



THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

Extended Day Program

EMERGENCY PROCEDURE CARD



School

PLEASE PRINT ALL INFORMATION

Student's full Name Last First Middle Grade Date of Birth

Student's Social Security Number Race Sex Home Phone Number

Home Address No. Street Apt. # City State Zip Place of Birth

Father/Guardian Name Work Address Phone Area Code Ext.

Mother/Guardian Name Work Address Phone Area Code Ext.

Alternate Person To Be Notified Phone Area Code Ext.

If emergency treatment is required, can the Extended Day Program send the child to the hospital or doctor most easily accessible before parents are reached? Yes No

Preferred Hospital Preferred Doctor Dr. Office Phone Area Code Ext.

Does the child have any physical disabilities? Yes No If yes, please describe

Does the child have allergies? Yes No If yes, please describe

For headache or minor illness, may the child take: An aspirin substitute Yes No Pepto-Bismol Yes No

PARENT/GUARDIAN SIGNATURE DATE



THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
CONSENT AND RELEASE TO PHOTO GRAPH / VIDEOTAPE STUDENT



I the parent / guardian of
Parent / Guardian Name Student Name

Do Consent / Do NOT Consent to the photographing/videotaping of my child while he/she is involved in any school programs and/or activities during the present school year.

Do Consent / Do NOT Consent to the use of the above mentioned photograph(s)/videotape(s) and the name of my child for promotional purposes on the Internet.

I do hereby release and waive any and all claims, demands, or objections against the said school and school district in connection with or arising out of the said photograph/video of my child,

It is understood that the school or school district will not duplicate photograph(s)/videotape(s) for the use or benefit of any individual student or parent. It is also understood that failure to return this permission form to the school will constitute parent/guardian consent for the purposes described above.

Parent/Guardian Signature Date



THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
EXTENDED DAY PROGRAM / PROGRAMA DE DÍA EXTENDIDO
 803C Bill Beck Blvd. - Kissimmee, FL 34744
 Phone: (407)343-8780 / Fax (407-343-8652)



EXTENDED DAY PROGRAM ADDITIONAL FEES
CARGOS ADICIONALES DEL PROGRAMA DE DÍA EXTENDIDO

LATE PAYMENT FEE: If weekly payment fee is not paid on Monday at the sites, or received in the Extended Day Program Main Office every Tuesday, no later than 4:00 P.M., your account will be charged a \$12.00 fee.

CARGO POR RETRASO EN EL PAGO: Si no se paga el cargo semanal los lunes en los recintos [del Día Extendido] , o si no se recibe el pago semanal en la Oficina Principal del Programa de Día Extendido, a más tardar a las 4:00 p.m., se le cargará a su cuenta un cargo de \$12.00.

LATE PICK UP FEE: \$10.00 per child the first 15 minutes, after that \$12.00 per child every 15 minutes.

CARGO POR RETRASO EN RECOGER: \$10.00 por niño/a por los primeros 15 minutos; luego de ello, \$12.00 por niño/a por cada 15 minutos de retraso.

RETURNED CHECK FEE: \$12.00

CARGO POR CHEQUE DEVUELTO: \$12.00

I, the parent/guardian of _____, a student at _____ understand the terms
 Yo, el padre/tutor de _____ Student Name/Nombre del/de la Estudiante _____ estudiante en la _____ School/Escuela _____ entiendo los términos

and conditions of the Extended Day Program. I understand that, if necessary, the above fees will be charged to my account.
 y condiciones del Programa de Día Extendido. Entiendo que, de ser necesario, los cargos arriba mencionados serán cargados a mi cuenta.

NON-PAYMENT: Any child attending two weeks without payment of fees may not be admitted into the program unless this delinquent account is paid in full.

FALTA DE PAGO: Cualquier niño/a que asista durante dos semanas sin que se hayan pagado los cargos, no se le admitirá dentro del programa a menos que la cuenta atrasada se cancele en su totalidad.

 Print Parent/Guardian Name / Nombre del Padre/Tutor en letra de molde

 Parent/Guardian Signature /Firma del Padre/Tutor

 Date / Fecha