



St. Joseph Academy

Homeschool Support Program Registration 2020-2021

(Return this form with \$50.00 Registration Fee payable to SJA/HSP Program)

Parent's Names: _____

Home Phone #: _____ Dad's Cell #: _____ Mom's Cell #: _____

Home Address: _____

Dad's email address: _____ Mom's email address: _____

Parish: _____

Students Attending SJA Homeschool Support Program:

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

Please list curriculum/program your child has participated in *(new students only)*:

Will your child be attending class? Yes _____ No _____

Does your child have any special learning needs: *(also list any testing for behavior, or learning disabilities. Copies of any reports must be submitted)*

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

Please list curriculum/program your child has participated in *(new students only)*:

Will your child be attending Algebra class? Yes _____ No _____

Does your child have any special learning needs: *(also list any testing for behavior, or learning disabilities. Copies of any reports must be submitted)*

**Parents must provide copies of any grades, or standardized test results, that are available.*

(over)

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

1. Name: _____ relationship: _____

Phone #: _____ Cell #: _____

2. Name: _____ relationship: _____

Phone #: _____ Cell #: _____

3. Name: _____ relationship: _____

Phone #: _____ Cell #: _____

Tuition: check one:

I will pay in full at beginning of year: _____ or

I will pay monthly _____.

(Note: all fees & tuition payments are non-refundable)

Permissions & release authorization:

Medical Information: Please complete for diagnosed allergies

Child(ren)'s Names _____ 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 _____