



# Kenaitze Indian Tribe Cultural Programs Department Yaghanen Youth Programs

P.O. BOX 988  
KENAI, ALASKA 99611

(907) 335-7290  
(907) 260-3685 FAX

## *Yaghanen Program Application Oct 2011-Sep 2012*

Please complete all portions of this application, making sure all necessary signatures are provided. Please discuss the Traditional Values Circle with your youth. Respect for others and self, a Kenaitze Dena'ina value, is a cornerstone of our programs.

### Parent/Guardian Contact Information

If you are enrolling multiple youth in our programs, the Parent/Guardian Contact Information page needs to be filled out only one time. Please fill out a separate copy of pages 2 through 8 for each youth that you are enrolling.

1st Parent/Guardian

Mailing Address

City, State, Zip

Home Phone

Work Phone

Cell Phone

E-mail Address

2nd Parent/Guardian

Mailing Address

City, State, Zip

Home Phone

Work Phone

Cell Phone

E-mail Address

Please list each youth you are enrolling and check the box if you are that youth's legal guardian:

_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

