



THE VILLAGE ACADEMY
 145 LEWIS POINT ROAD
 ST. AUGUSTINE, FL 32086
 OFFICE: 904.797.5909
 FAX: 904.797.2804

WEBSTER ELEMENTARY EXTENDED DAY
 A Service of The Village Academy

Child's Name: _____
Last First Middle Alias

Registering For: (highlight/circle one): Before After Before and After Wednesday Only Other _____

Birth Date: _____ Sex: _____ Enrollment Date: _____

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

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

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

(Please mark an "X" by address where Child lives)

Mother's Email: _____ Father's Email: _____

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

May The Village Academy call another physician if unable to contact the above? Yes _____ No _____

I learned about Webster Extended Day through: Friend Work Web Site Ad Other

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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Persons to be contacted in case of illness, accident, or emergency and those persons authorized to remove Child from the facility. If none, indicate "None".

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

Special Instructions regarding eating habits, allergies, or areas of concern: _____

Section 10M-12.008(2) F.A.C. requires that parents receive a copy of the Child Care Facility Brochure, KNOW YOUR CHILD CARE CENTER. The parent's or legal guardian's signature verifies receipt of the child care brochure. Please complete the following:

I, _____ have received a copy of the Child Care Facility Brochure, KNOW YOUR CHILD CARE CENTER.
Name of Parent or Legal Guardian I have also received the Parent Policies and the school's disciplinary procedures.

Signature of Parent or Legal Guardian: _____ Date: _____

My signature below indicates that all Registration forms I have signed and all information provided also holds true for The Village Academy, should I choose to take my child there for any reason.

_____ Date: _____