



2025 PRE-SCHOOL SUMMER APPLICATION FORM

Students may enroll in this program who:

- Attended the St. Joseph Pre-K in 2024-25 *or* are registered for the St. Joseph Pre-K in 2025-26
- Will be at least 3 years old by August 1, 2025
- Are fully potty trained

Children will be admitted to the program according to the following admissions priorities:

1. All children requesting all weeks & all days will be given first priority and then considered according to the A-F admission criteria below.
2. All children requesting all weeks & less than five days will be given second priority and then considered according to the A-F admission criteria below.
3. All others requesting partial weeks or partial days will then be considered according to the A-F admission criteria below.
 - A. Families registered with St. Joseph Parish whose children attended the summer program last year.
 - B. Families registered with St. Joseph Parish whose children did not attend the summer program last year.
 - C. Catholic families that attend another parish whose children attended the summer program last year.
 - D. Catholic families that attend another parish whose children did not attend the summer program last year.
 - E. Non-Catholic families whose children attended the summer program last year.
 - F. Non-Catholic families whose children did not attend the summer program last year.

You may return the attached forms in person or by email to summer@sjfay.com.

Daily attendance will be capped at 20 students.

On **March 19, 2025** all applications received by that date will be evaluated according to the above admissions priorities. It is not “first come, first serve.” Date/time of receipt will only be considered if determining between multiple applications at the same priority level.

On each subsequent Monday, all applications received in the previous week will be evaluated according to the same admission criteria until the program is full.

Mrs. Jackie Dumond will be the classroom lead for the program. Administration of the program will be managed by the school principal, assistant principal, and finance manager.

Office use only: Note the date and time that this form was returned:

Date _____ Time _____

Child's Name: _____ Birthdate: _____

Please check if either or both of the following apply:

___ My child attended the SJCS Pre-K during the 2024-2025 school year.

___ My child is registered to attend SJCS during the 2025-2026 school year.

Students may check-in as early as 7:30. Students must be picked up by 5:30.

Weekly themes:

Price per Week: M-F \$225 MWF \$135 T/TH \$90

June 9-13 - Sports All week ___ MWF ___ T/TH ___

June 16-20 - All That Music All week ___ MWF ___ T/TH ___

June 23-27 - Circus Circus All week ___ MWF ___ T/TH ___

June 30 - July 5 Closed for summer maintenance-----

July 7-11 - Pirates All week ___ MWF ___ T/TH ___

July 14-18 - Spanish Fun All week ___ MWF ___ T/TH ___

July 21-25 - Vacation Bible School* All week (no part-time option) _____

**For VBS week, campers may attend for the full day (7:30-5:30). Teachers will accompany them to VBS activities in the morning and they will return to the regular routine in the afternoon. Use this form to sign up for the full-day Pre-K program, and the school will register your child with VBS and pay the VBS fee. If you only want to attend the morning VBS sessions, you will sign up for that through the parish at a later date.*

PERSONS HAVING LEGAL AND PHYSICAL CUSTODY OF CHILD

Parents' Names _____

Mom Cell _____ Dad Cell _____

Email address _____

Home Address _____

If a custody arrangement or agreement exists and current information is not already on file, explain and attach supporting documentation (including pertinent visitation agreements, or a copy of the court decree). If the court order is not on file in the office, it will be assumed that both parents have equal rights.

PERSONS TO BE CALLED IN AN EMERGENCY IF CUSTODIAL PARENT(S) OR GUARDIAN(S) ARE UNAVAILABLE AND WHO ARE AUTHORIZED TO PICK UP THE CHILDREN.

NAME: _____ RELATIONSHIP TO CHILD: _____

CELL PHONE: _____ WORK PHONE: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

CELL PHONE: _____ WORK PHONE: _____

MEDICAL INFORMATION

Present general health: _____
Special needs: _____
Allergies: _____
Past serious illness: _____
Medications your child takes: _____

PLEASE NOTE: If your child will need to take medication at school, you must complete an authorization to dispense medication form. Please see program staff for a form.

Does your child see any other doctors besides their physician or dentist? _____
If yes, please explain: _____

Child's Physician and Phone #: _____
Physician Address: _____

Child's Dentist and Phone #: _____
Dentist Address: _____

MEDICAL RECORD AND HISTORY (May be completed by parent/guardian)

1. Do any of your children have medical needs we should be aware of? (for example: asthma, epilepsy, etc.)
Yes _____ No _____ If yes, please explain: _____

2. Have any of your children had any previous hospitalizations? Yes _____ No _____
If yes, please explain.

3. Any allergies? Yes _____ No _____ If yes, please explain. _____

4. Any previous diseases or illnesses? If so, please explain. _____

5. Any operations? Dates: _____

6. Any physical handicaps? _____

7. Do any of your children have a history of convulsions or seizures? Yes _____ No _____
If yes, please explain. _____

8. Do any of your children have a history of diabetes? Yes _____ No _____

9. Is there a history of diabetes in family? Yes _____ No _____

10. Do any of your children have a history of heart trouble? Yes _____ No _____

11. Is there a history of heart trouble in family? Yes _____ No _____

12. Do any of your children have a developmental delay? Yes _____ No _____
If yes, please explain. _____

EMERGENCY MEDICAL CARE

In case of emergency, if neither I nor the other parents/guardians can be reached, I, the undersigned, do hereby authorize the officials of St. Joseph Catholic School to contact directly the physicians and emergency contacts I have provided and do authorize the named persons to render such treatment as may be deemed necessary in an emergency for the health of my child.

In the event that the physicians, or other emergency contacts I have listed cannot be reached, the officials of St. Joseph Catholic School are hereby authorized to take whatever action necessary, in their judgment, for the health of the aforesaid child including but not limited to taking the aforesaid child to an emergency room or hospital.

I do authorize emergency treatment if deemed necessary.

I understand the above information may be released to appropriate St. Joseph Catholic School employees and emergency personnel who may interact with my child in order to facilitate healthcare.

I acknowledge that if I select "NO" below, it may delay or prevent the school from obtaining medical treatment for my child in an emergency.

Parent/Guardian Initial

LUNCH & SNACKS

I understand that it is the parent’s responsibility to provide a nutritious lunch from home each day. St. Joseph will provide snacks.

Parent/Guardian Initial

THIRTY DAY TRIAL PERIOD

I agree to a thirty day (30) trial period for my child(ren) dating from his/her first attendance at the St. Joseph Catholic School summer program. I understand that if, at any time during this thirty day trial period, the child does not show signs of adjusting or is not ready for this type of child care experience, as judged by the staff and administration, the parents will be asked to withdraw the child from the program.

Parent/Guardian Initial

POTTY TRAINING

I confirm that my child is fully potty trained, which includes no use of diapers or pull-ups during the day and the ability to remain dry during a quiet time/nap of up to two hours. Children who cannot meet this expectation may be asked to withdraw from the program. I understand that a child will be sent home following his/her second accident in a day. I will provide one additional set of clothing for occasional accidents.

Parent/Guardian Initial

PAYMENTS

A \$20 registration fee is required with these completed forms. This fee is non-refundable. A child’s registration is not considered complete until both the forms and the fee are received.

PK-K Fees:

- Full-time Monday through Friday - \$225/week
- Part-time Monday/Wednesday/Friday only - \$135/week
- Part-time Tuesday/Thursday only - \$90/week
- Drop-in is \$50/day, if space is available

Parents may contact summer@sjfay.com to make changes to the chosen weeks as indicated on this form up to the 15th of May for the weeks beginning in June and up to the 15th of June for the weeks beginning in July. **Charges will be based on the weeks chosen as of the 15th of the month. If your child(ren) does not attend on the chosen weeks for any reason, families will still be charged.**

Families who are registered for the 2024-25 or 2025-26 school year with St. Joseph Catholic School and who are enrolled in automatic billing will pay through their FACTS accounts. These charges will be initiated by the school on the 15th of the month prior to attending using the banking information on file with the school.

Daily pick-up time is 5:30 p.m. A \$1 per minute late fee will be charged for each child not picked up by that time.

PARENT AGREEMENTS

My signature below affirms that:

- All of the information contained in this application is correct, complete, and honestly presented.
- My family and I agree to abide by the procedures and expectations of the St. Joseph summer program.
- I agree to pay all fees as scheduled and explained above.

I understand that withholding or misrepresenting information in this application or non-compliance with program policies may jeopardize my child's enrollment.

Parent/Guardian Signature _____ Date _____