



**St. Joseph Academy  
Enrichment Program Registration  
2019-2010 School Year**

*(Return this form with \$50.00 registration fee)*

**Parent's Names:** \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Dad's email address: \_\_\_\_\_ Mom's email address: \_\_\_\_\_

Parents' Parish: \_\_\_\_\_

**Students Attending SJA Enrichment Program:**

**Student's Full Name:** \_\_\_\_\_ M/F *Entering Grade:* \_\_\_\_\_ DOB \_\_\_\_\_

Please list curriculum/program your child has participated in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Full Name:** \_\_\_\_\_ M/F *Entering Grade:* \_\_\_\_\_ DOB \_\_\_\_\_

Please list curriculum/program your child has participated in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special learning needs? \_\_\_\_\_

\_\_\_\_\_

*\*Please provide copies of any grades or standardized test results, if available.*

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

1. Name: \_\_\_\_\_ relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

2. Name: \_\_\_\_\_ relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

3. Name: \_\_\_\_\_ relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Permissions & release authorization:**

**Medical Information:** Please complete for diagnosed allergies

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

Treatment: \_\_\_\_\_

(Epi pens must be provided to office for students w/severe allergic reactions)

Asthma Student: \_\_\_\_\_ Student keeps Inhaler with them: \_\_\_y \_\_\_N

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

**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 emergency personnel, and transfer of the child to \_\_\_\_\_ hospital or any hospital immediately accessible. (list preferred hospital)

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

**Photo Permission Slip:**

I give permission for my child(ren) to be photographed 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.

\* Parent's/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_