

Queen of Peace Catholic Academy
10900 SW 24th Avenue
Gainesville, FL 32607

Extended Day Registration

Child's Name: _____ Grade _____

Custodial Parent(s)/Guardian(s) _____

Relationship to Child _____

Address: _____ City _____ Zip _____

Mother's Name: _____ Home Phone _____

Place of Employment _____ Cell Phone _____

Father's Name: _____ Home Phone _____

Place of Employment _____ Cell Phone _____

RESTRICTIONS:

(Please include helpful information, including allergies, illnesses or physical restrictions.)

PERSONS AUTHORIZED TO PICK UP YOUR CHILD: Any changes must be received in writing.

Mother _____ Father _____

Other persons permitted to pick-up your child(ren):

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

EMERGENCY TREATMENT AUTHORIZATION: In case of an emergency, I hereby authorize any qualified person to administer first aid and other necessary treatment. In the event that a doctor should be called, please call the following:

Doctor _____ Phone _____

Hospital _____ Phone _____

Parent's Signature _____ Date _____

RESPONSIBILITY WAIVER: I hereby release, waive and agree to hold harmless Queen of Peace Catholic Academy, Queen of Peace Church, and any other employees from all liability, loss, claims, and possible causes of action, or cost or expense in connection therewith that may accrue from any loss, damage or injury to said student's person or property in any way resulting from participating in any events and I voluntarily assume the foregoing release ins intended to be a broad and inclusive as is permitted by Florida Law.

LATE CHARGES: If your child(ren) has not been picked up by 6:00pm, a late fee will be charged. The rate is \$6.00 per child for every 15 minutes late. You are expected to pay for services on the day rendered. If you pay by the month, payment is expected by the 10th or a late fee will be charged.

Parent's Signature: _____ Date _____