



**PVPV/RAWLINGS ACE PROGRAM 2019-2020**  
**REGISTRATION FORM 2019-2020**

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**RATES MAY CHANGE AS THEY ARE SUBJECT TO AND AWAITING SCHOOL BOARD APPROVAL.**  
**YOU MUST REGISTER NO LATER THAN AUGUST 6, 2019 OR YOUR CHILD WILL NOT BE ABLE TO START EXTENDED DAY UNTIL MONDAY, AUGUST 19<sup>TH</sup> AND THERE WILL BE NO PRO-RATE.**

- **CASH, CHECK (PHONE# on check) or Schoolpay.com.** Include CHILD'S NAME on all payments. Two-day notice required to enroll your child in ACE and all forms and fees must be turned in prior to child starting program.
- Please see the Coordinator for Sibling or SJCS D Employee Discount Rates or if you have special financial needs. All special financial needs will be handled on a case by case basis. Should you withdraw your child mid payment cycle or if they are released from the program due to behavior issues there are no refunds.
- **PLEASE NOTE: RATES AND SIBLING DISCOUNTS HAVE CHANGED THIS YEAR.** If your child is an existing ACE student they will be Grandfathered In at the original Discount this year. New ACE students with siblings will receive a 40% discount.
- **YOU MUST NOTIFY THE ACE COORDINATOR OF TRANSPORTATION CHANGES BY 2:00 P.M. (1:00 P.M. ON WEDNESDAY'S) OR STUDENT WILL BE KEPT AT ACE.**
- **LATE PAYMENT FEE: \$25** Refer to Payment Schedule for Payment Due Dates  
**LATE PICK-UP FEE: \$1 PER MINUTE.** Be sure to have **Emergency Back-up** at all times in case of traffic, emergencies, etc. **All Late Fees will be strictly enforced!**

**REGISTRATION FEE: (Non-Refundable) Per Child: BEFORE JUNE 1<sup>ST</sup>: \$75 AFTER JUNE 1<sup>ST</sup>: \$100**  
**\_\_\_ AM ONLY (7am – 8pm): \$125 \_\_\_ PM ONLY (Dismissal-6pm): \$275 \_\_\_ AM & PM: \$325**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_ BUS #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SIBLING:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_ BUS #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

Use Back for Additional Siblings

Child Resides with: MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_ BOTH: \_\_\_\_\_ OTHER: \_\_\_\_\_ Relationship \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

**CUSTODIAL RIGHTS: Must Have Copy Court Order Custody Papers on file at school \_\_\_ YES \_\_\_ NO**

**(If no papers on file by law child will be released to either parent.)**

**Mother \_\_\_ YES \_\_\_ NO Father \_\_\_ YES \_\_\_ NO Stepmother \_\_\_ YES \_\_\_ NO Stepfather \_\_\_ YES \_\_\_ NO**

MEDICAL CONTACT: Child's Physician \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

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

IEP/504 or anything else we should know about your child \_\_\_\_\_

**ALTERNATIVE CHILD PICK-UP/EMERGENCY CONTACT APPROVED LIST:**

I hereby give PVPV/Rawlins ACE permission to release my child to the following persons:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_