



Teacher: _____

Alerts- Office Use Only
Medical_____
Legal____(Court Documents Needed)
IEP_____
504_____

Registration Form 2022-2023
Registration Fee \$75.00 non-refundable

Program Needed: Morning Only__ After Only__ Morning and After____ Wednesday
Only__ SJCSD Employee__

Childs Name: _____

Last First MI Nickname

Birthdate __/__/____ Sex: __M __F Grade attending for this registration _____

Parent/Guardian

- Name _____ Relationship _____ Email _____
Address _____ Home# _____ Cell Number _____
Employer _____ Work# _____
- Name _____ Relationship _____ Email _____
Address _____ Home# _____ Cell Number _____
Employer _____ Work# _____
- Name _____ Relationship _____ Email _____
Address _____ Home# _____ Cell Number _____
Employer _____ Work# _____
- Name _____ Relationship _____ Email _____
Address _____ Home# _____ Cell Number _____
Employer _____ Work# _____

Alternative Child Pick-up/Emergency Contact List:

I hereby give POA Extended Day Enrichment Program permission to release my child to one or more of the following persons:

- Name _____ Relationship _____ Phone _____
- Name _____ Relationship _____ Phone _____
- Name _____ Relationship _____ Phone _____
- Name _____ Relationship _____ Phone _____

Medical Contact:

Physician _____ Phone _____
Address _____

Alerts, Special Instructions or Medical Concerns

Medical Alert Disclosure

If your child has an allergy/medical condition, a detailed "medical alert" will be disclosed on the group leader's attendance sheet. This is a continued effort to keep every group leader in every center aware of every child's medical concerns. We are aware of the sensitive nature of this information; therefore, one copy (the Group Leader's copy) will have detailed information about your child's allergy/medical condition, while the other copy (parent check-out copy) will not have any detailed information. While our staff recognizes the this information is a private matter, there is always a chance that the other students may observe the information on the attendance sheet due to the close interaction that the students and group leader have.

- For the purpose of my child's safety, **I am in agreement** with the allergy/medical condition disclosure____(Initial)
 - **I am not in agreement** with the above disclosure and request that my child's information not be disclosed on the group leaders attendance sheet_____(Initial)
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Discipline Policy

Parents will be notified when their child is unable to meet our student behavior expectations. A pattern of continuous behavior issues may lead to a temporary suspension or removal from the Extended Day Program. An offense of physical nature, such as biting, punching, kicking, pulling hair or spitting will immediately lead to parent notification. Any further offenses thereafter could lead to temporary group suspension, suspension from the program or permanent removal from the POA Extended Day Program. Any student who uses physical forces with a group leader will be immediately suspended from their group and their parents will be notified.

I have read the **Extended Day Enrichment Program Expectations Policy**.
_____(Initial)

Verification of Understanding

I have read completely and have a full understanding of all the rules and policies enclosed in the Parent/Student Policy and Procedure Handbook
_____(Initial)

General Release of Liability

The undersigned agrees to release and forever discharge POA Extended Enrichment Program and St. Johns County School Board, their officers, servants, agents and employees from all claims and demands, rights and causes of action of any kind of the undersigned now has or hereafter may have on account of or in any way arising from personal injuries and/or property damage known or unknown to the undersigned at the present time that results from occurrence which may happen to the below stated child/children during time spend in the POA Extended Day Enrichment Program, barring proven supervisory neglect.

_____(Initial)

Authorization of Emergency Care

In the event of an accident or serious illness that requires immediate medical attention, POA Extended Day Enrichment Program will attempt contact me. If POA Extended Day is unable to reach me, I hereby authorize them to contact the physician indicated and follow his instructions. If physician cannot be reached, POA Extended Day is authorized to make necessary arrangements to provide care and treatment for my child. If POA Extended Day is unable to reach me, I authorize them to contact one of the persons on my alternate pick up list and request them to transport my child home.

_____(Initial)

Homework Expectations

Students in grades 2-Middleschool will be provided and expected to utilize their allotted homework time to work responsibly and independently with help available as needed

_____(Initial)

Signature_____Date_____