



# Navigators Afterschool Enrollment Form

Jennifer Holland, Navigators Afterschool Program Director ♦ jsholland@mytamassee.org

## Attendance Dates and Payments

Please check the programming you wish your child(ren) to participate in.

### Navigators Afterschool Program

The Navigator’s Afterschool Program follows the calendar for the School District of Oconee County and operates from 3 pm to 6 pm on all regular school days. **Registration Fee:** \$50/Child or \$75/Family.

### Full Days

The Navigator’s Afterschool Program is open for full days during breaks and Teacher In-Service days. Indicate if your child will be attending fall, winter, and/or spring break. **The deadline to notify the Navigator Afterschool Director of your child attendance is TWO weeks prior to the full day.**

Fall Break (Oct 5-12<sup>th</sup>)     Winter Break (Dec. 21-22 & Dec. 28-31<sup>st</sup>)     Spring Break (Mar. 15-19<sup>th</sup>)

### STEM Club

BRIEF Navigators STEM Club begins September 17, 2026.

**Fees are due at time of enrollment for all Non-Afterschool Participants.**

All Sessions \$325     Fall Semester \$150 (9/17-12/3/2026)     Spring Semester \$225 (1/14-4/29/2027)

### Payment Agreement

**To be enrolled in any of the programs above, a SmartCare Account must be created for your family and a working debit/credit card kept on file for payment on the account.** Payment will be processed on the 28<sup>th</sup> of each month. **If you want to cancel enrollment, you MUST cancel in writing by 2:30 p, on the 25<sup>th</sup> of the month.** This will ensure that the Navigators Director will have time to remove the charge from your account before it is automatically processed. If your card is declined when automatically processed, you will be contacted that same day and asked to provide an alternative card to be placed on your SmartCare account and charged that business day. **If you are not able to pay for the upcoming month, your child’s registration will be removed.** Please remember that we have a scholarship application available upon request for families in need. **Please be advised that NO refunds will be given once a charge is processed through SmartCare. Service fee includes 3% credit card charge.**

\_\_\_\_\_  
Parent/Guardian Name

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

Student Name(s): \_\_\_\_\_

# How did you hear about Navigators Afterschool?

**Referral Incentive:** As a thank you for sharing our programming with your friends, you will receive a \$20 referral credit on your SmartCare account for any new family that lists you on their application.

Returning Student: \_\_\_\_\_

Referred By (Name of Referral): \_\_\_\_\_

## Social Media:

Facebook

Instagram

LinkedIn

Community Text Line

Tamassee Hope Village Website

Radio Advertisement

Newspaper

Community Flyer

## Community Event:

Tamassee Hope Village Event: \_\_\_\_\_

Back to school Bash

Salem Fall Fest

Boo in the Park

Salem Christmas Parade

Other: \_\_\_\_\_

# Student and Health Information – First Child

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

## Academic Information

Has your child ever been tested for special needs?  YES  NO

Does your child have a 504 plan or Individualized Education Plan (IEP)?  YES  NO

What goals or expectations do you have for your child during their time in the program?

What areas of concern, regarding their grades or academics do you have?

## Medical Information

Allergies/Dietary Concerns: \_\_\_\_\_

Diagnosed Special Needs: \_\_\_\_\_

Physical Limitations / Other Medical Concerns: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Certificate of Immunization:  YES  NO  N/A, please explain: \_\_\_\_\_

## Emergency Contacts

**List individuals approved to make emergency medical decisions regarding this child.**

(Individuals must be 18 years or older.)

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 3: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Date

# Student and Health Information – Second Child

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

## Academic Information

Has your child ever been tested for special needs?  YES  NO

Does your child have a 504 plan or Individualized Education Plan (IEP)?  YES  NO

What goals or expectations do you have for your child during their time in the program?

What areas of concern, regarding their grades or academics do you have?

## Medical Information

Allergies/Dietary Concerns: \_\_\_\_\_

Diagnosed Special Needs: \_\_\_\_\_

Physical Limitations / Other Medical Concerns: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Certificate of Immunization:  YES  NO  N/A, please explain: \_\_\_\_\_

## Emergency Contacts

**List individuals approved to make emergency medical decisions regarding this child.**

(Individuals must be 18 years or older.)

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 3: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Date

# Student and Health Information – Third Child

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

## Academic Information

Has your child ever been tested for special needs?  YES  NO

Does your child have a 504 plan or Individualized Education Plan (IEP)?  YES  NO

What goals or expectations do you have for your child during their time in the program?

What areas of concern, regarding their grades or academics do you have?

## Medical Information

Allergies/Dietary Concerns: \_\_\_\_\_

Diagnosed Special Needs: \_\_\_\_\_

Physical Limitations / Other Medical Concerns: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Certificate of Immunization:  YES  NO  N/A, please explain: \_\_\_\_\_

## Emergency Contacts

**List individuals approved to make emergency medical decisions regarding this child.**

(Individuals must be 18 years or older.)

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 3: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Date

# Medication Administration

Child's Name: \_\_\_\_\_ Reason for Medication: \_\_\_\_\_

Possible Side Effects:

Contact Details of Prescribing Physician:

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Directions for Dosage: \_\_\_\_\_

Is this medication self-administered by the child?  YES  NO

I, \_\_\_\_\_, give permission to authorized staff member(s) to administer medication to my child as indicated below.

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

\_\_\_\_\_  
Date

## Medication Details

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

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Directions: \_\_\_\_\_

Amount: \_\_\_\_\_

Refills (amount/date/initials): \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

# Family Information

## Home Address

## Father's Information

Father/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## Mother's Information

Mother/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## Demographic Information

All demographic information will be kept private and only used for internal purposes and for collated reporting to funders.

Household Size:

Members of the Household over the age of 18 years old: \_\_\_\_\_.

Members of the household 18 years of age and below: \_\_\_\_\_.

Income Level: Please check the income level that is most appropriate.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$20,000      | <input type="checkbox"/> \$20,000 - \$30,000 | <input type="checkbox"/> \$30,000 - \$40,000 |
| <input type="checkbox"/> \$40,000 - \$50,000 | <input type="checkbox"/> \$50,000 - \$60,000 | <input type="checkbox"/> \$60,000 +          |

Does your family qualify for Free/Reduced Lunch?  YES  NO

Race/ Ethnicity: Please check **ALL** that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Middle Eastern or North African     |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American         | <input type="checkbox"/> White                               |
| <input type="checkbox"/> Hispanic, Latino, or Spanish      | <input type="checkbox"/> Other                               |

Education Level: Please check the highest level of education for each parent / guardian.

- |   |   |
|---|---|
| Father/Guardian 1   | Mother/Guardian 2   |
| <input type="checkbox"/> Some High School                 | <input type="checkbox"/> Some High School                 |
| <input type="checkbox"/> High School Graduate             | <input type="checkbox"/> High School Graduate             |
| <input type="checkbox"/> Some College                     | <input type="checkbox"/> Some College                     |
| <input type="checkbox"/> Associate's Degree/Certification | <input type="checkbox"/> Associate's Degree/Certification |
| <input type="checkbox"/> Bachelor's Degree                | <input type="checkbox"/> Bachelor's Degree                |
| <input type="checkbox"/> Master's Degree or Higher        | <input type="checkbox"/> Master's Degree or Higher        |

## Additional Adults Approved for Pick Up

- Authorized Pickup 1: \_\_\_\_\_ Phone #: \_\_\_\_\_
- Authorized Pickup 2: \_\_\_\_\_ Phone #: \_\_\_\_\_
- Authorized Pickup 3: \_\_\_\_\_ Phone #: \_\_\_\_\_
- Authorized Pickup 4: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Adults NOT Approved for Pick Up

- Name 1: \_\_\_\_\_
- Name 2: \_\_\_\_\_
- Name 3: \_\_\_\_\_

# Consent to Receive or Disclose Information

The information will be disclosed to and used by the Navigators Afterschool Program at Tamassee Hope Village, P.O Box 8, Tamassee, SC 29686.

Purpose of Request: Educational Needs

I understand that information about my child(ren) may be received/disclosed with the following school and teaching staff:

Child 1: \_\_\_\_\_

Teachers(s)/School: \_\_\_\_\_

Child 2: \_\_\_\_\_

Teachers(s)/School: \_\_\_\_\_

Child 3: \_\_\_\_\_

Teachers(s)/School: \_\_\_\_\_

\_\_\_ **Initials:** I understand this consent may be used to provide two-way communication (received & disclosed) between the above listed school and Tamassee Hope Village for the development and academic needs of the child named above.

\_\_\_ **Initials:** I understand that I have the right to revoke this consent at any time by providing a written statement to the Navigators Afterschool Program Director at Tamassee Hope Village, except to the extent that action has already been taken based on this consent and with the knowledge that it could inhibit my child's care.

\_\_\_ **Initials:** I understand that I may obtain any information used or disclosed.

\_\_\_ **Initials:** I understand that refusal or withdrawal of this consent may inhibit the academic needs of my child.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Navigators Afterschool Director

\_\_\_\_\_  
Date

# Authorization to Transport

We are pleased to have the opportunity to transport your child to the Navigators Afterschool Program. Students are expected to engage in appropriate behavior at all times while riding in a Tamassee vehicle. **If your child is absent from school or is not attending Afterschool on any day, it's the parent/guardian's responsibly to notify the Navigators Afterschool Director and the child's school.**

During transportation, your child(ren) will be expected to meet the following expectations.

- Stay seated and seatbelt always fastened.
- Use a quiet voice.
- Keep hands and feet to self (not in aisles or on others).
- Follow all directions of the driver.

Failure to maintain these rules may result in a loss of transportation privileges.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School: \_\_\_\_\_

I hereby give permission to Tamassee Hope Village to transport my child(ren) to the Navigators Afterschool Program. My signature below indicates that I have read and agree to the transportation rules.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guadian

\_\_\_\_\_  
Date

## Release of Liability

In consideration of allowing the previously declared participant(s) to begin participation in the Navigator Afterschool Program at Tamasee Hope Village, while on the premises and property of the School, the undersigned, for themselves, and/or being the legal and acting guardian of participant(s), acting for themselves and on behalf of the participant(s), release and hold harmless Tamasee Hope Village, its employees and volunteers from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant, while in or upon the premises upon which the Navigators Afterschool program is conducted, or any premises under the control and supervision of Tamasee Hope Village employees and volunteers, in route to or from any of the said premises, or while at any premises or place when activities sponsored by or participated in by Tamasee Hope Village employees and volunteers.

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Signature of Parent/Guadian

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Date

## Release for Publicity

I **DO** give my consent for Tamasee Hope Village to use my child's name, image, photograph, or other identifying information in written or visual form for the school's newsletter or other media. I realize that many of the school's activities include groups of children, and I do not wish for my child to be excluded from photographs that are used as recognition of accomplishments or as information only.

Tamasee Hope Village is completely committed to rejecting any use of children's names, photographs, or other identification in any manner whatsoever that could be considered exploitation. No child will ever be intentionally used in such a manner.

Tamasee Hope Village will teach all children the basic principles of good citizenship, the ability to care for themselves, and the ability to relate to others. Best judgment will be used in all matters of publicity pertaining to my child.

I **DO NOT** give my consent for Tamasee Hope Village to use my child's name, image, photograph, or other identifying information in written or visual form.

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Signature of Parent/Guadian

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Date

# Parent Handbook Acknowledgement

\_\_\_\_ **I DO** agree with and will follow the policies and procedures in the Navigator Afterschool Parent Manual. If I have any concerns about the policies and procedures, I will contact Jennifer Holland, Navigators Afterschool and Summer Camp Director.

\_\_\_\_ **I DO NOT** agree with the policies and procedures in the Navigators Afterschool Parent Manual and I wish to un-enroll my child(ren) for the Navigators Afterschool Program.

Parent/Guardian Printed Name: \_\_\_\_\_

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

**Navigators Afterschool and Summer Camp Director**

**Jennifer Holland**

[jsholland@mytamassee.org](mailto:jsholland@mytamassee.org)

(864) 944-3022



Blue Ridge Innovation Entrepreneurship Foundation

## PHOTO CONSENT FORM

I, \_\_\_\_\_ (parent/guardian) with a  
mailing address of \_\_\_\_\_ in the city of  
\_\_\_\_\_, in the state of \_\_\_\_\_ (zip code) \_\_\_\_\_

grant permission and give my consent to Blue Ridge Innovation &  
Entrepreneurship Foundation (BRIEF) to photograph  
\_\_\_\_\_ (student name(s))

and post on social media for the purpose of sharing information  
about BRIEF and promoting BRIEF programs to supporters,  
partners and followers.

### Signature Required:

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

BRIEF representative \_\_\_\_\_



# National Society Daughters of the American Revolution

## PHOTO/VIDEO RELEASE FORM

I, *(please print full name neatly)* \_\_\_\_\_,  
hereby grant permission to the National Society Daughters of the American Revolution (NSDAR),  
including any of its chapters or state societies, to publish photos/images/videos including the name of  
my child in press releases and/or other materials either in print or electronic format for purposes deemed  
appropriate by the NSDAR.

I am signing this release form with the knowledge that any photos/images/videos posted  
electronically and in press releases can be downloaded and reprinted by news organizations, individuals  
and others including print, electronic, and broadcast media, and I, therefore, release the NSDAR from  
any liability arising from use of my child's photos/images/videos in web postings.

I further understand that if I wish to rescind this agreement, I may do so at any time by sending a  
letter to NSDAR. I further understand that already published photos/images/videos cannot be recalled.  
The requested rescission will take effect upon receipt of the notification.

Name of minor child: \_\_\_\_\_  
(PRINT NAME)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NSDAR CONTACT INFORMATION

Name of Contact: \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_