

Fred L. McGhee Learning Center Application

Below is a checklist of all the items that must be submitted with the application. All items must be certified. **No copies will be accepted.** Registration is from April 13th- April 17th! **The deadline for registration is 5:00 PM on April 17, 2015.** Application must be submitted to Magen Weaver at the PCI Education Department during the registration period.

- Completed Application
- Certified Birth Certificate
(Child must be 4 years old on or before September 1, 2015)
- Shot Record (Alabama Blue Card)
(Child must be up to date on all shots)
- Social Security Card
- Proof of Tribal Enrollment or Indian Descent Letter
(If your child does not have a first or second generation 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.)

If you have questions about registration you may contact Fran Southard at (251) 446-4885 or Magen Weaver at (251) 368-9136 ext. 2021.

Fred L. McGhee Learning Center

Application

Child's Information

Full Name: _____
First *Middle* *Last*

Birthdate: _____ Age: _____ Social Security #: _____ - _____ - _____

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 #: _____)
 Tribal Employee
 No Tribal Affiliation

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 for emergency contact reasons:

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.

Parent's/Guardian's Signature

Date

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.

Parent's/Guardian's Signature

Date

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