

Timberlin Creek Elementary

**“BEYOND THE BELL”**

2015-2016

A registration fee of \$80 plus your first month’s tuition is due when application is submitted. We cannot guarantee placement in our program until these fees are paid.

Child’s Name:

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Grade in 2015/16: \_\_\_\_\_

Mother’s Name: \_\_\_\_\_ Father’s Name: \_\_\_\_\_

Email: \_\_\_\_\_ I check email daily: Yes No

Mother’s Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Father’s Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Child resides with: Mother Father Both Other (Extended Family)

EMPLOYER INFORMATION:

Mother: \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Father: \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell: \_\_\_\_\_

MEDICAL CONTACT:

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

May TCE call another physician if unable to contact the above? Yes No

CUSTODIAL RIGHTS: (Persons permitted to remove the child from school/Extended Day)

Father: Yes No Mother: Yes No Step-Parent: Yes No

If “No” to Father or Mother is circled, we must have legal documentation on file in order to enforce

**ALTERNATIVE CHILD PICK-UP/EMERGENCY CONTACT APPROVED LIST:**

I hereby give the TCE “Beyond the Bell” Program permission to release my child to the following persons:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

SPECIAL INSTRUCTIONS AND/OR MEDICAL CONCERNS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Today’s Date

\_\_\_\_\_ Signature of Parent/Guardian

Timberlin Creek Elementary  
**“BEYOND THE BELL”**  
Extended Day Registration Form  
2015-2016



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