



**SJBC WDS 2021 Summer Session Enrollment**

**Summer Program Information:**

- Payment Schedule: ½ payment is required at time of registration to reserve your child's space.
- Second payment due: 1<sup>st</sup> day your child attends. **Sorry, no cancellation refund.**
- Toddler Class reopens this Summer!
- Four-week program session available: 8:30 a.m.–2:30 p.m.
- Four-week minimum required for enrollment.
- A late fee of \$25.00 will be assessed after 2:31p.m.
- Children bring their own lunch and sheet for rest time.
- More details will be sent home first week of summer.

**Summer Information & Tuition**

Four-week minimum required for enrollment

|   |  |
|---|--|
| <b>Days &amp; weeks</b><br>Monday -Thursday<br>Weeks of: July 5-8, 12-15, 19-22 & 26-29 | <b>Time</b><br>8:30 a.m. – 2:30 p.m.<br><b>Arrival time:</b> 8:15 – 8:45 a.m.<br><b>Dismissal time:</b> 2:10 – 2:30 p.m. |
| <b>Class</b>  | <b>Price</b>   |
| Toddler's, Two's & Three's Class  | \$515  |
| 4's, 5's and 5-8 year old class   | \$565  |
| <b>Registration Fee:</b>  | \$75   |

**Toddler class (18 – 24 mos.) and/or Two's class**

1. Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_
2. Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_
3. Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

**3's class and/or 4 & 5 year old Class: Child must be fully potty trained to enroll in 3's class.**

1. Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_
2. Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_
3. Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

**5 – 8 year old Class: Class designed for Children enrolled in the TK class 2020-21 and/or older sibling(s)**

1. Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
2. Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
3. Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Complete and return the following to the WDS to guarantee enrollment:**

- \_\_ Enrollment Form (complete front, below & sign)
- \_\_ ½ tuition payment to reserve your child's space
- \_\_ \$75 Summer Registration Fee Checks must be payable to: SJBC WDS and memo child's name, ½ payment & reg. fee.

**Child Information Sheet**

1. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address w/ zip code: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Best Cell/home phone to be contacted: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Best Cell/home phone to be contacted: \_\_\_\_\_

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

If we, the parents/guardians cannot be reached, the SJBC WDS has permission to contact the following individuals:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ phone: \_\_\_\_\_

Name of Health Care Professional: \_\_\_\_\_ Office phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Any allergies (food, medicine, etc.) or other medical conditions which WDS staff and/or physicians should be aware in an event of an allergic reaction or emergency. \_\_\_\_\_

I, as a parent/guardian authorize SJBC WDS to call 911 to obtain medical attention for my child in an emergency

**Parent/Guardian's Signature:** \_\_\_\_\_

**Buckling Responsibility** *Please sign below*

We do understand we and/or the persons designated (see names below) to pick up \_\_\_\_\_ are responsible to ensure that the child(ren) is/are properly buckled into their car seat. St. John's Baptist Church, Weekday School, and it's staff are therefore released from any liability relating to the child's seat belt.

**Pick Up Authorization** *Please sign below*

The following individuals have my permission/authorization to pick up my child:

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

My regular carpool arrangement is: \_\_\_\_\_

I understand that my child will not be released to anyone whose name does not appear above. Emergency exceptions may be made as needed by notifying the school in writing or by phone. Anyone picking up my child will be asked for ID.

**Activities Planned Outside the Area of Facility** *Please sign below*

I do \_\_\_ or I do not \_\_\_ give permission for my child to participate in activities planned outside the fenced in area of the school. (Neighborhood walks, park visits and bye-bye buggy rides)

**ST. JOHN'S BAPTIST CHURCH WEEKDAY SCHOOL PARENT CONSENT WAIVER**

The undersigned understands that there are risks and hazards incidental to the conduct of the activities of the Weekday School, including during transportation or field trips, which are incidental to the Weekday School. In consideration for student's admission to the Weekday School, the undersigned hereby releases, indemnifies and agrees to hold harmless St. John's Baptist Church, St. John's Weekday School, its employees, volunteers, members, participants, organizers, sponsors and supervisors for any and all loss or injury to the student. The undersigned hereby waives any claim against St. John's Baptist Church, St. John's Weekday School or the teachers, organizers, volunteers, sponsors, and supervisors appointed by them from any claim of injury to the student in exchange for the student's admission.

Undersigned specifically intends to include any person transporting student to Weekday School activities in this release.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parents/Guardians please notify the school Director if there are any changes or updates required.**