



ST. JOHN'S EPISCOPAL SCHOOL JUMPSTART KINDERGARTEN 2010

REGISTRATION FORM

Child's Name: _____ Parent's Name: _____

Address: _____

Phone: _____ E-Mail Address: _____

SJES Student: Yes No If Yes, Teacher's Name: _____

Session I
July 5-16
\$270.00

Session II
July 19-30
\$270.00

Total: \$ _____

Please complete one form per child; you will receive a confirmation after May 21, 2010. Students will have their own staff, classrooms, and special programs, and it is strongly recommended that they attend both sessions. The hours are 9:00 a.m. to 12:00 noon.

There is a \$50 non-refundable fee for registration and insurance costs, and is not applied towards the tuition fee. The registration fee is due by April 29, with the tuition fee due by May 14, 2010. No refunds will be given after June 1, 2010.

Date: _____ Parent Signature _____



FOR OFFICE USE ONLY

Registration Fee Due: \$50.00

Session Fee Due: \$ _____

Date Received: _____
Amount: _____
Check #: _____
Balance: _____

Date Received: _____
Amount: _____
Check #: _____
Balance: _____

Melissa Bonhall, Director
(949) 858-5144, ext. 202
mbonhall@stjohns-es.org



ST. JOHN'S EPISCOPAL SCHOOL JUMPSTART KINDERGARTEN 2010

Daily Schedule

8:50-9:00 a.m.	<u>Sign-In</u> Morning Greetings (Preschool/Kindergarten Playground)
9:00-9:15 a.m.	<u>Good Morning Circle Time</u> Calendar, Flag Salute, Songs, Morning Message (Kindergarten Rooms)
9:15-10:00 a.m.	<u>Table Work Time</u> Practice concepts and fine-motor skills
10:00-10:30 a.m.	<u>Snack Time/Recess</u> (Children bring snacks each day) Preschool/Kindergarten Playground
10:30-11:15 a.m.	<u>Center Time</u> Math, Fine Motor Skills, Art Monday through Thursday, Children rotate in centers. Friday is Cooking or Bingo Day.
11:15-11:35 a.m.	<u>Teacher-Directed, Large Motor Activities</u> Elementary School Field or MPR
11:35-11:50 a.m.	<u>Story Time/Language Skills</u>
11:50 a.m.-12:00 p.m.	<u>Sign-Out</u> Pick-Up on Preschool/ Kindergarten Playground





ST. JOHN'S EPISCOPAL SCHOOL

SUMMER SESSION EMERGENCY INFORMATION



Please complete a separate emergency form for each child.

Child's Name: _____ Age: _____ Home Phone: _____

Session Attending: Session I Session II Grade as of September 2010: _____

Mother's Name: _____ Daytime Phone: _____
Cell Phone: _____

Father's Name: _____ Daytime Phone: _____
Cell Phone: _____

Other Emergency Contacts:

Name: _____ Relationship: _____ Daytime Phone: _____

Name: _____ Relationship: _____ Daytime Phone: _____

Physician's Name: _____ Phone: _____

List Medical Conditions/Allergies: _____

List Current Medications: _____

List Medications Needed During School Day: _____

Students are not allowed to carry any medications while at School. All medications that need to be dispensed during School hours must be brought, by an authorized adult, to the Nurse's Office, in the original, pharmacy-labeled container. In accordance with the California Education Code 49423, a completed, signed "Physician Request for Medication Form," (CA 011399095) must be kept on file in the Nurse's Office for each medication.

AUTHORIZATION TO TREAT A MINOR

I, the undersigned parent/guardian of _____, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and/or emergency room staff licensed under the provisions of the Medical Practice Act; or a Dentist, licensed under the provisions of the Dental Practice Act, on the staff of any acute general hospital, holding a current license to operate in a hospital, and has authority and power to render the care that the aforementioned physician, in the exercise of his best judgment, may deem advisable. It is understood that every effort shall be made to contact the undersigned parent/guardian prior to rendering treatment to the minor patient, but that any treatment will not be withheld if said parent/guardian cannot be reached.

This authorization is given pursuant to the provisions of the Civil Code of California, Section 25.8.

Date

Parent/Guardian Signature