

**MANASOTA ASALH FREEDOM SCHOOL**  
*Association for the Study of African American Life and History*

**REGISTRATION FORM**

I am interested in registering my child/children for the Manasota ASALH Freedom School (MAFS) taking place from Saturday, November 4 from 11:30 a.m. to 3:00 p.m. at Girls Inc., 201 S. Tuttle Avenue, Sarasota. Lunch is served at 11:30 a.m.

**Child/children's names and grades** (please print):

Name \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

*Food allergies or dietary restrictions:* \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

*Food allergies or dietary restrictions:* \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

*Food allergies or dietary restrictions:* \_\_\_\_\_

**Parent's name and contact information** (please print):

Name \_\_\_\_\_

Home address \_\_\_\_\_

Email address \_\_\_\_\_ Phone number \_\_\_\_\_

**Emergency contact information** (please print):

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Family doctor's name \_\_\_\_\_ Phone number \_\_\_\_\_

**Drop off and pick up** (check as many as apply)

\_\_\_ I will drop off and pick up my child from the program.

\_\_\_\_\_ (print name) has my permission to pick up and/or drop off my child on my behalf.

\_\_\_ My child will be coming to the program on his/her own.

**Transportation:**

If available, would you be interested in transportation for your child/children to Girls Inc. from the Betty J. Johnson north Sarasota Library, 2801 Newtown Boulevard, Sarasota? *(Please check one).*

Yes  No  Maybe

**Permission to teach** (please sign and date):

My child/children have my permission to attend and be taught African American history at the Manasota ASALH Freedom School at Girls Inc.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**After you register, you'll be receiving additional details about the program.** You can mail your registration form to ASALH, Attn: Freedom School, P.O. Box 2356, Sarasota, FL 34230, or scan and return it to mafreedomschool@gmail.com.

**Questions and additional information?**

Please visit the ASALH website at [asalh-manasotafl.org](http://asalh-manasotafl.org), or send a message to [mafreedomsschool@gmail.com](mailto:mafreedomsschool@gmail.com).

**We thank you for your interest, and look forward to welcoming your child or children to the program.**