



## EXTENDED DAY REGISTRATION FORM 2019-2020

### REGISTRATION FEE:

\$80 Per Child

*\*All registration fees are non-refundable*

### MONTHLY FEES:

Dual Care:	1 Child \$320 monthly	\$224 per additional child monthly
Morning Care:	1 Child \$120 monthly	\$84 per additional child monthly
After Care:	1 Child \$220 monthly	\$154 per additional child monthly
Wednesday only ( <i>before and/or after</i> ):	\$30 per child	Wednesday Only Monthly \$100 per child
Emergency Drop-in:	\$30 per child	

*\*Wednesday only and emergency drop-ins will not be discounted for more than 1 child.*

**PROGRAM CHOICE:**  Morning Care Only  After Care  Dual Care  
 Wednesday Only  Emergency Drop Off

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

Grade: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

Custodial Rights:  Both Parents  Mother  Father Other: \_\_\_\_\_

*\*legal papers are required if there is a parent that is not allowed to pick-up child.*

### PARENT INFORMATION:

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

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

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

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

1<sup>st</sup> contact phone: \_\_\_\_\_

1<sup>st</sup> contact phone: \_\_\_\_\_

2<sup>nd</sup> contact phone: \_\_\_\_\_

2<sup>nd</sup> contact phone: \_\_\_\_\_

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

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

### MEDICAL INFORMATION:

Physician: \_\_\_\_\_

Medical Conditions / Allergies: \_\_\_\_\_

*\*all medications must be registered with the school nurse.*

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

\_\_\_\_\_

**MEDICAL RELEASE FOR CARE AND TREATMENT**

In case of accident or serious illness during Extended Day hours, I request that the school contact me. I hereby authorize them to contact the physician indicated and follow his/her instructions. If it is impossible to contact this physician, Wards Creek Elementary Extended Day Program (WCEED) may make whatever arrangements necessary to provide care and treatment for my child. In case of emergency, I hereby give WCEED permission for my child to be transported by Emergency Medical Services to the hospital and given necessary treatment. I understand I will be responsible for any and all related charges. In the case of an accident or serious illness where immediate treatment of my child is not indicated but where he/she is unable to remain at the school, WCEED will contact me to arrange transportation for my child. If WCEED is unable to reach me, I authorize them to contact one of the persons listed on this form and request them to come to the school and transport my child home or to their home. I understand that it is the parent/guardian's responsibility to notify the school of any changes in this information throughout the school year.

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

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

**EMERGENCY CONTACTS / ALTERNATIVE CHILD PICK-UP:**

*\*I hereby give Wards Creek Extended Day Program permission to release my child to one or more of the following persons.*

\*\*\*INITIALS: \_\_\_\_\_

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

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

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

**DISCIPLINE POLICY:**

The St. Johns County Code of Conduct rules that apply during the school day will be applied to Extended Day as well. The Extended Day Leader will give warnings to children not following this code. All unacceptable behavior will be dealt with and consequences are at the discretion of administration. These consequences could range from a parent conference to suspension and/or expulsion from the program.

**REGISTRATION FEES:**

There is a one-time registration fee of \$80 per child for any child to attend the Wards Creek Extended Day Program. This fee is non-refundable. Enrollment is based on availability.

**PICK-UP PROCEDURES:**

A government ID is required to pick-up any child from Extended Day, regardless if the staff personally knows you.

**UNDERSTANDING POLICIES & PROCEDURES:**

Please review the Extended Day parent and student policy handbook.

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

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