

# Poarch Creek Indians Education After School Tutoring Program Enrollment Form 2016-2017

## **Parent Information:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

## **Student Information:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Tribal Member [  ] Yes [  ] No Roll Number: \_\_\_\_\_ TM Parent: \_\_\_\_\_

First Generation [  ] Yes [  ] No **Must provide Indian Descent verification letter.**

Teacher Name: \_\_\_\_\_

School Attending: \_\_\_\_\_

Areas of particular struggle within the subject area: \_\_\_\_\_

\_\_\_\_\_

# Poarch Creek Indians

## After School Tutoring Contact/Pick-Up List

Please list the name(s) and phone number(s) of individuals whom you authorize to pick up your child in your absence. The people on this list are the only people that we will allow your child to leave with. You may write on the back of the page if you desire to list more names.

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

5. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

6. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

7. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

8. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

With my signature below, I authorize the person(s) on this form, in my absence, to pick up my child from tutoring.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Note: The information that you provide us will be kept confidential. The students should be picked up and signed out by a designated person from 5:00 to 5:15p.m. Please be aware that if a child has not been picked up by 5:25p.m. and we have not been contacted by the student's parent/guardian, the PCI Education department will notify Tribal Police.**

# Poarch Creek Indians Medical Release Authorization

As the parent/guardian of \_\_\_\_\_, I hereby authorize the representatives of the PCI Education Department (**Kimberly McGhee, Tanya Rolin, Cassie O'Brien, Melba Smith, Katrinka Brown, Magaline Marshall, and/or Krista Huber**) to obtain medical treatment for injuries or illness that may occur during his/her participation. I authorize that my child receive the necessary medical treatment at the Poarch Creek Indians' Health Clinic @ 5811 Jack Springs Road, Atmore, AL 36502.

Does your child have any medical conditions, physical disabilities, allergies, etc? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Is your child currently taking any medications? [ ] Yes [ ] No

If yes, what kind: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Services Coordinator Signature

\_\_\_\_\_  
Date

## Notify In Case of Emergency

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

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please list any existing or previous medical conditions below:

\_\_\_\_\_  
(Allergies, Allergic Reactions, Asthma, Etc.)

# Poarch Creek Indians

## After School Tutoring Student Contract

### ***Student Rules and Responsibilities:***

1. It is my responsibility to bring my textbook, homework assignments and/or study notes with me to each tutoring session.
2. It is my responsibility, upon arriving on Tribal property to report directly to the Education Department. It is my responsibility to enter the Education Department in a quiet and orderly fashion.
3. I understand that during tutoring, I am to remain in the Education Department at all times (with the exception of restroom breaks or when escorted by an Education Department staff member).
4. I am expected at all times to cooperate with my assigned tutor, to maintain acceptable behavior and to work to the best of my ability.
5. I understand that fighting, disturbing other students and showing disrespect toward Education staff will not be tolerated at any time within the tutoring program.
6. No "HORSEPLAY"!
7. No eating or drinking near computer or tablets.

With my signature below, I indicate that I understand my responsibilities as a student in the After School Tutoring Program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Services Coordinator Signature

\_\_\_\_\_  
Date

# ***PCI After School Tutoring/Homework Club Authorization for Release of Student Information***

I \_\_\_\_\_ give my permission for \_\_\_\_\_  
(Parent/Guardian) (school name)

to release the following information as it relates my child, \_\_\_\_\_  
(child's name)

Report cards, test scores, standardized test scores, DIBELS scores, Accelerated Reader Points/scores, disciplinary/behavioral information, IEP status and information, and special education. This information will be used to monitor and evaluate my child's progress, and ensure appropriateness for the PCI Remediation Program. I understand that information released may be given verbally or in writing, and that this release is good for the academic year 2016-2017, and that I may revoke this release at any time by contacting the school and informing them of this revocation. A photocopy of this authorization may be used in the same manner and with the same effect as the original document.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Services Coordinator Signature

\_\_\_\_\_  
Date



## POARCH BAND OF CREEK INDIANS PHOTOGRAPH/VIDEO CONSENT AND RELEASE

The undersigned hereby acknowledges and agrees that the participation in this activity or event is fully voluntary and gives express consent to have his/her image, likeness and sound of his/her voice to be recorded (video, still photography, and/or audio) by the appointed staff and/or agent of the Poarch Band of Creek Indians ("Tribe") or its designated department and/or entity during the participation. The undersigned authorizes the Poarch Band of Creek Indians to use and reproduce, and to crop or alter at its discretion, photographs, audio and/or video of the undersigned in any publication, multimedia production, display, advertisement, commercial, world-wide web publication, or other form of media. The undersigned agrees that the Poarch Band of Creek Indians may use the undersigned's name, likeness, and/or biographical information supplied by the undersigned in connection with such use.

By signing this form the undersigned acknowledges that he/she has completely read and fully understands this release and agrees to be bound herein. The undersigned hereby releases any and all claims against the Tribe with regard to the Tribe's utilizing the photographs, audio and/or video recordings of the undersigned. The undersigned acknowledges and agrees that the use of these images and/or audio recordings in any publication by the Tribe confers no rights of ownership whatsoever, and agrees not to make any monetary or other claim against the Tribe for the use of the photograph(s), audio and/or video(s). The undersigned also waives any right to royalties or other compensation arising or related to the use of his/her image, audio and/or video recording.

The undersigned further releases and holds harmless the Tribe and its officers, employees and/or legal representatives from any and all liability for any claims by the undersigned or any third party arising out of, relating to, or in connection with this participation.

Accepted and Agreed:

Name: \_\_\_\_\_  
(Print)

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

Signature: \_\_\_\_\_  
(Signature of Guardian if under 19 years of age)

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

Witness: \_\_\_\_\_

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



# Transportation Waiver 2016-2017

For the  
*PCI Education Department*  
in cooperation with the  
*PCI Boys and Girls Club*

I, \_\_\_\_\_, give permission for PCI  
(Parent/Guardian name)

Boys and Girls Club staff to transport my child(ren),

\_\_\_\_\_  
Child(ren)'s Name(s)

from the PCI Boys & Girls Club to the Poarch Creek Education Department, in building 300, any day, Monday-Thursday for Homework Club, Tutoring and/or 4-H. I understand that my child must be picked up from the PCI Education Department by 7:30 p.m.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Services Coordinator

\_\_\_\_\_  
Date