



THE AFTER-SCHOOL PROGRAM FOR YOUNG ENTREPRENEURS

Business Development Initiative (BDI) Event Center
 2841 Greenbriar Parkway, Suite 104
 Atlanta, GA 30331
www.GMPTutoring.com/after-school/
 678.920.0507
Authorization Is Valid:
August 30, 2021 – May 26, 2022

Enrollment Form

STUDENT INFORMATION				
Child 1 Name (<i>Last, First, M.I.</i>):			Sex:	
Date of Birth		Age:		Grade:
Name & Address of School				
Which day(s) will the child attend?				
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Child 2 Name (<i>Last, First, M.I.</i>):			Sex:	
DOB:		Age:		Grade:
Name & Address of School				
Which day(s) will the child attend?				
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Child 3 Name (<i>Last, First, M.I.</i>):			Sex:	
DOB:		Age:		Grade:
Name & Address of School				
Which day(s) will the child attend?				
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

Primary Parent/Guardian Contact Information		
Name:		Relationship:
Address:		
City, State, Zip:		
Home/Cell Phone:		Work Phone:
E-mail address:		
Employer (name and address):		
Secondary Parent/Guardian Contact Information		
Name:		Relationship:
Address:		
City, State, Zip:		
Home/Cell Phone:		Work Phone:
E-mail address:		
Employer (name and address):		

Additional Contacts A copy of a current government issued photo ID will be placed on file for everyone listed below.		
Drop-off/Release Contacts		
Name & Relationship	Address/City/State/Zip	Telephone number
Check if this person is also an emergency contact.		
Check if this person is also an emergency contact.		
Emergency Contacts (other than parents if there are not two listed above)		
Name & Relationship	Address/City/State/Zip	Telephone Number

Emergency Medical Authorization

Should _____ suffer an injury or illness while at the Greater M Power Tutoring (GMPT) facility and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) agree to keep the facility informed of changes in the telephone numbers, etc. where I (we) can be reached. The facility agrees to keep me (us) informed of any incidents requiring professional medical attention involving my (our) child.

Unless otherwise informed by the parents and/or legal guardians, your child will be taken to Summit Urgent Care, 3515 Camp Creek Pkwy, East Point, GA 30344 if a medical emergency occurs which requires professional medical attention.

Child's primary source of healthcare is:

Name of Physician/Clinic/Hospital Telephone

Known medical conditions (i.e. diabetic, asthmatic, any allergies):

Known medications to which child is allergic (i.e. codeine, penicillin etc.):

Special instructions for medications currently taking or prescribed:

Parent/Guardian Signature Date

Phone Numbers:
(w) _____
(c) _____

Parental Agreements with Greater mPower Tutoring, NP

Check each statement and sign at the bottom.

	<p>1. I (we) understand that Greater M Power Tutoring, NP seeks to provide a positive, Christian atmosphere and will incorporate prayer, worship, and Bible study into its daily routine. My (our) child(ren) is not obligated to participate but must be respectful during these times.</p>
	<p>2. I (we) understand that Greater M Power Tutoring, NP is providing a service for young entrepreneurs, and is not a school. This service is not required to be licensed by Bright from the Start's Georgia Department of Early Care and Learning. We do carry liability insurance.</p>
	<p>3. I (we) understand that children with disabilities are welcome given the proper staff is available to render care.</p>
	<p>4. Should my (our) child(ren) be repetitively disrespectful, uncooperative, or disruptive they may be denied the privilege of participating in this program. There will be no reimbursement, of any kind, should my (our) child(ren) be expelled under these circumstances.</p>
	<p>5. I (we) understand that I (we) am free to unenroll my (our) child(ren) at any time. Any remaining balance with Greater M Power Tutoring, NP is due by the last day that my (our) child is in attendance and any credit on my (our) account will then be refunded.</p>
	<p>6. I (we) understand that my (our) child is to be picked up by 6:30 pm. A \$5.00 per 15-minute late fee will be charged after a 5-minute grace period. The late fee will be payable at the time my (our) child is picked up.</p>
	<p>7. My (our) child will not be allowed to enter or leave the facility without being escorted by parent(s) and/or person(s) authorized by parent(s) or facility personnel.</p>
	<p>8. Before medications are dispensed to my (our) child, I (we) will complete a written authorization form which includes date, name of medication, name of physician, prescription number, dosage, date and times that medications are to be administered. Medicine will be in the original container with my (our) child's name on it.</p>
	<p>9. I (we) acknowledge that it is my (our) responsibility to keep my (our) child's records current and report any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, immunization records, and feeding plans.</p>
	<p>10. The facility agrees to keep me (us) informed of any incidents including illnesses, injuries, and adverse reactions to medications, etc., which affect my (our) child.</p>
	<p>11. I (we) give permission to Greater M Power Tutoring, NP to photograph my (our) child for promotional purposes. I (we) understand these photographs may be used for websites, brochures, newsletter, magazines, etc. Greater M Power Tutoring, NP will not make any money on this promotional advertisement and my (our) child will not be compensated for such.</p>
	<p>12. COVID STATEMENT RELEASE AND WAIVER. I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST GREATER MPOWER TUTORING AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES,</p>

	<p>VOLUNTEERS, AND AGENTS (THE “RELEASED PARTIES”), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.</p> <p>ASSUMPTION OF THE RISK.</p> <p>I acknowledge and understand the following:</p> <ol style="list-style-type: none"> 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; 2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and 3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.
	<p>13. I/we agree to provide Greater MPower Tutoring, NP copies of my/our child(ren)'s progress reports, report cards and any other pertinent information relevant to helping the center provide academic support to my/our child(ren).</p>

Parent/Guardian's Signature _____ Date _____

Administrator's Signature _____ Date _____

FINANCIAL AGREEMENT I (we) hereby agree to pay _____ to Greater M Power Tutoring, NP for The After School Program for Young Entrepreneurs for my (our) child(ren):
 List child(ren)'s name(s): _____.