THE NATIONAL ARTS, AGRICULTURE & ADVANCEMENT FOUNDATION

National Future Leaders of America

STUDENT ENROLLMENT APPLICATION

& Registration Packet · 2026

Division I Agriculture · Division II Arts & Media · Division III Entrepreneurship & Tech · Division IV Adult Employment

"From Seed to Harvest — From Student to Leader — From Nothing to Everything."

Please complete EVERY section and sign where indicated. One application per student. Incomplete packets cannot be processed and may delay enrollment. Print clearly in blue or black ink, or complete electronically.

WHAT YOU WILL NEED TO COMPLETE THIS PACKET

- The student's birth certificate or other proof of age.
- A current immunization (shot) record, or a signed religious/medical exemption.
- Health insurance information and a copy of the insurance card (front and back), if insured.
- The name and phone number of the student's physician/health-care provider.
- Names and phone numbers of at least two emergency contacts and everyone authorized to pick the student up.
- Any current 504 Plan, IEP, allergy/asthma/seizure action plan, or custody order, if applicable.
- The one-time $25 registration fee and your selected tuition plan (see Section D).

Submit to Admin@na3foundation.org, in person at 3515 W. Roosevelt Blvd, Monroe, NC, or by appointment. Questions? Call 980-497-2748 or visit NA3foundation.org.

Section A — Student Information

Legal First Name	**Legal Last Name**	
Middle Name / Initial	**Preferred Name / Nickname**	**Date of Birth (MM/DD/YYYY)**
Age	**Gender / Pronouns (optional)**	**T-shirt / Uniform Size (optional)**
Home Address		
City	**State**	**ZIP**
Primary language spoken at home	**Interpreter needed? (Y/N — language)**	

Current school status (check one):

- ☐ Public school
- ☐ Charter school
- ☐ Private school
- ☐ Home school
- ☐ GED / Adult education
- ☐ College / University
- ☐ Not currently enrolled
- ☐ Other

Current School Name (if applicable)	**Grade Level**

Current GPA (if applicable)	**Does the student have an IEP or 504 Plan? (Y/N)**

SECTION B — PARTICIPANT TRACK & AGE CATEGORY

NFLA serves ages 5 through adult with no upper age limit. Check the track that fits the student's age (staff will confirm placement).

- ☐ Youth Foundational Track (Ages 5–9) — rotational, all-division exposure
- ☐ Youth Development Track (Ages 5–12) — foundational curriculum
- ☐ Standard Youth Pipeline (Ages 13–24) — four-phase NFLA progression
- ☐ Adult Workforce Track (Ages 25–64)
- ☐ Division IV Adult Employment Track (Ages 18+)
- ☐ Senior Track (Ages 65+) — flexible scheduling

SECTION C — DIVISION & DUAL-CORE FIELD SELECTION

Every student selects ONE Agriculture field AND ONE Arts field — both are required (the "dual-core" rule). Business & marketing fundamentals are built into every field. Final selection is confirmed after the 40-Day Foundational Assessment; this captures the student's first interests.

1) Primary AGRICULTURE field (Division I — choose one):

- ☐ Sustainable Crop Production
- ☐ Livestock Management
- ☐ Horticulture & Landscaping
- ☐ Culinary Arts & Farm-to-Table
- ☐ Animal / Veterinary Science
- ☐ Agricultural Business & Marketing
- ☐ Food Science & Safety
- ☐ Environmental / Soil Science
- ☐ Aquaculture
- ☐ Agriscience & Research
- ☐ Other (write in below)

2) Primary ARTS field (Division II — choose one):

Performing:

- ☐ Vocal Performance & Singing
- ☐ Instrumental Music
- ☐ Songwriting & Composition
- ☐ Theatre & Stage
- ☐ Dance — Contemporary / Hip-Hop
- ☐ Dance — African Diaspora & Cultural
- ☐ Spoken Word & Poetry
- ☐ Choreography & Movement

Media & Production:

- ☐ Music Production & Recording
- ☐ Audio Engineering

- ☐ Film & Video Production
- ☐ Broadcast Journalism
- ☐ Animation & Motion Graphics
- ☐ Digital Content & Social Media
- ☐ Podcast & Radio
- ☐ Music Business & Artist Mgmt

Visual & Design:

- ☐ Graphic Design & Typography
- ☐ Photography
- ☐ Fashion Design & Textile
- ☐ Makeup Artistry
- ☐ Illustration & Fine Art
- ☐ Brand Design & Visual Identity
- ☐ Creative Direction
- ☐ Set & Stage Production

3) Additional interests — Division III (Entrepreneurship, Technology & Sciences):

- ☐ Entrepreneurship & Business
- ☐ Financial Literacy
- ☐ Digital Marketing
- ☐ Web / App Development
- ☐ Cybersecurity Fundamentals
- ☐ Data Science
- ☐ Sports Therapy & Injury Prevention
- ☐ Holistic Wellness & Movement Science

4) Division IV Adult Employment (18+) — certification / employment interest:

☐ CDL Class A (logistics)

☐ Life & Health Insurance licensing

☐ Real Estate

☐ CompTIA Security+

☐ HVAC

☐ OSHA 30

☐ ServSafe / Food Safety

☐ BQA (livestock)

SECTION D — TUITION PLAN & PAYMENT

A one-time $25 registration fee applies. Choose a tuition plan below.

Plan	Rate	Select
Tier 1	**$55** per week	☐ Core Curriculum
Tier 2	**$125** per week	☐ Ein Package
Monthly Plan	**$333.33** per month	☐ Full Package

Payment preference (check all that apply):

☐ Pay weekly

☐ Pay monthly

☐ Full season upfront

☐ Scholarship requested (complete Section U)

☐ Payment plan needed

☐ Sponsor / third-party paying

SECTION E — PARENT / GUARDIAN INFORMATION

Primary Parent / Guardian

Full Legal Name	**Relationship to Student**
Primary Phone	**Secondary Phone**

Email Address	**Preferred contact method (call/text/email)**
Home Address (if different from student)	
Employer (optional)	**Best hours to reach you**

Secondary Parent / Guardian (if applicable)

Full Legal Name	**Relationship to Student**
Phone	**Email Address**

SECTION F — HOUSEHOLD & CUSTODY

Number of people in household	**Number of dependents**	**Languages spoken at home**
Are there any custody or legal arrangements staff should know about? (describe)		
Is there anyone who is NOT permitted to contact or pick up the student? (name & note any court order)		

If a custody order or protective order applies, please attach a copy. Staff will follow it exactly.

SECTION G — EMERGENCY CONTACTS & AUTHORIZED PICKUP

Emergency Contacts (at least two, other than the parents above)

Contact 1 — Full Name	Relationship	Phone
Contact 2 — Full Name	**Relationship**	**Phone**

Authorized to pick up the student (ID may be required)

Name	Relationship	Phone
Name	**Relationship**	**Phone**
Family pickup password/code (optional, for added security)		

Standard youth pickup is 3:30 PM. Students 16+ may stay for Extended Day until 7:00 PM with consent (Section Q).

Section H — Confidential Health & Medical History

This section is REQUIRED and CONFIDENTIAL. It is shared only with staff on a need-to-know basis to keep your student safe.

Does the student have any of the following? (check all that apply)

- ☐ Asthma
- ☐ Diabetes (Type 1 or 2)
- ☐ Epilepsy / Seizure disorder
- ☐ Severe allergies (food/environmental)
- ☐ Cardiovascular condition
- ☐ Sickle cell disease or trait
- ☐ ADHD / ADD
- ☐ Anxiety
- ☐ Depression
- ☐ Autism spectrum
- ☐ Hearing impairment
- ☐ Visual impairment
- ☐ Physical disability
- ☐ Learning disability
- ☐ Skin condition (eczema, etc.)
- ☐ None of the above

If you checked any condition above, please describe (include triggers & what helps):
Current medications (name, dose, time taken)

Known drug allergies	**Known food allergies**
Environmental / insect allergies	**Reaction & treatment (e.g., EpiPen)**
Primary care physician — Name	**Physician phone**
Health insurance provider	**Policy / member number**

Emergency action plans on file (check all that apply):

☐ Allergy / anaphylaxis action plan (attached)
☐ Asthma action plan (attached)
☐ Seizure action plan (attached)
☐ None

SECTION I — MOVEMENT & DANCE WELLNESS (complete if enrolling in dance/movement)

Dancers and movement artists are athletes. This helps our wellness staff keep your student safe.

Has the student experienced any of the following? (check all that apply)

☐ Prior dance/movement injury
☐ Chronic joint pain (knees/ankles/hips)
☐ Back or spinal concerns
☐ Muscle fatigue / overtraining
☐ Stress fractures
☐ Tendinitis

☐ Previous orthopedic surgery ☐ Concussion history

☐ Hypermobility / joint laxity ☐ None of the above

Describe any injury relevant to movement arts	**Current PT / chiropractor (if any)**

SECTION J — IMMUNIZATION RECORD

Please attach the student's official immunization record, OR complete the table below. Mark exemptions if applicable.

☐ Fully vaccinated per CDC schedule — record attached

☐ Partially vaccinated — record attached

☐ Medical exemption — physician note attached

☐ Religious exemption — signed statement attached

Vaccine	Date Received	Booster Date
MMR (Measles, Mumps, Rubella)		
DTaP / Tdap		
Varicella (Chickenpox)		
Hepatitis A		

Hepatitis B		
Polio (IPV)		
Influenza (most recent)		
Meningococcal		
COVID-19 (if applicable)		
HPV (if applicable)		

SECTION K — DIETARY & NUTRITION (Farm-to-Table meals)

Our Farm-to-Table program prepares meals from food students grow. Tell us about any dietary needs.

☐ No restrictions ☐ Vegetarian

☐ Vegan ☐ Gluten-free

☐ Dairy-free / lactose intolerant ☐ Nut allergy

☐ Shellfish allergy ☐ Egg allergy

☐ Kosher ☐ Halal

☐ Diabetic diet ☐ Other (specify below)

Additional dietary needs / notes

Section L — Medication Administration Authorization

Complete only if staff may give medication. All medication must be in its original, labeled container.

Over-the-counter (as-needed) medications I authorize staff to administer per label directions:

☐ Acetaminophen (Tylenol)

☐ Ibuprofen (Advil/Motrin)

☐ Antihistamine (Benadryl)

☐ Antacid

☐ Sunscreen

☐ Insect repellent

☐ None

Prescription medication(s) to be kept/administered at program	**Dose & time**

Special instructions or storage needs (e.g., refrigeration, EpiPen location)

I authorize trained NFLA staff to administer the medication(s) listed above to my student as directed.

Parent / Guardian Signature _____ Date _____

SECTION M — EMERGENCY MEDICAL TREATMENT AUTHORIZATION

If my student needs emergency medical care and I cannot be reached, I authorize NFLA staff to take the actions I check below.

☐ Call 911 and emergency medical services

☐ Administer first aid as trained

☐ Administer my student's prescribed medication

☐ Consent to emergency hospital treatment

☐ Transport to the nearest emergency facility

☐ Contact the emergency contacts in this packet

Specific medical instructions for staff in an emergency

I certify the health information in this packet is accurate and authorize the emergency actions I have checked.

Parent / Guardian Signature	Date
Printed Name	Relationship to Student

Notary (optional):

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public: _____ My commission expires: _____

SECTION N — PHOTO, VIDEO & MEDIA RELEASE

NFLA documents program activities for families, marketing, grant reporting, and showcases. Please indicate your permissions.

I authorize NFLA to capture and use my student's image, voice, name, and work for: (check all you allow)

- ☐ Photographs
- ☐ Video recordings
- ☐ Audio recordings
- ☐ First name & last initial
- ☐ Student artwork / creative work
- ☐ Recorded song / performance promotion

Platforms (check all you allow):

☐ Instagram ☐ Facebook

☐ TikTok ☐ YouTube

☐ Website & digital marketing ☐ Grant applications & funder reports

☐ Print (flyers/brochures) ☐ Press / local news

☐ ALL of the above ☐ NONE — I do not authorize any media use

If limited, describe what is and isn't allowed

SECTION O — FIELD TRIP, MARKET & TRANSPORTATION CONSENT

Students participate in off-site activities such as the National Youth Harvest Market, performances, and community events.

☐ I give permission for my student to participate in supervised off-site field trips and community events.

☐ I give permission for NFLA-arranged transportation to and from off-site activities.

☐ I will provide my own transportation to/from off-site activities.

☐ I do NOT give permission for off-site activities (student remains on-site).

SECTION P — TECHNOLOGY & DEVICE ACCEPTABLE USE

NFLA uses computers, recording equipment, and online tools for learning. Personal device use during program hours is limited for focus and safety.

☐ I and my student agree to use NFLA technology responsibly, respectfully, and only for program purposes.

☐ I understand personal phones/devices are limited during program hours per staff direction.

☐ I understand NFLA is not responsible for personal devices that are lost or damaged.

SECTION Q — EXTENDED DAY AUTHORIZATION (Ages 16+)

Standard pickup is 3:30 PM (During the Summer). #:30 - 7:00 pm est for After School program. Students 16+ may stay until 7:30 PM for showcase rehearsal, market setup, advanced production, or leadership activities, with consent and a transportation plan.

☐ YES — I authorize Extended Day until 7:30 PM for my student (16+).

☐ YES — during showcase/market season only.

☐ NO — standard 3:30 PM pickup only.

Extended Day transportation plan (who/how the student gets home)

SECTION R — HOST FACILITY ACKNOWLEDGMENT

Programming is hosted at a faith-community facility. Out of respect for the host, music and choreography selections are spiritual or instrumental while in the sanctuary space.

☐ I acknowledge and support the host-facility music and conduct expectations.

Section S — Student Code of Conduct & Program Agreement

By signing, the student (age 5+) and parent/guardian agree to the following:

☐ Arrive on time, prepared, and ready to participate fully.

☐ Treat all staff, students, families, and the facility with respect; physical aggression or disrespect may lead to suspension or removal.

☐ Follow the zero-tolerance policy for drugs, alcohol, and tobacco on or near the premises.

☐ Understand that romantic/inappropriate fraternization between participants is subject to intervention.

☐ Follow device and confidentiality rules; do not record or post program activities without authorization.

☐ Understand progress is measured by the 7-Pillar Assessment (every student begins at a 50% baseline), with a 77-question final exam, and that Showcase eligibility requires a 70%+ overall score.

☐ Understand tuition is due on the agreed schedule and that non-payment may pause participation (no student is turned away for inability to pay — talk to us early).

All staff are mandated reporters under North Carolina law (N.C.G.S. § 7B-301) and will report any suspected child abuse or neglect. Staff maintain visible-space supervision and do not have unsupervised one-on-one contact with students.

SECTION T — 40-DAY FOUNDATIONAL ASSESSMENT & IDP CONSENT

New youth participants (ages 10–24) complete a 40-Day Foundational Assessment that produces a written Individual Development Plan (IDP) — field selections, goals, and benchmarks — shared with the family. Division IV adults complete a 10-Day intake.

☐ I consent to my student's participation in the 40-Day Foundational Assessment (or adult intake) and the creation of an Individual Development Plan.

SECTION U — SCHOLARSHIP APPLICATION (if requesting aid)

Scholarships are based on need and availability; completing this does not guarantee an award. Coverage is prioritized for households below 200% of the federal poverty line.

Household annual gross income (check one):

☐ Under $20,000 ☐ $20,001 – $35,000

☐ $35,001 – $50,000 ☐ $50,001 – $75,000

☐ Above $75,000 — not requesting aid ☐ Prefer not to disclose

Household size (number of dependents)	**Amount of help requested (if known)**

Briefly describe your need (optional)

_____ _____

Parent / Guardian Certification Signature Date

SECTION V — STUDENT RECORDS NOTICE (FERPA)

Families may inspect, review, and request correction of their student's records, and may control disclosure of personally identifiable information except where permitted by law. "Directory information" may include first name/last initial and participation; you may opt out in writing.

☐ I have read the records notice. (Optional) I opt OUT of directory-information disclosures.

SECTION W — TUITION & PAYMENT AGREEMENT

I agree to the plan selected in Section D and the one-time $25 registration fee. Tuition covers time delivered; please give early written notice of withdrawal. Payment plans and scholarships are available — please talk with us rather than withdraw for cost.

Selected plan (Tier 1 / Tier 2 / Monthly)	**Payment method**
Start date	**Amount paid today (incl. $25 registration)**

SECTION X — CERTIFICATION & SIGNATURES

I certify that the information in this packet is true and complete. I have read and agree to the policies above, including the Code of Conduct, the health and emergency authorizations I have signed, and the tuition agreement.

Parent / Guardian Signature	Date
Printed Name	Relationship to Student
Student Signature (age 13+)	Date
NFLA Staff / Witness Signature	Date

SECTION Y — REQUIRED ATTACHMENTS CHECKLIST

- ☐ Copy of birth certificate or government ID
- ☐ Health insurance card (front & back)
- ☐ Physician clearance for movement/dance (if injury history)
- ☐ 504 Plan / IEP / action plans (if applicable)
- ☐ Official immunization record (or exemption)
- ☐ Most recent report card / transcript (if applicable)
- ☐ Custody / protective order (if applicable)
- ☐ $25 registration fee plus Weekly/Monthly tuition

SECTION Z — NONDISCRIMINATION & OFFICE USE

Nondiscrimination: The National Future Leaders of America program admits students and administers its activities without discrimination on the basis of race, color, national origin, sex, age, disability, or religion, consistent with Title VI, Title IX, Section 504/ADA, the Age Discrimination Act, and applicable USDA nondiscrimination requirements where meals are provided.

OFFICE USE — Received by	**Date**	**Tier / Plan confirmed**
Ag field assigned	**Arts field assigned**	**Scholarship status**
File complete (Y/N)	**Entered in system (Y/N)**	**Director approval**

This packet is a good-faith program form, not legal advice. NFLA recommends families keep a copy of everything they sign.