



2023-2024

PVPV/Rawlings Elementary School

ENRICHMENT CAMP NON-EXTENDED DAY REGISTRATION FORM

Extended Day Coordinator: Gail Catania, 904-547-3830 (Office)

Email: gail.catania@stjohns.k12.fl.us

This is a mandatory NON-REFUNDABLE one time yearly \$25 Non-Extended Day Enrichment Fee for students who attend an Enrichment Camp but do not go to ACE. It is paid directly to Extended Day via Cash, Schoolpay or Check. Be sure to include your child's name, a phone number and the camp child is attending on all checks/payments.

YOUR CHILD IS NOT ALLOWED TO START CAMP UNTIL THIS FEE IS PAID.

No refunds issued should you withdraw your child mid-payment cycle or if child is released due to behavior issues.

IMPORTANT NOTES:

It is YOUR responsibility to inform the Enrichment Camp, the child's teacher and the ACE Coordinator if your child will not be attending their camp and how they will be going home if they are in school. If we do not have any information from you we will pull the child from the bus or car line and send them to camp.

Report all transportation changes by 2 pm (1pm on Wednesday's).

If your child is not picked up on time from Enrichment Camp you will receive a one-time warning. After that you will be charged \$1 per minute for every minute you are late. After 15 minutes your child will be sent to ACE and you will be charged a \$25 late pick up fee per child.

CAMP CHILD ATTENDING: _____

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, custody papers must be on file in the school office.)

MEDICAL CONTACT: Child's Physician _____ Phone _____

MEDICAL CONCERNS: _____

SPECIAL INSTRUCTIONS: _____

DOES YOUR CHILD HAVE AN IEP and/or anything else you would like us to know about your child: _____

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: _____