

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

M-F AM

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

M-F AM

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

M-F AM

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.stjohnsacademynd.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. A non-refundable \$100.00 deposit per family is required to secure a 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 **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: