



2025-2026

**ACADEMIC & ENRICHMENT PROGRAM
REGISTRATION FORM**

Freedom Intermediate School; M-TH 2:30-5:30 PM

Weekly Fee: \$20/child

Please complete and submit this form along with the **non-refundable \$100 registration fee**. Your child **will not be** registered without a fully filled-out form and the payment of the registration fee.

The fee structure is as follows: \$50 must be paid before the first day of programming and an additional \$50 is due in January 2026.

Student Information

Name: _____ Current Grade Level: _____

Teacher's Name: _____ School: _____

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: _____

Preferred Method of Contact: E-mail _____ Text _____ Phone Call _____

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):

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, media releases 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.

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.

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. (Provided upon registration)
- ____Gentry's is not a "babysitting" program. We are an extended learning program and receive grant funding to act as such.
- ____The completion of this form and payment of registration fee enrolls my child in Gentry's. It is my responsibility to update the information contained in this form as needed. I understand that the registration fee is non-refundable under any circumstance.
- ____I give Gentry's Educational Foundation permission to access my child's educational records including grades, standardized test scores, attendance records and student conduct. This information will remain confidential, and no names will be used in reporting to the public.
- ____In the event of an emergency, I hereby give permission to Gentry's staff to secure proper medical treatment for my child. If I cannot be reached, I hereby give emergency personnel selected by Gentry's staff to order x-rays, routine tests and treatment for the health of my child. I also give permission to emergency personnel to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child. I agree to pay all costs and fee contingent with any medical care and/or treatment my child requires. Gentry's will make reasonable effort to notify parents/guardians immediately in case of emergency.
- ____I understand that all children enrolled in Gentry's programming are expected to follow the rules established by Gentry's for the purpose of safety and smooth operation of the program.
- ____I agree to pay the annual program fees for the location that my child will attend. I understand payments are due the first day of each week, August through April.
- ____I authorize the use and disclosure of my child's health information for purposes of securing medical treatment.
- ____I understand that Gentry's provides liability insurance on all its programs. It is my responsibility to provide accident and medical insurance on my child/children enrolled and participating in the program.

____I understand that no student will be denied the opportunity to enroll based on financial hardship or an inability to pay. Requests for full or partial scholarships must be submitted in writing to the Site Director using the approved form.

- ____I understand that my child is expected to stay each day for at least 1 hour of programming.
- ____I grant permission for my child to view TV/Videos/Movies/DVDs with a rating of G.
- ____I grant permission for my child to participate in all Gentry's activities.

Signature of Parent/ Guardian: _____ **Date:** _____

For Office Use Only: Pymt. Amt. _____ Date Rec'd. _____ Cash _____ Venmo _____ Ck. # _____

7-Digit Student ID# _____