

REGISTRATION FORM 2024 - 2025

Robert A. Johnson Memorial School at St. Stephen's United Methodist Church
2003 W. 43rd Street 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, 2024 _____ Preferred Telephone _____

Home Address _____ ZIP code _____

Primary E-mail for School Communications (may list multiple) _____

Name & Age of Siblings _____

Mother's Name _____ Occupation _____

Work Phone _____ Cell Phone _____

Address (if different from child) _____

Father's Name _____ Occupation _____

Work Phone _____ Cell Phone _____

Address (if different from child) _____

Legal Guardian (if child does NOT live with parents) _____ Preferred Phone _____

Emergency Contact (other than parent) _____

Relationship to Child _____ Phone _____

Previous school experience (name of school and starting age) _____

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

*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: _____ ZIP: _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

☐ **CHILD'S T-SHIRT SIZE:** XS (2-4) _____ S(4-6) _____ M(6-8) _____ L(8-10) _____

☐ **SUPPLY / REGISTRATION FEE** for 2024-2025 school year: \$200 payable to JMS

☐ **REFERRED TO JMS BY** (if applicable): _____

MEDICAL HISTORY

List any special health issues your child may have, such as: food allergies, existing illnesses, injuries, possible or diagnosed developmental or language delays, hospitalizations, personal or religious dietary restrictions, 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. *If this section does not apply for your child, please write "N/A."*

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 school 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, and 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 secure and private online communications tool).

WRITTEN OPERATIONAL POLICIES (please initial)

_____ I acknowledge receipt of the JMS Parent Handbook, including policies for guidance and discipline.

HEALTH RECORDS (please initial and check)

_____ I have provided JMS with:

- ☐ my child's most current immunization record
- ☐ an Emergency Action Plan (food allergies only)
- ☐ hearing and vision test results (if completed by pediatrician at 4yr visit)
- ☐ a signed Physician's Statement of Health

Date _____
REQUIRED Signature