

Holiday Hill Elementary School #209 Extended Day Registration Form

Homeroom _____

Teacher _____ Grade _____

Session: AM PM Both

Child's Name _____

Last

First

Middle Initial

Address _____ Zip Code _____

Child's Home Phone _____

Mother's Name _____ Home Phone: _____

Mother's Address _____ Cell Phone: _____

Mother's Employment _____ Work Phone: _____

Mother's DL # _____ Mothers SSN: _____

Father's Name _____ Home Phone: _____

Father's Address _____ Cell Phone: _____

Father's Employment _____ Work Phone: _____

Father's DL # _____ Father's SSN: _____

People permitted to pick up child Mother Yes _____ No _____

Father Yes _____ No _____

If no, legal documentation must be provided.

People to be contacted in case of illness, accident, emergency and /or those authorized to remove the child from the facility in absence of parent:

Name _____ Address _____ Phone _____ Relationship to child _____

Name _____ Address _____ Phone _____ Relationship to child _____

Name _____ Address _____ Phone _____ Relationship to child _____

Name _____ Address _____ Phone _____ Relationship to child _____

Physicians Name _____ Address _____

Allergies, medical conditions or other needs: _____

CHECK ACCEPTANCE POLICY

We are happy to accept checks as advance payment for the Extended Day Program services. Payments made after the due date must be made in cash, cashier's check or money order.

Checks should be made payable to Holiday Hill Elementary #209. It is the Duval County School Board policy not to accept post-dated checks or to hold checks for *any* length of time.

NO CHECKS WILL ACCEPETED FOR PAYMENTS MADE AFTER THE TWENTY-DAY TERM HAS BEGUN.

If your check is returned by your bank for any reason, an outside agency (Check Redi) will be collecting funds and a fee. You are still responsible for paying our bank fee of \$8.00.

Once a check has been returned by your bank, all future payments to the Extended Day Program will have to be made via cash, cashier's check or money order, there are no exceptions to this policy.

As protection for us, we do require the following information be supplied on **anyone** who will be signing a check or providing a check as payment for services.

Student's Name _____ Grade _____

1. _____
Name Driver's License Number State Issued Social Security Number

_____ Height Weight Date of Birth Hair Color Eye Color

2. _____
Name Driver's License Number State Issued Social Security Number

_____ Height Weight Date of Birth Hair Color Eye Color

3. _____
Name Driver's License Number State Issued Social Security Number

_____ Height Weight Date of Birth Hair Color Eye Color

Audio Visual Policy

We make every effort to select movies that are appropriate in content; we are finding many suitable children's videos no longer carry the "G" rating. In an effort to keep you informed, we would like to notify you that the Holiday Hill Extended Day Program plans to use videos with a "NR" (Not Rated), "G" (General Audiences), and the "Family PG" (Parental Guidance Recommended) rating. We would appreciate your comments, suggestions and concerns regarding this matter.

I have read the Holiday Hill Extended Day video policy and:

_____ agree with my child viewing movies within this policy.

_____ object to my child viewing movies within this policy.

Parent/Guardian Signature

Date