

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

2020 – 2021 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 _____

Tuition:

Tuition payments are waived for 2020 – 2021 through a grant made possible by the Virgin Islands Council on the Arts (VICA) and the National Endowment of the Arts (NEA).

Registration Fees:

_____ \$10 Returning Student Registration Fee

_____ \$25 New Student Registration Fee

Class Enrollment:

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

For Office Use Only
Registration Fee: \$
Total Tuition: FREE
Amount Rcvd: \$
Date Paid:
_____ Check #
_____ Cash
_____ Credit card
Accepted by:

Class Title	Day/Time Offered	Tuition Cost
		FREE
		FREE
		FREE
		FREE

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** _____

Assumption of the Risk and Waiver of Liability
Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The St John School of the Arts (hereinafter SJSA) has put in place protective measures to reduce the spread of COVID-19; however, SJSA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending activities on the campuses of SJSA could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending activities on the SJSA campus and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while on the SJSA campus may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SJSA employees, classified staff, Teachers, volunteers, and program participants and their families. **Initial** _____

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance in activities or participation in SJSA programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless SJSA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. **Initial** _____

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of SJSA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SJSA activity. **Initial** _____

The safety of our employees, students, families and visitors remains SJSA's priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure to all parties, we are conducting a simple screening questionnaire with this waiver.

Your participation is important to help us take precautionary measures to protect you, your Child(ren) and everyone on campus.

Please circle your answers.

1. Has your child had close contact with or been diagnosed with COVID-19 within the 30 days? **
YES **NO**

2. Has your child experienced any of the symptoms below in the last 14 days? ** **YES** **NO**
(fever, chills, cough, sore throat, respiratory illness, difficulty breathing, or loss of taste or smell)

3. If my Child(ren) develop(s) any of the above symptoms I will keep them home, notify the Teacher and seek medical care to obtain a physician's note stating it is safe to return to participation. **YES** **NO**

** If the answer is “yes” to questions 1 or 2, access to campus activity will be denied until a physician’s note is delivered to the SJSA Office.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Attending Student