

SJE Summer School

Session 1: June 11 – June 29

Name _____ Grade _____

Time	Class	Grade Level	Price
8:00 - 11:30 (recess 9:30 - 10:00)	Academic Morning Session	PreK	\$299
	Academic Morning Session	Kinder Camp (TK-K)	\$299
	Academic Morning Session	1 - 2	\$299
	Academic Morning Session	3 - 4	\$299
	Academic Morning Session	5 - 8	\$299
11:40 - 12:30	Lunch		
12:30 - 1:40	Lego Engineering	K - 8	\$100
	Yoga and Meditation	K - 8	\$100
12:30-3:00	Magician's Club	K - 8	\$100
	Reader's Theater-Summer Production	K - 8	\$150 [Final show date to be announced]

Balance due 6/8/18: \$ _____

Registration Confirmation – SJE Summer School

Session 1: July 9 – July 27

Name _____ Grade _____

Time	Class	Grade Level	Price
8:00 - 11:30 (recess 9:30 - 10:00)	Academic Morning Session	PreK	\$299
	Academic Morning Session	Kinder Camp (TK-K)	\$299
	Academic Morning Session	1 - 2	\$299
	Academic Morning Session	3 - 4	\$299
	Academic Morning Session	5 - 8	\$299
11:40 - 12:30	Lunch		
12:30 - 1:40	Gross Science	K - 8	\$100
	Keyboard Camp	K - 8	\$100
1:50 - 3:00	Adventures in Art	K - 8	\$100
	Choral Choir	K - 8	\$100

Balance due 7/1/18: \$ _____

St. John the Evangelist- Summer School Registration Form

Include Form with Payment

Student Name: _____

Grade in Fall: _____

Parent/Guardian Name: _____

Phone #: _____

Email: _____

Cell Phone #: _____

Address: _____

My child will be enrolled in the following classes:

Class	Time	Session (1 or 2)	Cost

Summer School Registration: \$ _____
(one-time payment)

Extension Registration \$ _____
(one-time payment)

Summer School Tuition: \$ _____

TOTAL DUE: \$ _____

Total Enclosed: \$ _____

Balance Due: \$ _____

Summer School Registration fees:

\$25 per child
\$60 maximum family rate

Extension Registration fees:

\$50 per family

If your child will be enrolled in Extension, please indicate the weeks your child will likely be enrolled:

____ 6/4 – 6/8 ____ 6/25 – 6/29 ____ 7/23 – 7/27

____ 6/11 – 6/15 ____ 7/9 – 7/13 ____ 7/30 – 8/3

____ 6/18 – 6/22 ____ 7/16 – 7/20 ____ 8/6 – 8/10

I understand that the summer school registration fee must accompany this form. I also understand that the entire summer school tuition balance for Session 1 is due by June 8, 2018, and for Session 2 July 1, 2018. _____ (initial)

SJE Summer School Emergency Information Form

Summer School 2018

Family Name _____ Home Phone _____

Mother's Name _____ Father's Name _____

Child's Name _____ Grade _____

_____ Grade _____

_____ Grade _____

Business Phone: Mother _____ Father _____

Cell Phone: Mother _____ Father _____

E-mail: Mother _____ Father _____

Who is the **primary person** to be contacted during school hours? _____

Phone number 1: _____ **Phone number 2:** _____

In the event of apparent serious illness or accident, and I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence and will be informed that their names have been used on this form. (Please do not list Mother or Father in spaces below. It must be SOMEONE NEARBY who can be reached quickly.)

1.Name _____ Relationship _____ Hm# _____ Cell # _____

2.Name _____ Relationship _____ Hm# _____ Cell # _____

Please list individuals who are authorized to pick up your child:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

EXPLAIN ANY MEDICAL PROBLEMS THE SCHOOL SHOULD BE AWARE OF

Allergies:

Known health conditions: _____

Procedures to follow in case of this medical problem:

Physician's Name: _____

Address: _____ Phone: _____

Insurance Medical Coverage: _____

ID# _____ Hospital Preference: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

In the event of serious emergency, and none of the above named persons can be contacted, I authorize school officials to call my family doctor or, if the situation demands to transfer my child to nearest hospital for the necessary emergency care. I consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the Medical staff of a certified hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. **I hereby agree to bear all costs incurred as a result of the foregoing:**

Yes _____ No _____

(Please initial) _____

For Summer 2018

Signature of Parent/Guardian

Date

Note:

If your child's immunization records are not already on file with the school, please submit a copy with this form.

Every student must have proof of up-to-date immunization records before attending classes.

St. John the Evangelist Summer School 2018

Code of Conduct

Please sign this Code of Conduct to acknowledge your acceptance of the policies and expectations for the Summer School Program.

Students will...

...be kind, courteous, and respectful to all peers and adults.

...engage actively in all classes and follow the instructions of all teachers.

...be trustworthy, honest, and make good choices.

...be responsible for their own words and actions.

...follow all rules outlined in the Parent/Student handbook

Student signature _____ Student Name _____

Student signature _____ Student Name _____

Student signature _____ Student Name _____

Parent signature _____

Photo Permission

___ Do / ___ Do NOT (*please mark one*) grant permission to St. John the Evangelist to take photographs of my child/children.

___ Do / ___ Do NOT (*please mark one*) grant permission to St. John the Evangelist to publish photographs of my child/children for the school website and other publications for the purpose of advertising the summer school program. Your child's name will never be used.

Signature _____ Date _____

Technology Agreement

_____ My child/children may use e-mail and the Internet while at school for academic purposes (appropriate use will be discussed).

_____ My child/children may not use e-mail or the Internet while at school.

Signature _____ Date _____

Welcome to Summer School! Below you will find some helpful reminders and rules that will make the first day of Summer School go smoothly.

- Drop-off/Pick-up

All students and visitors will enter and exit through the extension entrance between 7:00 am – 6:00 pm.

- Dress code

Uniforms are not required for Summer School. Students may wear casual dress, but it must be appropriate. See the Parent/Student Handbook for more information. Students may wear sandals only if they have a strap around the back of the foot.

- Electronics

Music players (Ipod, mp3 player, etc.) will be allowed in Extension for students to use only after 3:00 pm. Students will only be allowed to use their own devices, no sharing. Parents/guardians are asked to monitor for age-appropriate content. Wi-fi access will not be allowed.

- Snack/Lunch

A snack shack will be open at recess for students to purchase food and drink items. All students on campus for lunch must have a lunch brought from home. Lunches will be available to purchase on Fridays. If you would like to buy lunch for your child, please pay the extension director by 6:00 pm for lunch the following day.

Thank you for enrolling in the Summer School Program at St. John the Evangelist. We will have a fun-filled summer!

Sincerely,

Ms. Dang - Summer School Director