

**J.O.Y. SCHOOL
9967 OCEAN HWY
PAWLEYS ISLAND, SC 29585**

STUDENT APPLICATION

Student's

Name _____ Date of

Birth _____ Age _____ Student's Sex _____

Student's Height _____ Weight _____ Hair Color _____ Eye

Color _____ Parent's

Name _____ Home

Address _____

Parent's Email Address _____

Home Phone

Number _____ Where

parents can be reached during school hours in case of emergency?

Mother _____ Phone Number _____

Father _____ Phone Number _____

In case of emergency and parents cannot be reached, please list one or two extra phone numbers.
(Neighbor, Friend, or Relative)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In case of extreme emergency and parents cannot be reached, your child should be taken to:

Doctor: _____ or to Hospital _____

Is there any food/drink your child cannot eat? _____

Does your child have any allergies of any kind? _____

Are there any physical limitations or health considerations of which the staff should be aware? If

yes, please list: _____

Please list the approximate times your child will need to use the bathroom during the school day. Is there any other information that you feel is pertinent to the well being of your child while a student at the J.O.Y. School?

Please Note:

My child will attend all ____ weeks of J.O.Y. School. Please Circle: Yes No If no, please explain:

(Parent's Signature)

(Date)

WE, the undersigned parent(s) of _____ do hereby waive any and all rights of action against the Pawleys Island Presbyterian Church and it's J.O.Y. School Staff as well as any person or persons assisting in transportation of our child(ren) for any accident or injury that may occur during school time, transportation to and from school, including trips, swimming, outings, and other aspects of the school curriculum. The undersigned parent(s) do(es) hereby release and waive any and all claims of whatever nature and kind arising out of the time their child attends J.O.Y. School.

(Signature) (Witness)

(Date)

J.O.Y. SCHOOL

PARENT PERMISSION FORM

_____ has my permission to go with the
J.O.Y. Summer School children for swimming during school. I understand that transportation to
and from swimming will be by private cars.

_____ (Parent)

(Date)

_____ has my permission to be included
in any and all pictures taken at the J.O.Y. Summer School. The purpose of the pictures is to
make slides for presentations to promote interest in and support of the J.O.Y. School.

_____ (Parent)

_____ (Date)