



# Cunningham Creek Elementary Extended Day Enrichment Program 2024/ 2025

**Non-Refundable Registration Fee \$25.00 Per child**

Fee is Valid for all Activities for the Fiscal School Year

## 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)

Date of Birth \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
(for school year registering for)

Vendor Activity \_\_\_\_\_ Day of Week \_\_\_\_\_ Time \_\_\_\_\_

Vendor Activity \_\_\_\_\_ Day of Week \_\_\_\_\_ Time \_\_\_\_\_

Vendor Activity \_\_\_\_\_ Day of Week \_\_\_\_\_ Time \_\_\_\_\_

### Parent/Guardian Information MUST Be Filled Out Completely

Child Resides With  Both Parents  Mother  Father  Other Name of Guardian \_\_\_\_\_

Parent/Guardian Information	Mother	Father
Name (First and Last REQUIRED)		
Home Number (Include Area Code)		
Cell Phone (Include Area Code)		
Work Phone (Include Area Code)		
Home Address		
City, State Zip Code		
Email Address		

Approved Pick Up/Emergency Contact List; I authorize the staff of Cunningham Creek Extended Day to allow the following persons to pick my child up from Extended Day. They may also be contacted in the event of an emergency such as illness or accident.

**(MUST have one contact listed)**

Contact First & Last Name	Contact Phone Number (include area code)

Physician's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

List of Allergies or Medical Concerns: \_\_\_\_\_

Participants must be picked up by you or someone on your approved pick up list, they cannot walk or bike home on their own. Participants **must be picked up by the end of each class**. No care within the program is provided for this fee unless a class is not offered immediately after school. It is the parent's responsibility to notify the Student's teacher and Cunningham Creek Elementary Transportation Email of enrollment in these classes. The parent needs to specify what class(es) their child is participating in, and what days they are to stay.

# Important Information:

- **Medical Release for Care & Treatment** – In case of accident or serious illness during Extended Day hours, The Extended Day Staff will contact the legal guardian. Cunningham Creek Elementary School Extended Day Program may make whatever arrangements necessary to provide care and treatment for my child including contacting a physician. In case of emergency, I hereby give the Extended Day Staff permission for my child to be transported by Emergency Medical Services to the hospital and given necessary treatment. I understand I will be responsible for any and all related charges. In the case of an accident or serious illness where immediate treatment of my child is not indicated but where he/she is unable to remain at the school, the Extended Day Staff will contact the parent to arrange pick-up of my child. If Extended Day Staff is unable to reach me, I authorize them to contact one of the persons listed on this registration form and request them to come to the school and transport my child home/ to their home. I understand that it is the parent/guardian’s responsibility to notify the school of any changes in this information throughout the school year.

*\*Please be sure that your emergency contacts are local and are able to pick up your child if there is an emergency and we cannot reach you.*

- **GENERAL RELEASE OF LIABILITY** - The undersigned agrees to release and forever discharge Cunningham Creek Elementary School Extended Day Program and the St. Johns County School District, St. Johns County School Board, their officers, servants, agents, and employees, from all claims, demands, rights and causes of action of any kind the undersigned now has or hereafter may have on account of 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 any occurrences which may happen to the below stated child during time spent in the Cunningham Creek Elementary Extended Day Enrichment Program, barring proven supervisory neglect.

*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