

For Office use only:

Reg fee: \$ _____ Date: _____ Paid by: _____

Welcome to the Cove!

Ketterlinus Extended Day Program

Child's Name: _____
Last First MI

Birth Day: ___/___/___ Sex: M F Nickname: _____ Grade attending for this registration: _____

Program Needed:(circle) Before School Only After School Only Before and After SJCSD Employee

Residence:

Mother's/ Legal Guardian Name: _____ Email Address: _____

Address: _____ Home#: _____ Cell#: _____

Employer: _____ Work#: _____

Father's/ Legal Guardian Name: _____ Email Address: _____

Address: _____ Home#: _____ Cell#: _____

Employer: _____ Work#: _____

Custodial Rights: (Parent still permitted to remove child even if marked NO (Court documents must be present or on file))

Mother: YES NO Father: YES NO

Medical Contact:

Physican: _____ Phone#: _____

Address: _____

Alternative Child Pick -up/ Emergency Contact List:

I hereby give The Cove , KES Extended Day Program permission to release my child to one or more of the following persons:

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

If your child has an allergy and/or medical condition a detailed "Medical Alert" will be added to your child's Group Leader's attendance sheet. This is a continued effort to keep every Group Leader in every center aware of every child's medical concerns.

We are aware of the sensitive nature of this information; therefore one copy (the Group Leader's copy) will have detailed information about your child's allergy and/or medical condition, while the other copy (the parent check-out copy) will not have any detailed information.

While our staff recognizes that this information is a private matter, there is always a chance that the other students may observe the information on the attendance sheet due to the close interaction that the students and group leaders have.

For the purpose of my child's safety, I am in agreement with the allergy and/or Medical Alert disclosure _____

Parent Signature: _____ Date: _____

PLEASE SIGN AND DATE / REVERSE SIDE

Discipline Policy:

Parents will be notified when their child is unable to meet student behavior expectations. A pattern of continuous behavior issues may lead to a temporary suspension or a removal from the Extended Day Program; An offense of physical nature, such as biting, punching, kicking, pulling hair, or spitting will immediately lead to a temporary suspension, and any further offenses thereafter will lead to permanent removal from the KES Extended Day Program. Any student who uses physical force with a group leader will immediately and permanently be suspended from the program as well.

Refunds Due to Suspension from Program- All tuition paid prior to your student's temporary or permanent suspension will be forfeited.

I have read and reviewed the *Student Behavior Expectations* section with my child/children.

Parent Signature: _____

Date: _____

Verification of Understanding:

I have read completely and have a full understanding of all rules and policies enclosed in the Parent/Student Policy and Procedure Handbook.

Parent Signature: _____

Date: _____

General Release of Liability:

The undersigned agrees to release and forever discharge KES Cove Extended Day and St. Johns County School Board, their offices, servants, agents and employees from all claims and 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 an occurrence which may happen to the below stated child/children during time spent in the KES Cove Extended Day, barring proven supervisory neglect.

Parent Signature: _____

Date: _____

Authorization of Emergency Care:

In the event of an accident or serious illness that requires immediate medical attention, KES Extended Day Program will attempt contact me. If KES is unable to reach me, I hereby authorize them to contact the physician indicated and follow his instructions. If physician cannot be reached, KES is authorized to make necessary arrangements to provide care and treatment for my child. In the event of an accident or illness that does not require immediate medical attention but does require immediate pick-up, KES will contact me to make transportation arrangements for my child. If KES is unable to reach me, I authorize them to contact one of the persons on my alternate pick-up list and request them to transport my child home.

Parent Signature: _____

Date: _____

Early Withdrawal Policy:

In the event of early withdrawal from the KES Cove Extended Day Program, all tuitions paid prior to withdrawal will be forfeited.

Parent Signature: _____

Date: _____