



LIBERTY PINES ACADEMY

Extended Day Program 2024-2025

Rec#	_____
Ck#	_____
Amt\$	_____
Date	_____

Registration Fee: \$90.00 Non-refundable. Fee is required for each child registering.

\$25.00 Afterschool Enrichment Activities only.

***All payments are due the month prior to service. Payments are due on the 15th of each month. Late after the 21st ***

Please be sure to fill out all your preferred options below: *All checks payable to Liberty Pines Academy.*

Program Needed: _____ Before Only _____ After Only _____ Both _____ Wed Only

Child's Name _____
(Last) (First) (MI) (Nickname)

Start Date: ____/____/____ Birthdate: ____/____/____ Grade: _____ Sex: ____M ____F

Mother's Name _____ Father's Name _____

Mother's Home Address _____ Phone _____

Father's Home Address _____ Phone _____

Child resides with: _____ Mother _____ Father _____ Both _____ Other (Ext. Family)

*If other, Name: _____ Relationship: _____ Legal Guardian: ____ Y ____ N

PARENTS EMPLOYERS:

Mother's _____ Wk. Phone _____ Cell # _____

Father's _____ Wk. Phone _____ Cell # _____

E-MAIL _____

MEDICAL CONTACT: Child's Physician _____ Phone # _____

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

CUSTODIAL RIGHTS: (Parents permitted to remove the child.)

Father: ____Yes ____No Mother: ____Yes ____No Stepparent: ____Yes ____No

If "No" is answered to the above on the natural parents, custody papers must be on file in the school office and Extended Day to legally enforce.

ALTERNATIVE CHILD PICK-UP/EMERGENCY CONTACT APPROVED LIST: I hereby give the LPA. Extended Day Program permission to release my child to one or more of the following persons:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

SPECIAL INSTRUCTIONS AND/OR MEDICAL CONCERNS:

Today's Date

Signature of Parent or Guardian

AUTHORIZATION FOR EMERGENCY CARE

In case of accident or serious illness and Liberty Pines Academy Before & After School Extended Day Program is unable to reach me, I hereby authorize them to contact the physician indicated and follow his instructions. In the event the named physician is not immediately available, I authorized Liberty Pines Academy & Extended Day to make whatever arrangements necessary to provide emergency care and treatment for my child.

In the case of an accident or serious illness where immediate treatment of my child is not indicated but where he/she is unable to remain at the school, Liberty Pines Academy Before & After School Extended Day Program will contact me to arrange transportation for my child. If Liberty Pines Academy Before & After School Extended Day Program is unable to reach me, I authorize them to contact one of the persons listed and request them to come to the school and transport my child home.

Child's Name _____

Parent's Signature _____

GENERAL RELEASE OF LIABILITY

The undersigned agrees to release and forever discharge Liberty Pines Academy Before & After School Extended Day Program and the St. John's County School Board, their officers, servants, agents, and employees, from all claims and demands, rights and causes of action of any kind the undersigned now has or hereafter may have on account of or in any way arising from personal injuries and/or property damage known or unknown to the undersigned at the present time that results from any occurrence which may happen to the below stated child during time spent in the Liberty Pines Academy Before & After School Extended Day Program, barring proven supervisory neglect.

Child's Name

Date_____

Parent or Guardian Signature

Date_____

IMPORTANT INFORMATION

The Liberty Pines Academy Before & After School Extended Day Program remains committed to the safety, security, and well-being of every child in our care. Our staff is dedicated to this mission. However, the following important policies are conditional to us having the ability to provide that care to each of our families. We are in danger of losing the privilege to provide care within our school unless we do not consistently enforce all the policies emphasized below. **Exceptions to these rules can no longer be tolerated.** It is very important that you become very familiar with the expectations of our program to avoid any inconvenient suspension of our provided services.

DISCIPLINE POLICY

PLEASE REVIEW THESE POLICIES WITH YOUR CHILD. Being aware of the policies may prevent problems before they occur. Please note that after a 4th reprimand, a child may be permanently expelled from the program. This is a policy we hope we do not have to enforce, but it is necessary to ensure a smooth-running program to all children attending. **Warnings will be given to children who do not follow the instructions of the St. Johns County Code of Student Conduct. This also applies as well to the LPA Extended Day Program guidelines. Informal warnings will be evaluated between the student and the Extended Day Program coordinator. Parents will be notified of the incident. In the event student requires a formal warning, a conference will be issued with the parent. Written documentation, signed by the parent, is required. The child may be suspended from the Extended Day program for up to 1 week depending on the offense. Documentation will be retained in the child's folder.**

PROGRAM REQUIREMENTS

***Please acknowledge by initialing each line**

- ____ * **Prepayment of services** – The State of Florida requires that all services we provide must be paid for in advance of any service provided. **Paying over 7 days late would result in suspension of services.**
- ____ * **Student pick-up** – Each student must be signed out and picked up by someone on their approved pick-up list. Please inform all parties on your approved list to provide a picture ID at pick-up. Students will not be released to those not on the list or those who cannot provide ID.
- ____ * **Dismissal Changes** – When enrolled in our program it is the parent's responsibility to send in a note to the child's classroom teacher and email to:
<https://surveys.stjohns.k12.fl.us/TakeSurvey.aspx?SurveyID=lpadissmissal#> to inform them that your child will be participating in the Before & After Extended Day Program and should be dismissed to them appropriately. The same would apply if those arrangements should change for any reason, (i.e.-bus, parent pick up.) **This procedure will ensure your child's safe and accurate dismissal.**
- ____ * **Contracted activities are outside businesses that are contracted by SJC School District** Contracted activities must also be paid in advance of the services. **Checks for these activities are made payable directly to the Vendor, not LPA.**
- ____ * **Late Pickup of student/s** – A charge of **\$1.00 per minute, per child**, will be charged for late pick up. **NO EXCEPTIONS!!** Payment is required at the time of pick up.
- ____ * **Early Withdrawal** – We ask that you provide a two-week written notification. All outstanding fees must be paid in full during this 2-week period before the effective withdrawal date. All refund requests must be made within 2 weeks of withdrawal from the Program, or the amount will be forfeited. Please keep in mind that if we are not aware of your plan to discontinue our services, you will be responsible for the entire month's fee.

Due to program demand, we will no longer accommodate month long absences without payment to reserve your spot. If you choose to remove your student from Extended Day, you will forfeit your spot and must re-enroll, including registration fee, if space is available.

Child's Name _____ Date _____

Parent or Guardian Signature _____ Date _____