

New Berlin Extended Day Registration 2009-2010 School Year

Date Registered _____ Date of Withdrawal _____

Grade _____ Classroom Teacher _____

Check sessions that apply: _____ A.M. (7:00-8:30) _____ P.M. (3:00-6:00)

Name _____ Birthdate _____ Age _____

Address _____ Zip _____ Phone # _____

*Mother's Name _____ Cell # _____

Place of Employment _____ Phone # _____

*Father's Name _____ Cell # _____

Place of Employment _____ Phone # _____

Please list the names and phone numbers of people who are permitted to pick up your child. Parents must be listed also. **These will be the only people permitted to remove your child from the Extended Day Program.** Please update this list as needed.

Name

Phone

_____ Date

_____ Parent Signature

PARENTS MUST SIGN IN ALL PLACES

PAYMENT OF FEES

We gladly accept checks for payment of Extended Day fees. Please make checks payable to New Berlin Elementary. It is School Board policy not to accept any post-dated checks or to hold checks for any amount of time. Checks returned due to insufficient funds will be assessed a \$20.00 service fee. In addition, all future payments will need to be made by cash or money order. We require the following information on anyone who will be signing checks.

Name	Driver's License #	Social Security #
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_____	_____	_____
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_____	_____	_____
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HANDBOOK/DISCIPLINE POLICIES

I acknowledge that I have received the New Berlin Extended Day Handbook which includes the Discipline Policies and Procedures.

Signature of Parent

Date

LIABILITY OF RELEASE

I hereby consent to my child _____ participating in Extended Day Enrichment activities, and agree to release and discharge the Duval County School Board, its officers, agents, and employees, exercising reasonable care within their scope of employment, from any and all liability, claims, damages, suits, judgments, and settlements involving personal injury and property damage resulting from or arising in connection with the aforementioned activities and while in transit to and from an activity.

Signature of Parent

Date

AUTHORIZATION FOR EMERGENCY CARE

In case of an 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 his 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 the case of an accident or 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 and request them to come to the school and transport my child home.

Child's Name _____

Parent's Signature _____

Child's Physician _____ Phone # _____

EMERGENCY CONTACTS

Please list emergency contacts in the order you wish them to be called. Include yourself and your spouse on this list so that we will know the order in which you wish to be contacted.

Name Relationship to child Phone #

Name Relationship to child Phone #

Name Relationship to child Phone #

Name Relationship to child Phone #

Name Relationship to child Phone #

MEDICAL INFORMATION

Please list any important medical conditions that we should be aware of
(Examples: asthma, allergies, seizures...)

Is your child taking any medication during the school day? ____yes ____no

If so, what kind of medication? _____

HOMEWORK POLICY

Homework assistance time is set aside for 45 minutes every Monday-Thursday. All students are required to be working on their homework during this time. If you DO NOT want your child to do his/her homework at Extended Day and prefer for them to do it at home, please check and sign below. Any student not working on homework must bring something to read or work on quietly during this time.

_____ I DO NOT want my child to work on homework at Extended Day.

Parent Signature _____

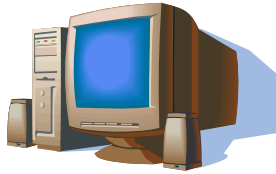
NUTRITIONAL SNACKS

In accordance with HRS Guidelines, parents must furnish their children enrolled in the Extended Day Program an afternoon snack.

Signature of Parent

Date

New Berlin Elementary
Extended Day
Student Computer and Internet Use and Safety
Parental Permission Form



Student Section

I have read the Code of Student Conduct and the section on Guidelines for the Safe and Acceptable Use of Computers and the Internet. I agree to follow the rules contained in this document. I understand that if I violate the rules, my account can be terminated, my access to computers suspended, and I may face other disciplinary measures.

Student Name (print) _____ Date _____

Student Signature _____ Date _____

Parent/Guardian Section
Internet Permission

I have read the Code of Student Conduct and the section on Guidelines for the Safe and Acceptable Use of Computers and the Internet. I hereby release the Duval County Public Schools, its personnel, and any institution with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the DCPS computer system, including but not limited to, claims that may arise from the unauthorized use of the system to purchase products or services. I will emphasize to my child the importance of not sharing personal information, logins, usernames or passwords via any form of electronic communication.

*Please initial one:

_____ I give permission for my child to use the Internet.

_____ I DO NOT give permission for my child to use the Internet.

New Berlin Elementary
Extended Day Program
Discipline Acknowledgement Form

Date: _____

I understand the student discipline procedures listed below:

1. Time-out in the Extended Day office and/or conference with the director and parent.
2. Suspension from the program for 1 day.
3. Suspension from the program for 1 week.
4. Expulsion from the program.

One discipline referral= Warning

Two discipline referrals= 1 day suspension

Three discipline referrals= 1 week suspension

Four discipline referrals= Expulsion from the program

Please note: The Extended Day Directors have the right to immediately expel a student from the program for behavior which is in continued defiance of the rules or which intentionally endangers a child or others.

Child's Name

Parent's Signature