

# SAINT JOHN'S ACADEMY

## ANNUAL ENROLLMENT 2019-2020



### Building Spiritual Community

**SJA Annual Enrollment Fees (paid via FACTS):** First Child = \$100, Two Children = \$175, Three + Children = \$225  
**Fees apply to students attending Kid's Kingdom, Pre-K and Grades K-6**

Enrollment at SJA is not complete until a FACTS Account has been created and SJA Enrollment Fees have been paid

#### Complete this section for all students entering: **Grades K-6**

Student's First Name	Student's Last Name	Entering Grade	Gender	DOB	Ethnicity

#### Complete this section for students entering **Pre-K or Kids' Kingdom Pre-School**

Do you plan to send your child to SJA Elementary School? **Yes/No**

<b>Kids' Kingdom Pre-school</b>	T-TH AM	8:25-11:25	Must be 3 by 8/1 And fully potty trained		\$1,200 Last year's rate 2019-2020 - TBD
<b>Kids' Kingdom Pre-school</b>	MWF AM	8:25-11:25	Must be 3 by 7/1 And fully potty trained		\$1,600 Last year's rate 2019-2020 - TBD
<b>Kids' Kingdom 3 Day Kindergarten Prep</b>	MWF PM	12:15-3:10	Must be 4 by 8/1 and be eligible for K in the fall of 2020-2021 And fully potty trained		\$1,600.00 Last year's rate 2019-2020 - TBD
<b>Pre-Kindergarten 5 Half-Days</b>	AM or PM	5 HALF DAYS 8:25-11:25 OR 12:15-3:10			\$2150.00 Last year's rate 2019-2020 - TBD
Student's First Name	Student's Last Name	Session Preference	Gender	DOB	Ethnicity

#### PERMISSIONS/OTHER Circle the appropriate:

YES/NO The above listed has permission to attend field trips.

YES/NO The above listed has permission to work on the internet for school use.

YES/NO SJA has permission to use the above student's work, pictures, and/or projects for public display.

YES/NO SJA has permission to publish family phone number and/or both street address in school directory.

YES/NO SJA has permission to use the above student's image(s) on the school website.

YES/NO Is there an existing IEP, ISP, 504, Title 1, for your child/children or have they received any special educational services in the past?

If yes,

please explain: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Enrollment applications received after March 1<sup>st</sup> are subject to class size and staffing and will be issued \$25 late fee.

**\*\*Complete Reverse side\*\***

**CHILD INFORMATION:**

STUDENT LIVES WITH (Circle one): FATHER/MOTHER FATHER MOTHER GRANDPARENTS GUARDIAN

HOME ADDRESS \_\_\_\_\_ MAILING ADDRESS (If different) \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOUSEHOLD RELIGION/CHURCH \_\_\_\_\_ / \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION:**

MOTHER'S / GUARDIAN'S NAME \_\_\_\_\_ FATHER'S / GUARDIAN'S NAME \_\_\_\_\_

MOTHER'S / GUARDIAN'S ADDRESS (if different from child) \_\_\_\_\_ FATHER'S / GUARDIAN'S ADDRESS (if different from child/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 \_\_\_\_\_

**EMERGENCY/MEDICAL CONTACT INFORMATION:**

Please list 2 emergency local contacts.

NAME/PHONE/RELATIONSHIP \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME/PHONE/RELATIONSHIP \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DOCTOR/PHONE \_\_\_\_\_ / \_\_\_\_\_

DENTIST/PHONE \_\_\_\_\_ / \_\_\_\_\_

CHILD/CHILDREN FOOD OR HEALTH ALLERGIES \_\_\_\_\_ EPI-PEN Y / N

**USUAL AFTER SCHOOL PLANS (check one):**

\_\_\_\_\_ WALK

\_\_\_\_\_ SJA CHILD CARE/BEFORE OR AFTER SCHOOL  
(please use separate Child Care form to register)

\_\_\_\_\_ PARENT/GUARDIAN PICKS UP

\_\_\_\_\_ BUS



**IMPORTANT**

To complete the enrollment process for one of the early childhood programs or the K-6 Academy, families must complete the following:

1. Create a FACTS Account
2. Pay SJA Enrollment Fees
3. Set-up SJA payment plan for 2019-2020

Please visit the FACTS website: <https://factsmgt.com>

*St. John's Academy Reserves the Right to Accept or Deny Any Application for Enrollment*