



**PVPV/Rawlings Elementary School
EXTENDED DAY PROGRAM 2018-2019**

**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 your child may start the program.

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 and students qualifying for free or reduced lunch.) No refunds issued should you withdraw your child mid-payment cycle or if child is released due to behavior issues.*

IF EXTENDED DAY IS NOT AWARE OF TRANSPORTATION CHANGES FOR YOUR CHILD, HE OR SHE WILL BE KEPT AT EXTENDED DAY! Report all transportation changes by 2 pm (1pm on Wednesdays).

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 _____

Special Instructions _____

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 child pick-up person must 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 _____

 Parent/Guardian Date _____ Signature of _____