

RE-REGISTRATION FORM for 2019-2020



Do NOT list students who are NOT enrolled for 2018-19; submit a New Student Application for that child!

STUDENT INFORMATION		
Grade Entering: _____	MALE / FEMALE (CIRCLE ONE)	
LAST NAME _____	FIRST NAME _____	MIDDLE _____
DATE OF BIRTH _____ MONTH / DAY / YEAR		
Street Address: _____	Home Phone: _____	
City: _____	State: _____	Zip Code: _____

PARENT and/or GUARDIAN INFORMATION		
FATHER or GUARDIAN (CIRCLE ONE)		
LAST NAME _____	FIRST NAME _____	MIDDLE _____
Email: _____	Home Phone: _____	Cell Phone: _____
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Employer: _____	Work Phone: _____	
Occupation: _____		
MOTHER or GUARDIAN (CIRCLE ONE)		
LAST NAME _____	FIRST NAME _____	MIDDLE _____
Email: _____	Home Phone: _____	Cell Phone: _____
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Employer: _____	Work Phone: _____	
Occupation: _____		

Internal Use ONLY:		
Gradelink (ID# _____	Registration Fee Paid: \$ _____	Date: _____
	check # _____	or cash (circle one)

PRE-SCHOOL SCHEDULE AGREEMENT

Our preschool staffing is dependent upon the numbers of students we have each day and which hours of each day. Preschool parents are asked to choose days and time slots below; any permanent alterations to the days / times noted below must be requested in writing two weeks in advance. We will do our best to accommodate each request, but final determination is based upon the number of children and staff already scheduled in those time slots. We cannot guarantee that requests will be approved. If there are *occasional* needs to request an extra day or to prolong the hours contracted on a certain day, parents must submit a request in writing at least 48 hours in advance. Again, we will attempt to honor each request, but cannot make a guarantee. We do this to ensure the safety of each of our preschoolers. **PLEASE NOTE: After-care for full-time preschoolers does NOT have to be scheduled in advance.**

Please check the options, days and times that your child will be attending preschool for the school year.

Monday Tuesday Wednesday Thursday Friday
(please check 3, 4, or 5 days)

- Full Day: 7:00 am - 3:15 pm
- Half Day: 8:15 am - 12:00 pm
- After Care: 3:30 pm - 6:00 pm (additional charge applied)

MEDICAL HEALTH INSURANCE INFORMATION

Primary Insurance Company: _____ Phone: _____

Billing Address: _____

Policy Holder's Name: _____ Relationship to Child: _____

Policy ID #: _____ Group ID: _____

Secondary Insurance Company: _____ Phone: _____

Billing Address: _____

Policy Holder's Name: _____ Relationship to Child: _____

Policy ID #: _____ Group ID: _____

MEDICAL RELEASE

In the event of an emergency or non-emergency situation requiring medical treatment, I/WE GRANT or DO NOT GRANT (circle one) permission for any and all medical and / or dental attention be administered to my child, until such time as I can be contacted. This permission includes, but not limited to, the administering of first aid, the use of an ambulance or the administration of anesthesia and/or surgery under the recommendation of qualified medical personnel. I/We hold harmless SJCA of any and all liability in the event of an emergency or illness arises and parents/guardians cannot be reached. **PLEASE NOTE:** In a non-emergency situation, school personnel will send home a copy of the in-house "incident report" to keep you updated on the circumstances and the care applied. In an emergency situation, SJCA will make every attempt to reach the parents and/or guardian as quickly as possible. In the event that the parents/guardians are not immediately reachable, personnel will start contacting the "Emergency Contacts" listed on this form in the "Dismissal Pick-Up and Emergency Welfare Contacts".

Father or Guardian Signature

Date

Mother or Guardian Signature

Date

The following items are REQUIRED at the time of re-registration (SJCA will check off upon receipt):

- Completed Re-Registration Form
- Current Physical
- Immunization Records
- B6T Bus Form for Year Registering

