



**North Florida Educational Institute  
21<sup>st</sup> Century After School Program  
Student Registration Form**

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent/Guardian Information**

Female Head of Household: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Male Head of Household: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Contact Number \_\_\_\_\_

Allowed to pick child up? (circle one) YES NO

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Contact Number \_\_\_\_\_

Allowed to pick child up? (circle one) YES NO

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date



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**Parent/Guardian Memo of Understanding and Permission**

- I have enrolled my child in the NFEI 21<sup>st</sup> Century After School Program
- I recognize the Program hours of operation
- I understand the NFEI 21<sup>st</sup> Century After School Program will follow the school closing calendar and inclement weather policy. All other closings will be notified in advance.
- I understand that if my student does not attend school during regular school hours they are not allowed to attend the After School Program that day.
- I understand that I shall be notified should my child become ill during Program hours, and that it will be necessary to make arrangements to have my child picked up as soon as possible after notification.
- I understand that as a participant in the Program, my child will have access to a variety of technological equipment. I understand that I am responsible for the cost of replacement/repair of this equipment or material if damaged due to misuse by my child.
- NFEI 21<sup>st</sup> Century After School Program staff, tutors, and program evaluators have my authorization to obtain and review certain school records needed to help plan appropriate support services and provide data required in the program reports to the Federal Government. All records and information about the students will be kept confidential.
- I understand that if my child misses (3) unexcused days of the Program, he/she might be withdrawn from the Program.
- I understand that NFEI 21<sup>st</sup> Century After School Program administration has the right to dismiss my student from the program due to exhibition of poor behavior or any other violation of the NFEI Student Code of Conduct.
- NFEI 21<sup>st</sup> Century After School Program activities may include positive youth development workshops, sports, and other physical activities. I understand that a risk of injury exists when students participate in the above mentioned activities.
- I have read the above statements and give my permission for my child to participate in program activities and NFEI has my authorization to use photographs, reproductions, and any sound recording of my child for promotional purposes.

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Parent/Guardian Signature

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Date



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**Travel Arrangement Declaration**

The NFEI 21<sup>st</sup> Century After School Program acknowledges two forms of transportation for students staying to participate after school. Please indicate below which form of transportation your child will be using:

\_\_\_\_\_ NFEI Bus Transportation

**\*\*Buses will drop off at designated common areas only. It is the responsibility of the parent/guardian to pick up their child from that drop off area\*\***

\_\_\_\_\_ Parent/Guardian Pick Up

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**Parent/Guardian Signature                      Date**