

**REGISTRATION ST. JOHN PAUL II
2019 SUMMER ENRICHMENT**

Name: _____

DOB: _____ Age: _____ Gender: _____

Grade in August 2019: _____

Mother: _____

Mother's Cell: _____ Work: _____

Father: _____

Father's Cell: _____ Work: _____

Home
Address: _____

City: _____ ZIP: _____

Email: _____

Insurance Company: _____

Policy #: _____ Phone: _____

Emergency
Contact: _____

Emergency
Contact: _____

Parent's Name Printed

SJPII Family ID (Carpool #)

Parent's Signature

Date

Will this student enroll in the Before and After School Program?

No _____ AM Only _____ PM Only _____ Both _____

The BASP program closes at 5:30 p.m. Parents whose children remain past 5:30 p.m. must pay the overtime fees of \$2.00 per minute per child in cash immediately to the caregiver.

Medical Information

Is there anything we should know about your child's physical condition (medication, allergies, etc.)?

I hereby release St. John Paul II Catholic School and all of its employees and agents from all claims on account of any injuries which may be sustained by my child while attending the Summer Enrichment Program, and its employees and agents for any claim which may be hereafter presented by my child.

I hereby certify that my son/daughter is in good health and may participate in all activities. In case of emergency, I give permission for my child to be given emergency treatment.

Parent Signature: _____

Date: _____