



Royal Palm Charter School
Extended Day Registration Form
2016 -2017

Date Received: _____
Statements Initialed: _____
Received By: _____

CURRENT EMAIL is required for registration: _____

Name of Child _____ Grade _____ Medical Condition _____
(First and Last)

Name of Child _____ Grade _____ Medical Condition _____
(First and Last)

Name of Child _____ Grade _____ Medical Condition _____
(First and Last)

My child, _____, is currently on the following prescription medication(s):
_____ which will need
to be administered during the afterschool program.

Emergency Contacts:

Guardian#1 _____
(First and Last Name) Home Phone Cell Phone

Guardian#2 _____
(First and Last Name) Home Phone Cell Phone

My child will attend:

- Weekly Mondays Tuesdays Wednesdays Thursdays Fridays
 ONLY AS NEEDED

Placement and Payments (Please initial after each statement to show understanding of that statement.)

- I understand the fee of \$60.00 a week or \$15.00 a day is due by the last school day of each week (mostly Fridays) and paid through my RenWeb account. _____
- Balance must be current in order to continue enrollment and attend the program. _____
- I understand there are no refunds. _____
- I understand that program placement is filled on a first come first serve basis for only Royal Palm Charter School students. _____

Hours and Behaviors (Please initial after each statement to show understanding of that statement.)

- I understand that my child(ren) must be picked up between the hours of 3:00 pm-6:00 pm. _____
- I understand that my child(ren) may be dropped off no earlier than 7:30 am on "Teacher Workdays/Student Holidays" due to lack of adult supervision before that time. _____
- I understand that I will not be later than 6:00 pm by the program's clock to pick up my child(ren). _____
- I understand that I will pay an additional late pick up fee of \$5.00 for each fifteen minutes of tardiness after two minutes into that block of time based on the program's clock. _____
- I understand that my child(ren) will participate in the activities schedule or may face being dropped from the program. _____
- I understand that my child(ren) will be respectful, follow the same guidelines in our District's Parent/Student Handbook. _____

I understand that my child(ren) will be dropped from the program if one or all of the above statements are not followed.

Parent/Guardian

Signature Date