

**St. Joseph Academy - Family Registration Application**  
**2020-2021 School Year**

***(Return this form with \$115 per SJA family registration fee. Daycare (only) Registration fee is \$50.00.***

*(Note: Registration fee & Book Fees are Non-Refundable - Please fill out all areas)*

**Father/Guardian Name:** \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Dad's Home Phone #: \_\_\_\_\_ Dad's Cell #: \_\_\_\_\_ Parish: \_\_\_\_\_

Dad's Street, City & Zip Address: \_\_\_\_\_ e-mail address: \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Mom's Home Phone #: \_\_\_\_\_ Mom's Cell #: \_\_\_\_\_ Parish: \_\_\_\_\_

Mom's Street, City & Zip Address \_\_\_\_\_ e-mail address: \_\_\_\_\_

**CHILDREN ATTENDING SJA or Day Care:**

**Student Full Name:** \_\_\_\_\_ M/F Grade: \_\_\_\_\_ / DayCare: \_\_\_\_\_ DOB & Social Security # \_\_\_\_\_

**Student Full Name:** \_\_\_\_\_ M/F Grade: \_\_\_\_\_ / DayCare: \_\_\_\_\_ DOB & Social Security # \_\_\_\_\_

**Student Full Name:** \_\_\_\_\_ M/F Grade: \_\_\_\_\_ / DayCare: \_\_\_\_\_ DOB & Social Security # \_\_\_\_\_

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**Local School District:** \_\_\_\_\_ ***(If new student(s) – please list last school attended:*** \_\_\_\_\_

**Tuition:** check one: I will pay in full at beginning of year: \_\_\_\_\_ or through FACTS Program on line: \_\_\_\_\_ . \_\_\_\_\_ I will be applying for assistance on-line through FACTS *(must re-apply each year)*

*Note: If you paid thru FACTS last year and your information is the same, you don't have to resubmit paperwork unless for assistance.*

**Authorized Emergency/Carpool Contact Persons:** (other than parents):

1. Name: \_\_\_\_\_ relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

2. Name: \_\_\_\_\_ relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Transportation to School:** *(please check one)* Car \_\_\_\_\_ Walton/Verona School Bus: \_\_\_\_\_ am/pm? Other \_\_\_\_\_ carpool?

**FAMILY NAME:** \_\_\_\_\_

**Permissions for 2018-2019 School Year**

**Medical Information:** (Fill out for applicable child(ren) only)

Child(ren)'s Name \_\_\_\_\_ Allergic to: \_\_\_\_\_ \*Treatment: \_\_\_\_\_

(Epi pens must be provided to office for student's w/severe allergic reactions (prescription name)

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Asthma: \_\_\_\_\_ Student keeps Inhaler with them: yes no (Child's name)

*Note: In the event of a medical emergency we will contact 911 and then the parent/guardian.*

**Office Dispensed Medications Permission:**

I give my permission for the office to administer over the counter medications for my child(ren) such as Tylenol, Ibuprophen, Benedryl, after I'm contacted for headaches and minor ailments. Other school administered prescription medication must be sent to the office with dispensing information from parent.

Parent/Guardian Signature \_\_\_\_\_

Family Physician: Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Emergency Consent Form:**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ or in the event the designated preferred doctor is not available, by another licensed doctor, and transfer of the child to \_\_\_\_\_ or any hospital immediately accessible. (list preferred hospital)

\*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Permission Slip:**

I give permission for my child(ren) to be photographed. The photos will be used in a variety of centers and activities in the classroom. My child(ren)'s photo may also be displayed on the St Joseph Academy and All Saints Parish web sites, SJA Face Book, and newspaper articles.

\*Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**General Permission Slip - (MEC Center: Preschool, After Care & Daycare Services):**

I give permission for my child \_\_\_\_\_ to leave his/her classroom to participate in various events and specials that occur within St. Joseph Academy's main school building, All Saints Church and Waller Hall and the surrounding grounds. I understand that my child will be supervised at all times and not left alone under any circumstances.

\* Parent/Guardian Signature \_\_\_\_\_