



# KINDER PREP

PRE-K3 & K4

JUNE 10 - JULY 24

## STUDENT INFORMATION

Student Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (English Name) \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_\_ First Language \_\_\_\_\_

Grade in Fall '26 \_\_\_\_\_ Current School Name \_\_\_\_\_

Country of Residence \_\_\_\_\_

Has your child previously attended daycare or preschool?  Yes  No

### STATUS

- Guam Resident
- I-20 Visa
- Visitor Visa

Other (please specify) \_\_\_\_\_

### STUDENT MUST BE FULLY POTTY TRAINED TO ATTEND.

Student Shirt Size	Youth:					Adult:				
	<input type="checkbox"/> X-Small	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> XL	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> XL	<input type="checkbox"/> 2XL

## KINDER PREP

AGES 3 - 5

**Half Day** (all 6 weeks) 8am - 12pm \$1100

**Half Day** (weekly) 8am - 12pm \$220

**Full Day** (all 6 weeks) 8am - 3pm \$1600

**Full Day** (weekly) 8am - 3pm \$320

**Schedule Change Fees.** Schedule changes made after 3 business days of receiving your child's summer schedule will incur a fee of \$75 per course. Schedule changes made after the **first day** of your child's summer session instruction will incur a late fee of \$100 per course.

## COURSE REGISTRATION

- Registration Fee** \$100 (non refundable) \_\_\_\_\_
- After-School Care** (3:00 - 5:30 pm) \$750 \_\_\_\_\_  
*Parents will be charged a late fee of \$2.00 per minute after 5:30 pm.*
- Daily Rate: \$35      Hourly Rate: \$20 \_\_\_\_\_

## ADMISSIONS CHECKLIST

FOR BUSINESS OFFICE USE ONLY

- Current Immunization record (w/recent PPD shot)
- Copy of Birth Certificate/Passport
- Notarized Legal Guardianship Document  
or Notarized Power of Attorney (if applicable)

Registration Fee: \_\_\_\_\_  
 After-School Care : \_\_\_\_\_  
 Session Fee : \_\_\_\_\_  
 Total Cost: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

The parent/guardian must provide a **local number** to the Summer School Coordinator upon the student's first day of class.

Father's Name or Legal Guardian \_\_\_\_\_

Email \_\_\_\_\_ Phone Numbers cell \_\_\_\_\_ other \_\_\_\_\_

Mother's Name or Legal Guardian \_\_\_\_\_

Email \_\_\_\_\_ Phone Numbers cell \_\_\_\_\_ other \_\_\_\_\_

# EMERGENCY CONTACT INFORMATION

(OTHER THAN PARENT/GUARDIAN)

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Local Numbers cell \_\_\_\_\_ work \_\_\_\_\_ home \_\_\_\_\_

## STUDENT RELEASE CONSENT FORM

I give permission for St. John's School to release my child to the following individuals. I understand that I must notify the school of any subsequent changes.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Numbers cell \_\_\_\_\_ work \_\_\_\_\_ home \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Numbers cell \_\_\_\_\_ work \_\_\_\_\_ home \_\_\_\_\_

## STUDENT MEDICAL INFORMATION

**MEDICAL HISTORY.** Please indicate if your child has had any of the following:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Anemia                              | <input type="checkbox"/> Convulsions or Seizures | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Asthma                              | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Measles       | <input type="checkbox"/> Skin Problems   |
| <input type="checkbox"/> Chickenpox                          | <input type="checkbox"/> German Measles          | <input type="checkbox"/> Mumps         | <input type="checkbox"/> Tuberculosis    |
| <input type="checkbox"/> Allergies (please list types) _____ |  |  |  |

Does your child have an allergy that requires special intervention from the nurse? If so, describe this intervention: \_\_\_\_\_

Has your child been under the care of a Psychologist, Psychiatrist or other mental health treatment provider? Yes  No

Please list other significant illnesses, accidents, surgery, limitations, disabilities and medications the school should be aware of. \_\_\_\_\_

Does your child have a 504/IEP? Yes  No  If yes, please provide a copy.

Primary Physician \_\_\_\_\_ Clinic \_\_\_\_\_ Contact Number \_\_\_\_\_

**PPD SKIN TEST RESULTS.** It is school policy that each child must have a PPD skin test annually within the past year.

If PPD results are positive, a copy of chest X-ray and physicians report must be attached.

**IMMUNIZATIONS.** Are the immunizations current per the Public Health Schedule and requirements to school enrollment?  Yes  No

Please attach a copy of student's current immunization record and PPD test.

## CONSENT & WAIVERS

**FIELD TRIP PERMISSION.** You will be asked to sign a consent & waiver for your child to participate in off campus activities.

**PERMISSION TO PHOTO.** I give permission for St. John's School to publish in print, electronic or video format the likeness or image of my child. I release all claims against St. John's School with respect to copyright ownership and publication including any claim for compensation related to the use of materials.

**MEDICAL** I agree to provide the information deemed necessary by St. John's School in the event of an emergency or otherwise, including but not limited to completing the documents enclosed herewith. Further I agree to provide health insurance for Student for the entire enrollment during summer session and assume all liability for Student's medical expenses. The undersigned and Student hold the school harmless from said expenses.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_