

ST. JOHN SCHOOL OF THE ARTS

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E-mail: info@stjohnschoolofthearts.org

2019 SUMMER SESSION A (JUNE 3 – AUGUST 2ND) 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 _____

Please indicate (circle) which classes your child will attend:

Monday	Tuesday	Wednesday	Thursday	Friday
Clay Modeling (3:30 – 4:30)	Tap Dance (3:30 – 4:30)			

For Office Use Only

Registration Fee: \$
Total Tuition: \$
Amount Rcvd: \$
Date Paid:

_____ Check #
_____ Cash
_____ Credit card

Accepted by:

SUMMER CLASSES ARE \$10/CLASS AND ARE PREPAID ON A MONTHLY BASIS

Drop-off & Pick Up: Parent is to retrieve their child(ren) promptly at the end of the class time on the given day or provide their child express directions for when class is over. Students may not linger on SJSA property once classes end for the day and young children will be brought to the police station if attempts to reach Parent or Emergency contact fail. **Parent Initial:** _____

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.

Parent Initial _____