

SUMMER AT ST. JAMES 2010 – MINI ACADEMIES

Registration and Release Form

5501 North Stateline Ave. Texarkana, TX 75503

903-793-5554 Fax: 903-793-1775

www.stjames.txk.org

ENROLL TODAY – LIMITED SPACES

Child's First Name: _____ Child's Last Name: _____

Address: _____ City: _____

ST: _____ Zip: _____ Home Phone: (____) _____ Gender: Boy Girl

Age: _____ Date of Birth: _____ School Attended 09/10: _____ Grade _____

Applicant lives with Father/Mother _____ Legal Guardian _____ Father _____ Mother _____

Parent/Guardian #1

Name: _____

Address: _____

Home Phone: _____

Work: _____ Cell: _____

Parent/Guardian #2

Name: _____

Address: _____

Home Phone: _____

Work: _____ Cell: _____

Mini Academies are provided by the listed teacher. In order to be considered registered fees must be paid with the registration form. **Fees should be payable to the listed teacher.** Spaces are limited and fees are non-transferrable. Any cancellation and refunds must be discussed with the mini academy's teacher and will be at the teacher's discretion. A separate form must be completed for each academy. Forms and registration fees may be turned into the St. James Day School office or mailed directly to the academy teacher. Any questions should be directed to the academy teacher.

Date of Mini Academy	Name of Academy	Academy Teacher	Academy Fee	Paid Check # Cash

PLEASE FILL OUT OTHER SIDE

Emergency Contact Persons if parent cannot be reached: (MUST BE AVAILABLE LOCALLY)

Name: _____ Phone: _____

Address: _____ Relationship to Child: _____

Physician: _____ Phone: _____

If your child has any allergies or special dietary or medical needs, please describe: _____

I give consent for my child _____ to:

Take part in playing in wading pools under proper supervision. Yes _____ No _____

In the event that my child becomes ill or injured and I cannot be contacted, I authorize St. James Day School staff to transport my child and seek emergency medical care. Yes _____ No _____

Insurance Company: _____ Policy number: _____

I give consent for pictures of my child to be used in promotional materials for The St. James Day School.

Hardcopy: Yes _____ No _____ Website: Yes _____ No _____

The following people may pick my child up at school: _____

Is there anyone forbidden access to this child? Yes _____ No _____ (If yes, please provide legal documentation)

Total Due: \$ _____

I agree to the terms of this registration form.

Parent/Guardian Signature: _____ Date: _____

For Office Purposes:

Date: _____ Amount Paid: _____ Check/CC/Cash _____

Amount Owed: _____ Date Due: _____