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 _________

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.