



TFA STUDIO SCHOOL
AFTERSCHOOL 2-HOUR ENRICHMENT PROGRAM
Grades K-12

RELEASE & WAIVER

STUDENT NAME	DATE OF BIRTH	M/F	STUDENT ID # FROM PUBLIC SCHOOL	LAST 4 OF SS#	GRADE	HEALTH INS? Y/N	RACE

Weekly Schedule:

- Monday, Tuesday, Thursday: 3:30 pm – 5:30pm
- Wednesday: 12:30 pm – 5:30pm
- Friday: 2:30 pm – 5:30pm

TFA Studio School Next Level Afterschool 2-HOUR Enrichment Program ends promptly at the hours above. **Students will participate in the full 2 hours.** There will be no Afterschool Program on school closure days – refer to the TFA school calendar for these dates.

*****COST: \$17 PER MONTH PER STUDENT OR \$170 FOR THE SCHOOL YEAR PER STUDENT ALL GRADES**

*****LATE FEE: Pickup AFTER 6pm = \$25 for every 5 minutes late APPLIES TO ALL STUDENTS K-12**

Parents Name (Please print) _____ Phone _____

Address: _____

Emergency Contacts: Additional persons other than parents/guardians who are authorized to pick up student(s) or called in case of an emergency:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Would you require transportation for your student to participate? ____ yes ____ no



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STUDENT NAME	ALLERGIES

STUDENT NAME	MEDICATIONS

- I understand Kids Hope Alliance staff have authorization to review school records and files.
- I understand ALL students who are not picked up promptly at the end of TFA Studio School 2-Hour Enrichment Program will PAY THE LATE FEE.
- In consideration of TFA Studio School providing an Afterschool program, and in permitting the child(ren) named before to enroll therein, the undersigned parent/guardian agrees to the following:
 - *I hereby release TFA Studio School and its representatives from any and all liability due to injury, loss, or other consequences that might occur while participating in The TFA Studio School Afterschool 2-Hour Enrichment Program.*
- **Terms of this contract are subject to change based on enrollment and need for the service.**

I agree to comply with the obligations of the program and accept the rules and regulations set forth by TFA Studio School as stated in this contract.

Parent/Guardian _____ Date _____



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City of Jacksonville, Florida
Voice and Image Release Form

I hereby grant to the City of Jacksonville, its respective licensees, successors and assigns (herein collectively called the "Licensed Parties"), the right to perpetually use, publish and copyright my name, voice, picture, portrait, likeness, occupation and testimonial in all media for the City of Jacksonville.

I understand there will be no monetary compensation for my participation in any advertising or promotion.

I understand that nothing herein obligates the Licensed Parties to use my name, voice, picture, portrait, likeness, occupation and testimonial in any advertising or promotion.

I release the Licensed Parties from any liability or damages resulting from the use of my name, voice, picture, portrait, likeness, occupation and testimonial in the manner described herein.

Date: _____

Printed Name: _____

Signature: _____

Parent/Guardian Signature: _____

(Parent or guardian must sign if subject is under 18 years of age)
