Kevin Klein, Principal



Lighting the Way to Leadership Julie Haynes, Assistant Principal

# EXTENDED DAY REGISTRATION FORM 2023-2024

<b>REGISTRATION FEE:</b>							
\$100 Per Child							
*All registration fees are not	n-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 p	\$245 per additional child monthly			
Wednesday Only Mor							
Emergency Drop-in: <i>*Wednesday only and en</i>		per child	counted for m	ore then 1 child			
	_		_		_		
PROGRAM CHOICE:	Morning Care Only		After C		Dual Care		
	Wednesc	lay Only	∐ Emerge	ncy Drop Off			
Child's Name:							
Grade:	☐ Male	Female		Date of Birth:		-	
Custodial Rights: Bc *legal papers are required in				Other: _			
PARENT INFORMATI	ON:						
Mothers Name:			_	Fathers Name:			
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 INFORMAT	Г <b>ІОN:</b> М	edical Conditions	s / *Allergies				

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

#### 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:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

**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. <u>https://www-wce.stjohns.k12.fl.us/parents/#transportation</u>

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