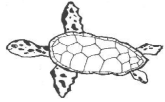


“Work Hard, Be Kind,  
Be Awesome!”



**PVPV/RAWLINGS NON-ACE ENRICHMENT  
REGISTRATION FORM 2026-2027**  
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**

- **SCHOOLPAY.COM, CHECK (PHONE# & CHILD’S NAME on all payments) or CASH.** All forms and fees must be in prior to child starting program.
- **NO REFUNDS** for children withdrawn or released from the program due to behavior issues.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 SENT TO PROGRAM.**

**REGISTRATION FEE: (Non-Refundable) Per Child: \$25 one-time fee per schoolyear**

**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:**

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 Enrichment Programs, 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:** \_\_\_\_\_