



Picolata Crossing Extended Day
 5970 US-1 South
 St. Augustine, Florida 32095
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 www.village-academynorth.com/picolata

EXTENDED DAY ENROLLMENT FORM

RECORD OF CHILD ACCEPTED

Child's Name: _____
Last First Middle Alias

Birth Date: _____ Sex: _____ Enrollment Date: _____

Child's Grade (2017-18 School Year): _____ Child's Teacher (if known): _____

Mother's Name: _____ Mother's SSN: _____

Mother's E-mail: _____ Does child live with Mom?: _____

Father's Name: _____ Father's SSN: _____

Father's E-mail: _____ Does child live with Dad?: _____

Mother	Home Address	Zip	Home Phone	Cell Phone
	Employer Address	Zip	Employer Name	Work Phone
Father	Home Address	Zip	Home Phone	Cell Phone
	Employer Address	Zip	Employer Name	Work Phone

Child's Physician: _____ Address: _____ Phone: _____

Legal Custody

Person permitted to remove child:	Mother	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Father	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Persons in addition to parents/guardians to be contacted in case of illness, accident, or emergency and those persons authorized to remove Child from the facility. If none, indicate "None". If there are additional names that need to be added please attach an extended list and print and sign.

Name	Address	Phone	Relationship

Preferred Schedule

- | | |
|--|---|
| <input type="checkbox"/> Before & After School Full-Week (Monday – Friday) | <input type="checkbox"/> After School Full-Week (Monday – Friday) |
| <input type="checkbox"/> Before School Full-Week (Monday – Friday) | <input type="checkbox"/> After School _____ |
| <input type="checkbox"/> Before School _____ | |