

# St. John Vianney School Summer School Program Registration Form



Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Male ( ) Female ( ) Grade Entering: \_\_\_\_\_

Student's Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father: Bus. Phone: \_\_\_\_\_ Mother: Bus. Phone: \_\_\_\_\_

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

**Family Email Address:** \_\_\_\_\_

School presently attending (2020-2021) \_\_\_\_\_

School attending this fall (2021-2022) \_\_\_\_\_

**Emergency Information:** If parents cannot be reached, please call:

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

Bus. Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Bus. Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Does your child have any medical problems or currently on medication? Yes No

If so, please explain \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## *St. John Vianney Summer School Registration*

	Course Title	Fee

**Total Tuition Enclosed:** \_\_\_\_\_  
 (Make checks payable to: St. John Vianney School)

_____ Full Morning Class	\$420.00
_____ Full Day (Includes Before/After School Care)	\$875.00
_____ Hourly Before School Care	\$ 6.50 Per Hour

Hours of Operation:  
 Before School Care:           6:30am - 7:45am  
 Full Morning Class:           8:00am -11:30am  
 After School Care:           11:30am - 5:30pm

**STUDENTS MUST PROVIDE THEIR OWN LUNCH & SNACKS.**

**WE ARE A PEANUT FREE SCHOOL! NO PEANUTS OR NUTS PLEASE.**

**AFTER SCHOOL CARE IS OFFERED TO STUDENTS IN ELC THROUGH GRADE 6.**

Students enrolled full day are required to pay when enrolled. Hourly students will be billed for actual hours less previous payment at the end of the summer session.

*Please complete the Registration Form below and return it to the school office with your payment.*

Name	Birthdate	Current Grade

\*I understand that a late charge of \$5.00 will be charged to any account not paid within the month of billing.  
 \*A late pick-up fee of \$20.00 will be charged for each 15 minutes a child is in After School Care after 5:30pm.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_