

OSCEOLA ELEMENTARY SCHOOL

2019-2020 Extended Day Program

Registration Fee: is due at the time of enrollment. August payment is due on or before Thursday, August 1st.

After School-\$50.00 per child; Before School, Wed. Only, or 2 day-\$25.00 per child; Qualified Reduced-\$35 per child

Child's Name: _____
(Last)
(First)
(Nickname)

Male Female **Date of birth** ____/____/____ ^{18/19 SY} **Grade** ____ **Teacher** _____

Program Needed:

- After School daily until 6:00 p.m.
- Before School daily 7:00-8:00 a.m.. Qualified Free/Reduced Lunch
- Combined Before & After Care
- Two-day/week until 6:00 p.m
- Wednesday only until 6:00 p.m

Parent's Information *(This information MUST be filled out completely)*

Persons permitted to remove child: **Mother:** Yes No **Father:** Yes No
 (If "No" to above, legal custody documentation must be on file in the front office to legally enforce.)

	Guardian Name & Information	Guardian Name & Information
Name of parents		
Home Street Address		
City, State, Zip Code		
Home Phone Number		
E-mail Address		
Name of Employer		
Work Phone Number		
Cell Phone Number		

Child Pick-up in case of Emergency: Osceola Elementary Extended Day Program is hereby authorized to release my child to the following individuals (**please provide at least one name other than those listed above**). These individuals may also be contacted in the event of illness or accident. They must present identification in order to remove the child from the After School Program.

Name	Relationship	Home Phone #	Work Phone #	Cell Phone #
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		()	()	()
		()	()	()
		()	()	()
		()	()	()

I understand that the registration fee must be paid prior to my child attending the Osceola Extended Day Program, and that this fee is non-refundable. I also understand that Osceola Extended Day reserves the right to remove any child from the program after the third late pick-up. Thank you Heather O'Mara Extended Day Coordinator Heather.Omara@stjohns.k12.fl.us (904) 547-3789

Parent's Signature: _____

Date: _____

Special Instructions or Medical Concerns:

Student Medical Information (all information provided will be kept confidential)

List any medical conditions or allergies:

List any medications taken by child on a regular basis: _____

If allergy requires an Epi-Pen – one *MUST* be provided to the Extended Day Program

Will this medication have to be given during Ext ended Day Care hours? Yes No

If yes, please complete a medication permission form.

Child's Physician: _____ Phone #: _____

Authorization for Emergency Care:

In case of accident or serious illness and Osceola Extended Day Program is unable to reach me, I hereby authorize them to contact the physician indicated and to follow his instruction. If it is impossible to contact the physician, Osceola Extended Day Program may make whatever arrangements necessary to provide care and treatment for my child. Osceola Ext. Day Program and the School District are not financially responsible for the emergency care and/or transportation for said child.

Signature of Parent/Guardian: _____ Date: _____

General Release of Liability (Excluding Negligence on the part of the Osceola Ext. Day Program)

The undersigned hereby releases and forever discharges Osceola Ext. Day Program, and the St. Johns County School Board, their officers, servants, agents and employees from all claims and demands, rights and causes of action of any kind the undersigned now has, or hereafter may have, on account of, or in any way arising from, personal injuries known or unknown to the undersigned at the present time and property damage resulting or that results from any occurrence which may happen during the time spend in the Osceola Extended Day Program.

Signature of Parent/Guardian: _____ Date: _____

Permission to help a Teacher:

Occasionally a teacher will ask for a student to assist them after school. Extended Day would have to release its care of that child to the teacher while he/she is helping, until they report back to the program. If you would like your child to be able to assist a teacher should the opportunity arise, please sign below.

Signature of Parent/Guardian: _____ Date: _____

Permission to watch PG rated movies:

I give my child permission to watch PG rated movies for the 2018-2018 school year.

Signature of Parent/Guardian: _____ Date: _____

