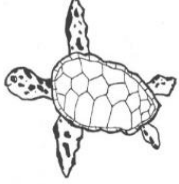


REGISTRATION 2017-2018

NON-EXTENDED DAY ENRICHMENT CAMP

PVPV/Rawlings Elementary School



Extended Day Coordinator: Lynda Wing, 904-547-3830 (Office) or
904-874-7774 (Cell) Email: lynda.wing@stjohns.k12.fl.us

This is a **\$25 one-time yearly Registration Fee** for students who attend an Enrichment Camp but are not registered in Extended Day.

It is the parent's responsibility to inform the Enrichment Camp, your Child's Teacher and Extended Day if your child is not going to attend their Enrichment Camp and how they will be going home instead. If we do not have any indication from the parent your child will be held at school and go to Enrichment Camp.

If your child is not picked up on time from Enrichment Camp, you will have a one-time warning. After that, you will be charged \$1 per minute, up to 15 minutes, for every minute you are late. After 15 minutes your child will be sent to Extended Day and you will be charged a \$25 fee per child.

LAST NAME _____ FIRST NAME _____ Male ___ Female ___
GRADE _____ TEACHER _____ BUS # _____ BIRTHDATE _____

SIBLING: LAST NAME _____ FIRST NAME _____ Male ___ Female ___
GRADE _____ TEACHER _____ BUS # _____ BIRTHDATE _____

Child resides with: ___ Mother ___ Father ___ Both ___ Other _____ (Relationship)

Mother/Guardian's name _____ Mother's home address _____

Mother's phone #s: _____ Home _____ Work _____
_____ Cell _____ Mother's email _____

Father/Guardian's name _____ Father's home address _____

Father's phone #s: _____ Home _____ Work _____
_____ Cell _____ Father's email _____

CUSTODIAL RIGHTS: Parent is permitted to pick up child from Extended Day:

Mother: Yes No Father: Yes No Stepmother: Yes No Stepfather: Yes No

(If "No" to the above on the natural parents, custody papers must be on file in the school office.)

MEDICAL CONTACT: Child's Physician _____ Phone _____

Medical Concerns _____

ALTERNATIVE CHILD PICK-UP/EMERGENCY CONTACT APPROVED LIST:

I hereby give PVPV/Rawlings Extended Day permission to release my child to the following persons.

Name _____ Relationship _____ phone _____

Name _____ Relationship _____ phone _____

Name _____ Relationship _____ phone _____

Signature of Parent/Guardian

Date