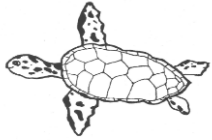


"Work Hard, Be Kind, Be Awesome!"



**PVPV/RAWLINGS ACE PROGRAM
REGISTRATION FORM 2021-2022**

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

ALL INFORMATION MUST BE FILLED OUT AND KEPT UP-TO-DATE

REGISTRATION AFTER AUGUST 11, 2021 WILL NOT START UNTIL MONDAY, AUGUST 23RD AND THERE WILL BE NO PRO-RATE.

- **SCHOOLPAY.COM, CHECK (PHONE# on check) or CASH.** Include CHILD'S NAME on all payments. Two-day notice required to start your child in Ace. All forms and fees must be in prior to child starting program.
- Please see Coordinator for Sibling or SJCS D Employee Discount Rates (please note grandfathered rates have expired.) 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.
- **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 11th: \$100 AFTER JUNE 11th: \$125
START DATE: _____ AM (7am-8pm): \$150 _____ PM (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 #:** _____

MOTHER'S EMAIL: _____ **FATHER'S EMAIL:** _____

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/Rawlings 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:** _____