

Promise Land Academy 3990 Loretto Road Jacksonville, FL 32223 PHONE: (904) 268-2422 FAX: (904) 268-5321

## Extended Day Registration School Year 2014 - 2015

Student's Name				Grade in the fall:
Street Address:				
City:	State:		Zip Code:	
Home Phone:				
Date of Birth: / / / / /	Age:	Gender:	Select One	
With whom does the student live? (list	st name)		Relati	ionship?
				check here if Guardian
Father's Name:			Business Number:	
Place of Employment Name:				
During School: Phone #:				Evening:
Mother's Name:			Business Number:	
Place of Employment Name:				
During School: Phone #:				Evening:
	Name_		ary Number	Secondary Number
Emergency Contact #1:				
Emergency Contact #2:				
Extended Day Information:				
Date the student will start attending Ex	tended Day:			
Approximate days and hours the studen				
Special information regarding your cl	hild:			
Dissiplino Policy				
Discipline Policy	C 1 11 1-11-1-1-1		· · · · · · · · · · · · · · · · · · ·	1.1 Com (F1. 1.1.
Promise Land Academy believes in enchild-Care Laws. The method of disc				
be notified by the extended day provid	ler or principal's office	of repeated disci		
your child for disciplinary reasons from	n PLA's Extended Day	Program.		
The extended day program is open whup fee is \$20.00 anytime during the f				
up let is \$20.00 anything during the i	HSt Hail-Hour and wro	1.00 anytime dar	Illy tath additions	al Illiteth minutes per cima.
I hereby agree to the terms and condition	ons as stated in the rule	s and regulations	s of PLA's Extended	d Day Program.
Father's Signature / Date	Mother's Signatur	re/Date	Legal	Guardian/s Signature/Date