

2018-2019 School Year

**River City Science Academy School Extended Day Program - ENROLLMENT FORM**

**Before School Hours: 6:45 am - 7:35 am**  
**After School Hours: 2:45 pm - 6:00 pm**  
**Before School Fees: \$100 / Month & \$50 per sibling**  
**After School Fees: \$150/ Month & \$75 per sibling**  
**Before & After School Care: \$220**

Office Use Only:

Approved Date:	Approval Officer Name:	
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Application Date:		Enroll Date		WD Date		Re-Enroll Date	
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**EXTENDED DAY PROGRAM SELECTION: Please choose the program(s) your child will attend.**

Before School ONLY <input type="checkbox"/>	After School ONLY <input type="checkbox"/>	Before & After School <input type="checkbox"/>
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Student Last, First and Middle Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Office Phone# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Grade Level for 2018-2019: \_\_\_\_\_

**Parent / Guardian Information**

Student Lives With: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Grandparents \_\_\_ Foster Parent

Mother Name: \_\_\_\_\_

Father Name: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ Zip \_\_\_\_\_

E-mail addresses: Mother: \_\_\_\_\_

Father: \_\_\_\_\_

**Mother Information:**

Place of Employment: \_\_\_\_\_

Office Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Father Information:

Place of Employment: \_\_\_\_\_

Office Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Parent permitted to remove child (circle all that apply): Father: Yes No Mother: Yes No

IF THE ANSWER TO EITHER IS NO, LEGAL DOCUMENTATION MUST BE ON FILE

Other persons permitted to remove my child from the Extended Day Program:

Name:	Relationship to Child:	Phone:

**EMERGENCY CONTACTS**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

All parents MUST complete, sign and return the information sheets along with the RCSA afterschool fee sheet.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## River City Science Academy Consent for Emergency Treatment

Student Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Office Phone# \_\_\_\_\_ ext. \_\_\_\_\_

Any known Allergies: \_\_\_\_\_

Any severe medical conditions the afterschool director / staff should be made aware of: \_\_\_\_\_

\_\_\_\_\_

### Notify in case of Emergency if you cannot be reached:

Name: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

If possible, the school will get your child to the emergency facility you prefer; however the student's well-being may dictate a different facility. All information will be kept private.

The emergency facility you prefer: \_\_\_\_\_

Your insurance carrier: \_\_\_\_\_

Address of carrier: \_\_\_\_\_

Phone of carrier: \_\_\_\_\_ Policy Number \_\_\_\_\_

Please contact the school office or afterschool care director immediately if there is any change in the information given above.

## Consent for Treatment

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 possible 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.

I authorize first aid and/or emergency medical treatment for the above-named student in event of injury or illness. I realize that I am responsible for payment of the emergency medical treatment.

I voluntarily agree to expressly assume all risks which may result from the health and fitness activities or in any way related to my child participation in the after-school extended day program.

Parent/ Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## General Release of Liability

The undersigned hereby releases and forever discharges Community Education, the Duval County School 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 River City Science Academy Extended Day Program.

STUDENTS NAME

Parent / Guardian \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_