



**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 (2023-2024) _____

School attending this fall (2024-2025) _____

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

Name: _____ Relationship: _____

Bus. Phone: _____ Home Phone: _____

Name: _____ Relationship: _____

Bus. Phone: _____ Home Phone: _____

The following people are authorized to pick up my child from school for appointments, if he/she becomes ill or in case of an emergency:

1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Name Address Phone

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

If so, please explain _____

Parent's Signature: _____ Date: _____

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

Hours of Operation:

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

_____ Full Morning Class (7:45am-11:30am) \$420.00

_____ Full Morning + Morning Care (6:30am-11:30am) \$470.00

_____ Full Day (6:30am-2:30pm) \$650.00
_____ Will be using Morning Care

_____ Extended Day (6:30am-5:30pm) \$875.00
_____ Will be using Morning Care

*Late Pick-up fees applied: \$15 charged for each 15 minutes after designated time.

Student Name	Course Title

Total Tuition Enclosed: _____

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

STUDENTS MUST PROVIDE THEIR OWN LUNCH & SNACKS.

WE ARE A NUT FREE SCHOOL! NO FOOD ITEMS CONTAINING PEANUTS, PEANUT OIL, OR NUTS PLEASE.

Parent Signature: _____ Date: _____