

**POARCH CREEK INDIANS
AFTER-SCHOOL INFORMATION FORM**

Child's Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone () _____ Date of Birth: _____ Age: _____

School Child Attends: _____ Male: () Female: ()

Are you requesting the B&GC to pick-up your child from school? YES _____ NO _____

Mother's Name: _____ Work #: _____

Father's Name: _____ Work #: _____

Child Lives With: Both Parents: () Mother: () Father: () Other: ()

**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO PICK-UP YOUR
CHILD**

NAME _____ PHONE _____ RELATION _____

NAME _____ PHONE _____ RELATION _____

NAME _____ PHONE _____ RELATION _____

NAME _____ PHONE _____ RELATION _____

NAME _____ PHONE _____ RELATION _____

NAME _____ PHONE _____ RELATION _____

**IS THERE A PARENT, WHO DOES NOT HAVE THE AUTHORITY TO PICK-UP YOUR
CHILD? _____**

**IF YES, WE NEED A COPY OF THE COURT ORDER TO PREVENT THE BIOLOGICAL PARENT FROM
PICKING UP THE CHILD.**