



flaglerschools

COMMUNITYEd.

EXTENDED DAY REGISTRATION FORM (1 FORM/CHILD)

Student Name _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

School _____ Bus# _____ Teacher _____ Grade _____

Legal Guardian _____

Home Phone _____ Work Phone _____

Cell Phone _____ email _____

Additional Parent _____

Home Phone _____ Work Phone _____

Cell Phone _____ email _____

Siblings in the program & grade _____

OTHER THAN PARENTS/GUARDIANS, THE FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK UP MY CHILD (MUST BE 18 YEARS OR OLDER).

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I am registering my child for: (THIS CHOICE CAN ONLY BE CHANGED ONCE; REQUEST MUST BE IN WRITING)
____ Morning Only (\$35/child)
____ Afternoon Only (\$35/child)
____ Morning & Afternoon (\$45/child)

____ **Manual Pay:** payments made directly to Site Managers by **check or money order only (no cash payments)**
____ **Auto Pay-**charged to debit/credit card weekly

- FULL PAYMENT IS DUE THE FIRST DAY YOUR CHILD ATTENDS EXTENDED DAY. FEES ARE WEEKLY; THERE ARE NO DAILY RATES. IF FULL PAYMENT IS ONE WEEK OVERDUE YOUR CHILD WILL BE INELIGIBLE TO ATTEND EXTENDED DAY UNTIL THE BALANCE IS PAID IN FULL.**
- As the legal guardian of the enrolled (named) student I hereby give my consent for the named student to participate in any activities during the Extended Day Program. This includes but is not limited to computer Internet use.
- I authorize school personnel to obtain emergency medical care that may become necessary for the named student. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the named student in the course of these activities.
- I understand that it is my responsibility to keep the named student's contact information up to date. ONLY THE PERSON THAT SIGNED THE REGISTRATION FORM MAY VIEW OR ALTER THE FORM.**
- I understand that during the course of the Extended Day program photographs are taken and are used to promote the program. If I do not want the named student photographed it is my responsibility to send written notice to the Extended Day Site Manager.**
- I understand that a LATE FEE of \$1.00 per minute, PER CHILD, will be charged for all pickups after 6pm.**
- I understand that any changes made to the named student's Extended Day schedule must be made IN ADVANCE and in writing to the Site Manager, including if the named student will be absent for more than two consecutive weeks. If I fail to do this I agree to pay a re-registration fee of \$10 per child.**
- I understand my child must benefit from the program, be self-sufficient, and must be able to tend to themselves in a group with a ratio of 1:25. I UNDERSTAND EXTENDED DAY IS UNABLE TO PROVIDE RATIOS LESS THAN 1:25.**

Choose one:

- Hispanic or Latino
- Not Hispanic or Latino

Choose one:

- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander

Special Medical Information (allergies, etc)

Special custody Information (Please attach copies of any court papers)



I WILL BE PAYING BY CREDIT CARD (Separate credit card form must be filled out)

I am the Legal Guardian and financially responsible for (print) _____

(print & sign) _____ Date _____

****ALL FEES, INCLUDING THE REGISTRATION FEE, ARE NON-REFUNDABLE****