

Child's Name: _____ Age: _____

Parent/Guardians Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

In case of emergency, please list two contacts:

Name	Relationship	Phone Number
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1. _____

2. _____

Please list any medical conditions that your child has that we should be aware of, i.e. diabetes, allergies, other barriers, etc.

BESIDES THE PARENT OR GUARDIAN ABOVE, THE FOLLOWING PEOPLE MAY PICK UP MY CHILD:

Name	Relationship
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1. _____

2. _____

I give permission for my child to participate in The Annual Lushootseed Language Day Camp sponsored by the Tulalip Tribes. I understand that my child needs to arrive by 10:00 am and needs to be picked up by 3:00 pm.

Parent/Guardians Signature

Date



The Lushootseed Language Department will be holding two camps.



★ DATES: **CAMP #1:** July 8th-12th

Please circle
which camp
you would like
your child
to attend

or

CAMP #2: July 15th-19th

★ TIME: 10:00am-3:00pm

★ LOCATION: Kenny Moses Building

★ AGES: 5-12

★ LUNCH: Will be provided

★ ACTIVITIES:

- ★ Children will be learning traditional and new songs.
- ★ Children will be given language lessons.
- ★ Children will be given traditional teachings.
- ★ Children will play traditional and new games using Lushootseed.
- ★ Children will make crafts. They will make one for the giveaway, and keep one for themselves.
- ★ Each camp will end with a dinner for family and community members where the play will be presented and a giveaway.
- ★ *Please send children in appropriate clothes for crafting and playing outside*
- ★ **Transportation to and from camp is family responsibility**

★ PLEASE PLAN TO ATTEND THE CLOSING CEREMONY ON FRIDAY July 12th (for the first camp) OR July 19th (for the second camp). THE PROGRAM WILL START AT 11:30 AM WITH A SONG, AND WILL END WITH OUR FEAST.

Please fill out the form on the back of this letter and return to:
Lushootseed Department: 7736 36th Ave NW, Tulalip, WA 98271
or
drop off at the main office and they will forward to us.

*For questions, please contact either
Natosha Gobin at 360-716-4499 or Michelle Myles at 360-716-4495*

