

RETURN TO: HIGH SCHOOL OFFICE
 ST. JOSEPH SCHOOL
 1000 ULULANI STREET
 HILO, HAWAII 96720

**2017 STUDENT REGISTRATION FORM
 Elementary Summer Fun & Study
 Grades K-6**

CHECKLIST

Student: _____ Entering Grade: _____

2016-2017 School Attended: _____

Please return this check list with the student's forms and tuition payment.

Document				Due Date	Date of Completion
2017 Summer Fun & Study Information & Policies				Parent/guardian keep for reference	N/A
Application Form				No later than 05/01/2017	
Tuition Payment <i>(Please check your option)</i>				No later than 05/01/2017	Method of payment <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card
June 5-June 23, 2017 7:30am-3:30pm <i>(Holiday-no school on Monday, June 12, 2017)</i>	June 26-July 14, 2017 7:30am-3:30pm <i>(Holiday-no school on Tuesday, July 4, 2017)</i>	June 5-July 14, 2017 7:30am-3:30pm <i>(discounted for 2-three week sessions)</i>			
SJS Student Full Day \$375	SJS Student Full Day \$375	SJS Student Full Day \$650			
Non-SJS Student Full Day \$400	Non-SJS Student Full Day \$400	Non-SJS Student Full Day \$700			
Student Health Questionnaire				No later than 05/01/2017	

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St. Joseph School Information & Policies **(Please keep for your reference)**

Vision: St. Joseph School builds a nurturing community through demonstration of Catholic values and implementation of an academically rigorous and spiritually rich curriculum. St. Joseph students learn, *in a safe and disciplined environment*, to care for themselves and others and to accept responsibility for making a just and loving society through generous use of their personal talents and gifts.

Mission: The Mission of St. Joseph School is to celebrate the uniqueness of each student through a rigorous academic program. Inspired by the Gospel message of Jesus Christ, nurtured in a faith community blessed with many cultures, gifts and talents we build lives of service to others in the spirit of our Hawaiian tradition of Aloha.

Code of Conduct: As members of St. Joseph School, all students and their parents as well as the administration, faculty, staff and other members of the school community will conduct themselves as good representatives of the school by:

- Acting with **respect** toward persons and property;
- Thinking, speaking and acting with **honesty**.
- Contributing to the building of strong **community**.
- By promoting school spirit through **loyalty**.

GENERAL INFORMATION

St. Joseph School will provide an enrichment program for students from kindergarten to sixth grade. Our goal is to provide the students with activities that will expand their horizons, stretch their imaginations, and challenge their physical skills. The curriculum will be project-based and include literature, Hawaiian culture, writing projects, innovative technology, art activities, hands-on math and science, crafts, healthy cooking and physical activity.

WHO MAY ATTEND?

Open to all current and incoming St. Joseph School students in grades K-6.

WHERE WILL CLASSES BE LOCATED?

Classes will be held at the St. Joseph Elementary and High School.

WHAT SUBJECTS WILL BE TAUGHT?

All students will engage in activities that include literature, writing projects, innovative technology activities, art activities, Hawaiian culture, hands on math and science, crafts, healthy cooking and physical activity.

WHAT WILL BE THE CLASS SIZE?

The number of students in each class (group) will be no more than 20. Qualified teachers will be instructing students.

WHO WILL PROVIDE TRANSPORTATION?

Parents are responsible for transportation to and from the school.

WHEN WILL STUDENTS ATTEND?

Summer school will include two three-week sessions.

Session I: June 5 to June 23, 2017 (Holiday-No school, Monday, June 12, 2017).

Session II: June 26 to July 14, 2017 (Holiday-No school, Tuesday, July 4, 2017).

WHAT IS THE COST?

Per 3 week Session Full Day: (7:30am-3:30pm) \$375.00 SJS Students; \$400.00 Non-SJS Students.

Two 3 week Sessions (discounted) Full Day: (7:30am-3:30pm) \$650.00 SJS Students; \$700.00 Non-SJS Students.

General Information Continued...

ARE THERE EXTRA COSTS?

There will be no excursion costs for transportation and other fees that are applicable. Excursion fees will be covered with your summer program tuition.

WILL LUNCH AND SNACKS BE PROVIDED?

Lunch and snacks will not be provided. Students need to bring their own lunch, snacks and drinks. A **labeled** water bottle is a requirement.

WHAT IS THE DRESS CODE?

Children are encouraged to follow our school "free dress" code. This includes covered shoes (no slippers or slip-on shoes, you must have a back strap). Comfortable, T-shirt and shorts are best.

WHAT RULES AND REGULATIONS APPLY?

The rules and regulations that apply during the regular school year will apply during summer school. Parents and students should refer to the SY 2016-2017 St. Joseph School Student/Parent Handbook. It is expected that students will behave in a manner that will not be disruptive to other students. Class disruptions will not be tolerated and will be grounds for dismissal from the summer school. **Violations of other rules which require suspension during the regular school year will be grounds for summer school dismissal as well.**

HOW CAN I REGISTER MY CHILD FOR SUMMER SCHOOL?

Registration packets will be available at both the elementary and high school from March 1, 2017.

Complete the attached registration packet and return it to the school office on or before **May 1, 2017.**

It is very important for parents to register, complete all information, and submit payment as soon as possible to confirm your child's enrollment. Confirmed enrollment will be on a "first come, first serve basis."

Early enrollment will also allow the summer school staff time to plan and provide a program that best meet the needs of each student.

Should you have any questions, please feel free to email Theresa Revell at: trevell@sjshilo.org. You may also call at 935-4935.

APPLICATION FORM - SUMMER SCHOOL 2017

Please print clearly or type:

Family Name (Last)	Student's First Name	M.I.	Student's Cell
Mailing Address	City	Zip Code	Home Phone
Street Address	City	Zip Code	

Father's Name:	Mother's Name
<i>Please circle if one applies:</i> Parent Custodial Parent Guardian Step Host Other	<i>Please circle if one applies:</i> Parent Custodial Parent Guardian Step Host Other
Home Phone:	Home Phone:
Employer:	Employer:
Work Address:	Work Address:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
E-mail Address:	E-mail Address:

If parents cannot be reached, please call:

Name (Identify relationship)	Home Phone	Cell Phone	Work Phone
Name (Identify relationship)	Home Phone	Cell Phone	Work Phone

I understand that the school does not assume responsibility for payment of a physician in any case. However, in an emergency you may choose a physician. My choice of physician is as follows:

1. _____ Phone No.: _____
 (Name of local doctor)

Medical Insurance Coverage Company: _____ Policy No.: _____

 Signature of Father/Guardian

 Signature of Mother/Guardian

AUTHORIZATION FOR STUDENT OFF-CAMPUS EXCURSION AND ACTIVITIES

This Authorization must be completed by the student's parent(s) or guardian(s). If not completed and signed, the student may not be allowed to participate in the excursion and activities described.

Name of Student: _____

Home Address: _____ Alternate Phone: _____

ALL DAILY EXCURSION/ACTIVITIES FOR THE SUMMER SCHOOL PROGRAM FROM June 5-July 14, 2017 will be planned and executed in the Hilo town vicinity (walking distance and/or parent drop off and pick up when requested).

Students will plan and notify parents of specific destinations prior to the activity date.

I am/We are the parent(s) / guardian(s) of the student named above. By signing below, I/We:

1. **Give permission** for the student to participate in the excursion and activity described below;
2. **Give permission** for the student to travel by private or commercial vehicle;
3. **Release** the School and its agents and employees from any and all liability to us and to the student for any injury, damage or loss that occurs because of the student's participation in the willful misconduct of the School or its agents and employees; and
4. **In the event of illness or injury** to the student, **consent to and authorize** such medical and dental treatment as may be deemed necessary, and **agree to pay** for such medical and dental costs:

AUTHORIZATION:

_____	_____	_____
Print or type Mother's name	Mother's/Guardian's Signature	Date
_____	_____	_____
Print or type Father's name	Father's/Guardian's Signature	Date

Parent's Comments:

Please identify any special medical instructions or other special circumstances you believe are important for the School to know about in connection with the excursions/activities.

Note: students should not take valuables or large sums of money on excursions/activities.



STUDENT HEALTH QUESTIONNAIRE
Summer School 2017

Please complete this form and submit it with all other forms by May 1, 2017. This will make the school aware of any health issues that the student may have and assist the school in providing the best service for your student. The school will communicate with parents should there be need for any follow-up information or procedures.

Student Name: _____ Grade entering: ____ Birthdate: _____ (Circle) Male or Female

Allergies: _____

Please list any medical condition your child might have (asthma, epilepsy, diabetes, migraines, ADD/ADHD, etc.). Please indicate if your child carries and/or self-administers any medications i.e. asthma inhalers, pain medication, epinephrine or insulin.

Condition: _____ **Year diagnosed:** _____

Medication(s): _____

Dosage and Frequency: _____

Condition: _____ **Year diagnosed:** _____

Medication(s): _____

Dosage and Frequency: _____

Student's Physician(s): _____

Comments: _____

Please list any significant injury or illness your child has had in the last few years (e.g. head injury, broken bones or bad sprains, surgeries, etc.).

Injury/Illness _____ **Month/Year** _____

Comments: _____

Injury/Illness _____ **Month/Year** _____

Comments: _____

Please sign and return this form with packet no later than May 1, 2017

Signature of parent/guardian: _____ **Date:** _____

Home phone: _____ **Work phone:** _____ **Cell:** _____

Signature of parent/guardian: _____ **Date:** _____

Home phone: _____ **Work phone:** _____ **Cell:** _____