



Tap In Leadership Academy
Educate ♦ Equip ♦ Empower



AFTERSCHOOL ENRICHMENT PROGRAM (AEP)

STUDENT INFORMATION

Name: _____ Gender: _____ Birth Date: _____
 School: _____ Grade: _____ Race: _____
 Home Address: _____ City: _____ Zip: _____
 Polo Shirt Size (Circle One): Child: S M L XL Adult: S M L XL XXL

PARENT/GUARDIAN INFORMATION

Mother/ Female Guardian _____ Father/Male Guardian _____
 Relationship _____ Relationship _____
 Cell phone: _____ Cell phone: _____
 Work phone: _____ Work phone: _____
 Email Address: _____ Email Address: _____

Student lives with (check all that applies) [] Father [] Mother [] Guardian

EMERGENCY CONTACTS

In the event the parents/guardians cannot be reached, the school will call the people listed below. People listed should be individuals who can: 1) **give permission** to administer health care; 2) **pick up your child** if your child is ill; or 3) **give advice** about caring for your child.

Name: _____	Name: _____
Address: _____	Address: _____
Cell phone: _____	Cell phone: _____
Work phone: _____	Work phone: _____
Relationship to student: _____	Relationship to student: _____

HEALTH INFORMATION

Physician: _____ Phone: _____
 Medication(s) being taken by student: _____
 Physical conditions (allergies, diabetes, etc.): _____

If I, my child's emergency contacts listed above, or the physician listed above, cannot be reached in an emergency, I authorize school employees, or legal representatives to obtain emergency medical care for my child while under the school's care including transporting or sending my child to an available hospital or physician.

Parent/Guardian Name	Parent/Guardian Signature	Date
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\$10 Non refundable registration fee required of all applicants.

Limited scholarships are available for tuition

Monthly Tuition: \$140 for M-TH OR \$80 for T/TH or M/W

PAYMENT INFORMATION

_____ Monthly Tuition _____ T/TH _____ M/W _____ Child Care Resources
 _____ Qualifies for free/reduced lunch _____ Receives KidCare

Parent/Guardian Name	Parent/Guardian Signature	Date
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Family Educational Rights and Privacy Act (FERPA)

FERPA is a federal law that protects the privacy interests of students. It affords parents the right to access and amend their children's education records, and gives them some control over the disclosure of the information in these records. FERPA generally prevents an education agency or institution from sharing student records, or personally identifiable information in these records, without the written consent of a parent.

In an effort to better support your child academically and socially, Tap In Leadership Academy would like your permission to view and discuss your child's academic progress with you, your child and your child's teachers.

____yes ____no I agree/do not agree to have Tap In Leadership Academy staff talk to my child's teachers about my child's academic and social progress.

____yes ____no I agree/do not agree to give Tap In Leadership Academy's staff access to my child's academic records and course grades.

In addition, Tap In Leadership Academy will need a copy of your child's birth certificate, current immunization records and the most recent physical on file. Tap In Leadership Academy would like your permission to allow your child's current school to release this necessary documentation. If you would prefer not to allow the school to release this documentation, we require that as the parent/guardian, you provide this documentation to us within the first week of enrollment prior to the first day of school. If you fail to do so, you agree to allow us to rescind your child's enrollment in the program.

____yes ____no I agree/do not agree to have Tap In Leadership Academy access my child's necessary documentation in order to be in compliance with Tap In Leadership Academy's registration and licensing policy and procedure.

Parent/Guardian Name

Parent/Guardian Signature

Date

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS:

Tap In Leadership Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



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PHOTO/VIDEO RELEASE

As the parent or legal guardian of _____, I agree to hold harmless and give permission to Tap In Leadership Academy (including, yet not limited to, all Tap In programs) to use my child’s photo or video in press releases and other promotional materials, as well as on the Academy’s Web site. I understand that I will receive no payment for this.

I, _____, do hereby consent to Tap In Leadership Academy my child’s image, voice, or both in (1) video, photography, or audio recordings; (2) any video, photograph, or audio recording reproduced either in whole or in part from the video, photograph or audio recording: regardless of whether these materials are used for fundraising, advertising, publicity, or any other purpose on behalf of the Tap In Leadership Academy.

I warrant that I have the full right and authority to grant this consent.

In addition, I waive all claims to compensation or damages based on the use of my child’s image or voice, or both, by Tap In Leadership Academy. I also waive any right to inspect or approve the finished photograph or video or audio recording.

I understand that this consent is perpetual, binding, and that I may not revoke it.

I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

Parent/Guardian Name

Parent/Guardian Signature

Date