



Student Enrollment Form – 2025/26 PCE Extended Day

Important: Please ensure **all** sections of this form are completed accurately. Incomplete or missing information may delay the enrollment process. Kindly return this form to **Picolata@VillageExtendedDay.com**

Student Information

First _____ Middle _____ Last _____

DOB _____ / _____ / _____ Sex _____ Nickname _____

Student's Grade Level (School Year 2025-26) _____

Has Child/Youth attended VEDS Extended Day at one of our schools? Yes No

Who does student live with? _____

Full Address: _____

Who has legal custody of student? _____

Primary email to use for contact? _____

List all Allergies: _____

List Health/Development (ex.504, IEP) _____

Parent/ Guardian Information 1

First _____ Middle _____ Last _____

DOB _____ / _____ / _____ Sex _____ SSN _____ - _____ - _____

Cell# _____ Work# _____ Other# _____

Employer / Business Name _____

Parent/ Guardian Information 2

First _____ Middle _____ Last _____

DOB _____ / _____ / _____ Sex _____ SSN _____ - _____ - _____

Cell# _____ Work# _____ Other# _____

Employer / Business Name _____



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Authorized Pick up and Emergency Contacts:

Persons in addition to parents/guardians to be contacted in case of illness, accident, or emergency and those persons authorized to remove student from the facility. All parents and authorized persons listed on your account must be an adult (18+) and be able to show ID in order for the student to be released. Student will not be allowed to leave the premises, except with the individuals whom are listed in writing as authorized to pick up him/her.

Full Name: _____ Relationship to Student: _____

Phone# _____ Emergency Contact? YES NO

Full Name: _____ Relationship to Student: _____

Phone# _____ Emergency Contact? YES NO

Full Name: _____ Relationship to Student: _____

Phone# _____ Emergency Contact? YES NO

Program Attendance – please select from the following below

Days per week	3 Days per week	5 Days per week	1 Day (Teacher)		
Program Session:	Before School	After School	Before & After School		
Preferred Schedule:	Monday	Tuesday	Wednesday	Thursday	Friday

Additional Questions:

Is either Parent/Guardian an active member of the military/armed forces? NO YES

If so, which parent/guardian? _____

Is either Parent/Guardian employed by the St. Johns County School District?

If so, at which location/school? _____

Is either Parent/Guardian an employee member at Picolata Crossing Elementary School?

If so, which parent/guardian? _____

If yes, do you need Contract Hours only, or Wednesday only? _____

Is student entitled to free or reduced lunch at Picolata Crossing Elementary School? NO YES

If so, can Parent/Guardian provide related documentation/information? NO YES



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Registration Fee & Tuition:

A non-refundable registration fee of \$75 (Single) / \$125 (Family) for enrollment completed by/before 04/20/2025, as space permits. Any registration after this date, will be \$100 (Single) / \$150 (Family). Registration Fees must be paid in full prior to enrollment. This fee reserves your child’s placement, and is non-refundable.

Tuition will be withdrawn automatically on the 1st of each month (or the last business day prior to the 1st if the 1st falls on a weekend or school holiday). You may choose to pay tuition using an alternative method prior to the date of the automatic deduction...

For any account changes, including, enrollment, scheduling, withdrawal, etc.; we require a two-week **written notification** sent via email to **Picolata@villageextendedday.com** even with notice, there will be no refunds for withdrawal on or after the 1st of the month.

Parent/Guardian permissions:

- My child/youth 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.
- My child is allowed to consume store-bought and/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, and celebrations.
- 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 available on the program website.
- I understand that I may not solicit Village Extended Day employees to provide babysitting services, nor may employees transport my child/youth home.
- I have read and understand the Village Extended Day Parent Handbook available on the program website

Release and hold harmless:

I, _____, (First Party) parent/guardian of _____, for the sole consideration of enrolling the minor child in Village Extended Day programs (Second Party), by these presents, for themselves and their minor child, her/his heirs, executors, administrators and assigns, do hereby remise, release, and forever discharge Village Extended Day programs,, 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 parent / guardian does hereby hold harmless Village Extended Day programs, 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 and Second Party. The terms of this release are contractual and not mere recital.

Signature of Parent or Legal Guardian

Date of Signature



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ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

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.

By completing this form, I (we) hereby authorize Village Extended Day Alpha, 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.

Please **COMPLETE ONE SECTION ONLY.**

SECTION A (Credit Card)

VISA, MasterCard, and Discover - **We do not accept American Express**

Cardholder Name		Phone #	
Cardholder Address	City	State	Zip
Account Number		Expiration Date (MM/YYYY)	
Cardholder Signature		Date	

SECTION B (Bank Account)

Routing Transit Number		Account Number	
Bank or Credit Union Name		Address, City State Zip	
Your Name		Phone #	
Your Address	City	State	Zip