



**2023-2024  
AFTER-SCHOOL TUTORING  
REGISTRATION FORM**

***Please submit this form along with registration fee. Your child will not be registered without a completed form AND paid registration fee.***

**Student Information**

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

School Attending: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Teacher's Email \_\_\_\_\_

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: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Secondary Guardian:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

***PLEASE COMPLETE THE BACK OF THIS FORM***

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

Child's health is:      Excellent                      Good                      Fair                      Poor

Please describe all medical conditions and/or health issues including allergies:

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### 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
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### 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.

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

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

I have received a copy of the Gentry's Educational Foundation Parent 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.

**For Office Use Only:** Payment \_\_\_\_\_ Cash \_\_\_ Check # \_\_\_\_\_ Date Rec. \_\_\_\_\_

Student ID \_\_\_\_\_ SA: ELA \_\_\_\_\_ MATH \_\_\_\_\_

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

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