

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, 2019 _____ Preferred Telephone _____

Home Address (+zip) _____ E-mail _____

Names & Ages of Siblings _____

Date of Admission _____ 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, existing illness, previous serious illness, injuries, and 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, if any _____

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 2019-2020 school year is \$200 payable to JMS.

_____ Date _____

REQUIRED Signature - Parent or Guardian