

**2024-2025  
ACADEMIC & ENRICHMENT PROGRAM  
REGISTRATION FORM**

Freedom Intermediate School; M-TH 2:30-4:30 PM

**Weekly Fee: \$10/child**

*Please submit this form along with the **non-refundable \$50 registration fee**. Your child **will not be** registered without a fully completed form AND paid registration fee.*

**Student Information**

Name: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Does your child participate in: ELL \_\_\_\_\_ SPED \_\_\_\_\_ Free/Reduced Lunch \_\_\_\_\_

Does your child attend the MAC program? AM \_\_\_\_\_ PM \_\_\_\_\_ BOTH \_\_\_\_\_

**Primary Guardian:** \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ Phone: \_\_\_\_\_

Are your child's immunizations current and on file at your school? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe all **medical, behavioral and/or academic** concerns (include any allergies):

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**For Office Use Only:** Payment \_\_\_\_\_ Cash \_\_\_ Check # \_\_\_\_\_ Date Rec. \_\_\_\_\_  
Student ID \_\_\_\_\_ SA: ELA \_\_\_\_\_ MATH \_\_\_\_\_

**Pick Up Information**

To ensure your child's safety, please list all adults to whom your child may be released. *(Must be at least 17 years old)*

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Emergency Information**

The person listed below is authorized to act for the parent in the case of an emergency. **(CANNOT BE PARENTS)**

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

Phone Number(s): \_\_\_\_\_

**PHOTO RELEASE POLICY:** *Gentry's uses students' photos on the Gentry's Educational Foundation website, promotional items, and social media sites. We publish only photos and first names unless parent requests otherwise.*

**I have read and understand the Gentry's Educational Foundation photo release policy. Please check one:**

\_\_\_ YES, Gentry's has permission to use my child's photo.

\_\_\_ NO, Gentry's DOES NOT have permission to use my child's photo.

**Parent/Guardian Consent to participate in Student Survey**

The Tennessee Department of Education partners with the University of Tennessee Social Work Office of Research and Public Service to evaluate extended learning programs funded by (Nita M. Lowery 21st Century Community Learning Centers /Lottery for Education Afterschool Programs) grants. Part of that evaluation includes a survey for students in grades 3-12. The survey is anonymous: your child will not be asked to provide their name when they complete the survey. The survey asks about your child's experience of the extended learning program and their response will support continued high-quality programming. The survey can be reviewed at [TN-ELAP.org/UserNews](http://TN-ELAP.org/UserNews).

**Please indicate below if you consent to have your child participate in the survey.**

\_\_\_ YES, I consent to have my child participate in the Student Survey.

\_\_\_ NO, I do not consent to have my child participate in the Student Survey.

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**Please read information below carefully and then sign and date.**

- I have received a copy of the Gentry’s Educational Foundation Family Handbook and a summary of the Tennessee Department of Education Rules and Regulations.
- I give Gentry’s Educational Foundation permission to access my child’s educational records such as test scores and report cards. This information will remain confidential, and no names will be used in reporting to the public.
- In the event of an emergency and if I cannot be contacted on any phone number which I have provided in my child’s registration, and my emergency contacts cannot be reached, I give permission to Gentry’s Educational Foundation personnel to obtain whatever medical treatment they deem necessary for my child.
- I waive release and hold harmless Gentry’s Educational Foundation, their employees, volunteers, and agents from all legal and financial responsibility and from all costs, injuries and/or other damages which might occur from the decision to provide medical treatment to my child(ren) and from the choice of the provider of the medical treatment by Gentry’s personnel.
- I authorize the use and disclosure of my child’s health information for purposes of securing medical treatment.

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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