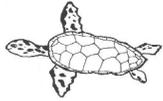


“Work Hard, Be Kind,
Be Awesome!”



PVPV/RAWLINGS ACE PROGRAM
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 AFTER AUGUST 7, 2026 WILL NOT START UNTIL AUGUST 17th

- 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 **NO REFUNDS for children withdrawn or released from the program due to behavior issues.**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 15th 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 28TH \$125 - AFTER MAY 28TH \$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.)

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: _____