



EXTENDED DAY REGISTRATION FORM 2022-2023

REGISTRATION FEE:

\$100 Per Child

**All registration fees are non-refundable*

MONTHLY FEES:

Morning Care: 1 Child \$150 monthly \$105 per additional child monthly

After Care: 1 Child \$250 monthly \$175 per additional child monthly

Dual Care: 1 Child \$350 monthly \$245 per additional child monthly

Wednesday Only Monthly: \$120 per child

Emergency Drop-in: \$40 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: _____

1st contact phone: _____

1st contact phone: _____

2nd contact phone: _____

2nd 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.*

Name: _____ Relationship: _____ Phone: _____

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TRANSPORTATION CHANGES: All transportation changes must be made via email to the transportation change email address by 2pm. *****NO PHONE CALLS***** Please let us know when your child is Parent Pick-Up or riding the bus instead of coming to Extended Day after school. <https://www-wce.stjohns.k12.fl.us/parents/#transportation>

MOVIE PERMISSION: Do you give permission for your child to watch "Not Rated," "G" or "PG" movies at Extended Day in the event of inclement weather or as a reward? This will act as a movie permission slip for the school year. If you choose "No" your student will be provided with an alternate activity.

YES _____ NO _____ Parent Signature: _____

DISCIPLINE POLICY:

The St. Johns County Code of Conduct rules apply to both the School Day and Extended Day. The Ext. 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 the Coordinator. These consequences could range from a parent conference to suspension and/or expulsion from the program.

PHOTOGRAPH POLICY:

We occasionally take pictures for our bulletin board, yearbook, craft projects etc. Note preference below.

YES _____ you have my permission NO _____ you do NOT have my permission

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:

I have reviewed Extended Day Policies and Procedures and discussed with my child/children.

Signature of Parent/Guardian: _____ Date: _____