

St. Joseph Academy - Family Registration Application 2019-2020 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: _____ Religion: _____

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

Mother/Guardian Name: _____ Employer _____ Work Phone#: _____

Mom's Home Phone #: _____ Mom's Cell #: _____ Parish: _____ Religion: _____

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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Student Full Name: _____ M/F Grade: _____ / DayCare: _____ DOB & Social Security # _____

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: _____ (Note: If you paid thru FACTS last year, you don't have to resubmit paperwork.)
_____ I will apply for assistance online through FACTS (**must be done annually.**)

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

1. Name: _____ relationship: _____ Phone #: _____ Cell #: _____

2. Name: _____ relationship: _____ Phone #: _____ Cell #: _____

Transportation to School: (please check one) Passenger Car _____ Rides on Walton/Verona School Bus: _____ am _____ pm

FAMILY NAME: _____**Permissions for 2020-2021 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 _____