



PVPV/Rawlings Elementary School
EXTENDED DAY PROGRAM 2018-2019

FORM MUST BE FILLED OUT COMPLETELY
CASH OR CHECK w/2 Phone #'s/Child's Name (PVPV/Rawlings)

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

(For registration AFTER AUG. 6TH, student may not start until MONDAY, AUG. 20TH, the payment will not be pro-rated)

Two days' notice required to enroll your child in Ex. Day. All fees/forms turned in before child may start.

REGISTRATION FEE (Non-Refundable) Before June 1st: ___ \$75 After June 1st: ___ \$100
___ AM Only (7am to 8am) \$100 ___ PM Only (Dismissal -6pm) = \$250 ___ AM & PM = \$300

Rates are for a Pay Period consisting of 18 days each. There are 10 pay periods = 180 days of school.
(Rates Subject to School Board Approval. Ask about discounted rates for siblings, students qualifying for free or reduced lunch or children of St. John's County School District Employees.) No refunds issued should you withdraw your child mid-payment cycle or if child is released due to behavior issues.

If something does not apply to your child, please mark N/A.

YOU MUST NOTIFY THE EXTENDED DAY COORDINATOR OF TRANSPORTATION CHANGES OR STUDENT WILL BE KEPT AT EXTENDED DAY! Report all transportation changes by 2 pm (1pm on Wednesday's).

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:

LATE PICK-UP (\$1 PER MIN) AND LATE PAYMENT (\$25/SUSPENSION) WILL BE STRICTLY ENFORCED!
An alternative pick-up person should be designated in case of traffic or emergencies.

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 _____