

# The Children's School at St. John's 2020 Summer Session Registration

June School \_\_\_\_\_  
June 22 – July 3  
Explore the Wild West  
Week 1 \_\_\_\_\_  
Week 2 \_\_\_\_\_

July School \_\_\_\_\_  
July 6 – July 24  
Under the Sea  
Week 1 \_\_\_\_\_  
Week 2 \_\_\_\_\_  
Week 3 \_\_\_\_\_

August School \_\_\_\_\_  
August 3 – August 21  
Animal Planet  
Week 1 \_\_\_\_\_  
Week 2 \_\_\_\_\_  
Week 3 \_\_\_\_\_

Registration Fee – \$25  
Weekly Rate – \$125  
Monthly Session Rate – \$350  
Daily Drop in – \$30

Please indicate the session or sessions and weeks your child will be attending.

### Student Information:

Student's Full Name \_\_\_\_\_

Name Called: \_\_\_\_\_ Sex \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Home Phone Number \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Sibling(s):

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_

Additional Information:

Please list any special needs, interests, or any other information about your child that we should know:

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Should your child's physical activity be restricted in anyway? If so, please explain.

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# Emergency Medical Release Form

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

1. Please list any disease, allergies, etc. that your child has.
  
2. Does your child have any unusual developmental and/or medical concerns? If so, please describe.
  
3. In the event of an emergency, every effort possible will be made to reach a parent/guardian. Should we be unable to reach a parent/guardian, please list the names and phone numbers of two people whom we may contact in the event of an emergency.

a. \_\_\_\_\_  
(Name) (Relationship) (Phone Number)

b. \_\_\_\_\_  
(Name) (Relationship) (Phone Number)

I understand that I am not to bring my child to The Children's School if he/she has a fever, constantly runny nose, rash, or any other potentially contagious illness. If the staff feels that my child is sick, I will be called to come and get my child.

In the event that a parent or guardian cannot be reached in an emergency, I hereby give my permission for the staff to secure any necessary medical attention for my child.

The hospital preferred by my insurance company is \_\_\_\_\_.

\_\_\_\_\_ I certify that my child's immunization record on file is current.

\_\_\_\_\_ I have attached a current immunization record.

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