Early Childhood Center

EXTENDED DAY REGISTRATION FORM 2026-2027

PROGRAM HOURS

3:00pm-5:00pm Mondays, Tuesdays, Thursdays, and Fridays
2:00pm-5:00pm on Wednesdays

Early Childhood Center at FCTC follows the St. Johns County School District Master Calendar. The school closed on school holidays, teacher planning days, and in-service days.
See attached calendar for program closures dates

There is a $1.00 per minute late fee charged late pick-up after 5:00pm.

REGISTRATION FEE:

$75 per child (due at time of registration)

MONTHLY FEES:

Daily After Care: $25 a day (Paid in 9 monthly installments of $500)
Part-time After Care (2 days a week): $30 daily (Paid in 9 monthly installments of $240 per month)
Part-time After Care (3 days a week): $30 daily (Paid in 9 monthly installments of $360 a month)

FUNDING SUPPORT: We are a School Readiness provider and eligible families can receive funding support through Episcopal Children's Services. To apply for School Readiness or check your application in your Family Portal, please visit: https://www.ecs4kids.org/programs/school-readiness/ If you have any questions about School Readiness, please contact Episcopal Children's Services at 904-770-2565 or schedule an appointment with Episcopal Children's Services using the following link: https://www.ecs4kids.org/programs/appointments/

PAYMENT SCHEDULE: The first installment is due at time of registration or on the first day of care, whichever comes first. Each proceeding payment installment is due on the 1st of the month as listed on the attached payment calendar. Florida law requires that all payments must be paid in full prior to providing services. There is a 5-day grace period after the 1st of the month. All payments submitted AFTER the 5-day period will be assessed a $50.00 late fee. If balance is unpaid by the end of the installment period, your child/ren will not be able to attend until the balance has been paid. Payments can be made by check to St. Johns County School District (note child's name, your phone number and installment number).

Child's Name: _____ Date of Enrollment: _____

Teacher: _____ ☐Male ☐Female Date of Birth: _____

Custodial Rights: ☐ Both Parents ☐ Mother ☐ Father ☐Other: _____
**legal papers are required if there is a parent that is not allowed to pick-up child.*

PARENT INFORMATION:

Mothers Name: _____
Address: _____
_____
1st contact phone: _____
2nd contact phone: _____
Email address: _____

Fathers Name: _____
Address: _____
_____
1st contact phone: _____
2nd contact phone: _____
Email address: _____

MEDICAL INFORMATION: List all medical needs, dietary needs, allergies or other pertinent medical information for your child: _____
_____

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Hospital Preference: _____

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*All medications must be registered with the school nurse.

MEDICAL RELEASE FOR CARE AND TREATMENT

In case of accident or serious illness during Extended Day hours, I request that the school contact me. I hereby authorize them to contact the physician indicated and follow his/her instructions. If it is impossible to contact this physician, Early Childhood Center at FCTC Extended Day Program may make whatever arrangements necessary to provide care and treatment for my child. In case of emergency, I hereby give Early Childhood Center at FCTC Extended Day Program permission for my child to be transported by Emergency Medical Services to the hospital and given necessary treatment.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACTS / ALTERNATIVE CHILD PICK-UP:

**I hereby give Early Childhood Center at FCTC extended day permission to release my child to the following persons.*

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

REQUIRED DOCUMENTATION AND STUDENT RECORDS:

Current physical exam (Form 3040) and immunization record (Form 680 and 681) are required within 30 days of enrollment. Signing below indicates your consent for Extended Day staff to access your child's records.

FOOD AND NUTRITION POLICY:

Our program will provide a healthy daily snack for your child based on the My Plate guidelines and our daily program breakfast and lunch menu. Weekly snack menus will be posted on the entrance window for your review. Safe food distribution will be followed during all snack time routines. Please indicate if your child has an allergy in the medical section above and an alternative food choice will be provided.

DISCIPLINE POLICY:

Our Discipline and Expulsion Policy is attached for your review. By signing the bottom of this page, you are acknowledging that you have received a written copy of this policy.

PICK-UP PROCEDURES:

A government ID is required to pick-up any child from Extended Day even if the staff personally knows you. Children will only be released his/her parent/legal guardian or emergency contact.

KNOW YOUR CHILD CARE FACILITY:

The "Know your Child Care Facility" brochure is also provided in this enrollment packet. Signing below acknowledges that you have received this brochure.

SMOKING POLICY:

Our facility is a non-smoking environment and smoking is prohibited on the premises.

UNDERSTANDING POLICIES & PROCEDURES:

Your signature below indicates that you have reviewed Extended Day Policies and Procedures and all information on this enrollment form is true and accurate.

Signature of Parent/Guardian: _____ Date: _____