



2020-2021 Re-Registration Form

With this registration, parents accept the regulations and policies of St. John's Academy as stated in the Family Handbook.

(Please print)

Family Name:

Address:

City/State/Zip:

New address? Y N circle one

Parish:

New Parish? Y N circle one

Preferred Contact Phone:

Email:

Father's Name:

Mother's Name:

Father's Bus. Phone:

Mother's Bus. Phone:

Father's Cell Phone:

Mother's Cell Phone:

Please indicate if a parent is: ☐ deceased ☐ separated ☐ divorced

Please list all your children enrolled at St. John's and the grade for September, beginning with the oldest:

Child	Date of Birth	Sept. Grade

All class lists/correspondence should be addressed:

☐ Mr. & Mrs. _____ ☐ Other: _____

Please include the non-refundable registration fee with this form. \$250 for one child, \$400 for two children, or \$525 for three or more children. Please make check payable to: St. John's Academy

Please select all that apply (optional):

Latino/Hispanic _____ Black _____
Native American _____ Two or more _____
Asian _____ Unknown _____
White _____ I choose not to answer _____
Native Hawaii/Pacific Island _____

OFFICE USE ONLY

Ck.#/CC/Date/Amt. _____

FACTS

Parish Certification: _____



ST. JOHN'S ACADEMY

TUITION

**Tuition and fees for the year 2020-2021 will be
available in February 2020**

TUITION for 2019-2020 K-8: Saint John's Academy

Number of Children	Member of an Archdiocese of Newark Parish	Non-member of an Archdiocese of Newark Parish
1	\$6,175	\$7,050
2	\$11,500	\$14,100
3 or more children	\$16,350	\$21,150

K-8 students may enroll in extended care at a cost of \$10 an hour.

TUITION for 2019-2020 Early Childhood Program (prek3-prek4)

	Half Day Program (7:30 am- 12 noon)	School Day Program (7:30 am-2:15pm)	Extended Day Program (7:30 am-6pm)
3 days a week	\$3,060	\$3,930	\$6,810
4 days a week	\$4,080	\$5,240	\$9,080
5 days a week	\$5,100	\$6,550	\$11,350

Early Childhood students enrolled in the extended day program receive 4 hours of extended care in their tuition price. School Day program students may participate in aftercare at a cost of \$10 an hour.

Registration fees (prek-8): There is a non-refundable registration fee of \$250 for one child, \$400 for two children, and \$525 for three or more children. *Payment can be made by check payable to Saint John's Academy or by credit card made in person at SJA (there is a 3% convenience fee).* Registration fee must be paid at initial registration or re-registration.

Technology fee (k-8): \$100 per student fee with no additional increase for tuition for the year

Tuition assistance is available through the Inner City Scholarship Fund (Archdiocese of Newark) and the SJA Tuition Assistance Fund **for grades k-8**. This assistance is based on financial need.

All tuition payments and the technology fee are made directly through FACTS Tuition Management. For any questions, please contact the main office and ask for our tuition manager, Mrs. Penny Jackson at pjackson@sja-hillsdale.org or (201) 664-6364, ext 14.



Dear Parents,

Please note that physical examinations are required of all students entering Pre-K, Kindergarten, or transferring from out of state or out the country. This examination must be done no more than 365 days prior to entry. It is recommended that students entering Grade 3 and Grade 6 have a current physical examination. A dental exam is also recommended prior to Kindergarten. **PLEASE RETURN BY AUGUST 1, 2020.**

It is imperative that immunizations be up-to-date and on file in the nurse's office by the first day of school. Current New Jersey law states that **students may not be admitted to class without this information being on file.** This regulation applies to all students entering pre-school for the first time, all students entering Kindergarten, and all students transferring from out of state or out of the country. There are no exceptions to this regulation.

The New Jersey State Public Health Council Immunization Regulations at present require these immunizations for all students entering Kindergarten or pre-school.

Immunization	Dose Required
DPT	4 doses, with one dose given on or after 4 th birthday
Tdap	1 dose no earlier than 10 th birthday and in 6 th grade
OPV	3 doses in Pre-K 4 th dose after 4 th birthday – required in Kindergarten
Measles	1 dose required to enter Pre-K; 2 doses of live measles vaccine or vaccine combination such as MMR required for entering Kindergarten.
Mumps/Rubella	1 dose mumps and rubella vaccine
TB	1 Mantoux test required only if transferring from inner city school districts in 12 major U.S. cities or foreign countries with high TB case rates (see school nurse for details)
Hib	Minimum of 1 dose of Hib vaccine must be given after 1 st birthday
HepB (HBV)	(a) 3 doses prior to Kindergarten or Grade 1 as appropriate (b) 2 or 3 doses for students entering Grade 6 as appropriate to regimen used
Varicella (chicken Pox) Vaccine	1 dose given on or after the first birthday prior to entering PreK or Kindergarten
Influenza	1 dose annually, to be given between September 1 and December 31 of each year for child entering PreK
Pneumococcal	Pneumococcal vaccine is needed on or after 1 st birthday
Meningococcal	1 dose for students transferring into a NJ school from another state or country. Also, 1 dose for students entering Gr. 6 and at least 10 yrs.

Immunization requirements along with a complete physical are required for complete registration. If you have any questions, please feel free to call the nurse's office during school hours at 201-664-6364, ext. 12.

Sincerely,
Mrs. Annmarie Turrisi, R.N., School Nurse

A National Blue Ribbon School of Excellence
460 Hillsdale Ave., Hillsdale, NJ 07642 (201)664-6364

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I: TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II: TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (if <2 Years)			
		Blood Pressure (if ≥3 Years)			
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					



St. John's Academy - Photo Permission Form

This form must be submitted with your registration paperwork

School Website

St. John's Academy takes many photos of students throughout the school year. Some of these photos are placed on the school website. Not only does this help with marketing our school, but students enjoy seeing themselves and their classmates on the site as well. We do not publish the student names on our school website.

_____ I give my permission for any of my children who are students at St. John's Academy to have their photo(s) published on the school website.

_____ I do not give permission for any of my children who are students at St. John's Academy to have their photo(s) published on the school website.

Newspaper Advertising and Social Media

St. John's Academy may, on occasion, publish student photos and names in newspapers or other forms of advertisements, including on our social media platforms.

_____ I give permission for any of my children who are students at St. John's Academy to have their photo(s) and name(s) for advertising purposes in newspapers or other forms of advertisements, including appearing on the school's social media accounts.

_____ I do not give permission for any of my children who are students at St. John's Academy to have their photo(s) and name(s) for advertising purposes in newspapers or other forms of advertisements, including appearing on the school's social media accounts.

Parent or Guardian Signature

Date _____

Student(s) Family Name

School Year: _____



St. John's Academy After School Program

2020-2021 Registration

Family Name: _____

Mother's Full Name: _____ cell phone: _____

Father's Full Name: _____ cell phone: _____

Student's Legal Residence: _____

Home Phone Number: _____ email address: _____

Student's Full Name:

1. _____	grade _____	DOB: _____
2. _____	grade _____	DOB: _____
3. _____	grade _____	DOB: _____
4. _____	grade _____	DOB: _____

Authorized Persons to pick up child(ren) from After School Program (besides parents):

***only authorized persons will be allowed to pick up children – NO EXCEPTIONS! ***

1. _____	_____	_____
full name	relationship	phone number
2. _____	_____	_____
full name	relationship	phone number
3. _____	_____	_____
full name	relationship	phone number

Any special circumstances related to pick-up that we should know about? If yes, please explain below:

Medical Information:

Does your child(ren) have any allergies or special needs that we should know about? If yes, please explain below and be specific.

Dr. _____ Phone: _____
Dentist _____ Phone: _____

Emergency Contact Info: _____
name phone number

Program Specifics:

- After School is a program offered to students of St. John's Academy in grades Pre-K to grade 8
- Students are under constant supervision by a certified, licensed teacher of St. John's Academy
- Program runs on school days from September 2020 through June 2021
 - 2:15pm to 6:30pm on full days
 - 12:00pm to 3:30pm on half days
- **ALL STUDENTS MUST BE PRE-REGISTERED FOR THE PROGRAM!**
 - Students who are NOT registered will NOT be allowed to participate – not even for one day!
- Students must follow all school rules as provided in the student handbook
 - Failure to comply with school rules may result in loss of privileges in the program
- Schedule:
 - 2:15pm to 3:00pm = snack time
 - 3:00pm– 3:45pm = free play *children are taken outside if weather permits, otherwise they are allowed time to play inside (board games and other indoor activities provided)
 - 3:45pm - 6:30pm = homework/quiet activities
 - Children complete any and all homework (they can ask for assistance from the teacher if needed).
 - Once homework is complete students are allowed to play board games or draw/color and talk quietly until pick up
- All students have the opportunity to purchase snacks from the Snack Shop (prices range from \$0.25 to \$1.00 per snack)
- Cost:
 - \$10.00 per hour for first child, \$8.00 per hour for siblings
 - minimum of \$10 billed until 3:00pm
 - All payments made to St. John's Academy
- Late Fees:
 - Final Pick up is at 6:30pm
 - Students who are not picked up by 6:30pm will incur a late fee
 - \$1.00 for every minute late per child
 - Invoices are sent out monthly for the program
 - For outstanding balances over 60 days past due:
 - Balance will accrue late fees equal to 2% per month
 - For outstanding balances over 90 days past due:
 - Child will be suspended from the after school program until balance is paid in full.

Any questions can be directed to Theresa Cabrera, program coordinator at St. John's Academy.

Email: aftercare@sja-hillsdale.org

I have read and understand the policies and fees of the St. John's Academy after school program.

Parent signature

Date: _____