

ST. JOHN'S SCHOOL 2019

SUMMER KNIGHT PROGRAMS

JUNE 12 - JULY 3
SESSION I

MIDDLE & UPPER
SCHOOL

JULY 8 - JULY 31
SESSION II

STUDENT INFORMATION

Student Name (last) _____ (first) _____

Gender Male Female Date of Birth _____ First Language _____

Grade in Fall '19 _____ Current School Name _____

Primary Email _____ Country of Residence _____

STATUS

- Guam Resident
- I-20 Visa
- Visitor Visa

Other (please specify) _____

Student Shirt Size	<input type="checkbox"/> X-Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Youth:	<input type="checkbox"/> X-Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Adult:	<input type="checkbox"/> X-Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large
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PARENT/GUARDIAN INFORMATION

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 Numbers cell _____ work _____ home _____

Primary Physician _____ Clinic _____ Contact Number _____

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 _____

COURSE REGISTRATION

___ **Early Registration Fee \$35** Register by May 3 (non refundable)

___ **Registration Fee \$75** (non refundable)

___ **After-School Care 3:00 - 5:30 pm** Does not apply to Middle/ Upper School students

___ **Session I (16 days) \$195** ___ **Session II (17 days) \$210**

___ **Per Week \$60** ___ **Per Hour \$10**

MIDDLE & UPPER SCHOOL

GRADES 5 - 12

Session I (June 12 - July 3) \$270 per class
Week 1-4

Session II (July 8 - July 31) \$290 per class
Week 5-8

or choose on a weekly basis

Week 1 | \$60 per class
June 12 - June 14

Week 2 | \$100 per class
June 17 - June 21

Week 3 | \$100 per class
June 24 - June 28

Week 4 | \$60 per class
July 1 - July 3

Week 5 | \$100 per class
July 8 - July 12

Week 6 | \$100 per class
July 15 - July 19

Week 7 | \$80 per class
July 23 - July 26

Week 8 | \$60 per class
July 29 - July 31

Middle School and Upper School Students may register for subjects of their choice. Each class is 2 hours. Classes are subject to cancellation if enrollment is below required minimum.

English Classes	Math Classes	Science Classes	Specials	SPORTS	
<input type="checkbox"/> Literature	<input type="checkbox"/> Math Skills	<input type="checkbox"/> Discovery Science	<input type="checkbox"/> Coding	<input type="checkbox"/> Intro to Swimming	<input type="checkbox"/> Soccer Clinic
<input type="checkbox"/> Reading & Writing	<input type="checkbox"/> Pre-Algebra		<input type="checkbox"/> Modern Dance	<input type="checkbox"/> Intro to Golf	<input type="checkbox"/> Volleyball Clinic
<input type="checkbox"/> Creative Writing	<input type="checkbox"/> Algebra		<input type="checkbox"/> Polynesian Dance	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Basketball Clinic
<input type="checkbox"/> Introduction to Research Writing	<input type="checkbox"/> Geometry		<input type="checkbox"/> Survival Skills	<input type="checkbox"/> Basketball	
<input type="checkbox"/> Journalism	<input type="checkbox"/> Calculus		<input type="checkbox"/> Art		

Schedule Change Fees. Schedule changes made after **3** business days of receiving your child's summer schedule will incur a fee of \$50 per course. Schedule changes made after **5** days of your child's summer session instruction will incur a late fee of \$70 per course.

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) _____ | | | |

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.

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 _____

ADMISSIONS CHECKLIST

FOR BUSINESS OFF USE ONLY

<input type="checkbox"/> Immunization record (w/recent PPD shot)	Application received / reviewed by : _____	Registration Fee _____
<input type="checkbox"/> Copy of Birth Certificate/Passport	Date : _____	After-School Care _____
<input type="checkbox"/> Notarized Legal Guardianship Document or Notarized Power of Attorney (if applicable)	Payment Received Date : _____	Session Fee _____
		Total Cost _____

You may submit this form to our Business Office or email form to Ria Torres at summer@stjohnsguam.com