EXTENDED DAY REGISTRATION FORM 2023-2024

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. Dual Care **PROGRAM CHOICE**: Morning Care Only ☐ After Care Emergency Drop Off ☐ Wednesday Only Child's Name: Grade: _____ Female Date of Birth: Custodial Rights: Both Parents ☐ Father Other: _____ ☐ Mother *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 Sig	nature:	Date:	
·	ALTERNATIVE CHILD PICK-UP: Inded Day Program permission to release my o	child to one or more of the following persons.	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
address by 2pm. ***NO PHG of coming to Extended Day a MOVIE PERMISSION: Do you in the event of inclement weather	ONE CALLS*** Please let us know when y fter school. https://www-wce.stjohns.k ou give permission for your child to watch	nade via email to the transportation change expour child is Parent Pick-Up or riding the bus 12.fl.us/parents/#transportation "Not Rated," "G" or "PG" movies at Extension permission slip for the school year. If you	instead ded Day
YES NO	· ·		
give warnings to children not	following this code. All unacceptable bel	Day and Extended Day. The Ext. Day Leader navior will be dealt with and consequences as parent conference to suspension and/or exp	re at the
	res for our bulletin board, yearbook, ny permission NO you d	craft projects etc. Note preference belov o NOT have my permission	ν.
PICK-UP PROCEDURES: A government ID is require you.	d to pick-up any child from Extended	d Day regardless if the staff personally kno	ows
UNDERSTANDING POLIC I have reviewed Extended Da	IES & PROCEDURES: y Policies and Procedures and discussed v	vith my child/children.	
Signature of Parent/Guardian		Dato:	