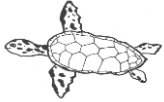


"Work Hard, Be Kind,
BeAwesome!"



**PVPV/RAWLINGS ACE PROGRAM
REGISTRATION FORM 2022-2023**

Coordinator: Lynda Wing 904-547-3830, Lynda.wing@stjohns.k12.fl.us

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

REGISTRATION AFTER AUGUST 8, 2022, WILL NOT START UNTIL AUGUST 15th, 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.
- **See Coordinator for Sibling or SJCS D Employee Discount Rates, financial needs handled on a case by case basis.** NO REFUNDS for children withdrawn or released from the program due to behavior issues.
- **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. Have Emergency Back-up; all Late Fees strictly enforced!

REGISTRATION FEE: (Non-Refundable) Per Child: BEFORE JUNE 8th: \$100 AFTER JUNE 8th: \$125
START DATE: _____ AM (7am-8am): \$175 _____ PM (Dismissal-6pm): \$300 _____ AM & PM: \$350

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: _____

NOTE: We follow the St. John's County Code of Conduct for Discipline, the same as followed during the school day. If a student receives three (3) discipline referrals in Extended Day they may be permanently dismissed from the program. Immediate suspension/dismissal for gross misconduct. THERE ARE NO REFUNDS.

REVISED: 5/2/22