

# ST. JOHN the APOSTLE SCHOOL



## SUMMER ENRICHMENT REGISTRATION FORM

|   |                            |
|---|----------------------------|
| Student's Name: _____                             | Grade in Sept. 2010: _____ |
| Parent/Guardian: _____ & _____                    |                            |
| Address: _____ City: _____ State: _____ Zip _____ |                            |
| Home Phone (    ) _____ Cell Phone (    ) _____   |                            |

Please complete the registration information below for each session you are interested in.

| JUNE 28 – JULY 9         |                              |  |
|--------------------------|------------------------------|--|
| <input type="checkbox"/> | MORNING CARE: 7:30 – 9:00 AM |  |
| <input type="checkbox"/> | COURSE: 9:00 – 10:30         |  |
| <input type="checkbox"/> | COURSE: 10:45 – 12:15        |  |
| <input type="checkbox"/> | COURSE: 1:15 – 2:45          |  |
| <input type="checkbox"/> | AFTERCARE: 2:15 – 6:00 PM    |  |

| JULY 12 – JULY 16                |   |  |
|----------------------------------|---|--|
| <input type="checkbox"/>         | MORNING CARE: 7:30 – 9:00 AM  |  |
| <input checked="" type="radio"/> | MY CHILD WILL BE ATTENDING BIBLE SCHOOL. <b>SEE SEPARATE REGISTRATION FORM</b>          |  |
| <input type="checkbox"/>         | COURSE: 9:00 – 10:30  |  |
| <input type="checkbox"/>         | COURSE: 10:45 – 12:15   |  |
| <input type="checkbox"/>         | COURSE: 1:15 – 2:45   |  |
| <input checked="" type="radio"/> | MY CHILD WILL BE ATTENDING FIELD TRIPS THIS WEEK. <b>SEE SEPARATE REGISTRATION FORM</b> |  |
| <input type="checkbox"/>         | AFTERCARE: 2:15 – 6:00 PM   |  |

| JULY 19 – JULY 30        |                              |  |
|--------------------------|------------------------------|--|
| <input type="checkbox"/> | MORNING CARE: 7:30 – 9:00 AM |  |
| <input type="checkbox"/> | COURSE: 9:00 – 10:30         |  |
| <input type="checkbox"/> | COURSE: 10:45 – 12:15        |  |
| <input type="checkbox"/> | COURSE: 1:15 – 2:45          |  |
| <input type="checkbox"/> | AFTERCARE: 2:15 – 6:00 PM    |  |

| AUGUST 2 – AUGUST 13     |                              |  |
|--------------------------|------------------------------|--|
| <input type="checkbox"/> | MORNING CARE: 7:30 – 9:00 AM |  |
| <input type="checkbox"/> | COURSE: 9:00 – 10:30         |  |
| <input type="checkbox"/> | COURSE: 10:45 – 12:15        |  |
| <input type="checkbox"/> | COURSE: 1:15 – 2:45          |  |
| <input type="checkbox"/> | AFTERCARE: 2:15 – 6:00PM     |  |

**AUTHORIZED PICK-UP..... EMERGENCY CONTACT.....MEDICAL INFORMATION**

**AUTHORIZED FOR PICK-UP**

Please list any additional people allowed to pick up your child. For your child's safety, students will not be released to anyone other than a parent if they are not listed below:

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

**EMERGENCY CONTACTS**

PRIMARY EMERGENCY CONTACT: \_\_\_\_\_ SECONDARY EMERGENCY CONTACT: \_\_\_\_\_

|            |            |            |            |
|------------|------------|------------|------------|
| ( )        | ( )        | ( )        | ( )        |
| HOME PHONE | CELL PHONE | HOME PHONE | CELL PHONE |

**MEDICAL INFORMATION**

PLEASE LIST ALL ALLERGIES: \_\_\_\_\_  
**NOTE:** If your child takes any medication during school hours, a parent must come in to administer it. Summer Enrichment teachers are not authorized to do so.

PHYSICIAN'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

If neither parent can be reached during an emergency situation, I authorize the school to take such measures as are necessary.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR INTERNAL USE ONLY:**

|                   |                       |              |
|-------------------|-----------------------|--------------|
| _____             | _____                 | _____        |
| REGISTRATION DATE | REGISTRATION FEE PAID | CHECK NUMBER |
| _____             | 4/12/2010             | 5/10/2010    |
| TOTAL AMOUNT DUE  |                       |              |

- After care registration completed (if necessary)
- Trip forms completed (if necessary)
- Bible camp forms completed (if necessary)