



Liberty Pines Academy

Extended Day Registration

2023 - 2024

AM Care ☐ PM Care ☐ AM & PM Care ☐ Wednesday Only ☐ *2 Days Only*
St. Johns County School District Employee ☐

There is an \$75.00 non-refundable registration fee for each child registering.

Child's Name: (last)_____ (first)_____

Address:_____

Grade:_____ Gender: Male_____ Female_____

Guardian Name: _____ Home Phone:_____

Cell Phone:_____ Work Phone:_____

Email:_____

Guardian Name: _____ Home Phone:_____

Cell Phone:_____ Work Phone:_____

Email:_____

Alternate Pick-Up: I hereby give Liberty Pines Extended Day permission to release my child to the following people:

Name:_____ Relation:_____ Phone:_____

Name:_____ Relation:_____ Phone:_____

Name:_____ Relation:_____ Phone:_____

Authorization for Emergency Care:

In case of accident or serious illness, I hereby authorize Liberty Pines Academy Extended Day to provide the necessary immediate care. In the event that they are unable to reach me, I hereby authorize the contact of Emergency Services.

Initial: _____

General Release of Liability:

The undersigned hereby release and forever discharge Liberty Pines Extended Day, Liberty Pines Academy, St Johns County School Board, St John County, Florida, their servants, agents, and employees from claims and demands, rights and causes of any kind of action that the undersigned has or hereafter may have on account of or in any way arising from personal injuries known or unknown to the undersigned at the present time and property damage resulting or that results from any occurrence which may happen during time spent in Liberty Pines Extended Day.

Parent / Guardian Signature: _____ Date: _____

Medical Information:

Child's Physician: _____ Phone: _____

Please list any medications that your child takes on a regular basis, and/or any medical issue we should be aware of:

Parent / Guardian Signature: _____ Date: _____

Transportation Changes:

All transportation changes must be made via e-mail to the transportation change email address (lpatransportation@stjohns.k12.fl.us). Please let us know when your child is Parent Pick-Up or riding the bus instead of coming to Extended Day after school.

Removal from Program:

We request a 2 week written notification if you are pulling your child from the program. Remember, there are no refunds once payments have been processed. Please know that if we are not aware of your plan to discontinue services, you will be responsible for the entire months fee.

Photograph Consent

I give Liberty Pines Extended Day consent to photograph or videotape my child. I understand that these pictures/videos will not be used in any other means than to show the growth and development taking place in the Extended Day program. These pictures and videos will be used solely for Liberty Pines Extended Day.

Parent / Guardian Signature: _____ Date: _____

Rules, Regulations and Payment Schedule

I have read and understand the rules, regulations and payment schedule of the Liberty Pines Extended Day Program as explained in the Liberty Pines Extended Day Information Packet.

Student Name _____ Parent Name _____

Parent Signature _____ Date _____