



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 5-12th) ☐ Winter Break (Dec. 21-22 & Dec. 28-31st) ☐ Spring Break (Mar. 15-19th)

☐ 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 28th of each month. **If you want to cancel enrollment, you MUST cancel in writing by 2:30 pm, on the 25th 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.

☐ \$0 - \$20,000	☐ \$20,000 - \$30,000	☐ \$30,000 - \$40,000
☐ \$40,000 - \$50,000	☐ \$50,000 - \$60,000	☐ \$60,000 +

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

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

- | | |
|--|--|
| ☐ American Indian or Alaskan Native | ☐ Middle Eastern or North African |
| ☐ Asian | ☐ Native Hawaiian or Pacific Islander |
| ☐ Black or African American | ☐ White |
| ☐ Hispanic, Latino, or Spanish | ☐ Other |

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

Father/Guardian 1

- ☐ Some High School
- ☐ High School Graduate
- ☐ Some College
- ☐ Associate's Degree/Certification
- ☐ Bachelor's Degree
- ☐ Master's Degree or Higher

Mother/Guardian 2

- ☐ Some High School
- ☐ High School Graduate
- ☐ Some College
- ☐ Associate's Degree/Certification
- ☐ Bachelor's Degree
- ☐ 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.

Signature of Parent/Guadian

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.

Signature of Parent/Guadian

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

(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: Mrs. Debbie Lamb Junior American Citizens Club Sponsor

Phone No. (864) 710-3924 E-mail _____