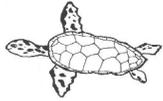


“Work Hard, Be Kind,
Be Awesome!”



PVPV/RAWLINGS ACE PROGRAM
DROP-IN REGISTRATION FORM 2026-2027
Coordinator: Gail Catania 904-547-3830, gail.catania@stjohns.k12.fl.us

ALL INFORMATION MUST BE FILLED OUT AND KEPT UP TO DATE
REGISTRATION FORM MUST BE COMPLETED BEFORE THE CHILD CAN DROP IN

- SCHOOLPAY.COM, CHECK (PHONE# & CHILD’S NAME on all payments) or CASH. Notice and payment required before dropping your child in ACE.
- **NO REFUNDS for children released from the program due to behavior issues.**
- 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: \$25.00 per child
__ AM (7am–8am): \$10 __ PM (Dismissal-6pm): \$40 __ AM & PM: \$50

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.)

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 (use reverse for extra)

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: _____