

St. John Christian Heritage Academy
Oklahoma City, Oklahoma 73111

Pre-Kindergarten
ENROLLMENT/REGISTRATION

Year _____

Fee Paid _____ Receipt# _____ Date _____

Please Print

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: **\$150.00 Weekly** _____ **\$300.00 Biweekly** _____ **\$600.00 Monthly** _____
PAYMENTS MUST BE PAID AT THE BEGINNING OF THE WEEK, BI-WEEK OR MONTH

Weekly/Biweekly payments received 5 days after the due date and monthly payments received 10 days after the due date will be charged a late fee of \$20.00

Parent /Guardian Signature _____ Date _____

List contacts other than yourself for pick-up:

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 13th 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

