



Flagler School Extended Day 2023/24



August 10, 2023 – May 23, 2024
\$45/wk- am or pm / \$55/wk am & pm

Flagler Cty School 2023/24: BES ___ RES ___ WES ___ OKES ___ BTES ___

STUDENT REGISTRATION

STUDENT Last Name:	First Name:	Middle Initial	Gender <input type="checkbox"/> M <input type="checkbox"/> F
STUDENT HOME ADDRESS:		STUDENT DATE OF BIRTH : / / AGE:	

* GRADE LEVEL August 2023: _____ GRADE Levels Retained: _____
AM ONLY _____ **PM ONLY** _____ **AM & PM** _____

STUDENT LIVES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian/Other
Phone Numbers : Home _____ Cell # 1 _____ Cell # 2 _____

Parent / Guardian Information #1	
Name: _____ Address: _____	Phone Numbers : H: _____ C: _____
Employer: _____ Work Phone: _____	Email address: _____

Parent / Guardian Information #2	
Name: _____ Address: _____	Phone Numbers : H: _____ C: _____
Employer: _____ Work Phone: _____	Email address: _____

Does your child have any other concerns that we should be aware?

Bee Sting Food Allergy Skin Disorder Diabetes Other: _____
 Asthma Eye Problems Heart Condition Urinary/Bladder Issues Speech
 Hay Fever/Seasonal Ear Problems Seizures/Convulsions (Epilepsy) ESE ESOL

*Does your child take medicine regularly /daily ? YES NO

*Does your child need RX administered while at Extended Day? YES NO

OTHER than Parent/ Guardian, the following people have my permission to pick up my child : (MUST BE 18 YEARS of AGE)

NAME: _____ Phone: _____

NAME: _____ Phone: _____

NAME: _____ Phone: _____

_____ SPECIAL CUSTODY INFORMATION: (Please attach copy of Court Order) _____

PLEASE CHECK ONE :

_____ MANUAL PAY (Check or Money Order Weekly) _____ Auto Pay (Charged to Debit/Credit Card Weekly) *Card will be charged Automatically on weeks your child attends*

\$10 Multi-child discount for 2nd & 3rd child in immediate family (mother/father/guardian) living in the same household.

NON-REFUNDABLE \$25.00 Registration Fee is required

Extended Day Policies & Procedures: *Please read carefully and Initial:*

Parent Initial

- **Full Payment is due the first day of each week** your child attends the program. All fees are weekly and are Non-refundable. There are NO Daily rates. Delinquent payments may result in dismissal from the *Program*. A \$10 late payment fee will be applied to your account if the payment is not made the first day of the week. _____
- If Full Payment is one week overdue, your child **may not attend** the *Program* until the balance is paid. _____
- A "Non-sufficient fund" fee of \$25 is charged for all returned checks. If fee is not paid in a timely manner, your child Will be withdrawn from the *Program*. Checks will not be accepted; payments must be made by Cash or Money Order. A \$25 Return CC/Decline Fee is also charged on all CC transactions that are not processed. _____
- All Programs close at 6:00 pm. **Late Fee of \$1.00 / minute, PER CHILD** will be charged for all Pick-up after 6:00pm. Consistent late pick up may result with your child being withdrawn from the *Program*. _____
- As the LEGAL guardian of the enrolled (named) student, I hereby give consent for him/her to participate in activities during the program hours; including but not limited to computer/technology internet use. _____
- I authorize school personnel to obtain medical care that may be necessary for the named student. I also agree to NOT Hold the school / *Program* or anyone acting on its behalf responsible for any injury to occur to the student while in Attendance of the *Program*. _____
- I understand It is my responsibility to keep the named student's Contact Information current. Only the person herein That has signed the Registration form may alter or view the form. _____
- I understand that during the course of the program, photos and / or videos are taken (by staff) for use to promote the *Program*. **PLEASE CHECK ONE:** I DO _____ I DO NOT _____ Wish my child be photographed / videotaped. _____
- I understand that any changes made to the named student's Extended Day /Summer *Program* schedule, **MUST be made in advance, and in writing to the Site Mgr; including if the child will be absent for more than 2 consecutive weeks.** If I fail to do so, I agree to pay an additional Registration fee of \$10 per child to re-register them. _____
- I understand that Flagler Schools or the Extended Day *Program* are NOT responsible for lost, damaged or stolen items (including cash) brought to the Extended Day Program. _____
- I understand the named student must benefit from the Program, be self-sufficient, and must be able to tend to themselves In a group ratio of 1:25. I understand the Extended Day program does not provide care for less than 1:25 ratios. _____
- Progressive discipline will be followed. I understand that my child may be withdrawn from Extended Day *Programs* due to inappropriate behavior, blatant disruptions affecting other students /staff, 3 written referrals, or severe Infractions per the Code of Conduct and Parent Handbooks. _____

I, _____, am the legal guardian and the one financially responsible for _____.
Legal Guardian Name Student Name

Legal Guardian Signature: _____ Date: _____

Contact Telephone # _____



Flagler Technical College Extended Day/ Summer Programs

Flagler Schools District

Credit / Debit Card Authorization

I authorize Flagler Schools, Flagler County to charge my Credit / Debit Card for money owed to Flagler School's Extended Day / Summer Programs for the following student: (Please print legibly)

_____	_____	_____
STUDENT NAME	GRADE LEVEL	SCHOOL
_____	_____	_____
STUDENT NAME	GRADE LEVEL	SCHOOL
_____	_____	_____
STUDENT NAME	GRADE LEVEL	SCHOOL
_____	_____	_____
STUDENT NAME	GRADE LEVEL	SCHOOL

The Credit card below will be charged if alternative payments (checks/ money orders) are not received by Tuesday of each week. Termination of this agreement MUST be made in writing and signed by the credit card owner.

_____ MasterCard _____ VISA

CARD NUMBER: _____ EXPIRATION DATE: _____

NAME AS IT APPEARS ON THE CARD (PRINT): _____ Billing Addr ZIP CODE _____

SIGNATURE: _____ DATE: _____

*Please note there is a \$25 CC decline fee should your card not be processed

(Office Use Only):

PROGRAM _____ BES _____ BTES _____ OKES _____ RES _____ WES _____ SUMMER CAMP

SCHOOL YEAR: _____

DATE RECEIVED: _____

Site Manager Signature: _____