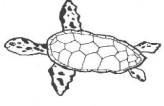


“Work Hard, Be Kind,  
Be Awesome!”



**PVPV/RAWLINGS ACE PROGRAM**  
**REGISTRATION FORM 2024-2025**  
Coordinator: Gail Catania 904-547-3830, [gail.catania@stjohns.k12.fl.us](mailto:gail.catania@stjohns.k12.fl.us)

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

**REGISTRATION AFTER AUGUST 7, 2024, WILL NOT START UNTIL AUGUST 19th, 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Sibling or SJCS D Employee Discount Rates, financial needs handled on a case-by-case basis.** NO REFUNDS for children withdrawn or released from the program due to behavior issues.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 for the first occurrence if payment not received by 15<sup>th</sup> of month. Each occurrence thereafter will incur a Late Payment Fee of \$50. 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: ON OR BEFORE MAY 24<sup>TH</sup> \$125 AFTER MAY 24<sup>TH</sup> \$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: \_\_\_\_\_**