

San Jose Schools Extended Day Enrollment Forms

GRADE _____ BIRTHDATE _____ SEX _____ AM 6:30-8:00 _____
TEACHER _____ MAGNET _____
ENROLLMENT DATE _____ WITHDRAWAL DATE _____ REENROLLMENT DATE _____

Child's Name: _____
(Last) (First) (Middle) (Alias)

Child's Physical Address _____

Child's Physician Phone number Address

Hospital Preference: _____

Mother's Name: _____	Father's Name: _____
Birth Date: _____ Phone # _____	Birth Date: _____ Phone # _____
Home Address: _____	Home Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Employer: _____	Employer: _____
Employment Address: _____	Employment Address: _____
Employer Phone #: _____	Employer Phone #: _____
Parent Email address _____	Parent Email address _____

Parent permitted to remove child (Yes or No): Mother ____ Father ____ Step-mother ____ Step-father ____
(IF NO, DOCUMENTATION REQUIRED)

Other person(s) to be notified in case of illness or accident and permitted to remove child (must present photo ID):

Name: _____ Phone #: _____ Address: _____

Name: _____ Phone #: _____ Address: _____

Name: _____ Phone #: _____ Address: _____

Name: _____ Phone #: _____ Address: _____

Name: _____ Phone #: _____ Address: _____

Name: _____ Phone #: _____ Address: _____

SPECIAL MEDICAL OR OTHER NEEDS THAT WILL HELP US TO BETTER SERVE YOUR CHILD:

CHILD'S NAME _____

AUTHORIZATION FOR EMERGENCY CARE

In case of 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 the 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 case of an accident or serious illness where immediate treatment of my child is 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 on the Extended Day Enrollment Form and request them to come to the school to transport my child home

PARENT/GUARDIAN SIGNATURE

DATE

GENERAL RELEASE OF LIABILITY

The undersigned hereby releases and forever discharges Community Education/Extended Day, the San Jose Schools Board, and the City of Jacksonville, their officers, servants, agents, and employees, from all claims and demands, rights and causes of action of any kind the undersigned now has and hereafter may have an account of or in any way arising from personal injuries known or unknown to the undersigned at the present time and property damage resulting or that results from any occurrence which may happen to _____ during San Jose Schools' Extended Day Program.

PARENT/GUARDIAN SIGNATURE

WITNESS SIGNATURE

MEDICATION POLICY

A policy has been established in Duval County to govern the administration of medicine to students in public schools. The policy states that before medicine can be administered in the school, a statement from the physician concerning the medicine must be on file at the school. Directions taken from the prescription bottle or box will not suffice. Only a written statement from the physician is acceptable. Also, a Medication Release Form, which should be on file at your school. If none is in student file then have them complete the standard DCPS form.

MEDICATION RELEASE FORM

"I request that my child, (or legal ward) _____ be given external and/or internal medication as needed during school hours; and I will provide the medication. I understand that such medication will be given only according to directions of a licensed Medical Doctor or Dentist, and a copy of the directions is on file in the school office. Further, I agree to waive any claims or liability that may arise against any school personnel relative to the administration of medication to my child, (legal ward) regardless of the circumstances. _____

PARENT/GUARDIAN SIGNATURE

NUTRITIONAL SNACKS

In accordance with DCF Guidelines, parents must furnish their children an afternoon snack if the foodservice provider at the school does not provide free snacks. If a snack is provided a menu will be posted.

PARENT/GUARDIAN SIGNATURE

DATE

- Section 402.3125(5), FS. Requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175 – 24)
- Section 65C-22.006(3) C, 2. F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

ILLNESS/ACCIDENTS/EMERGENCIES

All accidents to children must be reported, no matter how slight. Notification from the director must be done immediately. Notification must include the proper accident report form.

Emergency safety drills are required periodically for before and after school sessions just as they are for the regular school day. Current safety drill routes and locations should be posted and reviewed with staff prior to safety drills. These drill must be conducted monthly.

PARENT/GUARDIAN SIGNATURE

DATE

EXT. DAY DIRECTOR SIGNATURE

DATE

The signing of this document means that you have received, read, understand, and agree to the program policies pertaining to payment, arrival and pick up, Flu virus, medication authorization, parent expectations norms, and program discipline as stated in the policies and guidelines packet.