



2017-2018 PRE-K AFTER-CARE PROGRAM

Location: Johnson Elementary School

Time: M-F, 2:00-5:30

A non-refundable registration fee of \$30 per child is due upon registration. A weekly fee of \$60 per child will be due each Monday. We no longer accept payments based on daily attendance. We charge a weekly flat rate per week only. Please make checks payable to Gentry's Educational Foundation.

Student Information

Name: _____ Grade Level: _____

Date of Birth: _____ Sex: _____ Ethnicity: _____

Mandatory Parent Information

Mother's Name: _____ Email Address: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Father's Name: _____ Email Address: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Name of Child's Physician: _____ Phone: _____

Are immunizations current and on file at your school? _____

Child's health is: Excellent Good Fair Poor

Please describe any medical conditions 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	Home Phone	Work Phone
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Emergency Information

The person listed below is authorized to act for the parent in the case of an emergency.

Name: _____ Relationship to Student: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

I have read the Gentry's Educational Foundation photo release policy.

Please initial one below:

____ Gentry's Educational Foundation has permission to use my child's photo.

____ Gentry's Educational Foundation **DOES NOT** have permission to use my child's photo.

I have received a copy of the Gentry's Educational Foundation Rules and a summary of the Tennessee Department of Education Rules. I give Gentry's Educational Foundation permission to access my child's educational records, such as test scores and report cards.

Signature of Parent/Guardian: _____ Date _____