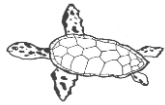


“Work Hard, Be Kind,
BeAwesome!”



**PVPV/RAWLINGS ACE PROGRAM
REGISTRATION FORM 2023-2024**

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, 2023, WILL NOT START UNTIL AUGUST 21st, NO PRO-RATE.

- **SCHOOLPAY.COM, CHECK (PHONE# & CHILD’S NAME on all payments) or CASH.** 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Sibling or SJCS D Employee Discount Rates, financial needs handled on a case by case basis.** NO REFUNDS for children withdrawn or released from the program due to behavior issues.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 MAY 26TH: \$125 AFTER MAY 26TH: \$150

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/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: _____

NOTE: We follow the St. John’s County Code of Conduct for Discipline. If my child cannot follow the policies and procedures of the ACE Program and receives three (3) formal discipline referrals in Extended Day they will be permanently dismissed from the program. Immediate suspension/dismissal for gross misconduct. THERE ARE NO REFUNDS. I understand all policies and procedures, including the Discipline Policy.

SIGNATURE: _____ DATE: _____