

# REGISTRATION FORM 2026 - 2027

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

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

Date of Birth \_\_\_\_\_ Age on Sept 1, 2026 \_\_\_\_\_ 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 2026-2027 school year: \$225 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."*

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## 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

\_\_\_\_\_  
REQUIRED Signature \_\_\_\_\_ Date \_\_\_\_\_