



THE VILLAGE ACADEMY
 145 Lewis Point Road
 St. Augustine, FL 32086
 OFFICE: 904.797.5909
 FAX: 904.797.2804

Webster Extended Day Enrollment Form
 RECORD OF CHILD ACCEPTED

Child's Name: _____
Last First Middle Alias
 Child's Grade (2015-16 School Year): _____ Child's Teacher (if known): _____
 Birth Date: _____ Sex: _____ Enrollment Date: _____
 Mother's Name: _____ Mother's SSN: _____
 Father's Name: _____ Father's SSN: _____
 Family e-mail address: _____

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)

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

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

I learned about Village Academy through: Friend Work Web Site Ad Other

Legal Custody

Person permitted to remove child: Mother Yes No Yes No
 Father Yes No Yes No
 Guardian Yes No Yes No

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

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

Primary Hours of Care required: From: _____ To: _____ (Note: Maximum of 10 Hours Daily)

Meals provided are AM Snack, Lunch and PM snack daily. My child's days of care are: (Please circle) M T W Th F

By signing below my child is allowed to consume store-bought or home-prepared food brought in by staff or families to include, but not limited to the following occasions: birthday parties, celebrations, cooking projects, or daily snacks. If I have any concerns I will notify the teacher or front desk.

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: _____

Parents please note: Section 65C0-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

OFFICE USE ONLY	Group: _____	FT PT M T W Th F _____	Funding: Y / N _____
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