

# Fred L. McGhee Learning Center Application

Completed applications will only be accepted August 9-16, 2022 from 8:00am-5:00pm. No applications will be accepted after 5:00 PM on August 16, 2022.

Completed applications and questions can be directed to:

Fran Southard

(251) 368-9136 Ext. 2685 fsouthard@pci-  
nsn.gov

5811 Jack Springs Road, Atmore, AL 36502

PCCC Dropbox at 517 Martin Road, Atmore, AL 36502

Below is a checklist of all the items that must be submitted with the application.

Completed Application

Copy of Certified Birth Certificate

(Child must be 3 years old on or before September 1, 2022)

Up to Date Shot Record (Alabama Blue Card)

(Child must be up to date on all shots by the registration date)

Proof of Tribal Enrollment or Indian Descent Letter

(If your child does not have a Tribal Enrollment letter or Indian Descent letter by the deadline your child's application will not be complete. You must contact Enrollment @ (251) 368-9136 ext. 2281 in order to obtain an Indian descent letter.) WE CANNOT ACCEPT STUDENTS WHO DO NOT HAVE A LETTER AT THE TIME OF REGISTRATION!



# Fred L. McGhee Early Learning Center Application

## Child's Information

Full Name: \_\_\_\_\_  
*First* *Middle* *Last*

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

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 2<sup>nd</sup> Generation Descendant (Name of Grandparent on Roll: \_\_\_\_\_)

\_\_\_ Tribal Member of another Federal Recognized Tribe (Tribe Name & Roll #: \_\_\_\_\_)

## Father's Information

Full Name: \_\_\_\_\_  
*First* *Middle* *Last*

Place of Employment: \_\_\_\_\_

Home #: ( \_\_\_\_\_ ) \_\_\_\_\_ Work #: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell #: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

### Mother's Information

Full Name: \_\_\_\_\_  
*First* *Middle* *Last*

Place of Employment: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Information

Please list other people besides the mother and father to be contacted in case of an emergency.

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

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

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

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

Alternate Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

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

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

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

Alternate Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Medical Information and Authorizations

\_\_\_\_\_  
Hospital/Clinic Preference

\_\_\_\_\_  
Physician's Name

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

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

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Allergies/Special Health Considerations

Existing medical conditions, medications, and/or special attention your child may require:

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- 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.

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Parent's/Guardian's Signature

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Date