



# After-School Program Application Packet

---

## Application Process

1. Schedule a Tour – Come visit EverGrow Farm to see our after-school program in action.
2. Submit Application – Complete this packet and return it with the \$50 non-refundable application fee.
3. Skills & Interests Visit – Student and parent/guardian meet with staff to share strengths, needs, and goals.
4. Family Meeting – Review eligibility, program options, tuition, and your individualized program offer.
5. Signed Contract & Deposit – Secure placement by finalizing enrollment and tuition agreement.

## Program Overview

The EverGrow Farm After-School Program provides children with a safe, engaging, and supportive environment where they can grow in life skills, confidence, and community connection. Students participate in homework support, outdoor activities, farm-based learning, arts, and enrichment programs designed to foster independence and creativity.

Program Hours:


- Monday, Tuesday, and Thursday, 4:00-6:00 (depending on program)
- Located at EverGrow Farm, 244 Holt Hills Rd. Nashville TN 37211

## Application Fee

- \$50 non-refundable application fee is required at the time of submission.
- Payment must be received before application review begins.

## Contact Us

For questions or to schedule a tour:

 Phone: 615.828.1354

 Email: [info@evergrowfarm.org](mailto:info@evergrowfarm.org)

 Website: [evergrowfarm.org](http://evergrowfarm.org)



# Application Form

---

## Student Information

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

## Parent/Guardian Information

Parent/Guardian Name(s): \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact (other than parent/guardian)

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Authorized Pick-Up Persons

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

Names(s): \_\_\_\_\_

## Health & Support Information

Primary Diagnosis/Conditions (if applicable): \_\_\_\_\_

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

Medications: \_\_\_\_\_

Mobility or Physical Support Needs: \_\_\_\_\_



Communication Supports: \_\_\_\_\_

Behavioral Supports: \_\_\_\_\_

### Program Selection

Please indicate the program(s) for which you would like to enroll your student. Tuition for after-school programs is based on the specific program selected, and prices may vary.

\_\_\_\_\_

### Tuition Agreement

- Weekly rate is due at the beginning of each week.
- Monthly rate is due at the beginning of each month.
- Tuition is not adjusted for illness, weather closures, or prolonged absence.
- Tuition fees may change due to holiday closures or in-service days; families will be notified one month in advance of any rate changes.
- A 30-day written notice is required to withdraw from the program.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Medical & Exam Form

To be completed by physician or attach a current physical within the past 12 months.

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

Phone: \_\_\_\_\_

Date of Last Exam: \_\_\_\_\_

I authorize EverGrow Farm staff to obtain emergency medical treatment for my child if necessary.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



### Consent for Medical Release

I, the undersigned, authorize the release of medical information regarding my child to EverGrow Farm staff as needed for participation and emergency response.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Media Release

- ☐ I give permission  
☐ I do not give permission

for photographs and/or videos of my child participating in EverGrow Farm activities to be used for educational, promotional, and social media purposes.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Participant Guidelines & Procedures Agreement

- Students are expected to follow EverGrow Farm's safety rules and staff directions.
- Families are responsible for pick-up by closing time (late fees apply).
- Respect for staff, peers, animals, and property is required at all times.

I have reviewed and agree to abide by the Participant Guidelines & Procedures.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_