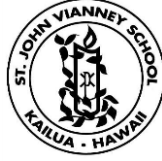


**St. John Vianney School
Summer School Program
Registration Form**



Student Name: _____ Age: _____

Birthdate: _____ Male () Female () Grade Entering: _____

Student's Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Father's Name: _____ Mother's Name: _____

Father: Bus. Phone: _____ Mother: Bus. Phone: _____

Cell Phone: _____ Cell Phone: _____

Family Email Address: _____

School presently attending (2019-2020) _____

School attending this fall (2020-2021) _____

Emergency Information: If parents cannot be reached, please call:

Name: _____ Relationship: _____

Bus. Phone: _____ Home Phone: _____

Name: _____ Relationship: _____

Bus. Phone: _____ Home Phone: _____

Does your child have any medical problems or currently on medication? Yes No

If so, please explain _____

Parent's Signature: _____ Date: _____

St. John Vianney Summer School Registration

	Course Title	Fee

Total Tuition Enclosed: _____

(Make checks payable to: St. John Vianney School)

Full Morning Class	\$420.00
Full Day (Includes Before/After School Care)	\$875.00
Hourly BSC and ASC	\$ 6.50 Per Hour

Hours of Operation:	
Before School Care:	6:00am - 7:45am
Full Morning Class:	8:00am -11:30am
After School Care:	11:30am - 5:30pm

STUDENTS MUST PROVIDE THEIR OWN LUNCH & AFTERNOON SNACK.

WE ARE A PEANUT FREE SCHOOL! NO PEANUTS OR NUTS PLEASE.

AFTER SCHOOL CARE IS OFFERED TO STUDENTS IN ELC THROUGH GRADE 6.

Students enrolled full day are required to pay when enrolled. Hourly students will be billed for actual hours less previous payment at the end of the summer session.

Please complete the Registration Form below and return it to the school office with your payment.

Name	Birthdate	Current Grade

- *I understand that a late charge of \$5.00 will be charged to any account not paid within the month of billing.
- *A late pick-up fee of \$20.00 will be charged for each 15 minutes a child is in After School Care after 5:30pm.

Parent Signature: _____ Date: _____