



# Mill Creek Academy Extended Day Registration 2021/2022

AM Care  PM Care  AM & PM Care  Wednesday Only  Drop-In   
St. Johns County School District Employee or Active Duty Military  (Must Attach Proof)

**There is an \$80.00 non-refundable registration fee.**

Child's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

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

Grade: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Pick-Up: I hereby give Mill Creek Extended Day permission to release my child to the following people:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorization for Emergency Care:**

In case of accident or serious illness, I hereby authorize Mill Creek 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.

Initial: \_\_\_\_\_

**General Release of Liability:**

The undersigned hereby release and forever discharge Mill Creek Extended Day, Mill Creek Elementary, St Johns County School Board, St John County, Florida, their servants, agents, and employees from claims and demands, rights and causes of any kind of action that the undersigned has or hereafter may have on 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 during time spent in Mill Creek Extended Day.

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

**Medical Information:**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medications that your child takes on a regular basis, and/or any medical issue we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

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

**Transportation Changes:**

All transportation changes must be made via e-mail to the transportation change email address (mcatransportation@stjohns.k12.fl.us). Please let us know when your child is Parent Pick-Up or riding the bus instead of coming to Extended Day after school.

**Removal from Program:**

We request a 2 week notification if you are pulling your child out of the program. Remember, there are no refunds once payments have been made and processed.

**Photograph Consent**

I give Mill Creek Extended Day consent to photograph or videotape my child. I understand that these pictures/videos will not be used in any other means than to show the growth and development taking place in the Extended Day program. These pictures and videos will be used solely for Mill Creek Extended Day.

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

**Rules, Regulations and Payment Schedule**

I have read and understand the rules, regulations and payment schedule of the Mill Creek Extended Day Program as explained in the Mill Creek Extended Day Information Packet.

Student Name \_\_\_\_\_ Parent Name \_\_\_\_\_

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