Members of the McLenithan family also joined in (photo below), including Mallory, Kendall, and Daphne; along with Irene Holland, Molly McGuire, and Gene McGuire.



Siletz Tribal Head Start Enrollment Application

Return this application to: Siletz Tribal Head Start, P.O. Box 549, Siletz, OR 97380. For more information; call 1-800-922-1399, ext. 264, or 541-444-8264.

1. Child's name: _____ 2. SSN: _____
3. Child's sex: * M * F Returning student: * Yes * No
4. Child's date of birth: _____ / _____ / _____
5. Does your child have any condition that may be considered a **disability** or **special need**? * No * Yes, explain: _____
 _____ (please attach verification)
6. Is child member/descendent of a federally recognized Indian tribe? * Y * N
 Roll #: _____ Tribe(s): _____ (please attach verification)
7. Parent/Guardian (1): _____ SSN: _____
 Street and mailing address: _____
 City/State/ZIP: _____
 Telephone (h): _____ (w): _____ (msg): _____
 Parent/Guardian (2): _____ SSN: _____
 Street and mailing address: _____
 City/State/ZIP: _____
 Telephone (h): _____ (w): _____ (msg): _____
8. A preference for enrollment can be given to families that face any of the following conditions: single-parent household, parent separated or divorced, child is a victim of abuse or neglect, or child suffers from a handicapping condition. If your family meets this criteria and you would like to claim that preference, please list the condition(s) here: _____

9. List all other household members by name:
 1. _____ 2. _____
 3. _____ 4. _____
 5. _____ 6. _____
10. Financial statement (you must attach verification of these benefits). Check all that apply:
 * Employed * Unemployment * General Assistance
 * Child Support * TANF * Veteran's Benefits
 * Social Security * Disability * College grants/scholarships
 * Other, explain: _____

11. With my signature I certify that the above information is accurate:

Signature: _____ Date: _____

For office use only Date received: _____ Staff initials: _____

Siletz Tribal Head Start is an equal opportunity program and open to all children regardless of race, age, sex, handicap, or national origin. Any person who believes he/she has been discriminated against should write to: Secretary of Agriculture, Washington, DC 20250.