

After-School Enrichment Program Enrollment Form

Student Information:

Students Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Age: _____

Lives with: Parents Mother Father Guardian: Relation _____

Parent Information:

Parent/Guardian Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Please check below:

Tribal Member [] Yes [] No Roll Number: _____ TM Parent: _____

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

Second Generation [] Yes [] No **Must Provide Documentation.**

School Information:

Teacher Name: _____

School Attending: _____

Grade: _____

After-School Enrichment Program

Contact /Pick-Up List

Please list the name(s) and phone number(s) of individuals whom you authorize to pick up your student in your absence. The people on this list are the only people that we will allow your student to leave with. (If student attends Boys and Girls Club, please put see Boys and Girls Club Pick-Up list)

1. First Name: _____ Last Name: _____

Contact Number: _____ Relationship: _____

2. First Name: _____ Last Name: _____

Contact Number: _____ Relationship: _____

3. First Name: _____ Last Name: _____

Contact Number: _____ Relationship: _____

Is there anyone that is not authorized to pick-up your student?

Name: _____

You must provide a copy of your court order if this person is a parent or legal guardian.

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

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, no later than 6:00 p.m. Please be aware that if a student has not been picked up by 6:00 p.m. and we have not been notified by the student's parent/guardian, the Education department will refer back to student policies. (Please see policy for details)

After-School Enrichment Program

Medical Information

The following information may help assist an instructor in case of an emergency.

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

If yes, please explain: _____

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

If yes, what kind: _____

Parent/Guardian Signature

Date

Notify in case of emergency other than yourself:

First Name: _____ Last Name: _____

Relationship: _____ Phone Number: _____

Parent/Guardian Authorization

I/we request the Poarh Creek Community Center nurse to admisnister the meidication as prescribed. I/we certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at PCCC.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____

After-School Enrichment Program
Authorization for Release of Student Information

AUTHORIZATION TO RELEASE STUDENT RECORD INFORMATION
To the Poarch Band of Creek Indians Education Department

Student's Name: _____

School: _____

Grade Level: _____

I hereby authorize my child's school to release student record information, including student name, addresses, e-mail address, test scores, standardized test, disciplinary/behavioral information, IEP status and information, and special education, to the Poarch Band of Creek Indians Education Department. I understand that only the Poarch Band of Creek Indians Education Department personnel will have access to my child's student record. Student information, including names and addresses, will not be given to others for any purpose. This information will be utilized only by the Poarch Band of Creek Indians Education Department to implement and support the Eligibility in the After-School Program, to evaluate my child's progress, and ensure appropriateness for the After-School Enrichment Program. I understand that information released may be given verbally or in writing, and that this release is good for the academic year 2021-2022, 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.

Signature of Parent or Guardian Date

Signature of Employee 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: _____