



LINGÍT LANGUAGE IMMERSION NEST APPLICATION

Application Deadline: January 11, 2019

APPLICANT/CHILD INFORMATION		
Applicant's First Name	Applicant's Middle Name	Applicant's Last Name
Applicant's Tlingit Name	Place of Residence	
Place of Birth	Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Race/Ethnicity (Check One) <input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		
Primary Language	Secondary Language	
Disabilities: Does this child have a suspected disability or special need? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list suspected disability	Does this child have a current IEP/IFSP or Behavior Plan from an Agency or School District? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Agency or School District?	
PRIMARY PARENT/GUARDIAN		
Primary Parent's/Guardian's First Name	Primary Parent's/Guardian's Last Name	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Physical Address	City / State / Zip Code	Date of Birth
Mailing Address	City / State / Zip Code	Email Address
Home Phone	Cell Phone	Work Phone
Emergency Contact Name	Emergency Contact Home Phone	Emergency Contact Cell Phone
Relationship to Child <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian		
Education <input type="checkbox"/> 9 or below <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> College/Vocational School <input type="checkbox"/> Bachelor/Advanced Degree		
Race/Ethnicity (Check One) <input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		
Employment Status (Check One) <input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Training or In School	Occupation Employer Name Employer Phone	

LINGÍT LANGUAGE IMMERSION NEST APPLICATION (Continued)

SECONDARY PARENT/GUARDIAN			
Secondary Parent's/Guardian's First Name	Secondary Parent's/Guardian's Last Name	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Physical Address	City / State / Zip Code	Date of Birth	
Mailing Address	City / State / Zip Code	Email Address	
Home Phone	Cell Phone	Work Phone	
Emergency Contact Name	Emergency Contact Home Phone	Emergency Contact Cell Phone	
Relationship to Child <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian			
Education <input type="checkbox"/> 9 or below <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> College/Vocational School <input type="checkbox"/> Bachelor/Advanced Degree			
Race/Ethnicity (Check One) <input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other			
Employment Status (Check One) <input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Training or In School		Occupation Employer Name Employer Phone	
FAMILY INFORMATION (List all members in immediate family/household)			
Total Number in Family		Number of Children in Family	
First Name, Middle Initial & Last Name	Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Applicant/Child
First Name, Middle Initial & Last Name	Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Applicant/Child
First Name, Middle Initial & Last Name	Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Applicant/Child
First Name, Middle Initial & Last Name	Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Applicant/Child
First Name, Middle Initial & Last Name	Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Applicant/Child
First Name, Middle Initial & Last Name	Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Applicant/Child
First Name, Middle Initial & Last Name	Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Applicant/Child
First Name, Middle Initial & Last Name	Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Applicant/Child
First Name, Middle Initial & Last Name	Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Applicant/Child
First Name, Middle Initial & Last Name	Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Applicant/Child
First Name, Middle Initial & Last Name	Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Applicant/Child
First Name, Middle Initial & Last Name	Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Applicant/Child

LINGÍT LANGUAGE IMMERSION NEST APPLICATION (Continued)

LINGÍT LANGUAGE BACKGROUND

Do you speak to your child(ren) in the Lingít language? Yes No

Has your child had experience with the Lingít language? Yes No

If yes, please elaborate:

Has anyone in your child's family/household had experience with the Lingít language? Yes No

If yes, please elaborate:

Does anyone in your child's family/household speak the Lingít language? Yes No

If yes, please elaborate:

Is anyone in your child's family/household a Native speaker (living relative, raised speaking) of the Lingít language? Yes No

If yes, please elaborate:

Are you willing to make space in your home for the Lingít language? Yes No

If yes, please elaborate:

Are you willing to participate in mandatory family language classes twice a month, most likely in the evenings?

Yes No

How does your family plan to support the child's language learning and use? Please describe your family's involvement in cultural activity:

LINGÍT LANGUAGE IMMERSION NEST APPLICATION (Continued)

APPLICANT/CHILD MEDICAL INFORMATION	
Name of Child's Primary Physician	Name of Medical Clinic/Facility
Does your child have an allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, elaborate:	Name of Child's Dental Care Provider
Health Insurance (Check all that apply) <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicaid <input type="checkbox"/> Denali Kid Care <input type="checkbox"/> Public Health <input type="checkbox"/> SEARHC <input type="checkbox"/> Private <input type="checkbox"/> No Insurance	
How did you learn about the Haa Yoo X̄atángi Kúdi? <input type="checkbox"/> Family/Friend <input type="checkbox"/> Radio/Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Flyer <input type="checkbox"/> Other Agency/Organization If so, referring agency? _____	
<p><i>I swear (or certify) that I am the parent or legal guardian of the child applying for the Language Nest, and that, to the best of my knowledge, all of the information that I have provided is complete and correct.</i></p>	
_____ Parent/Legal Guardian Signature	_____ Date



Central Council Tlingit and Haida Indian Tribes of Alaska
MEDIA CONSENT & RELEASE FORM
 Cultural Heritage & Education • *Haa Yoo X'atangi Kúdi*
 3239 Hospital Drive • Juneau, Alaska 99801

Media Consent and Release Form

The Central Council of Tlingit & Haida Indian Tribes of Alaska (Tlingit & Haida) recognizes the need to ensure the welfare and safety of all young people taking part in any activity associated with the Tribe.

Tlingit & Haida will not permit photographs, video or other images of young people to be taken without the consent of the parents/legal guardians of the child/children. As your child/children will be taking part in the *Haa Yoo X'atangi Kúdi* immersion nest, we would like to ask for your consent to take photographs/videos of your child/children participating in classroom activities. These images may be used as:

- a record of the activity or the event,
- in publicity material or published articles (i.e. brochures/newsletters/flyers/social media) to promote the *Haa Yoo X'atangi Kúdi* immersion nest or to share *Haa Yoo X'atangi Kúdi* success stories, and
- in future grant applications.

Tlingit & Haida will take all steps to ensure these images are used solely for the purposes they are intended.

I _____ consent to Tlingit & Haida photographing or videotaping my child/children while participating in the *Haa Yoo X'atangi Kúdi* program.

I give my consent to the Central Council of Tlingit & Haida Indian Tribes of Alaska to use my name and likeness and my child's/children's name and likeness to promote the *Haa Yoo X'atangi Kúdi* program.

Child's/Children's Name(s):

First and Last Name _____

Mailing Address _____

City, State, Zip _____

Daytime or Cell Phone # _____

Email Address _____

 Signature

 Date