



# PVPV/Rawlings Elementary School

## EXTENDED DAY PROGRAM 2017-2018

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

**(For registration AFTER AUG. 7<sup>TH</sup>, student may not start until MONDAY, AUG. 14<sup>TH</sup>)**

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 1<sup>st</sup>: \_\_\_\_ \$75 After June 1<sup>st</sup>: \_\_\_\_ \$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 \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date