Webster School Extended Day
145 Lewis Point Rd
St. Augustine, Florida 32086
Tara@Village-Academy.com

EXTENDED DAY ENROLLMENT FORM

Child's Name: _____
Last First Middle Alias

Birth Date: _____ Sex: _____ Registration Date: _____

Child's Grade (2018-19 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

				Legal Custody	
				Yes	*No*
Person permitted to remove child:	Mother	*Yes* ☐	*No* ☐	☐	☐
	Father	*Yes* ☐	*No* ☐	☐	☐
	Guardian	*Yes* ☐	*No* ☐	☐	☐

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
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

Preferred Schedule

☐ Before & After School Full-Week (Monday – Friday) ☐ After School Full-Week (Monday – Friday)

☐ Before School Full-Week (Monday – Friday) ☐ _____

Signature of Parent or Legal Guardian: _____ Date: _____