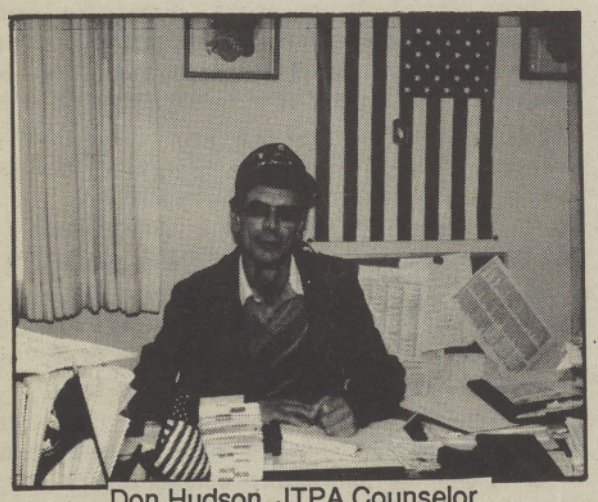
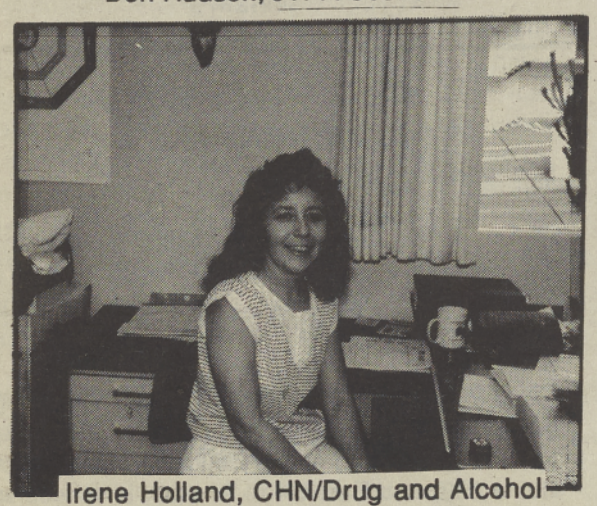
THE PEOPLE WHO SERVE YOU IN PORTLAND



Don Hudson, JTPA Counselor

Kelly Strickler, Area Office Supervisor/Social Services Director

Kelli Brugh, JTPA Director



Irene Holland, CHN/Drug and Alcohol counselor

Connie Williams, Area Office Secretary

Katy Holland, JTPA Counselor

SILETZ TRIBAL HEAD START

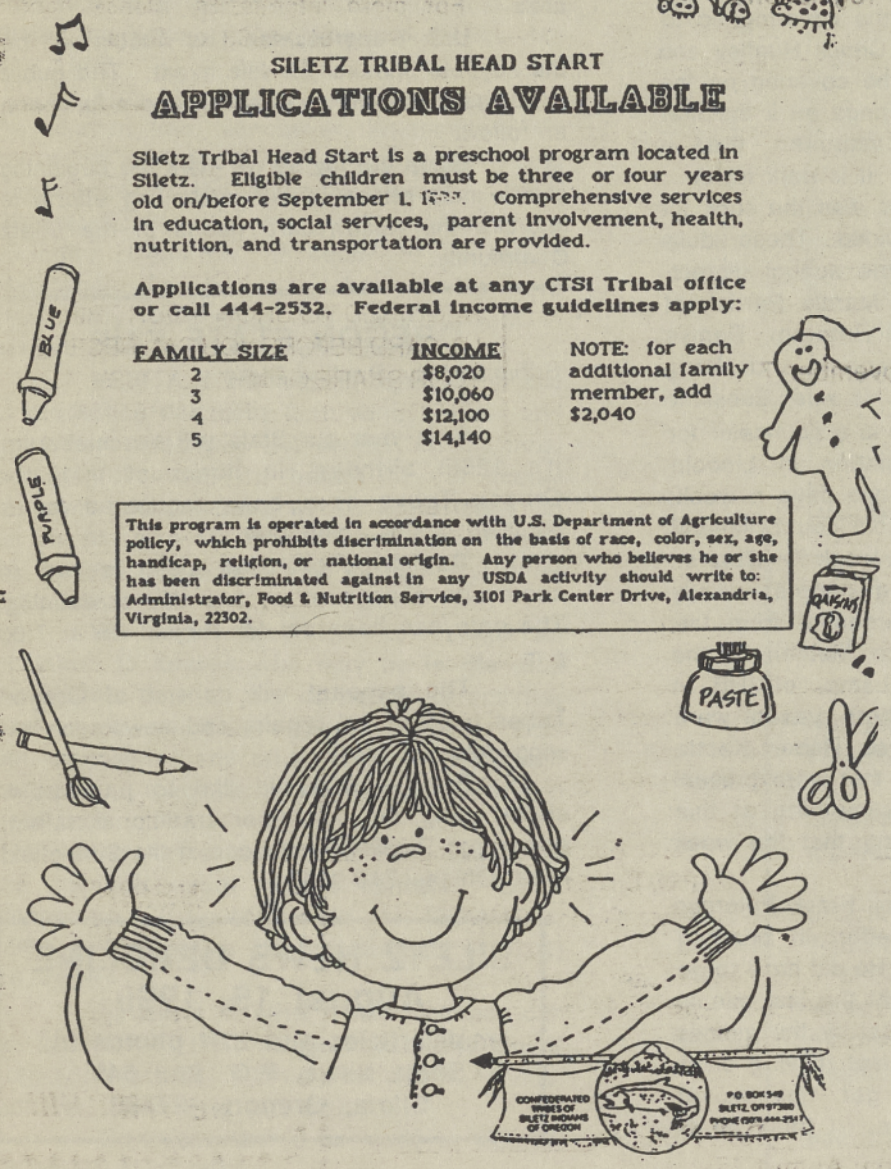
APPLICATIONS AVAILABLE

Siletz Tribal Head Start is a preschool program located in Siletz. Eligible children must be three or four years old on/before September 1, 1990. Comprehensive services in education, social services, parent involvement, health, nutrition, and transportation are provided.

Applications are available at any CTSI Tribal office or call 444-2532. Federal income guidelines apply:

FAMILY SIZE	INCOME	NOTE: for each additional family member, add $2,040
2	$8,020	
3	$10,060	
4	$12,100	
5	$14,140	

This program is operated in accordance with U.S. Department of Agriculture policy, which prohibits discrimination on the basis of race, color, sex, age, handicap, religion, or national origin. Any person who believes he or she has been discriminated against in any USDA activity should write to: Administrator, Food & Nutrition Service, 3101 Park Center Drive, Alexandria, Virginia, 22302.



SEND APPLICATION TO:
C.T.S.I. JOM ENCAMPMENT
P.O. Box 549
Siletz, OR 97380

DEADLINE FOR APPLICATION IS AUGUST 10, 1990. YOU CAN ALSO CALL IN APPLICATION INFORMATION TO WILLO DAUGHERTY, JOM CAMP COORDINATOR AT: 444-2532 (ext. 122)

AUGUST 20,21,22
"1990" ROLL# _____

JOM SUMMER ENCAMPMENT APPLICATION

STUDENT_____

PARENT(S) _____

ADDRESS_____

GRADE____ AGE___SCHOOL_____

COUNTY_____TOWN_____

IS YOUR STUDENT TAKING ANY MEDICATIONS?
YES NO
IF YES, EXPLAIN_____

DOES YOUR STUDENT HAVE ANY MEDICAL OR DISABLING CONDITIONS WE SHOULD KNOW ABOUT? IF YES, EXPLAIN_____

IS YOUR STUDENT ALLERGIC TO ANYTHING, FOODS, CLOTHING, ETC... YES NO
IF YES, EXPLAIN_____

CAN YOUR STUDENT SWIM? YES NO
IS YOUR STUDENT SUBJECT TO CAR SICKNESS YES NO

I _____ HAVE READ THE ABOVE AND HAVE ANSWERED ALL QUESTIONS TO THE BEST OF MY KNOWLEDGE. MY SIGNATURE BELOW GIVES CAMP COORDINATOR AND OR LODGE COUNCELOR AUTHORIZATION TO HAVE MEDICAL ATTENTION IN CASE OF AN EMERGENCY.

parent/guardian camp coordinator

_____ Willo Daugherty

LODGE COUNCELOR

_____