



Freedom Crossing Academy

Extended Day Enrichment Program

2026-2027 Activity Registration Form

Non-Refundable Registration Fee \$25.00 per child
Fee is valid for all Activities for the 26/27 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 Transportation after School

Bus

☐

Parent Pick Up

☐

Biker/Walker

☐

Child's Name _____
(Last) (First) (Middle Initial) (Nickname)

Child's Birthday _____ Gender: Male ☐ Female ☐ Grade _____ Teacher _____

Vendor Activity _____ Day of Week _____

Vendor Activity _____ Day of Week _____

Vendor Activity _____ Day of Week _____

Vendor Activity _____ Day of Week _____

Vendor Activity _____ Day of Week _____

PARENT/GUARDIAN INFORMATION MUST BE FILLED OUT COMPLETELY

Child resides with: Both Parents ☐ Mother ☐ Father ☐ Other ☐ Name of Guardian _____

Parent/Guardian:

1.Name _____ Relationship _____

Address _____ Email _____

Cell# _____ Work# _____ Employer _____

2.Name _____ Relationship _____

Address _____ Email _____

Cell# _____ Work# _____ Employer _____

Alternate Pick Up/Emergency Contact List:

I authorize the staff of Freedom Crossing Academy Extended Day to allow the following persons to pick up my child from Extended Day. They may also be contacted in the event of an emergency such as illness or accident. **(Must have at least one contact listed)**. Participants MUST be picked up at the end of each class. No care within the program is provided for this fee unless a class is not offered immediately after school.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please continue on the next page

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 Full Name (Printed)

Parent Signature

Date Signed