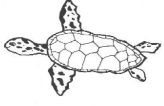


“Work Hard, Be Kind,  
Be Awesome!”



**PVPV/RAWLINGS ACE PROGRAM**  
**REGISTRATION FORM 2025-2026**  
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 8, 2025 WILL NOT START UNTIL AUGUST 18th

- 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 Rates Sheet for Sibling or SJCS D Employee Discount Rates. **NO REFUNDS for children withdrawn or released from the program due to behavior issues.**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!
- **CAREFULLY REVIEW INFORMATION BROCHURE. FORM MUST BE SIGNED BELOW AFTER REVIEW AND BEFORE CHILD CAN START.**

REGISTRATION FEE: (Non-Refundable) Per Child: ON OR BEFORE MAY 30<sup>TH</sup> \$125 - AFTER MAY 30<sup>TH</sup> \$150  
START DATE: \_\_\_\_\_ AM (7am–8am): \$150 \_\_\_\_\_ PM (Dismissal-6pm): \$330 \_\_\_\_\_ AM & PM: \$360

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.: \_\_\_\_\_

**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.**

I understand all policies and procedures, including the Discipline Policy.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_