

**BROOKVIEW ELEMENTARY EXTENDED DAY  
ENROLLMENT FORM**



Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ S.S.# \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ S.S.# \_\_\_\_\_

Father's Employment \_\_\_\_\_ Work # \_\_\_\_\_

FATHER MAY PICK UP \_\_\_ YES \_\_\_ NO                      MOTHER MAY PICK UP \_\_\_ YES \_\_\_ NO  
If the answer to either one is NO, we must have legal documents on file.

List below persons to be contacted in case of illness, accident or emergency, and are authorized to remove your child from the facility in absence of parent. If none, indicate "None". Should this list change, you must notify the school immediately in writing. Please make sure that all names listed below know that they **MUST** show Identification in order to pick up your child.

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

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

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

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

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Classroom Teacher \_\_\_\_\_ Special Needs \_\_\_\_\_

**Nutritional Snacks Requirement:**

*In following HRS guidelines, parents must furnish their children enrolled in Extended Day a **nutritious** afternoon snack. Students are not allowed to bring canned or bottled soda, candy or microwave popcorn. Students are not allowed to use the microwave at any time.*

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 on the application and to follow his or her 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 accident or illness where immediate treatment of my child is not necessary but he or she is unable to remain at 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 person's indicated on the Extended Day Enrollment Form and request them to come to the school and transport my child home.

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Name of Child	Parent of Guardian	Date
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**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/guardian and placed on file at the school.

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**Medication Release Statement**



I request that my child, \_\_\_\_\_ 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's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent General Release from 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 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 Enrichment Program at Brookview Elementary School.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness



## Dismissal Procedures

For accountability purposes, and to insure the safety of all children enrolled in the Extended Day Program, the following procedures **must** be followed:

All Extended Day children being picked up must be signed out in the front office. Those individuals signing children out must be prepared to present proper identification. **Only those persons authorized in writing on the Extended Day registration form will be allowed to remove any child from the program.**

Extended Day hours are from 7:00 a.m. to 8:00 a.m. in the morning and 3:00 p.m. to 6:00 p.m. in the afternoon. These hours must be adhered to rigidly. Late fees will be assessed after 6:00 p.m.

Late pick-ups will result in an additional late fee of \$1.00 per minute after 6:00 p.m. This fee must be paid the next school day. Parents experiencing unavoidable emergency situations can always contact the Extended Day Program by calling and speaking with one of the directors.

