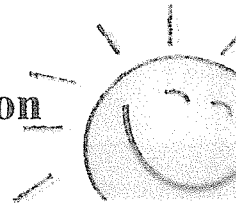




Summer Camp Registration



Child's Name _____ DOB _____

Next School Year Grade Level _____

Address _____

Primary Phone Number _____

Mother's Name

Phone

Mother's Place of Employment

Business Phone

Father's Name

Phone

Father's Place of Employment

Business Phone

Program Preferences (Please Check):
Preschool Student (Only Full Time Available) _____

Kindergarten-Seventh Grade
Full-Time (4 or more days) _____

Part-Time (3 or less days) _____
Days Attending: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

Preschool Swim Days (Tuesday/Thursday)
School Age Swim Days (Monday/Wednesday/Friday)
Other Field Trips & Event Information Will Be Sent Separately

2020-2021**Yearly Registration & Supply Fee Schedule**

New Student Registration	\$15.00
Before & After School Supply Fee	\$25.00 (Per Child)
3 Day Preschool Supply Fee	\$85.00 (Per Child)
2 Day Preschool Supply Fee	\$60.00 (Per Child)
Summer Program Supply Fee	\$55.00 (Per Child)

* New students are defined as any child that is not currently enrolled in a St. John Paul II Preschool & Child Care program, for the 2019-20 school year.

* Registration fees and supply fees are due at the time of registration to reserve your child's seat. All fees are nonrefundable. Seats for each program are on a first come, first serve basis.



Student Emergency Data Record

Student's Name: _____ Date of Birth: _____

Home Address: _____ City: _____ Zip: _____

Primary Contact Phone Number: _____ (Emergency)

Mother's Name: _____ Phone: _____

Place of Employment: _____ Phone: _____

Father's Name: _____ Phone: _____

Place of Employment: _____ Phone: _____

Please list the names of 2 relatives or friends to be contacted in the event that a parent/guardian cannot be reached.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Please list the names of anyone that has permission to pick up your child. They **MUST** be included in order to be released in their care.



Student Medical Information & Authorization To Treat

Student's Name: _____ Date of Birth: _____

**** Please list any special information which we should be aware of. Food allergies, medical restrictions, medications, or other restrictions that we should inform a doctor or hospital of:**

Family Physician: _____ Phone: _____

Type of Insurance: _____ Policy #: _____

I give St. John Paul II Preschool & Child Care permission to obtain medical attention for my child in the case of an emergency and I cannot be reached.

Parent Signature: _____ Date: _____

To whom it may concern:

You have permission to treat the child named above to the extent needed. I am willing to assume financial responsibility of this treatment.

Parent Signature: _____ Date: _____



Photo & Preschool Facebook Page Release

As a parent or guardian of this student, I hereby consent to the use of photographs or video taken during the course of the school year for publicity, and/or educational purposes (including publications, presentations, church or school bulletin, or other media outlets).

I understand that St. John Paul II Preschool and Child Care will begin to communicate through a monitored Facebook page and will share pictures of classroom events and activities, however the names of children will not be used in the original communication.

I understand that, although St. John Paul II Preschool & Child Care will endeavor to use photographs and/or accompanying information in accordance with standards in good judgment, the preschool cannot warrant or guarantee the further dissemination of photographs. I sign this with full knowledge and consent in waiving all claims for compensation for use, and/or damages.

_____ Yes, I give consent for St. John Paul II Preschool & Child Care to photograph my child for school purposes.

_____ No, I do not authorize for St. John Paul II Preschool & Child Care to photograph my child for school purposes.

_____ Yes, I give consent for St. John Paul II Preschool & Child Care to post photographs on the *preschool Facebook page*.

_____ No, I do not give consent for St. John Paul II Preschool & Child Care to post photographs on the *preschool Facebook page*.

Parent Signature: _____ Date: _____