

ORTEGA ELEMENTARY EXTENDED DAY ENROLLMENT FORM

GRADE _____
TEACHER _____

AM _____ (7:00 – 8:30)
PM _____ (3:00 – 6:00)

CHILD'S NAME: _____
(First) (Last) (Middle) (Alias/AKA)
BIRTHDATE _____ AGE _____ SEX _____ ENROLLMENT DATE _____
ADDRESS: _____ ZIP _____ PHONE# _____

Mother's Name _____	Father's Name _____
Social Security#: _____	Social Security#: _____
Home Address: _____	Home Address: _____
City: _____ State _____ Zip _____	City: _____ State _____ Zip _____
Home Telephone# _____	Home Telephone# _____
Cellular# _____ Pager# _____	Cellular# _____ Pager# _____
Employer: _____	Employer: _____
Employer Phone# _____ Ext. _____	Employer Phone# _____ Ext. _____

Parent permitted to remove child: Mother: YES _____ NO _____
Father: YES _____ NO _____

(If the answer to either is NO, legal documentation MUST be on file)

Child's Physician _____ Physician's Address _____
Physician's Phone# _____ City, State, & Zip _____

Other persons to be contacted in case of illness, accident, or emergency, and permitted to remove child:

Name: _____ Phone# _____
Relationship _____ Address: _____

Name: _____ Phone# _____
Relationship _____ Address: _____

Name: _____ Phone# _____
Relationship _____ Address: _____

Special Medical Or Other Needs: _____

• I have reviewed the above form and all information is current:

Signature of Parent/Legal Guardian

Date

EXTENDED DAY PROGRAM POLICIES

- POLICY** “DISTRICT POLICY IS THAT STUDENTS MAY NOT REMAIN IN THE EXTENDED DAY PROGRAM UNLESS THEIR ACCOUNT BALANCES ARE PAID ON A CURRENT BASIS.”
- PAYMENT** **Payment is due by the due date as indicated on the Fee Schedule.** Payment MUST BE MADE IN PERSON BY THE PARENT to the Extended Day Director or Extended Day office during the Extended Day hours. **A \$10.00 LATE FEE will be added to payments received on or after the 1st day of the payment period.** Cash payments must be for the EXACT AMOUNT (No change is kept in the office).
- NOTE** Programs approved by the Duval County School Board are required to receive payment prior to services rendered. **Continual problems with late payments will result in your child not being allowed to return to the Extended Day Program.**
- CHECKS** We will accept checks payable to “Ortega Elementary”. Payments made using a check cannot exceed \$250.00. It is the School Board policy not to accept post-dated checks or to hold a check for any amount of time. We can only accept preprinted checks (no starter or counter checks). ***Checks returned for “Insufficient Funds” will be turned over to a bill collection company (CheckRedi). This company will collect the maximum amount as a service fee.**
- HOURS** **Children may not arrive earlier than 7:00 AM and must be picked up by 6:00 PM.** Late charges will be assessed at 6:05 PM. **The penalty will be \$1.00 per minute.** This fee is due by the close of the next day. **Excessive late pickups will result in your child being withdrawn from the program.**
- WARNINGS/DISCIPLINE** Citizenship warnings will be given out to children who do not follow the rules of the Extended Day Program or the Duval County Code of Student Conduct. **First and second warnings must be signed by parents and returned to school the next day. Third warnings must be signed, returned, and will result in a one week suspension from the program. The fourth warning will result in the student being expelled from the program.** If expelled, no refund will be given for the balance of the month.
- PROPERTY** Children are responsible for their own belongings. Names should be written on all **coats, lunch boxes, backpacks, and other belongings.**
- PICK-UP** Children will be allowed to leave only with those persons on the enrollment form or with the written consent from the parents. Designated persons must use provide proper identification.

Failure to comply with these policies will result in the student being dismissed from the Extended Day Program.

I have read and agree to abide by the above policies.

Parent/Guardian Signature

Date

AUTHORIZATION FOR EMERGENCY CARE

In case of accident or serious illness and the school is unable to reach me, I hereby authorize the school to contact the physician indicated and to follow the instructions. If it is impossible to contact this physician the school may make whatever arrangements necessary to provide care and treatment for my child.

In 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, the school will contact me to arrange transportation for my child. If the school is unable to reach me, I authorize the school to contact one of the persons listed on the Extended Day Enrollment Form and request them to come to school and transport my child home.

NAME OF CHILD

PARENT/GUARDIAN SIGNATURE

DATE

GENERAL RELEASE OF LIABILITY

The undersigned hereby releases and forever discharges Community Education, the Duval County School Board, the City of Jacksonville, their officers, agents, servants, and employees, exercising reasonable care, from all claims and demands the undersigned now has or hereafter may have on account of or in any way arising from personal injuries known or unknown to the undersigned at the present time and property damages resulting or that results from any occurrence which may happen to _____ while participating in activities sponsored by the Extended Day Program at Ortega Elementary School.

PARENT/GUARDIAN SIGNATURE

DATE

WITNESS SIGNATURE

MEDICATION POLICY

A policy has been established in Duval County to govern the administration of medicine to students in public school. The policy states that before medicine can be administered in the school, a statement from the physician concerning the medicine must be on file at the school. Directions taken from the prescription bottle or box will not suffice. Only a written statement from the physician is acceptable.

Also, the Medication Release Statement below must be signed by the parent and placed on file at the school.

MEDICATION RELEASE STATEMENT

"I request that my child, (or legal ward), _____ be given external or internal medication as needed during school hours. I will provide the medication. I understand that such medication will be given only according to the directions of a licensed medical doctor or dentist, and a copy of the directions is on file in the office. Further, I agree to waive any claims or liability that may arise against any school personnel relative to the administration of medication to my child, (or legal ward), regardless of the circumstances."

PARENT/GUARDIAN SIGNATURE

DATE

NUTRITIONAL SNACKS

According to HRS Guidelines children enrolled in the Extended Day Program must have an afternoon snack. *The Extended Day Program will provide a nutritional snack for your child.* A monthly snack menu will be available in the office. *Please check the menu and send a snack if your child is allergic to any item.

Name of Child _____

PARENT/GUARDIAN SIGNATURE

DATE

HOMEWORK ASSISTANCE

Homework assistance is offered to all students Monday thru Thursday from 3:15-4:15 P.M. The purpose of homework assistance is to give help if directions are not understood or help is needed for a specific problem. **It is the responsibility of the parent/guardian to ensure that homework is accurate and complete.**

Please check one space indicating your preference for participation in this program.

_____ I want my child to participate in homework assistance if necessary.

_____ I do not want my child to participate in homework assistance.

ADDITIONAL CONTACTS

Other persons to be contacted in case of illness, accident, or emergency, and permitted to remove child:

Name: _____

Relationship _____

Phone# _____

Address: _____

Name: _____

Relationship _____

Phone# _____

Address: _____

Name: _____

Relationship _____

Phone# _____

Address: _____

Name: _____

Relationship _____

Phone# _____

Address: _____