

# ST. JOHN SCHOOL OF THE ARTS

P.O. Box 180, St. John, VI 00831 340.779.4322 340.776.2578 fax  
E-mail: info@stjohnschoolofthearts.org

## Enrollment Application

Print clearly

Student's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_

List Medical Conditions/Medications/Food Allergies if any \_\_\_\_\_

Person Responsible for Tuition Payment \_\_\_\_\_

(Please check) \_\_\_\_\_ Yes, I would like to help SJSA and be a volunteer.

**If under 18 years of age:** School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

### Authorization for Emergency Medical Treatment

The undersigned, being the parent or legal guardian of \_\_\_\_\_, hereby, place said minor in the custody of the St. John School of the Arts ("the School") solely for the purposes of authorizing emergency medical care for said minor while he/she is on the premises of the School for instructional purposes, and hereby voluntarily acknowledge and consent to a representative of the School exercising such authority as may be necessary to obtain emergency medical treatment for such minor in the event I/we cannot be contacted. The undersigned further waives and releases the School and its agents from all liability arising from exercising such authority in a medical emergency.

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

\_\_\_\_\_ **\$10 Returning Student Registration Fee**

\_\_\_\_\_ **\$25 New Student Registration Fee**

### List the class(es) you wish to be enrolled in:

Class Title	Day/Time Offered	Tuition Cost

### Private Music Lessons

Instrument	Length of Lesson	Day/Time Offered	Tuition Cost

My child is participating in the End of Year Recital: \_\_\_\_\_ YES \_\_\_\_\_ NO

Indicate Payment Option: \_\_\_\_\_ Annual \_\_\_\_\_ Semi-Annual \_\_\_\_\_ Monthly

### For Office Use Only

Registration Fee: \$

**Total Tuition: \$**

**Amount Rcvd: \$**

Date Paid:

\_\_\_\_\_ Check #

\_\_\_\_\_ Cash

\_\_\_\_\_ Credit card

Accepted by:

**Registration fee and tuition payment are due at time of registration.** SJSA reserves the right to suspend any student due to lack of payment, poor attendance, or continued disruptive behavior. I have read, understood and agree to all policies and procedures provided in the SJSA Student Handbook. I further agree to the payment procedures, refund and absentee policy, and procedure for withdrawing from a class/lesson.

**Student Photo Release:** SJSA reserves the right, and may give permission to the media, to photograph classes, programs, and participants at all our facilities and performing/event venues. Please be aware that these photos are for promotional purposes and may be used in future publications and media communications in any format. By participating in SJSA classes and programs, you consent to the taking and publication of your photograph for these purposes and hereby give permission to SJSA to use my or my child's name and photographic likeness in all forms and media for advertising, web site and any other lawful purposes. Any photos will become the sole property of SJSA and Lincoln Berry Photography. **Initial** \_\_\_\_\_