



**The DEN-Morning and Extended Day Program K-5 2026-2027**  
**Kim LaMondie, Coordinator (please email questions) kim.lamondie@stjohns.k12.fl.us**

Registration Fee \$ (non-refundable)

- Before (7:00am-8:00am)
- After (dismissal-6:00pm)
- Before and After
- Wednesday Only

Start Date _____
Reg Fee _____
Program _____
Check # _____

(Please check program needed) (Please see Tuition Fee Schedule for pricing)  
(Prices subject to District Approval) (Before registering please read all Policies and Procedures)

Child's name: \_\_\_\_\_  
Last First Name preferred: if different

Male \_\_\_ Female \_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_ Teacher \_\_\_\_\_

Sibling's name: \_\_\_\_\_  
Last First Name preferred: if different

Male \_\_\_ Female \_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_ Teacher \_\_\_\_\_

Child(ren) Resides with: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other \_\_\_  
Relationship

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian email \_\_\_\_\_  
Relationship \_\_\_\_\_ Address \_\_\_\_\_ Employer \_\_\_\_\_  
Phone HM \_\_\_\_\_ Cell \_\_\_\_\_ WK \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian email \_\_\_\_\_  
Relationship \_\_\_\_\_ Address \_\_\_\_\_ Employer \_\_\_\_\_  
Phone HM \_\_\_\_\_ Cell \_\_\_\_\_ WK \_\_\_\_\_

**CUSTODIAL RIGHTS:** Parent permitted to remove the child  
Mother: \_\_\_ Yes \_\_\_ No Father: \_\_\_ Yes \_\_\_ No Other \_\_\_\_\_ \_\_\_ Yes \_\_\_ No  
Relationship

If "No" is answered above on the natural parents, school papers must be on file with the school

**ALTERNATIVE CHILD PICKUP/EMERGENCY CONTACT APPROVED LIST:**  
We will only release your child to an emergency contact on the student's emergency contact list filed with the school. Please be sure to keep this list updated.

**SPECIAL INSTRUCTIONS AND/OR MEDICAL CONDITIONS:**

\_\_\_\_\_  
Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

**Please read our *Policies and Procedures* and  
*Tuition Fee Schedule* information on our website then  
check, sign and return this page  
with your completed registration form**

**Movie Authorization:**

There may be times when a “non rated” or “PG” movie will be shown. We carefully review these movies before they are shown to be sure there is nothing inappropriate for elementary aged children. Please check “yes” if your child is allowed to view these movies or “no” if they are not.

- Yes, my child has permission to view “PG” movies
- No, my child does not have permission to view “PG” movies

**Homework Time:**

- Please make sure your child has all supplies needed to complete their homework including pencils, paper, etc.
- We realize the importance of children completing their homework while at extended day, but we cannot check each child individually to make sure this happens. This is an honor system and up to you and your child
- We will provide a place where they will have the opportunity to complete their homework
- If your child is not completing their homework, please let us know and we will be happy to check into why
- We cannot provide one on one tutoring for your child, but we are happy to help guide them if needed
- We don’t have the ability or supplies to assist your child with projects

**Homework Preference: please check one**

- My child is required to work on his/her homework in Extended Day
- My child has the choice to work his/her homework in Extended Day

I have read and understand all the information outlined above and agree to the  
Policies and Procedures and Tuition Fee Schedule  
of The DEN, Ocean Palms Extended Day Program

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Student name \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date