## Rec# \_\_\_\_\_ Ck# \_\_\_\_

## Wards Creek Elementary After the Bell Registration 2018-2019

Non-refundable Registration Fee: \$80.00 per student

		Ch	oose a payment	plan:				
	Before School 6:30-8:15 - 10 equal payments (\$100)							
	After School 3:00-6:00 - 10 equal payments (\$200)							
	Before and After School - 10 equal payments (\$300)							
		***50% sibling	discount will be d	offered***				
	0	orop in program	Morning	Afternoon _	Both			
All payments are due in a	dvance. Checks should	be made payable to	WCE. Please write y	your child's name on the	check to insure proper			
Extended Day fees are d	-	-	-					
the front office either in card option this year as a	-	pe clearly marked b	extended Day and sen	IT TO SCNOOI WITN YOUR ST	ident. We will be offe	ring a crec		
STUDENT:	a payment enoice.							
Child's Name								
	<b>T</b> 1		<b>D</b> .	.# 01				
Grade	_ Teacher		Bus	:#Oti	1er			
Child resides with:	Both Parents	Mother	Father _	Step-parent _	Other (Ext. F	amily)		
PARENTS:								
Mother's Name		Cell #		WK#				
Father's Name		Cell #		Wk#				
Preferred E-mail								
CUSTODIAL RIGHT			ve the child)					
Father:Yes	•			Step-Parent	: Yes	No		
If "No" is checked t								
		, , , , , , , , , , , , , , , , , , , ,			,			
ALTERNATIVE CH	ILD PICK-UP/EME	ERGENCY CON	TACT APPROVE	D LIST:				
I hereby give WCE l	Extended Day pern	nission to releas	se my child to one	e or more of the fo	llowing persons:			
Name			Relationship	Phon	e			
Name			Relationship	Phon	e			
Name				Phon				
rume			_Keiu Honship	111011	د			
Name			Relationship	Phon	e			
	You may make c	hanges and/or (	ıpdate your child	's pick-up list at any	ytime.			
	•	-		st show proper phot				
Todav's Date		Signature of Pa	arent or Guardian	1				

## MEDICAL INFORMATION

FOODALLERGIES:									
SPECIAL INSTRUCTIONS AND/OR MEDICAL CONCERNS:									
CURRENT MEDICATIONS AT	HOME ORSCHOOL:								
MEDICAL CARE PROVIDER IN	FORMATION:								
Child's Physician	Phone #	Address							
	y call another physician if unable to a								
physician indicated and follow his/her (WCEED) may make whatever arranged permission for my child to be transpor responsible for any and all related chabut where he/she is unable to remain a me, I authorize them to contact one of	MEDICAL RELEASE FOR CARE AN luring Extended Day hours, I request that the instructions. If it is impossible to contact the nents necessary to provide care and treatmented by Emergency Medical Services to the horges. In the case of an accident or serious illet the school, WCEED will contact me to arrang the persons listed on this form and request the parent/guardian's responsibility to notify the school year.	e school contact me. I herebe is physician, Wards Creek El nt for my child. In case of e ospital and given necessary to ness where immediate treat ge transportation for my chi them to come to the school of	ementary Exte mergency, I he reatment. I un ment of my chil ild. If WCEED und transport m	nded Day Program reby give WCEED derstand I will be ld is not indicated is unable to reach by child home or to					
Parent/Guardian's Signature	<del>-</del>	Date							
unknown to the undersigned at the pres	bove mentioned parties due to or in any way a ent time that results from any occurrence wh Day Program, barring proven supervisory negl	nich may happen to the below							
Parent/Guardian's Signature		Date							
expected to be caring, fair, respectfu remain in back packs at all times, includ  The St. Johns County Code of Conduct will give warnings to children not follow administration. These consequences cou	CITIZENSHIP RULE tions will be based on the Pillars of Characte I, responsible, trustworthy, and show citizens ing cell phones, MP3 players, electronic games  DISCIPLINE POLIC rules that apply during the school day will be ving this code. All unacceptable behavior will Id range from a parent conference to suspens  UNDERSTANDING POLICIES & h your child and sign below to verify that you nees.	er established in St. Johns of ship while at Wards Creek. Sor toys.  EY  applied for Extended Day a be dealt with and conseque sion and/or expulsion from the PROCEDURES	All items take s well. The Ex nces are at the ne program.	n from home must tended Day Leader e discretion of the					
Parent/Guardian's Signature		Date							