



SUMMER YOUTH ENROLLMENT FORM

Summer Programming Period:

Start Date: _____

End Date: _____

(TYPE and Underline Full Name of Organization) is a NAZA- funded organization offering summer programming free of charge to youth and parents. This programming cannot offer a “drop-in option” and parents and youth must commit to regular attendance.

The Nashville After Zone Alliance (NAZA), is a city-wide out-of-school time partnership between Nashville Public Library, MNPS, Mayor’s Office and non-profit providers working together and committed to high quality afterschool and summer programming especially for middle school youth.

Program Name: _____
Program Location: _____

Please fill out all parts of this form & return to school office.

A. Youth Information (Please complete every line below)

STUDENT ID # (If, MNPS Student) _____ Grade: 5 6 7 8 Gender: _____

Youth name on birth certificate: _____
FIRST LAST

Name you like to be called: _____ Youth Birthdate: ____/____/____

Street Address: _____ Zip code: _____

B. Family & Emergency Contact Info

Custodial Parent/Guardian:

Name: _____ Relationship: _____

Phone #: _____ Email Address: _____

Street Address: _____ Zip code: _____

Alternate Contact for Emergencies:

Name: _____

Relationship: _____ Home or Cell Phone #: _____



C. Medical Information (Please complete the lines below and include as much information as possible)

Medicines: YES NO

Allergies or Food Restrictions? YES NO

Physical restrictions: YES NO

Additional illnesses/conditions? YES NO

If you circled "YES" on any of the above, please give us details so we can care for your child properly:

Does your child have medical insurance? YES or NO (please circle)

If yes, please complete insurance information below; if no please list a preferred hospital:

Preferred hospital if your child needs medical care: _____

Primary Doctor: _____ Doctor Phone: _____

Health Insurance Company Name: _____ Policy #: _____

D. Transportation Info

The info below is required for ALL youth to participate in NAZA-funded summer activities. If this page is omitted your child will not be able to participate in NAZA activities.

Please list pick up contacts below; only those listed will be allowed to pick up youth:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

UNIFIED PARENT CONSENT FORM (General Permissions)

Child's Name: _____

Student Record Release Permission

Nashville After Zone Alliance (NAZA) partner agencies, receive information from Metro Nashville Public Schools (MNPS) about the students that are enrolled in NAZA-funded or affiliated programs. The programs utilize personally identifiable information (PII) from student's school records to plan and provide high quality after school programming for your student. Information that is deemed as part of the student's school record is listed below:

- First, Last, & Middle Name
- Preferred Name
- Gender
- Grade Level
- Student ID
- Address
- Phone Number
- English Learner Status
- IEP Status (Presence of an IEP, and dates that indicate if a new IEP is due)

Note: MNPS will not share any additional information about your child's IEP. The parent/guardian is the only person(s) allowed to disclose any additional information about the IEP.

- Daily Attendance record
- # of suspensions (in and out of school)
- Academic achievement data
 - State TCAP Assessment scores
 - MAP assessment scores
 - Class grades
- Access to devices (computer, tablet) and internet at home

The information will be treated as confidential in agreement with the Family Educational Rights and Privacy Act (FERPA), will not be released to any other parties that are neither associated nor affiliated with NAZA, and will be used for the sole purposes to continue providing high quality after school programming to your child. NAZA personnel and its partners will be properly trained to protect your student's Personally Identifiable Information (PII). Any PII that has been collected and maintained by NAZA partner agencies will be permanently destroyed at the end of the academic year.

Additional Permissions

I give my permission to the Nashville After Zone Alliance and its funded providers, unless otherwise noted in the space below:

- a. To have my child participate in NAZA-funded programs and activities at my child's school as well as other off-site locations throughout the NAZA system, as specified in this enrollment form, knowing that this might include special activities, such as off-site events, end-of-year celebrations, homework/academic help, and field trips, and realizing that some of these may take place outside of regular program hours.
- b. With the medical information provided in the program application in mind, to engage in all activities except as noted.
- c. To secure proper medical treatment for my child in the event of an emergency. If I or my emergency contact cannot be reached, I give permission for a physician to order routine tests and treatment for the health of my child. I give permission to a physician to secure treatment and/or hospitalize my child; after all emergency contact attempts have been made.
- d. To provide assistance in accessing devices and internet services when presented as a barrier for my child to participate in afterschool and summer programs.

- e. To use in media releases to benefit NAZA and its funded providers, photographs, creative work, quotes, videos, or other media which may include my child.

I, the undersigned, understand, acknowledge, and agree:

- That I have read and understand the information provided in the Parent Consent Form.
- That I will update any information I provided about my student in a timely fashion.
- That NAZA-funded and affiliated providers will request my child’s records that may contain personal information (share demographics, grades, assessment, attendance, behavior/suspensions, IEPs and information about access to technology and internet at home) for the sole purpose of helping my child succeed in school and beyond.
- I therefore waive, with respect to these disclosures, any duty of confidentiality arising from Federal or State requirements.
- That participation in NAZA-funded programs and providing information about my child may involve certain risks. I assume all of these risks.
- That NAZA-funded providers will make themselves available to children, parents, and school staff and any concerns they might have.
- That NAZA-funded providers will protect the safety, interests, and rights of all individuals in the program. Therefore, each program will provide a parent/youth handbook or other program-specific information, including behavior policies and grievance procedures.
- That my child may be asked to complete surveys regarding the program for evaluation purposes.
- That I will not seek to hold NAZA or its funded providers responsible for any losses or damages whatsoever which I or my child may incur in connection with NAZA or its funded providers.
- That all program staff are employed by NAZA-funded providers, who are responsible for the operations of the program and supervision of their personnel. NAZA takes no responsibility for these operations or supervision.

I, the parent or legal guardian, give consent for Metro Nashville Public Schools to share my child’s information, as described above, with NAZA staff and its funded and affiliated partners for the purpose of planning and providing high quality afterschool programming to my child. I fully release and discharge MNPS and its employees from any and all liabilities arising out of or in connection with the above described data sharing relative to NAZA and NAZA partners. I reserve the right to withdraw my consent at any time by submitting a written notice of withdrawal of consent to NAZA or its partner.

Signature Custodial Parent/Guardian Date

Signature of NAZA-funded or affiliated program staff Date