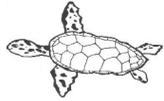


“Work Hard, Be Kind,
Be Awesome!”



**PVPV/RAWLINGS NON-ACE ENRICHMENT
REGISTRATION FORM 2024-2025**
Coordinator: Gail Catania 904-547-3830, gail.catania@stjohns.k12.fl.us

ALL INFORMATION MUST BE FILLED OUT AND KEPT UP-TO-DATE

- **SCHOOLPAY.COM, CHECK (PHONE# & CHILD’S NAME on all payments) or CASH.** All forms and fees must be in prior to child starting program.
- **NO REFUNDS** for children withdrawn or released from the program due to behavior issues.
- **YOU MUST NOTIFY THE ACE COORDINATOR OF TRANSPORTATION CHANGES BY 2:00 P.M. (1:00 P.M. ON WEDNESDAY’S) OR STUDENT WILL SENT TO PROGRAM.**

REGISTRATION FEE: (Non-Refundable) Per Child: \$25 one-time fee per schoolyear

LAST NAME: _____ **FIRST NAME:** _____ **Male** _____ **Female** _____

GRADE: _____ **TEACHER:** _____ **BUS #:** _____ **BIRTHDATE:** _____

SIBLING:

LAST NAME: _____ **FIRST NAME:** _____ **Male** _____ **Female** _____

GRADE: _____ **TEACHER:** _____ **BUS #:** _____ **BIRTHDATE:** _____

Use Back for Additional Siblings

Child Resides with: MOTHER: _____ **FATHER:** _____ **BOTH:** _____ **OTHER:** _____ **Relationship** _____

Mother/Guardian’s Name: _____ **Home Address:** _____

Cell Phone #: _____ **Work Phone #:** _____ **Home Phone #:** _____

Father/Guardian’s Name: _____ **Home Address:** _____

Cell Phone #: _____ **Work Phone#:** _____ **Home Phone #:** _____

MOTHER’S EMAIL: _____ **FATHER’S EMAIL:** _____

CUSTODIAL RIGHTS: Must Have Copy Court Order Custody Papers on file at school **YES** **NO**

(If no papers on file by law child will be released to either parent.)

Mother **YES** **NO** **Father** **YES** **NO** **Stepmother** **YES** **NO** **Stepfather** **YES** **NO**

MEDICAL CONTACT: Child’s Physician _____ **Phone No.:** _____

MEDICAL CONCERNS: _____

SPECIAL INSTRUCTIONS: _____

IEP/504 or anything else we should know about your child _____

ALTERNATIVE CHILD PICK-UP/EMERGENCY CONTACT APPROVED LIST:

I hereby give PVPV/Rawlins ACE permission to release my child to the following persons:

Name: _____ **Relationship:** _____ **Phone No.:** _____

Name: _____ **Relationship:** _____ **Phone No.:** _____

Name: _____ **Relationship:** _____ **Phone No.:** _____

PARENT/GUARDIAN _____ **DATE:** _____

NOTE: We follow the St. John’s County Code of Conduct for Discipline. If my child cannot follow the policies and procedures of the ACE Program and receives three (3) formal discipline referrals in Extended Day they will be permanently dismissed from the program. Immediate suspension/dismissal for gross misconduct. THERE ARE NO REFUNDS. I understand all policies and procedures, including the Discipline Policy.

SIGNATURE: _____ **DATE:** _____