

Fred L. McGhee Learning Center

2 Year Old Program Application

Completed applications will only be accepted July 12-30 from 8:00am-5:00pm. No applications will be accepted after 5:00 PM on July 30, 2021.

Completed applications and questions can be directed to:

Fran Southard

(251) 253-3509

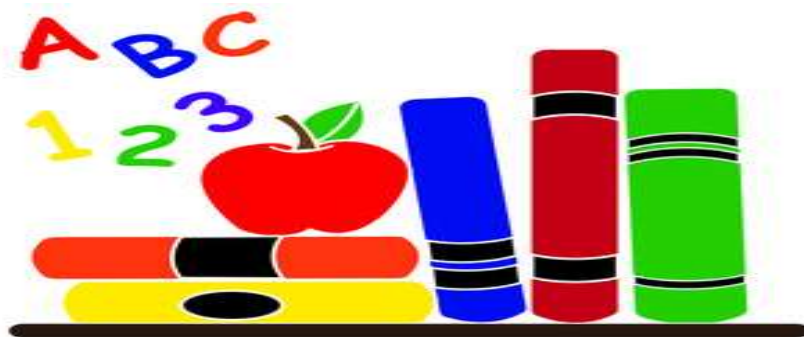
fsouthard@pci-nsn.gov

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 2 years old on or before September 1, 2021)
- Shot Record (Alabama Blue Card)
(Child must be up to date on all shots)
- 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.)



Fred L. McGhee Early Learning Center

2 Year Old Program Application

Child's Information

Full Name: _____
First *Middle* *Last*

Birthdate: _____ Age: _____

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 #: _____)

Father's Information

Full Name: _____
First *Middle* *Last*

Place of Employment: _____

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

Mother's Information

Full Name: _____
First *Middle* *Last*

Place of Employment: _____

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

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

Allergies/Special Health Considerations

- 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.

Parent's/Guardian's Signature

Date