

### Student Enrollment Form - 2025/26 PIA Extended Day

Important: Please ensure <u>all</u> sections and pages of this form are completed accurately. Incomplete or missing information may delay the enrollment process. Kindly return this form to **PIA@VillageExtendedDay.com** 

# **Student Information** First Middle Last DOB\_\_\_\_\_\_/ Sex\_\_\_\_\_Nickname\_\_\_\_\_ Student's Grade Level (School Year 2025-26) Has Child/Youth attended VEDS Extended Day at one of our schools? Yes No Who does student live with?\_\_\_\_\_ Full Address: Who has legal custody of student? Primary email to use for contact?\_\_\_\_\_\_ List all Allergies:\_\_\_\_\_ List Health/Development (ex.504, IEP)\_\_\_\_\_ **Parent/ Guardian Information 1** First Middle Last DOB\_\_\_\_\_/ \_\_\_\_\_SSN\_\_\_\_-\_\_\_ Cell#\_\_\_\_\_Email\_\_\_\_ Employer Work# Other# **Parent/ Guardian Information 2** First Middle Last DOB / / Sex SSN - -Cell#\_\_\_\_\_Email\_\_\_\_ Employer\_\_\_\_\_\_\_\_\_\_\_Other#\_\_\_\_\_\_\_



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#### **Authorized Pick up and Emergency Contacts:**

Persons in addition to parents/guardians to be contacted in case of illness, accident, or emergency and those persons authorized to remove student from the facility. All parents and authorized persons listed on your account must be an adult (18+) and be able to show ID in order for the student to be released. Student will not be allowed to leave the premises, except with the individuals whom are listed in writing as authorized to pick up him/her.

Full Name:			Relationship	to Student:				
						NO		
Full Name:Relationship to Student:								
Phone#			Emergency C	ontact?	YES	NO		
Full Name:	Relationship	Relationship to Student:						
Phone#		Emergency C	_Emergency Contact?		NO			
<b>Program Attendance</b> – ple	ease select from th	ne following	options below					
Days per week	3 Days per wee	k 5 Da	ys per week	1 Day (Teac	her)			
Program Session:	Before School	After	School	Before & After School				
Preferred Schedule:	Monday	Tuesday Wednesday Thursday		Friday				
Additional Questions:								
Is student entitled to free or reduced lunch at Pine Island Academy?  NO Is either Parent/Guardian an active member of the military/armed forces?  NO If so, can Parent/Guardian provide related documentation/information?  NO								
If so, which parent/guardian?								
Is either Parent/Guardian er	mployed by the St	Johns Cou	nty School Distr	ict? NO	YES			
If so, at which location/school?								
Is either Parent/Guardian an employee member at Pine Island Academy? NO YES								
If so, which parent/guardian?								
Do you need Contract Hours or Pick Up by 6:00pm?								



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#### **Registration Fee & Tuition:**

A non-refundable registration fee of \$75 (Single) / \$125 (Family) for enrollment completed by/before 04/20/2025, as space permits. Any registration after this date, will be \$100 (Single) / \$150 (Family). Registration Fees must be paid in full prior to enrollment. This fee reserves your child's placement, and is non-refundable.

Tuition will be withdrawn automatically on the 1st of each month (or the last business day prior to the 1st if the 1st falls on a weekend or school holiday). You may choose to pay tuition using an alternative method prior to the date of the automatic deduction...

For any account changes, including, enrollment, scheduling, withdrawal, etc.; we require a two-week **written notification** sent via email to **PIA@villageextendedday.com** even with notice, there will be no refunds for withdrawal on or after the 1st of the month.

#### **Parent/Guardian permissions:**

- My child/youth may be photographed, and the photos may be used for newsletters, general publications, displayed at our facility, and/or for publicity, including any of our websites.
- My child is allowed to consume store-bought and/or home-prepared food brought in by staff or families to include, but not limited to for the following occasions: cooking projects, daily snacks, birthday parties, and celebrations.
- I have been supplied a copy of the Child Care Facility Brochure, KNOW YOUR CHILD CARE CENTER, published by The Department of Children and Families available on the program website.
- I understand that I may not solicit Village Extended Day employees to provide babysitting services, nor may employees transport my child/youth home.
- I have read and understand the Village Extended Day Parent Handbook available on the program website

Release and hold	harmless:
I,	
for the sole consider presents, for then remise, release, and all claims of the minor child result from, any peroperty. It is fur Extended Day proof any such injuried charges or expen	eration of enrolling the minor child in Village Extended Day programs (Second Party), by these is selves and their minor child, her/his heirs, executors, administrators and assigns, do hereby do forever discharge Village Extended Day programs,, its successors and assigns, of and from demands, damages, costs, expenses, actions and causes of action, arising from participation in any program, foreseen and unforeseen, and the consequences thereof, resulting, and to articipation in such program, including bodily and personal injuries, and loss and damage to her understood and agreed that the parent / guardian does hereby hold harmless Village grams, its successors and assigns, for any medical costs or expenses incurred for any treatment s, and the First Party agrees to be solely responsible to pay or reimburse for any such medical ses incurred including transportation expenses. This release contains the Entire Agreement Party and Second Party. The terms of this release are contractual and not mere recital.







## **ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD**

We are excited to offer the safety, convenience and ease of **Tuition Express**® – a payment processing system that allows on-time tuition and fee payments to be made from either your bank account or credit card.

By completing this form, I (we) hereby authorize Village Extended Day Delta, LLC to initiate credit card charges to the below referenced credit card account (Section A) OR, initiate debit entries to my (our) Checking or Savings Account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice. Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

Please COMPLETE ONE SECTION ONLY.

SECTION A (Credit Card)	VISA, MasterCard, and Discover - We do not accept American Express					
Cardholder Name		Phone #				
Cardholder Address	City	State	Zip			
		/				
Account Number		Expiration Date (MM/YYYY)	CVV			
Cardholder Signature		Date				
SECTION B (Bank Account)						
Routing Transit Number		Account Number				
Bank or Credit Union Name		Address, City State Zip				
Your Name		Phone #				
Your Address	City	State	Zip			