

## EXTENDED DAY ENROLLMENT FORM

### RECORD OF CHILD ACCEPTED

Child's Name: \_\_\_\_\_  
Last First Middle Alias

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Preferred Start Date: \_\_\_\_\_

Child's Grade (2020-21 School Year): \_\_\_\_\_ Child's Teacher (if known): \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian 1 E-mail: \_\_\_\_\_ Does child live with Parent/Guardian 1?: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian 2 E-mail: \_\_\_\_\_ Does child live with Parent/Guardian 2?: \_\_\_\_\_

<b>Parent/Guardian 1</b>	Home Address	Zip	Home Phone	Cell Phone
	Employer Address	Zip	Employer Name	Work Phone
<b>Parent/Guardian 2</b>	Home Address	Zip	Home Phone	Cell Phone
	Employer Address	Zip	Employer Name	Work Phone

#### Legal Custody

Person(s) permitted to remove child:

Mother	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Father	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Persons in addition to parents/guardians to be contacted in case of illness, accident, or emergency and those persons authorized to remove Child from the facility. If none, indicate "None". If there are additional names that need to be added please attach an authorized pick-up form and print and sign. **Returning families: If an individual is on your authorized pick-up list from previous years, would you like to remove them if they are not listed below?**  YES  NO

\_\_\_\_\_  
Name Address Phone Relationship

\_\_\_\_\_  
Name Address Phone Relationship

\_\_\_\_\_  
Name Address Phone Relationship

\_\_\_\_\_  
Name Address Phone Relationship

**Preferred Schedule** \*See Enrollment & Pricing Information for detailed scheduling options.

- |   |   |
|---|---|
| <input type="checkbox"/> Before & After School Full-Week (Monday – Friday)<br><br><input type="checkbox"/> Before School Full-Week (Monday – Friday)<br><br><input type="checkbox"/> Before School (specify days) _____ | <input type="checkbox"/> After School Full-Week (Monday – Friday)<br><br><input type="checkbox"/> After School (specify days) _____<br><br><input type="checkbox"/> Drop-in _____<br><input type="checkbox"/> Other _____ |
|---|---|

## CHILD HISTORY

This information is provided to your child's counselors/teachers.

Child's Name: \_\_\_\_\_  
Last First Middle Nickname

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Please answer the following questions:

1. Are there any foods or medicines to which your child is allergic? Any other allergies? Explain.
2. Does your child have any health or developmental concerns of which we should be aware? Explain.
3. Does your child have an IEP, 504 Plan, or other behavioral plan? It is required that you provide us with a copy so that we may implement the same strategies used during the school day.
4. Does your child take any prescription medicine(s) on a regular basis? If so, what and when? Has the school nurse been provided with this medication? If your child will need medicine administered during extended day, please explain and request a medication authorization form from your director.
5. Are there any other issues or concerns of which we should be aware?
6. In the event of an emergency, what hospital would you like your child transported to?

## AUTHORIZATIONS

**Child's Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**1.** I authorize Freedom Crossing Academy Extended Day to approve medical attention for my child in the event of an emergency during the time that my child attends Freedom Crossing Academy Extended Day.

Parent or Guardian Signature: \_\_\_\_\_

**2.** My child may be photographed, and the photos may be used for newsletters, general publications, displayed at our facility, and/or for publicity, including any of our websites.

Parent or Guardian Signature: \_\_\_\_\_

**3.** My child is allowed to consume store-bought or home-prepared food brought in by staff or families to include, but not limited to for the following occasions: cooking projects, daily snacks, birthday parties, celebrations.

Parent or Guardian Signature: \_\_\_\_\_

**4.** I have been supplied a copy of the Child Care Facility Brochure, KNOW YOUR CHILD CARE CENTER, published by The Department of Children and Families.

Parent or Guardian Signature: \_\_\_\_\_

**5.** I have been supplied a copy of the Flu (Influenza Virus) Brochure, published by The Department of Children and Families.

Parent or Guardian Signature: \_\_\_\_\_

**6.** I have seen the Rilya Wilson Act, published by The Department of Children and Families.

Parent or Guardian Signature: \_\_\_\_\_

**7.** I have seen the Distracted Adult flyer, published by The Department of Children and Families.

Parent or Guardian Signature: \_\_\_\_\_

**8.** I give permission for my child to watch PG Rated movies.

Parent or Guardian Signature: \_\_\_\_\_

**9.** I give Freedom Crossing Academy Extended Day and Freedom Crossing Academy permission to communicate as needed, in regard to my child's behavior, mood, or anything additional as it is relevant to my child's and the program's best interests.

Parent or Guardian Signature: \_\_\_\_\_

**Please Note any Restrictions if they apply:**

\_\_\_\_\_



Freedom Crossing Academy Extended Day  
560 Market St.  
St. Augustine, FL 32095  
(904)599-9353

## **GENERAL RELEASE AND HOLD HARMLESS AGREEMENT**

I/We, \_\_\_\_\_, First Party, as the parent(s) and natural guardian(s) for \_\_\_\_\_, a minor child, for the sole consideration of enrolling the minor child in Freedom Crossing Academy Extended Day programs, by these presents, for themselves and their minor child, her/his heirs, executors, administrators and assigns, do hereby remise, release, and forever discharge Freedom Crossing Academy Extended Day, the Second Party, its successors and assigns, of and from any and all claims, demands, damages, costs, expenses, actions and causes of action, arising from participation of the minor child in any program, foreseen and unforeseen, and the consequences thereof, resulting, and to result from, any participation in such program, including bodily and personal injuries, and loss and damage to property.

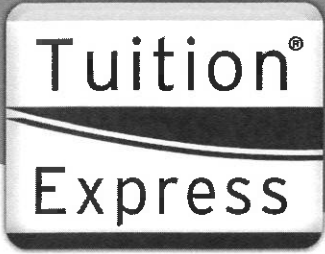
It is further understood and agreed that the First Party does hereby hold harmless Freedom Crossing Academy Extended Day, its successors and assigns, for any medical costs or expenses incurred for any treatment of any such injuries, and the First Party agrees to be solely responsible to pay or reimburse for any such medical charges or expenses incurred including transportation expenses.

This release contains the Entire Agreement between the First Party as parent(s) and natural guardian(s) of \_\_\_\_\_ and Freedom Crossing Academy Extended Day. The terms of this release are contractual and not mere recital.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) Village Extended Day Gamma, LLC to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

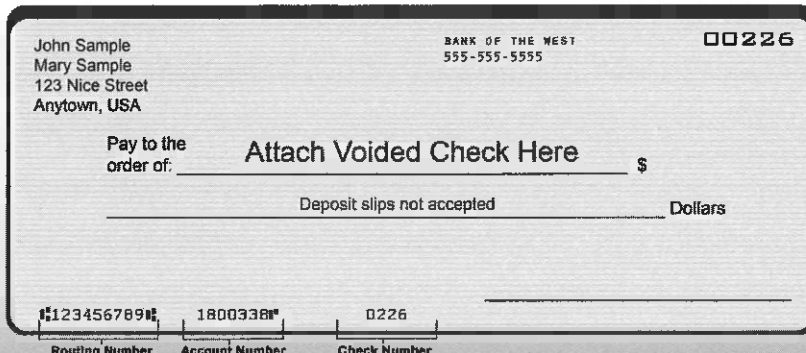
Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, CV Code, Cardholder Signature, Date.

SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking, Savings, Authorized Signature, Date.

For Official Use Only

Form fields for official use: Date Received, Employee Signature.



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