



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

## EXTENDED DAY ENROLLMENT FORM

### RECORD OF CHILD ACCEPTED

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

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

Child's Grade (2021-22 School Year): \_\_\_\_\_ Child's Teacher (if known): \_\_\_\_\_

**Parent/Guardian 1**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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

**Parent/Guardian 2**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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 No

Father Yes No

Guardian Yes No

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 Phone Relationship

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

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

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

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

Before & After School Full-Week (Monday – Friday)  After School Full-Week (Monday – Friday)

Before School Full-Week (Monday – Friday)  After School 3 Days (specify days) \_\_\_\_\_

Before School 3 Days (specify days) \_\_\_\_\_

## 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 Extended Day to approve medical attention for my child in the event of an emergency during the time that my child attends Freedom Crossing 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 Extended Day and Freedom Crossing 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: \_\_\_\_\_

**10.** I received and have read the Freedom Crossing Extended Day 2021-2022 Parent Handbook.

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

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

\_\_\_\_\_

## **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 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 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 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 Extended Day. The terms of this release are contractual and not mere recital.

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

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

**Thank you for taking the time to read Freedom Crossing Extended Day Handbook. Please sign below to verify you have read and agree to abide by the contents of this handbook.**

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<b>Parent/Guardian Signature</b>	<b>Print Name</b>	<b>Date</b>
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**Child(ren) name(s) (FIRST & LAST)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



# Automated Payment Processing Safe – Convenient – Easy

**\*\* Credit Cards Accepted: VISA, MASTERCARD, & DISCOVER\*\***

We are excited to offer the safety, convenience and ease of Tuition Express® – a payment processing system that allows 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) Freedom Crossing Extended Day  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)

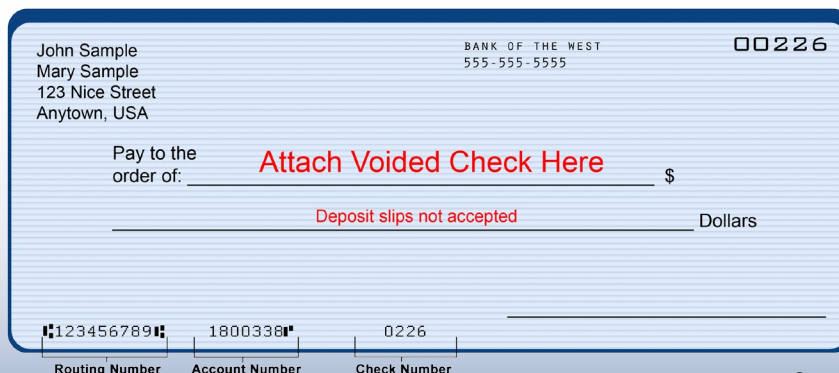
Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

#### SECTION B (Bank Account)

Your Name	Phone #		
Address	City	State	Zip
Bank or Credit Union Name			
Bank or Credit Union Address	City	State	Zip
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Transit Number (see sample below)		Account Number (see sample below)	

### For Official Use Only

Date Received
Employee Signature



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Dear Parent/Guardian,

Freedom Crossing Academy (FCA) Extended Day is pleased to offer **MyProcure**, a free online portal for you to access account information and easily pay tuition. MyProcure is safe, secure and created with your convenience in mind.

**Log in today!**

1. Go to [MyProcure.com](https://MyProcure.com).
2. Enter your email address (the email you have on file with FCA Extended Day) and choose **Go**.
3. Enter the confirmation code sent to your email, choose a password, and press **Go**. *(You may need to check your spam folder)*
4. Now you can:
  - a. View your account invoice
  - b. Use the **Pay** button to make a payment with your card.
  - c. Print your statement for taxes.