



Tech Generation Learning Center (TGLC) AND STEM & ARTS Academy After School & Summer Camp Program Enrollment Form

AFTER SCHOOL SCHEDULE: Monday-Friday from 2:00 PM to 6:00 PM / SUMMER SCHEDULE 8:00 AM – 5:00 PM

Parents, TGLC After School Weekly Fee of \$65 and Summer Camp Weekly Fee of \$75. We Accept Childcare Certificates.

FOR PARENTS / LEGAL GUARDIANS TO COMPLETE TO ENROLL CHILD/REN

Child's Name:

Child's Date of Birth: _____

Child's Age: _____ Grade: _____ School: _____

Child's Home Phone Number: _____

Child's T-Shirt Size _____

Child's Home Address: _____

Mother's Name: _____

Mother's Monthly Income: _____

Mother's Workplace: _____

*Are you enrolling **Siblings** (sisters or brothers) NO YES

* Other **Siblings**, write here. _____

*Write the **Sibling(s)** Name(s) Here: _____

Mother's Work Phone Number: _____

Mother's Cell Number: _____

Mother's Email Address (Please print clearly.): _____

Father's Name: _____

Father's Monthly Income: _____

Father's Workplace: _____

Father's Work Number: _____

Father's Cell Number: _____

Father's Email Address (Please print clearly): _____

***I agree for my child to attend TGLC / SAA After School or Summer Camp Program operates on Monday – Friday weekly. I understand the weekly fee is due weekly or every 2 weeks. I understand that my child(ren) can be dismissed from the center for non-payment of fees. Or co-payment fees. I understand my child(ren) could be suspended or dismissed permanently from Center at any time for chronic misbehavior, fighting, safety reasons, and for disrespecting staff members.**

*Parent Signature: _____ Date: _____

Center Meals Served: Breakfast, Lunch & PM Snack / Supper & Snack only for the Afterschool program.

Special Needs of Child (Explain): _____

Medical Information: _____ (Allergies, Sickness and/or Medical Condition)

Your Child's Doctor Name/Clinic & Phone # _____ (in case of an emergency)

**THE FOLLOWING THREE (3) PERSONS HAVE PERMISSION TO PICK UP MY CHILD(REN)
AND CAN BE CONTACTED IN CASE I CANNOT BE REACHED OR IN CASE OF AN EMERGENCY.**

Name: _____	Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____	Relationship to Child: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____

Parent's Signature: _____ Date: _____

My signature indicates that I, Parent or Guardian, have completed this application in good faith. My signature also gives Tech Generation Learning Center staff permission to take photos and/or videos of my child(ren) participating in after school and summer camp activities for the organization's public relations purposes. I can withdraw my consent in writing at any time. The center has informed me that it is not required to carry liability insurance. My signature also indicates that I have been given a copy of the MS State Department of Health Parent Regulations.

TGLC Director / Executive Director's Signature: _____ Date: _____

PARENTS, TURN THIS FORM OVER AND COMPLETE THE BACK OF THIS FORM ALSO. THANK YOU.



*** TGLC Staff, make a copy of this side of the completed form only, and hand deliver the form to the child's school.

TECH GENERATION LEARNING CENTER

AFTER SCHOOL PROGRAM PICK-UP PERMISSION & CONSENT FOR TRANSPORTATION FORM

Parent Transportation Consent and Liability Waiver Form
OFFICE OF THE DIRECTOR / BE SURE TO PLACE A COPY IN STUDENT FOLDER

I/we give permission for my/our son or daughter (**Child's Name**) _____ to be transported from (**Name of School**) _____ / (**Grade**) ____ daily to participate in the Afterschool Program offered by *Tech Generation Learning Center* (TGLC) / *STEM & ARTS Academy* (SAA) located at 26056 West Main Street, West Point, MS 39773. Please allow my child to be dismissed at the normal release time for Car-Riders or Daycare Van/Shuttle pick up at the end of the school day to be picked up by the transportation staff for TGLC.

I/we expect my/our son or daughter to abide by the seatbelt laws for the State of Mississippi, and to conduct himself or herself in a well-mannered way when riding with the TGLC staff. I/we release and save harmless the Tech Generation Learning Center, and all employees or independent contractors from any and all liability from any harm arising to my son/daughter as a result of him or her being transported and waive any claims against them.

I/we expect my/our son or daughter to abide by the seatbelt laws for the State of Mississippi, and to conduct himself or herself in a well-mannered way when riding with the TGLC staff. I/we release and save harmless the Tech Generation Learning Center, and all employees or independent contractors from all liability from any harm arising to my son/daughter as a result of him or her being transported and waive any claims against them.

I/we expect TGLC staff to maintain a high level of professionalism and do everything within their power to ensure my/our Child has a safe ride to the Center each afternoon, unloads safely and enters the Center orderly to participate in the Afterschool program. I agree to pick my son/daughter up from the Center **no later than 6:00 PM**.

By signing this form, I/we (**Parent/Guardian Printed Name**) _____ give permission and consent for my/our son or daughter to be transported from his or her school to Tech Generation Learning Center daily. Further, I/we understand that van/shuttle service from schools to Tech Generation Learning Center will be available five (5) days per week, Monday – Friday.

I/We agree to allow for my/our son or daughter to be transported Monday-Friday to Tech Generation Learning Center unless I contact the school and make another pick up arrangement or inform school officials that my child will ride the bus home on a particular day(s.)

I/We agree that in the event of payment account delinquency with Tech Generation Learning Center becomes unsatisfactory I/We understand that my child(ren) child will be disenrolled from TGLC or affiliate center(s). I/we also understand that my/our child will not be allowed to load the van/shuttle and the child will be sent to the school's office to call their parent(s)/guardian(s) for other transportation home as arranged by the parent(s).

Signature of Parent of Guardian

Date:

www.techgenerationLC.com