



2018-2019

PVPV/Rawlings Elementary School

ENRICHMENT CAMP NON-EXTENDED DAY REGISTRATION FORM

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

This is a mandatory NON-REFUNDABLE one time yearly \$25 Non-Extended Day Enrichment Fee for students who attend an Enrichment Camp but do not go to ACE. You may pay by Cash or Check directly to Extended Day. Be sure to include your child's name, a phone number and the camp child is attending on all checks/payments.

YOUR CHILD IS NOT ALLOWED TO START CAMP UNTIL THIS FEE IS PAID.

No refunds issued should you withdraw your child mid-payment cycle or if child is released due to behavior issues.

IMPORTANT NOTES:

It is the responsibility to inform the Enrichment Camp, the child's teacher and the ACE Coordinator if your child will not be attending their camp and how they will be going home if they are in school. If we do not have any information from you we will pull the child from the bus or car line and send them to camp.

Report all transportation changes by 2 pm (1pm on Wednesday's).

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

CAMP CHILD ATTENDING: \_\_\_\_\_

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, custody papers must be on file in the school office.)

MEDICAL CONTACT: Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

MEDICAL CONCERNS: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

DOES YOUR CHILD HAVE AN IEP and/or anything else you would like us to know about your child: \_\_\_\_\_

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: \_\_\_\_\_