



JACKSONVILLE SCIENCE FESTIVAL NEXT LEVEL - AFTERCARE PROGRAM

RELEASE & WAIVER

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

Schedule: The hours of the Aftercare Program are as follows: Monday, Tuesday and Thursday – 4 pm – 6:00pm; Wednesday –1 pm – 6:00pm; Friday –3 pm – 6:00pm. The program ends promptly at the hours above, and those students not picked up by that time will be assessed a late pick-up fee due the next day, or students may be prevented from staying the following day. When school is closed, there will be no Aftercare Program (see TFA school calendar).

Parents Name (Please print) _____ PHONE: _____

Address: _____

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

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

PARENTS REMEMBER NO LUNCH IS SERVED ON WEDNESDAY PLEASE SEND A LUNCH WITH YOUR CHILD.

****TOTAL FEES PER WEEK: \$ 10.00 FOR ONE STUDENT, \$20.00 FOR ADDITIONAL SIBLINGS _____ Initials _____**

- **Payment and Fees:** Cost for the program is per month per student and is due at the beginning of each month. Non-refundable payments can be made in the form of credit, cash, check money order (made payable to TFA).

I understand there is a late-pick up fee of \$25 per 15minutes, for any student picked up after 6pm. Initials _____

***No child(ren) may participate in the Aftercare Program without a signed contract on file.**

**** All fees must be current to participate in the Aftercare Program.**





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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 children who are not picked up promptly afterschool must be signed into Aftercare.
- In consideration of Jacksonville Science Festival providing an Afterschool care, and in permitting the child(ren) named before to enroll therein, the undersigned parent/guardian agrees to the following:
 - *I hereby release Jacksonville Science Festival and its representatives from any and all liability due to injury, loss, or other consequences that might occur while participating in The Jacksonville Science Festival Afterschool 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 Jacksonville Science Festival 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)

