



SAINT JOSEPH SCHOOL  
132 HIGH STREET  
MEDFORD MA, 02155

St. Joseph School Summer Program 2023 Registration Form

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone Numbers:

Parent #1: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent #2: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Additional persons authorized to pick up/emergency contacts:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Known to Child as \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Known to Child as \_\_\_\_\_

**\*In case of accident or serious illness, I request the school to attempt the contacts above. If the school is unable to reach us, I hereby authorize the school to call the physician/dentist indicated and follow his/her instructions. If deemed necessary or if it is impossible to contact the physician, the school may make whatever arrangements seem necessary.**

**\*\*Please be advised that when someone other than the parent or legal guardian is picking up your child, they will be asked to provide positive picture identification (license or ID). \*\*Please write any health alerts/medical problems/restrictions on the back of this form. \*\*Please note: A separate registration form must be filled out for each child in the family.**

MEDICAL INFORMATION

Please list/explain any significant medical conditions (asthma, heart condition etc.) \_\_\_\_\_

\_\_\_\_\_

Please list/explain any known allergies: \_\_\_\_\_

\_\_\_\_\_

**Please list anyone who is expressly prohibited or restricted from pick up:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Details/Comments/Remarks:

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



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### St. Joseph School Summer Program 2023 Tuition Agreement

The St. Joseph School Summer Program is available to students in preschool through grade 2. All fees are to be paid according to the payment plan specified. **Refunds will not be given for days paid and not attended.**

Our regular hours will be 8:00 am to 2:00 pm. Extended hours will be available until 4:30 pm for an additional charge. Before school coverage is available at 7:30 am if arranged one week in advance. (Please let us know if you expect to use these services.) A fee will be charged for late pickups (\$10 for the first five minutes and \$5 for each additional minute.) This fee is payable when your child is picked up or must be paid in full before your child returns for the next session.

Payment must be made by check payable to St. Joseph School (please write "Summer Program" in the memo area).

To guarantee a place for your child in the 2023 St. Joseph School Summer Program, you must:

- Submit registration and contract forms (attached)
- Fill out attendance calendar for June, July and August (attached)
- Turn in payment for all days attending

If you have any questions, please email Mrs. O’Keefe at [lokeefe@sjsmedford.com](mailto:lokeefe@sjsmedford.com) To adequately staff the program, all forms and payments must be turned in by:

For the month of June: June 9, 2023.

For the month of July: June 19, 2023.

For the month of August: July 24, 2023.

Program Fees:

\$25 Registration Fee

5 days \$285--\$210 for each additional child in family (best discount deal)

4 days \$270 per child

3 days \$205 per child

2 days \$140 per child

1 day \$75 per child

I HAVE READ THE EXPECTATIONS OF THE SUMMER PROGRAM CONTRACT AND FULLY AGREE TO ABIDE BY THEM.

Child’s Name and Grade \_\_\_\_\_

Parent’s Name \_\_\_\_\_

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent’s email \_\_\_\_\_

PLEASE SIGN AND RETURN BY June 13, 2023.