

F. Pickup List	(Local - Other than parent)
Pickup 1 Name/Relationship	
Day-Time Phone	
Pickup 2 Name/Relationship	
Day-Time Phone	
Pickup 3 Name/Relationship	
Day-Time Phone	
G. Medical Information	Please Print Current Information
Doctor Name/Phone	
Dentist Name/Phone	
Does the student use an Epi-Pen?	
Medications? (Please List)	
I give St. John's Day School permission to give my child Tylenol or medication that I send if deemed necessary by the office staff. Yes No *Please label the medicine sent to the office with your child's name.	
Are there any special medical or health concerns? -Asthma -Diabetes -Heart Problem (Describe) -Food/Insect Allergies (Describe) -Other (Describe)	
Please list any other children in the family:	
Name: _____ Grade: _____ School: _____	
Name: _____ Grade: _____ School: _____	
Name: _____ Grade: _____ School: _____	
H. To Be Completed by the Legal Decision Maker	
Your tuition statement will be e-mailed to you unless otherwise requested. (If you need a printed/mailed statement, please contact the school office at 601-428-4350.) Please print the e-mail address(es) that statements will be sent to: _____ _____	
I will pick up my child daily: _____ In the pickup circle behind the main school building. _____ In the parking lot across from First Baptist Church and Riser Cleaners. _____ May walk home (1 st – 6 th grade ONLY).	
*A <u>voided check</u> must be submitted with the application.	
_____ (Signature of Legal Decision Maker)	_____ (Date)