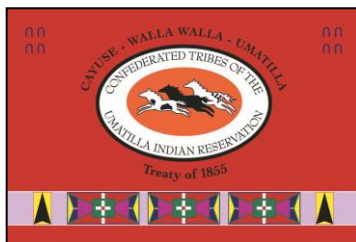


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Education Department**



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Pendleton, OR 97801

www.ctuir.org
Phone 541-429-7820 Fax: 541-429-7820

2022 CTUIR Umatilla Language Immersion School (ULIS)

Mission Statement

The CTUIR Language Program will contribute towards revitalization of the Umatilla, Walla Walla, and Weyiiletpuu languages and retrieve, preserve, invigorate and teach the Umatilla, Walla Walla, and the Weyiiletpuu languages to Tribal members and wholeheartedly involve all fluent language speakers to their full capacity.

The CTUIR Language Program is holding a Umatilla Language Immersion School (ULIS) for 5 students aged 4-5 years old from January to December designed to teach the Umatilla Language throughout the school day. During the school days (Monday-Thursday 8:00am-12:00pm), students will be spoken to in the Umatilla Language with the goal being that by the end of the year, students are able to understand the Umatilla they have learned and are able to communicate back. The program is designed to meet the unique needs of the student's learning styles. More details and information to be provided in the ULIS Parent Packet upon application approval.

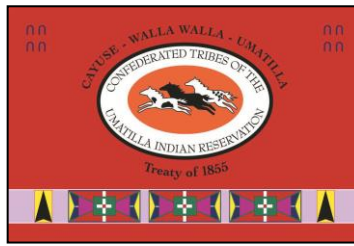
Complete the following application and return to the CTUIR Language Program via email to Clarise Huesties (clarishuesties@ctuir.org), or *return to the Nixyaawii Education Center (NEC) building. For more information call ULIS at 541-429-7883. Application deadline is December 22nd and intake interviews will be scheduled for December 27th & 28th.

*If you wish to drop off a physical copy you can call NEC front desk at 541-429-7819 to arrange drop off or you can drop it off in the mail box at the front of the building.

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Requirements

Listed below are the minimal requirements that students and parents must meet/agree to meet in order to attend Umatilla Language Immersion School (ULIS). Failure to agree to meet these requirements can result in a declined application.

Student(s) **MUST** be potty trained.

Student(s) must be between the ages of 4-5 years old.

Parents of students are required to actively participate in at least 8 hours of Umatilla language learning each month. Resources on parent involvement will be included in the ULIS Parent Packet given at intake interview upon approval of application.

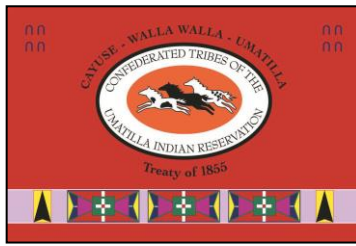
In order to be considered, parents must attend an intake interview with ULIS staff. Intake interview to be scheduled after application is returned.

Further requirements may be included at a later time, by signing below I understand and agree to the above.

Parent/Guardian Signature

Date

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Student & Parent Information

Student Information

Name: _____

Indian Name (if applicable): _____

Age: _____ Tribal Affiliation: _____ Date of Birth: _____

Gender: Male Female Other: _____

Primary Language of Child: _____ Other Languages: _____

Parent/Guardian Information

Parent/Guardian 1: _____

Primary Phone: _____

Secondary Phone: _____

Email Address: _____

Physical Address: _____ City: _____ State: _____

Mailing Address: _____ City: _____ State: _____

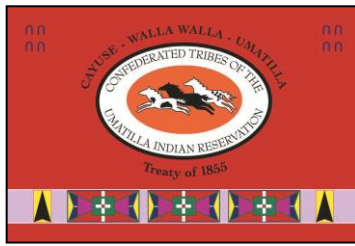
Best way to contact Parent/Guardian 1:

- | | |
|---|---|
| <input type="checkbox"/> Primary Phone Call | <input type="checkbox"/> Secondary Phone Call |
| <input type="checkbox"/> Primary Phone Text | <input type="checkbox"/> Secondary Phone Text |
| <input type="checkbox"/> Email | <input type="checkbox"/> Other: _____ |

Parent/Guardian 2: _____

Primary Phone: _____

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Secondary Phone: _____

Email Address: _____

Physical Address: _____ City: _____ State: _____

Mailing Address: _____ City: _____ State: _____

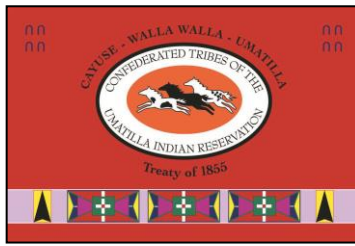
Best way to contact Parent/Guardian 2:

- | | |
|---|---|
| <input type="checkbox"/> Primary Phone Call | <input type="checkbox"/> Secondary Phone Call |
| <input type="checkbox"/> Primary Phone Text | <input type="checkbox"/> Secondary Phone Text |
| <input type="checkbox"/> Email | <input type="checkbox"/> Other: _____ |

By signing below, I certify that the above information provided is current and correct to the best of my knowledge.

Parent/Guardian Signature

Date



Emergency and Second Contacts

List emergency and secondary contacts in order of preference, the emergency and second contacts must be different than the parent(s)/guardian(s). **The child will only be released only to the parent(s)/guardian(s) and the persons listed below.** This a precaution in case of illness, accident, emergency, early release, the parent(s)/guardian(s) cannot be contacted, or any other reason.

Name: _____

Relationship: _____ Primary Phone: _____

Name: _____

Relationship: _____ Primary Phone: _____

Name: _____

Relationship: _____ Primary Phone: _____

Name: _____

Relationship: _____ Primary Phone: _____

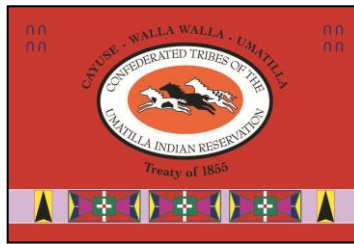
Name: _____

Relationship: _____ Primary Phone: _____

By signing below, I certify that the above information provided is current and correct to the best of my knowledge.

Parent/Guardian Signature

Date



Medical

Does your child have any medical concerns staff should be aware of? If yes, list below, if no, leave blank.

Does your child have any allergies (including seasonal and specific) staff should be aware of? If yes, list below, if no, leave blank.

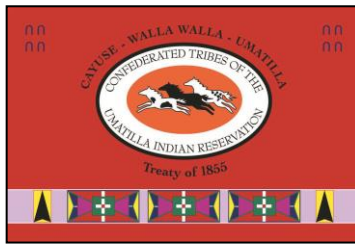
Does your child have any other restrictions, concerns, or needs? If yes, please describe in space provided below. You can also use the space below to expand on allergies or medical concerns listed above. You can attach a separate page if needed.

Please read through and initial next to the below statements to acknowledge your understanding.

_____ I understand that if a medical emergency happens (serious illness or injury), Umatilla Language Immersion School (ULIS) staff will contact emergency medical services first and parent(s)/guardian(s) second. If I (the parent(s)/guardian(s)) cannot be reached, staff will refer to emergency and secondary contact list.

_____ If my child is sick, I will notify ULIS staff immediately and keep them home so as not to risk the health of the other students and staff.

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_____ If my child starts to show signs of sickness/illness to the point of concern, I will pick up my child once I am contacted. If I am unable to pick my child up, I will arrange to have them be picked up and will notify ULIS staff as to who will be getting them.

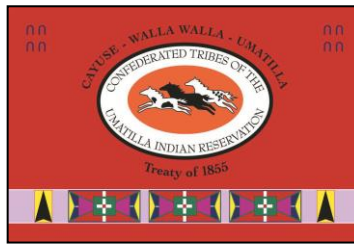
Does your child need to take any medication during their day (8:00am-12:00pm, Monday-Thursday) at Umatilla Language Immersion School (ULIS), including EpiPen? If yes, mark below and fill out the next pages. If no, mark below and continue to next section.

YES NO

If medications must be administered during their time with the ULIS (8:00am-12:00pm, Monday-Thursday), please fill out the below table with the medications your child needs to take during their day with ULIS and then read and initial next to the statements below the table. If more space is needed, please attach another sheet.

Medication Name + brief description of medication (i.e. shape, color, numbers on pill, liquid form, etc.)	When to Administer	Amount to Administer

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If there are any common side effects that we should not “worry” about on any of the medication listed above, please list them here:

_____ I consent to allow ULIS staff to administer the medications I have listed above to my child. Staff will only administer the daily amount and will record administrations.

_____ I understand ULIS staff will keep a record of what medication(s) were administered to my child, when they were administered (date & time) and by who for reference.

_____ I will provide a doctor’s note to the teachers to hold for their records stating that my child must take the medication(s) I listed above at the times I listed above. Doctor’s note must include: date, child’s name, medication name, when to administer, amount to administer, health care clinic/doctor’s office (with address), doctor’s printed name, doctor’s signature, and doctor’s phone number (should there be questions or concerns).

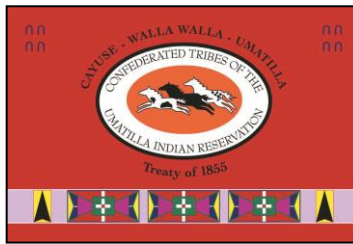
_____ I understand ULIS staff will keep any medication(s) in key locked cabinet that only staff and master key holders have access to.

_____ All medications I provide will be within the expiration date.

_____ I understand that if I provide expired medicine to ULIS staff, ULIS staff will not give it to my child.

_____ If the medication should change (i.e. pill shape, color, amount, etc.) I will notify ULIS staff to ensure the safety of my child. If ULIS staff have not been notified about the change in the medication’s form, the medication will not be administered.

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_____ I will pick up my child if they show any adverse side effects. The parent(s)/guardian(s) will be notified immediately if ULIS staff notice any strange side effects after a student has taken medications.

_____ I understand that if the medicine(s) cause serious side effects resulting in an emergency, student(s) will be brought to the nearest emergency medical care or emergency medical services will be contacted before parent(s)/guardian(s).

_____ I will only give teachers my child's needed daily amount of medications and any tools needed to administer them. Unless it is a liquid that cannot be separated easily, I will NOT give the teachers the entire bottle of medicine.

_____ If medications are in pill form, I will provide the daily doses to the teachers in acceptable containers with the name of the medication written on it. At the end of the day, the containers will be returned to parents. Acceptable containers include: sealable sandwich bags, old pill bottles cleaned with labels torn off, pill cases, and airtight containers.

EPIPEN ONLY

_____ I give consent to ULIS staff to use EpiPen on my child when my child needs it. ULIS staff will notify parents immediately should EpiPen be used and contact nearest emergency services.

_____ EpiPen will be in its provided carrier tube.

Initial ONE of the below

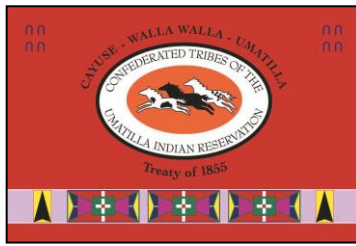
_____ I will be leaving an EpiPen onsite with the teachers for the entirety of my child's duration with the ULIS. I understand ULIS staff will keep my child's EpiPen in a key locked cabinet that staff and master key holders only have access to. On the last day of ULIS, teachers will return the EpiPen to parent(s)/guardian(s).

OR

_____ I will provide an EpiPen to teachers daily, and expect the EpiPen to be returned to me at the end of the day. I understand that failure to provide the teachers with an EpiPen daily can result in my child being sent to an emergency medical care facility. Should this happen, parents will be notified immediately after emergency services have been notified.

ULIS staff will do everything in their power to ensure the safety and well-being of your child, we understand that this may seem excessive but we at the Language Program want to guarantee that all of our students are safe, healthy, and happy and that you understand that as well. All information provided is confidential and will not be shared or talked about with anyone other than you, the other parent/guardian listed, and in emergencies if needed, the emergency contacts and health officials.

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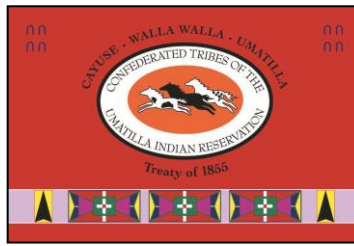
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By signing below, I understand the information I provided is accurate and truthful to the best of my knowledge and agree with the above requirements.

Parent/Guardian Signature

Date



Media Waiver

Umatilla Language Immersion School (ULIS) staff will take photos, videos, and audio recordings throughout your child's time in the ULIS. These images, videos, and audio recordings will be saved with the CTUIR Language Program and may be used for various purposes. You can request copies of these photos, videos, and audio recordings whenever you like. Please read through the below statements and initial next to them.

The below are required – pictures, videos, and audio recordings for these are not for public use.

_____ I understand that pictures, videos, and audio recordings will be taken of my child to document their progress.

_____ I understand that images, videos, and audio recordings of my child may be used by the CTUIR Language Program in funding applications, meetings, and presentations.

The below are optional and can be revoked by parent(s)/guardian(s) at any time. Please read through them carefully and only initial next to the ones that you accept.

_____ I consent to images, videos, and/or audio recordings that include my child being posted to social media accounts, the CTUIR Language Program YouTube channel, and the CTUIR website.

_____ I consent to the CTUIR Language Program using images or videos that include my child for community outreach or advertising.

_____ I consent to the CTUIR Language Program using images, videos, and/or audio recordings that include my child in slideshows for community or company events.

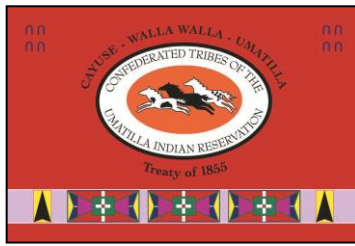
_____ I consent to ULIS staff using my child's name and image in the CUJ.

_____ If the CUJ asks to use my child's name and image, I give ULIS staff permission to allow or deny it.

By signing below, I certify that I have read and understand the above information provided.

Parent/Guardian Signature

Date



Attendance

In order to be successful, your child needs to attend class regularly. Umatilla Language Immersion School (ULIS) is from 8:00am-12:00pm Monday-Thursday, January-December. Further details on the schedule will be provided in the ULIS Parent Packet upon approval. Read through the below and initial next to each.

_____ My child will be on time for ULIS, the official school day starts at 8:00am. Children will NOT be accepted after 10:30am.

_____ If my child is going to be late, I will notify ULIS staff beforehand or as soon as possible.

_____ If my child is going to be absent, I will notify ULIS staff beforehand or as soon as possible.

Pick Up/Drop Off

Pick up and drop off of students will be at the Nixyaawi Education Center, further information will be provided in the ULIS Parent Packet. Read through the below and initial next to each.

_____ I will drop off and pick up my child at the designated locations. I understand that these locations may change in a moment's notice, should the location change ULIS staff will notify parent(s)/guardian(s) immediately or beforehand if possible.

_____ I agree to drop my child off between 7:15-8:00am. If I am going to be late, I will notify ULIS staff as soon as possible.

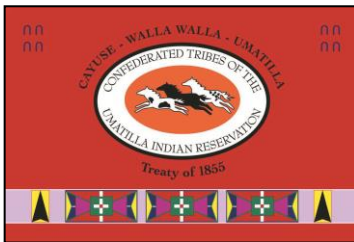
_____ I agree to pick my child up between 12:00-12:45pm. If I am going to be early or late, I will notify ULIS staff as soon as possible.

_____ I agree to contact ULIS staff if someone other than myself or parent/guardian 2 will be picking up my child.

By signing below, I certify that I have read and understand the above information provided.

Parent/Guardian Signature

Date



Parent Involvement

Parents of students in the Umatilla Language Immersion School (ULIS) are required to participate in Umatilla language learning activities, events, or classes and various ULIS meetings. ULIS will have resources and further information for parents to meet this requirement in the ULIS Parent Packet upon approval. Parent involvement will be further discussed in the intake meeting.

_____ I agree to attend at least one ULIS family night every quarter.

_____ I agree to complete a minimum of 8 hours of language learning each month.

_____ I agree to actively use the Umatilla language at home with my student(s).

_____ I will go over material that is sent home with my student(s) and practice it with them.

_____ I agree to attend at least one parent meeting with ULIS staff each month.

_____ I agree to be as active as I can in my student(s) language learning journey.

By signing below, I certify that I have read, agree to, and understand the above information provided.

Parent/Guardian Signature

Date