



ST. JOHN'S EPISCOPAL SCHOOL

401 W. County Rd. N . Odessa, TX 79763

(432) 337-6431

Email: admin@stjohnsodessa.com

Summer Program 2024

Registration Form

This form must be accompanied by Registration Fee (non-refundable).

First Name _____ Middle _____ Last _____

Male Female Date of Birth _____ Entering Grade _____ School Attended in '23-'24 _____

Name of Parent/Guardian _____ Hm Phone _____

Home Address _____ Cell Phone _____

City _____ State _____ Zip _____ Email _____ Bus Phone _____

Emergency Contact _____

Hm Phone _____ Cell Phone _____ Bus Phone _____

Please check **Morning Only** or **All Day** for each desired session.

Date	Times		Date	Times	
June 3 - 7	<input type="checkbox"/> 9:00-12:00	<input type="checkbox"/> 9:00-3:30	July 1 - 5	No Summer School	
June 10- 14	<input type="checkbox"/> 9:00-12:00	<input type="checkbox"/> 9:00-3:30	July 8 - 12	<input type="checkbox"/> 9:00-12:00	<input type="checkbox"/> 9:00-3:30
June 17 - 21	<input type="checkbox"/> 9:00-12:00	<input type="checkbox"/> 9:00-3:30	July 15 - 19	<input type="checkbox"/> 9:00-12:00	<input type="checkbox"/> 9:00-3:30
June 24 - 28	<input type="checkbox"/> 9:00-12:00	<input type="checkbox"/> 9:00-3:30			

My child will stay after 3:30 p.m.; enroll in afternoon Extended Day Enrichment Yes No

Your child will receive a Summer School Shirt if registered by May 13th.

- Youth Small
 Youth Medium
 Youth Large
 Adult Small
 Adult Medium
 Adult Large
 Adult XL
 Adult 2XL
 Adult 3XL
 Adult 4XL
 Adult 5XL

AUTHORIZATION FOR STUDENT PICK-UP

The persons whose names are listed below are authorized to pick up the above-named student at any time during the 2024 Soaring Eagles Summer Camp with proper picture identification.

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete all forms, sign and submit them with the registration fee of \$100 to the office. The Registration Fee is paid only once per summer to secure placement in the summer camp. Make checks payable to St. John's Episcopal School. Registration forms may be brought to office or emailed. If emailing, please call to make payment over the phone.

FEE SCHEDULE

Registration Fee due with application

Fees for the June sessions are due by May 6 ~ Fees for the July sessions are due by June 10

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Medical Information

Student's Name _____

Doctor _____ Telephone _____

Hospital Insurance Co. _____ Policy No. _____

Does your child take any prescribed medications? If so, please list. _____

Does your child have a medical condition about which we should know? If so, please explain. _____

Permission for Medical Treatment

I, _____, (Parent/Guardian), the undersigned, declare my child _____ is in good physical health and may participate in any/all activities as planned or directed by St. John's Episcopal School. In an emergency, St. John's Episcopal School, its agents, and/or affiliates have my permission to obtain emergency treatment at a local hospital including blood transfusions if attending physician deems such treatments necessary.

I give permission. _____ (initial) I do not give permission. _____ (initial)

Permission for Use of Photos/Videos

St. John's Episcopal School and all affiliates thereof have my permission to use any photographs, art objects, or video tapings of my child for future use in any/all St. John's Episcopal School publications and promotional materials.

I give permission. _____ (initial) I do not give permission. _____ (initial)

Release of Liability

I, _____, the undersigned, do hereby release St. John's Episcopal School, its agents, affiliates, and any/all related personnel from any/all liability in the event of an accident or injury to my child, _____.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____