DURBIN CREEK ELEMENTARY EXTENDED DAY ENRICHMENT PROGRAM School Year 2021 / 2022

Registration Fee (Non-Refundable): \$100.00 per child

Program Needed: (Check Only One)

| □ Before School Care Only | | □ After School Care Only □ | | Both Before & After School Care | | |
|---------------------------------|------------------|---|---------------------|---------------------------------|---------------------------------------|--|
| nild's Name | (Last) | (First) | (MI) | (N | lickname) | |
| | | | | • | , | |
| Male □ Female Date of Birth | | / Grade (For Registering School Year) _ | | ol Year) | | |
| Parei | nt/Guardian Info | ormation (This Info | rmation MUST E | Be Filled Out Comp | oletely) | |
| Child Resides with: □ Both Pare | | nts □ Mom □ Dad | □ Mom □ Dad □ Other | | Custody | |
| | | Parent/Guardia | an Information | Parent/Guar | rdian Information | |
| Name of Pare | nt/Guardian | | | | | |
| Home # | | | | | | |
| Wor | k # | | | | | |
| Cell | l # | | | | | |
| Home Stree | t Address | | | | | |
| City, State, | Zip Code | | | | | |
| E-Mail Address | | | | | | |
| hereby authorized | l to release my | gency Contact List child to the following the event of illne | ng individuals (| | ended Day Progra least one). These | |
| Name | Relations | ship Home I | Phone # | Work Phone # | Mobile # | |
| | | | | | | |
| | | | | | | |
| ood Allergies or N | Medical Conce | | nformation | | 1 | |

Please read, sign and date important information on reverse side.

Important Information

Medical Release for Care & Treatment – In case of accident or serious illness during Extended Day hours, we will contact the parent/guardian. Durbin Creek Elementary School Extended Day Program may make whatever arrangements necessary to provide care and treatment for my child including contacting a physician. In case of emergency, I hereby give DCEED permission for my child to be transported by Emergency Medical Services to the hospital and given necessary treatment. I understand I will be responsible for any and all related charges. In the 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, DCEED will contact the parent/guardian to arrange pick-up of my child. If DCEED is unable to reach me, I authorize them to contact one of the persons listed and request them to come to the school and transport my child home or to their home. I understand that it is the parent/guardian's responsibility to notify the school of any changes in this information throughout the school year.

GENERAL RELEASE OF LIABILITY - The undersigned agrees to release and forever discharge Durbin Creek Elementary School Extended Day Program and the St. Johns County School District, St. Johns County School Board, their officers, servants, agents, and employees, from all claims, demands, rights and causes of action of any kind the undersigned now has or hereafter may have on account of or in any way arising from personal injuries and or property damage known or unknown to the undersigned at the present time that results from any occurrences which may happen to the below stated child during time spent in the Durbin Creek Elementary Extended Day Enrichment Program, barring proven supervisory neglect.

- Extended Day is a privilege not a right. If a child continues to show inappropriate or disruptive behavior, they may be removed from the program to insure a safe and happy environment for the other children.
- Envision is responsible for handling all checks returned NSF for any reason. The parent is responsible for any additional fees that will be charged by Envision.
- Late Pick-Up fees Start at 6:05 pm with a \$5 charge and \$1 for every minute after 6:05 pm.

| I have read and understand all the Important | Information outlined above and agree to the |
|---|---|
| policies and procedures of the Durbin Creek E | Elementary School Enrichment Program. |
| • | |
| | |
| Parent/Guardian Signature | Date |
| | |