



Student Name: _____ Grade: ____ Teacher: _____

2nd Grade 2023-2024 After School JAMM Registration

Sít' Eeí Shaanáx -Glacier Valley Elementary School

JAMM offers 2nd graders an after-school music program focused on social skills, music-exploration, ensemble, and teamwork. **2nd graders receive violin instruction during the school day, but can join after-school club for Lingít Dance & Drumming, leaving at 3:45 p.m.**

JAMM is a tuition free music program, which helps youth reach their fullest potential. The benefits of playing an instrument are lifelong, so we hope your child will join us for JAMM again this year!

Details:

- JAMM after-school club offers string instruction and the option to stay for an exploratory
- Starts September 19th and ends May 2nd.
- Held every Tuesday & Thursday (unless there is no school that day)
- Meets at Sít' Eetí Shaanáx - Glacier Valley Elementary School
- **Free snack** is provided

Daily Schedule:

2:30 - 3 p.m. Snack and recess for every JAMM student!

3 - 3:45 p.m. Lingít Dance & Drumming

For more information, visit JAMM's website: juneaumusicmatters.org, or contact your school music teacher at: loralie.heagy@juneauschools.org

Parent/Guardian Name: _____ Cell Phone: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

How will your child be getting home after club at 3:45? (please check one)

___ I will pick up my child ___ My child will walk home ___ My child will go to RALLY.

Does your child have any health concerns, allergies _____

JAMM's after-school program is tuition-free, so that no child experiencing financial hardship will ever be denied enrollment. JAMM must raise \$250 per child every school year to cover the cost of teachers, instruments and materials. Please consider making a donation. **A suggested \$100 donation for the entire year goes a long way - 100 hours of programming for only \$1/hr.** You can attach a donation to this form or donate online: www.juneaumusicmatters.com

I am attaching cash/check donation of \$ _____

Shared Agreements (FAMILIES PLEASE READ WITH YOUR CHILD):

I understand that JAMM is a special opportunity that not every school has and not every student in the district has access to. JAMM is a safe place where we go to learn, share, and love music. I agree that I will be respectful to myself, respectful to others, and respectful of rooms and materials.

At Sít' Eetí Shaanáx - Glacier Valley we use five tools to help us learn. Knowing that we use these tools, I agree that when I am at JAMM I will:

- be in control of my body
- in control of my voice
- use my imagination to make constructive sound and music
- use my focus to concentrate on the task I am given,
- agree to work together and cooperate with others.

I understand that if I choose to break these agreements, that I may no longer be able to attend afterschool JAMM.

_____ I am choosing to say yes to the agreements written above.

Child's Signature _____ Date _____

WAIVER AND RELEASE: I recognize that any activity for which I am registering my child which I am registering my child involves risk of injury. In consideration of your accepting this registration, I waive and release any and all rights and claims for damages I may have against the City and Borough of Juneau, its employees and agents, for any and all injuries suffered by my child while participating in this activity unless such injury is caused by active negligence of program staff. I give permission for photos and video of my child to appear on the internet and publications.

CONSENT FOR EMERGENCY TREATMENT: Authorizes SES GV & JAMM staff to give permission to appropriate medical personnel to provide emergency or surgical care for the above listed child in the event that I cannot be contacted immediately. It is understood that an effort will be made to locate me or my child's other parent or guardian before any action will be taken. I will assume the cost of necessary medical or surgical care. I have read the foregoing release and consent, understand its terms and execute it voluntarily and with full knowledge of its significance

Parent/Guardian Signature: _____

Douglas Indian Association Sponsorship Form

To keep after school club tuition-free, many businesses and organizations help to cover costs for things such as snacks, bussing, instruments, staff, and more. The Douglas Indian Association (DIA) has generously offered to help cover the cost of JAMM's teaching staff through a grant. For DIA to support JAMM with grant funding, we must collect signed forms for every children in the program.

Please complete the attached form or follow this link to the DocuSign form. If your child is not Alaska Native or Native American, please check the "other" box and type in their ethnicity. Registration is not complete until this form is filled out and signed.

_____ **Yes, the completed DIA form is attached**



DOUGLAS INDIAN ASSOCIATION

Tribal Education Programs Department

811 West 12th Street Juneau, Alaska 99801-1529

Phone: (907) 364-2916 Fax: (907) 364-2917



Student Services Application

Douglas Indian Association is pleased to offer Educational Student Service support through the Kali.it'ch'i Kutxayanahá Yaanáx Yee Kawdigán, You All Shine Brighter than The Shining Stars: A Student-Centered Approach to Education Project. The project supports student educational achievement through offering a wide array of student support.

To enroll in the program and access services, students and parents can complete the application and /or register on the E-Portal at: <https://dialearning.neolms.com/>

Questions should be emailed directly to education@diataku.com

Application Requirements

- Program Serves Students who are Juneau School District Alaska Native or Native American Preschool to High School age students
- When submitting your application, please be sure to select which services you would like to receive more information about or in which you wish to enroll.

Student Educational Service Options

- | | |
|---|---|
| <input type="checkbox"/> Summer UAS Coursework for High School Youth (Tuition Paid) | <input type="checkbox"/> Youth Counseling (Note, Students / Families may identify their own service provider) |
| <input type="checkbox"/> Preschool Educational Kit | <input type="checkbox"/> Summer Reading Program |
| <input type="checkbox"/> Elementary Educational Kit | <input type="checkbox"/> Tuition/ Fees for Summer Camps |
| <input type="checkbox"/> Middle School Educational Kit | <input type="checkbox"/> Travel Costs for Sponsored Educational Activities as already Identified and Accepted to participate. |
| <input type="checkbox"/> High School Educational Kit | <input type="checkbox"/> Requesting Other Educational Service: |
| <input type="checkbox"/> Backpack and Supplies | <input type="checkbox"/> High School Work Experience: |
| <input type="checkbox"/> Traditional Foods Harvesting | <input type="checkbox"/> Artist Apprenticeship for Youth |
| <input type="checkbox"/> Language Instruction | <input type="checkbox"/> Language Apprenticeship for Youth |
| <input checked="" type="checkbox"/> Music Instruction JAMM | <input type="checkbox"/> Youth Cultural Apprenticeship |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Youth Work Experience |

Students and Families may identify an educational service option in which they require assistance that is not listed above. Please contact our Education Staff for more information.

1. Student Name: _____

2. Gender Identity: ☐ Female ☐ Male 3. Date of Birth: _____

4. Grade: _____ 5. School Attending: _____

6. Ethnicity: ☐ Alaska Native ☐ Native American ☐ Other: _____

7. Student Phone: _____ Parent Phone Number: _____

8. Parent 1 Name: _____ Parent 2 Name: _____

9. Student Address: _____
City State Zip

10. Mailing Address: _____
City State Zip

11. Student E-Mail: _____ 12. Parent 1 E-Mail: _____

13. Parent 2 E-mail Address: _____

14. Graduation Date: _____

I certify that the information provided in this application is true and complete to the best of my knowledge.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Education Department Staff Next Steps

Application submitted on: _____

Date of Response

Application Status: _____

Additional notes/ Next Steps: _____
