

**Directions:** Please complete this form in its entirety. This form is kept on file in the school office for one year. You are responsible to complete and sign a new form every year that your child is enrolled in school. You have the right at any time during the school year to make changes to or update this form.

Student Name \_\_\_\_\_ School Year \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Date of Baptism \_\_\_\_\_ City & State of Baptism \_\_\_\_\_

Class

- preschool (child must be 3)
- pre-kindergarten (child must be 4 by Sep 1)

Length

- half day (\$100/week) Select days: M T W R F
- full day with after care (\$135/week)
- full day without after care (\$110/week)

Parent/Guardian information:

Mother

Father

Name		
Address		
City		
State		
Zip		
Phone		
Email		
Church membership		
Denomination		

Child resides with (check all that apply):       Mother       Father       Guardian

Billing address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*ISJ Academy admits students of any race, color, national, or ethnic origin. All students are entitled to the rights, privileges, programs, and activities generally accorded or made available to students at the school. ISJ does not discriminate based on race, color, national or ethnic origin in the administration of its policies, admission policies, scholarship programs, athletic, and other school administered programs.*

**FOR OFFICE USE ONLY**  
 Received:  security deposit     registration fee     insurance fee     birth certificate     health appraisal form

---

## HEALTH OF CHILD & EMERGENCY CONTACT INFORMATION

State regulations require a completed health appraisal form for every child. This form is to be completed and signed by a physician or authorized medical professional. Your child's health appraisal must be completed and filed in the school office within ten days of the child's admittance into school or the child may be excluded from the program.

**Please check all that apply to your child's health and provide additional information if necessary:**

- My child is in good health and immunizations are up to date.
- My child has asthma.
- My child has a peanut allergy.
- My child has medication that is to be administered daily while at school. (Please complete the Medication Form)
- My child has the following allergies (please list): \_\_\_\_\_

My child has the following restrictions placed on physical activity (please list): \_\_\_\_\_

## DOCTOR INFORMATION

Physician name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital preference \_\_\_\_\_

Date of last DTaP (Diphtheria, tetanus, pertussis) shot \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Health Insurance Policy Number \_\_\_\_\_

Provide any special needs and/or instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*In case of an emergency, such as an accident or serious illness, I understand that the school shall attempt to contact the doctor listed above and follow the doctor's directions. If ISJ cannot contact the doctor, I authorize the school to take whatever steps deemed necessary.*

Initials \_\_\_\_\_

**ALTERNATE CAREGIVER:** If I am unable to pick up or drop off my child, I authorize the following person/s to drop off or to pick up my child on a regular basis.

Name \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** In case I/we am unavailable during an emergency, please contact either of the following two people who will assume temporary care of my child until I am available.

	<u>Person 1</u>	<u>Person 2</u>
Name	_____	_____
Address	_____	_____
City	_____	_____
State	_____	_____
Zip	_____	_____
Phone	_____	_____
Email	_____	_____
Relationship	_____	_____

---

## ACKNOWLEDGEMENTS AND PERMISSIONS

Please read the following statements and policies, select an option when necessary to grant or deny permission, and initial each to indicate you have read each item.

### USE OF PESTICIDES

As part of ISJ's pest management program, pesticides are occasionally applied. You have the right to be informed of any pesticide application made to the school grounds or buildings. In certain emergencies, pesticides may be applied without prior notice, but you will be provided notice following any such application. **Please, select one:**

- I do want to be notified me prior to the use of pesticides
- I do not want to be notified prior to the use of pesticides

Initials \_\_\_\_\_

### RELEASE OF WRITTEN OR VISUAL ARTWORK

I/We being the parents/guardians of the student named above, hereby consent that the written or visual artwork of my child during the school year while enrolled as a student at ISJ Academy may be used as indicated in any of the following ways. The student's work may be used in the school newsletter, in local newspapers, school brochures, power point presentations, the school website, app, and on the official school Facebook pages. The work may be identified by the following (**please select one**):

- First name and grade
- First name only
- Grade only

I DO NOT give my consent to have my child's written or visual artwork used by ISJ Academy. Initials \_\_\_\_\_

### PHOTO RELEASE

I/We, being the parents/guardians of the student named above hereby consent that the photographs or videos taken of my child during the school year while enrolled as a student at ISJ Academy may be used in the following ways. These pictures may be used on school bulletin boards, in the school newsletter, in local newspapers, school brochures, power point presentations, the school website, app, and the official school Facebook pages. When pictures of students are placed on the internet, there will be no personal identification of any student by name. **Please, select one:**

- I give my consent to have my child's photos to be used by ISJ Academy.
- I DO NOT give my consent to have my child's photos used by ISJ Academy.

Initials \_\_\_\_\_

**TUITION**

Parental/guardian commitment to their tuition and fee obligations is crucial to the school’s continued operation and vitality. In order to meet our financial obligations, tuition and fees must be paid in a timely manner. The following is a summary of the tuition policy set in the ISJ Policy & Procedures Handbook:

- Tuition includes a non-refundable registration fee of \$50 and a \$10 insurance fee; neither qualifies for any discount.
- A \$10 late fee will be charged for each day tuition is late.
- Any check returned for non-sufficient funds will be charged a \$25 fee.
- ISJ requires a 30-day notice for withdrawal.
- If payments are 14 days overdue, the account will be classified as outstanding/bad debt and the process outlined in the Policy & Procedures Handbook applies.
- Account balances must be current for your child to begin the school year. If balances are outstanding, your child will not be allowed to enroll.

**Initials** \_\_\_\_\_

**RECEIPT OF PARENT AND STUDENT MANUAL**

I acknowledge that I understand that I have received a copy of ISJ Academy’s processes and procedures manual for parents and students. I understand that it provides general guidelines and summary information. I further understand that ISJ reserves the right to modify, supplement, rescind, or revise any provision, benefit, or policy from time to time, with or without notice, as it deems necessary or appropriate.

**Initials** \_\_\_\_\_