

**ACADEMY**  
**ENROLLMENT/REGISTRATION**

Year \_\_\_\_\_

Fee Paid \_\_\_\_\_ Receipt# \_\_\_\_\_ Date \_\_\_\_\_

<b>Please Print</b>			
Student's Name _____	Date of Birth _____ / _____ / _____		
Last	First	MI	
Grade _____	Age _____	Male _____ Female _____	Telephone (____) _____
Address _____		City _____	State _____ Zip _____

**EMERGENCY CONTACT INFORMATION:**

Notify – Other Than Parent \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone/Cell \_\_\_\_\_

**Student resides with:** Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Mother \_\_\_\_\_ Cell# \_\_\_\_\_ Home E-mail \_\_\_\_\_ Father \_\_\_\_\_ Cell# \_\_\_\_\_ Home E-mail \_\_\_\_\_

Last School Attended \_\_\_\_\_ Address (City/State) \_\_\_\_\_ Telephone \_\_\_\_\_

Immunization Complete \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**PARENTAL AGREEMENT**

I understand the dress code and discipline policy for **St John Christian Heritage Academy** and pledge cooperation and support of the policies. I am aware that St John Christian Heritage Academy negotiates contracts with teachers, support personnel, vendors and services for the entire year based on the registration of my child. I understand that this is a contractual agreement and I agree to pay my tuition as follows.

Payment Plan: **Community** - \$391.11/Monthly \_\_\_\_\_ \$1,760/Semester \_\_\_\_\_ \$3,520/Annual Basis \_\_\_\_\_

**St. John Member-** \$330.00/Monthly \_\_\_\_\_ \$1,485/Semester \_\_\_\_\_ \$2,970/Annual Basis \_\_\_\_\_

***Tuition payments are due the 1<sup>st</sup> of each month. Payments received after the 10<sup>th</sup> day of the month will be charged a \$20.00 late fee.***

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

<b>List contacts other than yourself for pick-up:</b>			
_____ Name	_____ telephone/cell	_____ Name	_____ telephone/cell
_____ Name	_____ telephone/cell	_____ Name	_____ telephone/cell
_____ Name	_____ telephone/cell	_____ Name	_____ telephone/cell
_____ Parent/Guardian Signature		_____ Date	

***We also understand that a minimum late fee of \$20.00 per 30 minutes will be charged for children picked up after 5:31p.m. per school clock.***

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

**PLEASE COMPLETE HEALTH FORM ON REVERSE (SEE BACK)**

**HEALTH INFORMATION**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First MI

Does the student have a known medical diagnosis now?

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Has your child ever been hospitalized? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, list dates and explain  
\_\_\_\_\_  
\_\_\_\_\_

Date of last physical exam \_\_\_\_\_ Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

IN CASE OF AN EMERGENCY YOUR CHILD WILL BE TAKEN TO:

The OU Medical Center  
CHILDREN'S HOSPITAL  
700 NE 13<sup>th</sup> Street  
Oklahoma City, OK 73104  
(405) 271-4700

EMSA Member Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Does your child take asthma or allergy medication regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you authorized and instructed your child to administer his/her medication Yes \_\_\_\_\_ No \_\_\_\_\_

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

St. John Christian Heritage Academy does not have a nurse on staff; all other medical treatment must be administered by the parent or authorized representative (*written authorization must be on file in the school office*).

Is your child experiencing:

	Yes	No		Yes	No
Eating problems	_____	_____	Emotional problems	_____	_____
Sleeping problems	_____	_____	Discipline problems	_____	_____
Visual problems	_____	_____	Hyperactivity	_____	_____
Hearing problems	_____	_____	Mental problems	_____	_____
Physical problems	_____	_____	Others (explain)	_____	_____

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any known medical condition which limits Classroom Activities, Physical Education or Competitive Activities?

If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_