



Saint John's Academy Childcare

2019-2020 Childcare Registration

Hours 6:45am – 6:00pm

Childcare Needed *Please circle all that apply

1st Child's Name _____

Age _____

DOB _____

2019-2020 Grade or Session: *circle appropriate

Grade _____	Pre-K AM	Pre-K PM	
Kid's Kingdom	MWF-AM	MWF-PM	TTH-AM

Kids' Kingdom 5-Day Care
 Kids' Kingdom 3-Half-Day Care
 Kids' Kingdom 2-Half-Day Care
 Pre-Kindergarten Childcare
 Before-school Care or After-school Care
 Before & After-school Care
 2019 Summer Childcare Full Summer or 30-day Flex

Childcare Needed *Please circle all that apply

2nd Child's Name _____

Age _____

DOB _____

2019-2020 Grade or Session: *circle appropriate

Grade _____	Pre-K AM	Pre-K PM	
Kid's Kingdom	MWF-AM	MWF-PM	TTH-AM

Kids' Kingdom 5-Day Care
 Kids' Kingdom 3-Half-Day Care
 Kids' Kingdom 2-Half-Day Care
 Pre-Kindergarten Childcare
 Before-school Care or After-school Care
 Before & After-school Care
 2019 Summer Childcare Full Summer or 30-day Flex

Childcare Needed *Please circle all that apply

3rd Child's Name _____

Age _____

DOB _____

2019-2020 Grade or Session: *circle appropriate

Grade _____	Pre-K AM	Pre-K PM	
Kid's Kingdom	MWF-AM	MWF-PM	TTH-AM

Kids' Kingdom 5-Day Care
 Kids' Kingdom 3-Half-Day Care
 Kids' Kingdom 2-Half-Day Care
 Pre-Kindergarten Childcare
 Before-school Care or After-school Care
 Before & After-school Care
 2019 Summer Childcare Full Summer or 30-day Flex

**If you have any other specific times needed for childcare, please explain below.

PARENT OR GUARDIAN INFORMATION:

MOTHER'S/GUARDIAN'S NAME _____ FATHER'S/GUARDIAN'S NAME _____

MOTHER'S /GUARDIAN'S ADDRESS _____ FATHER'S/GUARDIAN'S ADDRESS _____
(if different from mother)

CITY/STATE/ZIP _____ CITY/STATE/ZIP _____

HOME PHONE _____ HOME PHONE _____

CELL PHONE _____ CELL PHONE _____

WORK PLACE _____ WORK PLACE _____

WORK PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____ EMAIL ADDRESS _____

Will Child(ren) be using the school hot lunch program? Yes _____ No _____ Sometimes _____

**** ALL PRESCHOOLERS MUST BE FULLY TRAINED (NO PULL-UPS)**

STATEMENT BY PARENT OR GUARDIAN

I do hereby allow my child or ward to participate in any field trip or function sanctioned by St. John's Academy (SJA). I accept full responsibility for any and all liability and release SJA and its directors and officers from any and all financial liability to injury. I do hereby grant permission to photograph my child or ward in SJA programs for the purpose of SJA advertisement and public relations.

Signed: _____ Today's Date: _____

PAYMENT INFORMATION

Tuition and Registration Fees are paid via FACTS Tuition Management. All Families are required to create a personal account and select payment method. Childcare fees will be issued according to the payment plan selected. An additional non-refundable \$100.00 fee per family is required to secure slot within our summer childcare program.



CHILD CARE REGISTRATION IS NOT COMPLETE UNTIL ENROLLMENT FEE IS PAID, AND PAYMENT PLAN HAS BEEN SELECTED THROUGH FACTS

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*Office use only

Family Rate for 2019-2020 Academic Year: _____

Payment Plan Selected: 1 payment 2 payments 3 payments 9 payments 10 payments

Date of Registration Fee Payment: _____ Registration Approved: _____
Admin Signature: