

St. John's Academy Childcare

2021-2022 Childcare Enrollment

Hours 6:45am – 6:00pm

Childcare Needed *Please circle all that apply

1st Child's Name _____

Age _____

DOB _____

2021-2022 Grade or Session: (circle one)

Grade _____ Pre-K AM Pre-K PM

Kids' Kingdom: M-F AM MWF PM

Kids' Kingdom 5-Day Care

Kids' Kingdom 3-Half-Day Care - AM or PM

Pre-Kindergarten Childcare

Before-school Care or After-school Care

Before & After-school Care

2021 Summer Childcare Full Summer or 30-day Flex

Childcare Needed *Please circle all that apply

2nd Child's Name _____

Age _____

DOB _____

2021-2022 Grade or Session: (circle one)

Grade _____ Pre-K AM Pre-K PM

Kid's Kingdom: M-F AM MWF PM

Kids' Kingdom 5-Day Care

Kids' Kingdom 3-Half-Day Care

Pre-Kindergarten Childcare

Before-school Care or After-school Care

Before & After-school Care

2021 Summer Childcare Full Summer or 30-day Flex

Childcare Needed *Please circle all that apply

3rd Child's Name _____

Age _____

DOB _____

2021-2022 Grade or Session: (circle one)

Grade _____ Pre-K AM Pre-K PM

Kid's Kingdom: M-F AM MWF PM

Kids' Kingdom 5-Day Care

Kids' Kingdom 3-Half-Day Care

Pre-Kindergarten Childcare

Before-school Care or After-school Care

Before & After-school Care

2021 Summer Childcare Full Summer or 30-day Flex

215 5th Street SE
Jamestown, ND 58401
701-252-3397
www.stjamesbasilica.org

**Please fill out the back of this form

PLEASE USE PAST ENROLLMENT INFORMATION

Checking this box indicates there is **NO CHANGE** in personal information from the previous school year.

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 **NEW** 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



*Office use only

Family Rate for **2021-2022** Academic Year: _____

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

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