

Extended Day Program School Year ____ / ____

Registration Fee (Non-Refundable): \$60.00 Per Child



Program Needed: (Check Only One)

- After School Care Only
 Before School Care Only
 Both Morning & After School Care

Please indicate if you will only be using certain Days:

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Child's Name: _____

(Last) (First) (MI) (Nickname)

- Male Female
 Date of Birth ____/____/____
 Grade (for Registering school year)____

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

Child Resides with: Both parents
 Mom Dad Other _____ **Custody** _____

	Mom's Info	Dad's Info
Name of Parent		
Home #		
Work #		
Cell #		
Home Street Address		
City, State, Zip Code <small>*If other than Ponte Vedra, FL 32081</small>		
E-Mail Address		

Child pick-up / Emergencies: Valley Ridge Academy Extended Day Program is hereby authorized to release my child to the following individuals (please provide at least one). These individuals may also be contacted in the event of illness or accident.

Name	Relationship	Contact Phone #

Medical Information

Food Allergies or Medical Concerns: _____

Important Information:

- **Medical Release for Care & Treatment** - In case of accident or serious illness during Extended Day hours, VRAED will contact the legal guardian. Valley Ridge Academy Extended Day Program (VRAED) may make whatever arrangements necessary to provide care and treatment for my child including contacting a physician. In case of emergency, I hereby give VRAED permission for my child to be transported by Emergency Medical Services to the hospital and given necessary treatment. I understand I will be responsible for any and all related charges. In the case of an accident or serious illness where immediate treatment of my child is not indicated but where he/she is unable to remain at the school, VRAED will contact the parent to arrange pick-up of my child. If VRAED is unable to reach me, I authorize them to contact one of the persons listed and request them to come to the school and transport my child home/ to their home. I understand that it is the parent/guardian's responsibility to notify the school of any changes in this information throughout the school year.
- **GENERAL RELEASE OF LIABILITY** - The undersigned agrees to release and forever discharge Valley Ridge Academy Extended Day Program and the St. Johns County School District, St. Johns County School Board, their officers, servants, agents, and employees, from all claims, 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 and or property damage known or unknown to the undersigned at the present time that results from any occurrences which may happen to the below stated child during time spent in the Valley Ridge Extended Day Enrichment Program, barring proven supervisory neglect.
- Extended Day is A PRIVILEGE NOT A RIGHT. If a child continues to show inappropriate or disruptive behavior, they may be removed from the program to insure a safe and happy environment for the other children. Make sure to go over the rules with your child, as you BOTH will be held accountable. Please pay attention to any notes sent home concerning inappropriate behavior. The policies and procedures are available on the VRA website at
www-vra.stjohns.k12.fl.us/extendedday/
- I understand that any medical concerns will be disclosed to the staff member(s) supervising my child.
- Checkredi is responsible for handling all checks returned NSF for ANY REASON. The parent is responsible for any additional fees that will be charged by Checkredi.
- Late Pick-Up fees - Start at 6:05 with a \$5 charge and \$1 for every minute after 6:05 pm. After 3 violations your privileges could be revoked.

I have read and understand all the Important Information outlined above and agree to policies and procedures of the Valley Ridge Academy School Enrichment Program.

Parent Signature

Date