

REGISTRATION FORM

Robert A. Johnson Memorial School at St. Stephen's United Methodist Church
2003 W. 43rd St., Houston, TX 77018
(713)686-8241 ~ jms@stsumc.org
Candice Croker, Director

Child's Full Name (first + middle + last) _____ Goes by: _____

Date of Birth _____ Age on Sept 1, 2020 _____ Preferred Telephone _____

Home Address _____ ZIP code _____ E-mail _____

Names & Ages of Siblings _____

Date of Admission (first day of school) _____ Date of Withdrawal (for school use only) _____

Mother's Name _____ Occupation _____

Work Phone _____ Cell Phone _____

Address (if different from child's) _____

Father's Name _____ Occupation _____

Work Phone _____ Cell Phone _____

Address (if different from child's) _____

Legal Guardian (if child doesn't live with parents) _____ Preferred Phone _____

Emergency Contact (other than parent) _____

Relationship to Child _____ Phone _____

*I hereby authorize the school to allow my child to leave the school with **ONLY** the following persons
(OTHER THAN PARENTS). Children will only be released to a parent/guardian or a person designated by the
parent/guardian after verification of ID.*

1. _____ Houston Address: _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

Child's t-shirt size: XS (2-4) _____ S(4-6) _____ M(6-8) _____ L(8-10) _____

REFERRED TO JMS BY (if applicable) _____

MEDICAL INFORMATION

Please list any special health issues your child may have, such as: allergies, previous and existing illnesses, injuries, possible or diagnosed developmental or language delays, hospitalizations during the past 12 months, any medication(s) prescribed for long-term continuous use, and any other health information to help our staff in keeping your child safe. An **Emergency Action Plan** is required for all children with food allergies; please request a form from the Director.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Physician _____ Address _____ Phone _____

Preferred Emergency Medical Care Facility (or write "closest hospital") _____

Address _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature – Parent or Guardian

AUTHORIZATION FOR FIELD TRIPS (please initial)

I hereby give _____ OR do not give _____ consent for my child to participate in field trips.

AUTHORIZATION FOR WATER ACTIVITIES (please initial)

I hereby give _____ OR do not give _____ consent for my child to participate in these water activities:

_____ sprinkler play _____ splashing/wading pools _____ water table play

MEDIA RELEASE (please initial)

_____ I hereby authorize Johnson Memorial School and St. Stephen’s United Methodist Church to use my child’s likeness in internal printed/online materials (church newsletter and school’s private online communications tool called Living Tree).

WRITTEN OPERATIONAL POLICIES (please initial)

_____ I acknowledge receipt of the school’s operational policies, including those for guidance and discipline.

IMMUNIZATION RECORD (please initial)

_____ I have provided the school with a copy of my child’s most current immunization record.

SUPPLY / REGISTRATION FEE for 2020-2021 school year is \$200 payable to JMS.

_____ Date _____

REQUIRED Signature – Parent or Guardian