



**Fresno American Indian Clubhouse**  
1551 E. Shaw Ave., Suite 139 Fresno, California 93710  
559-320-0490 phone 559-320-0494 FAX  
<http://www.faihp.org>

### **CLUBHOUSE REGISTRATION FORM**

Dear Parents/Guardians:

The application(s) requested for enrollment at the **Fresno American Indian Clubhouse** is attached. In order to participate in the **Clubhouse** activities, you must complete the full Fresno American Indian Health Project registration packet. If you would like information on other programs you may call Fresno American Indian Health Project. Please note the requirements for the **Clubhouse** enrollment.

- A COMPLETE FAIHP REGISTRATION PACKET
- A COPY OF THE MOST RECENT REPORT CARD
- PROOF OF NATIVE AMERICAN HERITAGE –CDIB
- UPDATED IMMUNIZATION RECORD
- CLUBHOUSE REGISTRATION PACKET
- PHOTO RELEASE

The completed application can be filled out while on the premises, mailed to your home, or emailed for your convenience.

The **Fresno American Indian Clubhouse** is a culturally sensitive after-school program for youth within the Fresno Area. The goal of the Clubhouse is to promote educational achievement, a love for learning, the benefits of a healthy lifestyle, and to teach the children about the dangers of drugs and alcohol abuse. Tutoring, age-appropriate health educational materials, educational field trips, and cultural activities make the Clubhouse a fun and safe learning environment.

Please call Fresno American Indian Health Project if you have further questions.  
559-320-0490.

Thank you!

**Fresno American Indian Clubhouse**

**Intake:**

**Staff/Representative** \_\_\_\_\_ **Date** \_\_\_\_\_

In order to provide appropriate services to your student/child, we ask that you complete the following sections. The information will be used to place your student/child in the activities, field trips, and tutoring sessions which they will benefit most from academically and socially.

**Student/Child Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_  
(St. #) (Street) (Apt. #) (City) (Zip Code)

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Tribe(s) enrolled in: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Is student/child in year round school? Yes ( ) No ( ) if so, which track? \_\_\_\_\_

Is student/child in special education program? Yes ( ) No ( )

Please describe any behaviors, characteristics, allergies, or other information which **FAIC/FAIHP** staff needs to be aware of:

\_\_\_\_\_

**PARENT INFORMATION:** Are both parents living in the home? Yes ( ) No ( )

**Mother/Female Guardian (please circle which applies)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Tribal Ethnicity: \_\_\_\_\_ is parent/guardian an enrolled member of a tribe? Yes ( ) No ( )

Address: \_\_\_\_\_  
(St. #) (Street) (Apt. #) (City) (Zip Code)

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Place of employment: \_\_\_\_\_ Occupation \_\_\_\_\_

**Father/Male Guardian (please circle which applies)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Tribal Ethnicity: \_\_\_\_\_ is parent/guardian an enrolled member of a tribe? Yes ( ) No ( )

Address: \_\_\_\_\_  
(St. #) (Street) (Apt. #) (City) (Zip Code)

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Place of employment: \_\_\_\_\_ Occupation \_\_\_\_\_

**Fresno American Indian Health Project  
Fresno American Indian Clubhouse**

**EMERGENCY CONTACT INFORMATION**

In case of an emergency, please list whom we need to contact in order of priority.

**First to call:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to student/child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Message phone: \_\_\_\_\_

**Second to Call:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to student/child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Message phone: \_\_\_\_\_

**Third to call:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to student/child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Message phone: \_\_\_\_\_

I understand that the information given on both sides of this form will be used to contact members and relatives for usual business or emergencies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

# Fresno American Indian Health Project Fresno American Indian Clubhouse

## INFORMED CONSENT AND DISCLOSURES

I understand that the services provided at the Fresno American Indian Clubhouse may include the following:

- Drug and Alcohol Education
- Tutoring, Reading
- Computer & Video courses
- Socialization Skills
- Cultural Activities
- Goal Setting
- Talking Circles/Therapeutic Groups
- Theatrical Activities
- Smoking Prevention & Education
- Field Trips and outdoor sports (permission for each event will be required from the parent/guardian)
- Abstinence Information, Pregnancy Prevention, and Reproductive Education (age-appropriate)
- Arts, Crafts, Recreational Activities (may include movies and games)
- Gang Prevention
- STD & HIV Education/Prevention (age-appropriate)
- Computer & Internet Access (monitored)
- Holiday Events
- Job Training/Placement

### Initial following statements:

\_\_\_\_\_ I authorize the Fresno American Indian Clubhouse staff, volunteers and consultants to assist, teach, inform, and involve my student/child in the above services.

\_\_\_\_\_  My student/child can participate in all of the services mentioned above.

My student/child can participate in all of the services mentioned above except for: \_\_\_\_\_.

\_\_\_\_\_ I give permission to the Fresno American Indian Health Project to transport my child for Clubhouse activities as verbally requested by a parent/guardian.

\_\_\_\_\_ I understand that some or all my student/child's personal information may be shared among the Fresno American Indian Clubhouse professional staff or referral agencies in order to better serve my student/child.

\_\_\_\_\_ I understand I will **not** be charged for Fresno American Indian Clubhouse services.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

# Fresno American Indian Health Project Fresno American Indian Clubhouse

## THIRD PARTY CONSENT FOR MEDICAL SERVICES FORM

Parent's or guardian's authorization for adult person to consent for medical treatment or intervention of minor child.

I, \_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_  
(Parent's or Legal Guardian's Name) (Student/child's name)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Authorize the adult representative of **Fresno American Indian Clubhouse** to consent to any X-Ray, examination, anesthetic, medical or surgical supervision on advice of any physician or surgeon licensed to practice medicine, when the need for medical treatment or intervention is immediate and when efforts to contact me are unsuccessful. The authorization given pursuant to SECTION 25:8 of the Civil Code of California.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### Parent Information:

Mother

Father

Legal Guardian

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_  
(St. #) (Street) (Apt. #) (City) (Zip Code)

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

# Fresno American Indian Health Project Fresno American Indian Clubhouse

## MEDICAL HISTORY

Must complete all information, please bring immunization cards to complete registration.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_  
(St. #) (Street) (Apt. #) (City) (Zip Code)

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Physician Address: \_\_\_\_\_

### Parent Guardian/Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_  
(St. #) (Street) (Apt. #) (City) (Zip Code)

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Describe/List all know allergies:

\_\_\_\_\_  
\_\_\_\_\_

### List all medications (prescribed and over-the-counter):

\_\_\_\_\_  
\_\_\_\_\_

Does your student/child have any allergic reactions to the following? If yes, describe reaction, recommended precautions and treatment.

- Medications (e.g., penicillin, aspirin, sulfa, etc.) \_\_\_\_\_
- Food (e.g., shell fish, nuts, etc.) \_\_\_\_\_
- Plants \_\_\_\_\_

**Please provide the following information about your family's health/hospitalization insurance (please bring any medical or Medi-Cal cards):**

Insurance Name and Address: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Policy/Cert. #: \_\_\_\_\_ Group #: \_\_\_\_\_

# Fresno American Indian Health Project Fresno American Indian Clubhouse

**Medical History (check all applicable information and provide approximate dates)**

- |   |  |
|---|--|
| <input type="checkbox"/> Frequent Colds _____       | <input type="checkbox"/> Sleep Apnea/Sleep Walking _____             |
| <input type="checkbox"/> Frequent Sore Throat _____ | <input type="checkbox"/> Constipation/Irritable Bowel Syndrome _____ |
| <input type="checkbox"/> Sinus Problems _____       | <input type="checkbox"/> Arthritis _____                             |
| <input type="checkbox"/> Abscessed ears _____       | <input type="checkbox"/> Heart Condition: _____                      |
| <input type="checkbox"/> Fainting _____             | Give Details _____   |
| <input type="checkbox"/> Bronchitis _____           | <input type="checkbox"/> Frost Bite _____                            |
| <input type="checkbox"/> Stomach Upsets _____       | Give Details _____   |
| <input type="checkbox"/> Hay Fever _____            | <input type="checkbox"/> Fractures _____                             |
| <input type="checkbox"/> Chicken Pox/Measles _____  | Give Details _____   |
| <input type="checkbox"/> German Measles _____       | <input type="checkbox"/> Sprains _____                               |
| <input type="checkbox"/> Mumps _____                | Give Details _____   |
| <input type="checkbox"/> Whooping cough _____       | <input type="checkbox"/> Surgeries/Serious Injuries _____            |
| <input type="checkbox"/> Diabetes _____             | _____  |
| <input type="checkbox"/> Polio _____                | <input type="checkbox"/> Other illnesses not listed: _____           |
| <input type="checkbox"/> Rheumatic Fever _____      | _____  |
| <input type="checkbox"/> Tuberculosis _____         | _____  |
| <input type="checkbox"/> Epilepsy _____             | _____  |

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**Immunizations: Provide all dates of latest inoculation or booster and records with your registration.**

- DPT series \_\_\_\_\_
- Polio series \_\_\_\_\_
- Measles \_\_\_\_\_
- Tuberculin test \_\_\_\_\_
- Tetanus booster \_\_\_\_\_
- Rubella \_\_\_\_\_
- Small Pox \_\_\_\_\_

Other Information which may help Fresno American Indian Clubhouse provide better/appropriate services to your student/child:

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# Fresno American Indian Health Project

## Fresno American Indian Clubhouse

### Client's Bill of Rights

The client has the right to receive services and to exercise the following rights without regard to gender, culture, ethnic group identification, economic status, education level, disability, age, creed, religion or sexual orientation. This statement shall not preclude **FAIC/FAIHP** from emphasizing services for the American Indian/Alaskan Native community:

- The client has the right to receive considerable and respectful care and to be accorded dignity in contact with staff, board members, and other persons.
- The client has the right to be free from verbal, emotional, physical abuse and/or inappropriate sexual behavior.
- The client has the right to expect that all communications and records pertaining to his/her care be treated as **confidential** except in cases of threat to self or others, child abuse, elder or dependent adult abuse or court order. The client's written permission shall be obtained before their records can be made available to anyone not directly concerned with their care. **FAIC/FAIHP** shall assure confidentiality in accordance with **Title 42 of Federal Regulation Part 2.**
- The client has the right to know the name of the provider who has primary responsibility for coordinating their care and the names and professional relationships of other providers who will see them.
- The client has the right to obtain complete and current information concerning their diagnosis, treatment, and prognosis in terms that the client can be reasonably expected to understand.
- The client has the right to participate in decisions regarding their care unless the health or safety of self or others is being compromised or the client is in an altered state.
- The client has the right to refuse treatment to the extent permitted by law, and to be informed of the health care consequences of the action.
- The client has the right to be accorded access to his or her file.
- The client has the right to expect that **FAIHP/ Fresno American Indian Clubhouse** will take reasonable response to all requests for services and provide clear explanations for any services that cannot be provided.
- The client has the right to expect reasonable continuity of care and to know in advance the time and location of appointments.
- The client has the right to know what the program rules and regulations are that apply to his/her participation in the program.
- The client has the right to be advised if the provider proposes to engage in research or perform experimentation that in any way affects their care. The client has the right to refuse participation in experimental research.



- The client has the right to be accorded safe, healthful and comfortable accommodations to meet his or her needs.
- The client's rights will be extended to and apply to any person who is identified to have legal responsibility to make decisions regarding the care of the client.
- The client has the right to appeal a discharge or file a complaint with the Program Director/Coordinator according to the grievance procedure. This information is available at the front desk.

**CLIENTS HAVE THE RESPONSIBILITY TO:**

- Provide accurate and complete information concerning health history, financial status and/or any other information that is required by FAIHP and **Fresno American Indian Clubhouse** in order to provide services.
- Inform FAIC/FAIHP and/or referring facilities if you are not able to keep any appointments 24 hours prior to the scheduled appointment.
- Request additional information concerning any information you do not understand.
- Speak with the Program Director/Coordinator if you are having difficulty with any staff member.
- Treat the staff and other clients in respectful and courteous manner.
- Follow all rules/policies/guidelines for program participation and use of FAIC facilities.

**FAIHP/ Fresno American Indian Clubhouse HAS THE RIGHT TO:**

- Refuse service to any client who is verbally or physically abusive or threatening to any staff member or other clients (on the phone or in person).
- Refuse service to any client who is under the influence of **alcohol, drugs or other substances.**
- Suspend or terminate services of any client who does not comply with rules/policies/guidelines that are outlined for use of **FAIHP/ Fresno American Indian Clubhouse** programs or facilities.

I have reviewed the **Client's Bill of Rights** and understand what my rights and responsibilities are as described above. Furthermore, I understand that I may file a grievance using **FAIHP/ Fresno American Indian Clubhouse** procedures\* if I feel these rights have been violated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of **FAIC** staff \_\_\_\_\_ Date: \_\_\_\_\_

\*The Grievance Policy and Comment Forms are available at the front desk upon request.

**Fresno American Indian Health Project  
Fresno American Indian Clubhouse**

**PERMISSION TO PHOTOGRAPH/VIDEO & PUBLICIZE**

I hereby give permission to the Fresno American Indian Clubhouse to photograph my minor student/child \_\_\_\_\_ at FAIHP events or at events the Clubhouse attends and coordinates. I understand that photographs or videos of them, or their drawings and writings may appear in newspapers, magazines, on television, video presentations, FAIHP's or Fresno American Indian Clubhouse websites and FAIC/FAIHP's publications.

I agree that I will not demand payment of any kind in the event that my child's picture, video voice, likeness, drawings or writings are used by FAIHP/ Fresno American Indian Clubhouse to promote or publicize any of its programs or activities.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Student/Child**

\_\_\_\_\_  
**Date**

# Fresno American Indian Health Project

## Fresno American Indian Clubhouse

The **Fresno American Indian Clubhouse** is a valuable resource center that can be used to conduct job searches, research health related questions and academic assistance. However, to ensure that the computers/equipment remain in good condition the following guidelines must be followed and agreed upon:

1. All clients must sign in upon arrival.
2. Users may **only** use computers to: a) improve their opportunities for finding **employment**, i.e., conducting job search, writing resume, researching specific occupation, etc., b) access the internet to conduct research regarding health related questions/issues, c) research relating to academic improvement (assignments, academic tutorials, tests, etc.)
3. Do **not** download any sites, programs, games, music, etc.
4. Do **not** change the settings on computers for any reason.
5. **No “ADULT CONTENT”** websites may be accessed at any time in the **Fresno American Indian Clubhouse**.
6. Usage of staff phones and/or computers, unless authorized, is **prohibited**.
7. Do **not** use or install CD’s, diskettes unless authorized. Virus check and technical support is provided by **Fresno American Indian Clubhouse**.
8. **NO** food or drinks may be near or on the computers, equipment, workstations.
9. In any event that there is a waiting list for computer use, you will be limited to **20 minutes** of use. Remember to always **LOG OFF**.
10. Tagging and defacing property will result in **termination** of your use of the **Fresno American Indian Clubhouse** program and services.
11. Any person using **foul language** and/or displaying rude or threatening behavior to other clients and staff will be dismissed immediately from **Fresno American Indian Clubhouse**.
12. **Fresno American Indian Clubhouse** materials (books, videos, etc.) may not be removed from the premises at any time.
13. **Clubhouse** members are to use computers, equipment, workstations, etc. **ONLY** when staff is present.
14. **NO** chat rooms shall be accessed at any time during usage of **FAIC/FAIHP** computers.
15. **E-mail** may **only** be accessed with staff approval.
16. **Fresno American Indian Clubhouse/FAIHP** is not responsible for any lost/misplaced or missing personal items.
17. Students are **not** to bring electronic devices (i-pods, mp3 players, mini radios, video games, etc.), cell phones and other materials unauthorized by **FAIC/FAIHP**.

Disregard of any of these guidelines may result in your privileges to the **Fresno American Indian Clubhouse** being revoked on a **temporary** or **permanent** basis. I understand the above and agree to the terms of use of all materials, equipment and tools in the **Fresno American Indian Clubhouse**.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student/Child

\_\_\_\_\_  
Date

# Fresno American Indian Health Project

## Fresno American Indian Clubhouse

### Clubhouse Youth Ages 5-12

Rule	Consequence
<ul style="list-style-type: none"> <li>• Hitting, Fighting, Bullying, Wrestling</li> <li>• Any inappropriate physical contact</li> </ul>	<ul style="list-style-type: none"> <li>• Verbal warning from staff</li> <li>• Time-out and exclusion from activities</li> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>
<ul style="list-style-type: none"> <li>• Disrespectful behavior (talking back, inappropriate verbal remarks, etc.)</li> <li>• Lying</li> <li>• Disobedience to staff for any standard policies/rules and guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Verbal warning from staff</li> <li>• Time-out and exclusion from activities</li> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>
<ul style="list-style-type: none"> <li>• Leaving premises without permission</li> </ul>	<ul style="list-style-type: none"> <li>• Verbal warning from staff</li> <li>• Time-out and exclusion from activities</li> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>
<ul style="list-style-type: none"> <li>• Stealing</li> <li>• Vandalizing (tagging, damaging or breaking property)</li> </ul>	<ul style="list-style-type: none"> <li>• Parents contacted for discussion</li> <li>• Suspension and/or reimbursement or property</li> </ul>
<ul style="list-style-type: none"> <li>• Sexual misconduct</li> </ul>	<ul style="list-style-type: none"> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>
<ul style="list-style-type: none"> <li>• Foul Language</li> </ul>	<ul style="list-style-type: none"> <li>• Verbal warning from staff</li> <li>• Time-out and exclusion from activities</li> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>
<ul style="list-style-type: none"> <li>• Possessing Weapons or disallowed items (knives, razors, blunt objects, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>
<ul style="list-style-type: none"> <li>• Using or possessing drugs, alcohol, tobacco and other illegal substances</li> </ul>	<ul style="list-style-type: none"> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>
<ul style="list-style-type: none"> <li>• Misbehavior in vehicles</li> <li>• Not listening or following instructions of driver/staff</li> <li>• Refusing to wear seatbelt or safety belts</li> <li>• Playing with radio/auto equipment</li> <li>• Leaving trash in vehicle(s)</li> </ul>	<ul style="list-style-type: none"> <li>• Verbal warning from staff</li> <li>• Time-out and exclusion from activities</li> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>
<ul style="list-style-type: none"> <li>• Not following <b>FAIC</b> policies, rules, procedures regarding computer use</li> </ul>	<ul style="list-style-type: none"> <li>• Verbal warning from staff</li> <li>• Time-out and exclusion from activities</li> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>

**FAIC** staff will determine length and severity of all suspensions. All suspensions will be followed by mandatory probationary period. **FAIC** staff will determine length and stipulations for the probation.

**I understand and agree to and abide by the FAIC rules:**

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**Student/Child**

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**Parent/Legal Guardian**

**Fresno American Indian Health Project**  
**Fresno American Indian Clubhouse**

Clubhouse Youth Ages 13-17

<b>Rule</b>	<b>Consequence</b>
<ul style="list-style-type: none"> <li>• Hitting</li> <li>• Fighting</li> <li>• Bullying</li> <li>• Wrestling</li> <li>• Any inappropriate physical contact</li> </ul>	<ul style="list-style-type: none"> <li>• Verbal warning from staff</li> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>
<ul style="list-style-type: none"> <li>• Disrespectful behavior (talking back, inappropriate verbal remarks, etc.)</li> <li>• Lying</li> <li>• Disobedience to staff for any standard policies/rules and guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Verbal warning from staff</li> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>
<ul style="list-style-type: none"> <li>• Leaving premises without permission</li> </ul>	<ul style="list-style-type: none"> <li>• Verbal warning from staff</li> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>
<ul style="list-style-type: none"> <li>• Stealing</li> <li>• Vandalizing (tagging, damaging or breaking property)</li> </ul>	<ul style="list-style-type: none"> <li>• Parents contacted for discussion</li> <li>• Suspension and/or reimbursement of property</li> </ul>
<ul style="list-style-type: none"> <li>• Sexual misconduct</li> </ul>	<ul style="list-style-type: none"> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>
<ul style="list-style-type: none"> <li>• Foul Language</li> </ul>	<ul style="list-style-type: none"> <li>• Verbal warning from staff</li> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>
<ul style="list-style-type: none"> <li>• Possessing Weapons or disallowed items (knives, razors, blunt objects, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>
<ul style="list-style-type: none"> <li>• Using or possessing drugs, alcohol, tobacco and other illegal substances</li> </ul>	<ul style="list-style-type: none"> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>
<ul style="list-style-type: none"> <li>• Misbehavior in vehicles</li> <li>• Not listening or following instructions of driver/staff</li> <li>• Refusing to wear seatbelt or safety belts</li> <li>• Playing with radio/auto equipment</li> <li>• Leaving trash in vehicle(s)</li> </ul>	<ul style="list-style-type: none"> <li>• Verbal warning from staff</li> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>
<ul style="list-style-type: none"> <li>• Not following <b>FAIC</b> policies, rules, procedures regarding computer use</li> </ul>	<ul style="list-style-type: none"> <li>• Verbal warning from staff</li> <li>• Parents contacted for discussion</li> <li>• Suspension</li> </ul>

**FAIC** staff will determine length and severity of all suspensions. All suspensions will be followed by mandatory probationary period. **FAIC** staff will determine length and stipulations for the probation.

**I understand and agree to and abide by the FAIC rules:**

\_\_\_\_\_  
**Student/Child**

\_\_\_\_\_  
**Parent/Legal Guardian**