

Education Department

4K After School Program Application

CHILD'S INFORMATION

Full Name: _____

First

Middle

Last

Birthdate: _____ Age: _____

Name of School Child will be Attending: _____

If your child doesn't attend FLMELC does your child need transportation to the After School Program?
_____ YES (You must submit a transportation form that is due July 17th) _____ No

Mailing Address: _____

City

State

Zip Code

Who does the child live with? _____ Mother _____ Father _____ Both Parents _____ Other (_____)

If there is any type of custody order regarding this child, please attach copies to this application.

Please check **ONE** of the following: (Documents are required for verification)

- Poarch Creek Indian Tribal Member (Tribal Roll #: _____)
- Poarch Creek Indian First Generation (Name of Parent on Roll : _____)
- Poarch Creek Indian 2nd Generation Descendant (Name of Grandparent on Roll: _____)
- Tribal Member of another Federal Recognized Tribe (Tribe Name & Roll #: _____)
- Child of a PCI Government Employee (Name & Department _____)

FATHER'S INFORMATION

Full Name: _____

Place of Employment: _____

Home #: (____) _____ Work #: (____) _____ Cell #: (____) _____

Email: _____

MOTHER'S INFORMATION

Full Name: _____

Place of Employment: _____

Home #: (____) _____ Work #: (____) _____ Cell #: (____) _____

Email: _____

EMERGENCY CONTACT INFORMATION

Please list other people besides the mother and father who has permission to pick up the child listed above and who can be contacted in case of an emergency.

Name: _____

Phone: _____

Alternate Phone: _____

Relationship to Child: _____

Name: _____

Phone: _____

Alternate Phone: _____

Relationship to Child: _____

Name: _____

Phone: _____

Alternate Phone: _____

Relationship to Child: _____

Name: _____

Phone: _____

Alternate Phone: _____

Relationship to Child: _____

If additional space is needed please attach information to the application.

MEDICAL INFORMATION AND AUTHORIZATIONS

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

Please list all medications that the child is currently taking:

Name of Medication	Dosage Amount	How often

- I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.
- I give permission for my child to go on field trips. I release the Poarch Band of Creek Indians and individuals from liability in case of accident during activities related to the Fred L McGhee Early Learning Center, as long as normal safety precautions have been taken.
- I certify that all the information on this application is accurate. I have not falsified any information or documents used in processing this application. I understand that if I am found to have intentionally misled the Tribe by supplying false or incomplete information my child can be terminated from the Poarch Band of Creek Indians Fred L. McGhee Early Learning Center.
- I agree that the participation in this program is fully voluntary and give express consent to have my child's, likeness and sound of his/her voice to be recorded (video, still photograph, 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. This authorizes the Poarch Band of Creek Indians to use and reproduce, and to crop or alter at its discretions, photographs, audio and/or video of the undersigned in any publication, multimedia production, display, advertisement, commercial, world-web publication, or other form of media. The undersigned agrees that the Tribe may use the undersigned's name, likeness, and/or biographical information supplied by the parent in connection with such use.

Parent's/Guardian's Signature

Date

Deadline to submit registration is July 16, 2021 by 5:00 PM.

Completed Applications can be submitted to Fran Southard @
fsouthard@pci-nsn.gov or dropped off at the PCCC Drop Box.