



**2023-2024
ACADEMIC & ENRICHMENT PROGRAM
REGISTRATION**

Please submit this form along with registration fee. Your child will not be enrolled 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: _____

PLEASE COMPLETE THE BACK OF THIS FORM

Child's Physician: _____ Phone: _____

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:

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.

___ 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.

Signature of Parent/ Guardian: _____ Date: _____

For Office Use Only: Payment _____ Cash _____ Check # _____ Date Rec. _____

Student ID _____ SA: ELA _____ MATH _____