

Freedom Crossing Academy Extended Day Enrichment Program 2024-2025 Activity Registration Form

Non-Refundable Registration Fee \$25.00 per child Fee is valid for all Activities for the 24/25 School Year

STUDENT ALERTS			
Please check here, detail in section below:			
Medical			
Legal (court documents must be present)			
IEP			
504			

Enrichment Activities ONLY

My Child's Normal Mode of Tr	ransportation after School Bus	Parent Pick Up	Biker/Walker	
Child's Name (Last)	(First)	(Middle	e Initial) (Nickname)	
Child's Birthday	Gender: Male Female	Grade Teach	er	
Vendor Activity	<u> </u>	Day of Week	Time	
Vendor Activity		Day of Week	Time	
Vendor Activity		Day of Week	Time	
Vendor Activity		Day of Week	Time	
Vendor Activity		Day of Week	Time	
	PARENT/GUARDIAN INFORMATIO	N MUST BE FILLED OUT COMPLETE	ELY	
Child resides with: Both Parer	nts Mother Father Otl	her Name of Guardian		
Parent/Guardian:		_		
1.Name		Relationship		
Address			Email	
Cell#	Work#	Employer		
2.Name		Relationship		
Address		Email		
Cell#	Work#	Work# Employer		
They may also be contacted in	m Crossing Academy Extended Day to an the event of an emergency such as illn	ess or accident. (Must have at leas	st one contact listed). Participants	
MUST be picked up at the end after school.	d of each class. No care within the prog	ram is provided for this fee unless	a class is not offered immediately	
Name	Relationship	Phone		
Name	Relationship	Phone	Phone	
Name	Relationship	Phone		

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Medical Information: Physician's Name ______ Phone _____ Address ___ List of Allergies, Medical Concerns, and/or special Needs: Authorizations for Emergency Care: In case of accident or serious illness, I hereby authorize Freedom Crossing Academy Extended Day to provide the necessary immediate care. In the event that they are unable to reach me, I hereby authorize the contact of Emergency Services. **General Release of Liability** The undersigned agrees to release and forever discharge Freedom Crossing Academy Extended Day Program and the St. Johns County School Board, their officers, servants, agents and employees from all claims and demands, rights and causes of action of any kind the undersigned now has or hereby may have on account 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 FCA EDP, barring proven supervisory neglect. **Photograph Consent** I give FCA Extended Day consent to photograph or videotape my child. These photos/videos will be used solely for the FCA Extended Day, and possibly the FCA Yearbook or FCA Extended Day Website. No names will be used on the website. Your Signature is your agreement that you agree to the terms and conditions for mentioned in the previous paragraphs and page.

Parent Signature

Date Signed

Parent Full Name (Printed)