

# St. Rose of Lima School Registration Form 2017-2018

*A non-refundable fee of \$175.00 is due with this form*

New Family \_\_\_\_\_  
Current Family \_\_\_\_\_

**Family Last Name** \_\_\_\_\_

**Bus Request:** \_\_\_\_ Yes \_\_\_\_ No  
*(K-8 Students Only)*

**Town That Provides Textbooks:** \_\_\_\_\_  
*(K-8 Students only)*

**Mother Email:** \_\_\_\_\_ **Father Email:** \_\_\_\_\_

**Rose Buds: 3 Full Days** \_\_\_\_ **3 Half Days** \_\_\_\_ **5 Full Days** \_\_\_\_ **3 Half** \_\_\_\_  
*(3 year old program; child must be 3yrs. old by September 1st)*

**Pre-Kindergarten: 5 Full Days** \_\_\_\_ **5 Half Days** \_\_\_\_  
*(4 year old program; child must be 4yrs. old by September 1st)*

**Student Information** – Please begin with oldest child first.  
*(Please Print Clearly)*

**Student's Name:**

\_\_\_\_\_ DOB: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

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\_\_\_\_\_ DOB: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Child Lives With: Both Parents: \_\_\_\_ Mother: \_\_\_\_ Father: \_\_\_\_ Other: \_\_\_\_ Home Phone: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
Street City State Zip Code

School Last Attended: \_\_\_\_\_

Parish to which family is registered: \_\_\_\_\_  
**(If a member of SS Rose & Clement Parish, please include Budget #)**

**Mother:** \_\_\_\_\_ **Religion:** \_\_\_\_\_  
First Name Last Name (if different)

Address (if different than child): \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Father:** \_\_\_\_\_ **Religion:** \_\_\_\_\_  
First Name Last Name (if different)

Address (if different than child): \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Parent's Marital Status (Check One):** Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Unmarried \_\_\_\_\_

**Custodial Agreement:** N/A \_\_\_\_\_ Sole \_\_\_\_\_ Dual: \_\_\_\_\_ Restraining Order: No: \_\_\_\_\_ Yes: \_\_\_\_\_ (need copy)

Sacraments child has received (Complete if student is entering Kindergarten or is a New Student)

**Baptism:** \_\_\_\_\_  
Church City/State Date

**First Communion:** \_\_\_\_\_  
Church City/State Date

**First Penance:** Yes \_\_\_\_\_ No \_\_\_\_\_

Describe any educational special need (IEP, 504 or Service Plan) \_\_\_\_\_

Describe any allergy/medical special need: \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY – ILLNESS - EARLY DISMISSAL**

Please list any person who is authorized and willing to accept responsibility of your child(ren)'s care:

1. \_\_\_\_\_  
Name relationship phone
2. \_\_\_\_\_  
Name relationship phone
3. \_\_\_\_\_  
Name relationship phone

*Note: All students entering Pre-K, Kindergarten and Grade 7 must provide a physical form and list of immunizations before the beginning of school in September. Forms will be provided. Children entering Kindergarten must be five years of age by September 1<sup>st</sup> of the year they enter. A copy of your child's birth and Baptismal certificate is required upon registration.*

**PARISHIONER PARISH SUPPORT POLICY**

In order to receive the "Parishioner Rate", families must be registered at SS. Rose & Clement Parish for one year and contribute at least \$10 per week to support the parish. If the minimum is not maintained, a family will be changed to the "Non-Parishioner Rate" and billed accordingly. Contributions will be checked on a quarterly basis.

**Who will be responsible for payment of tuition?** \_\_\_\_\_

**DELINQUENT TUITION ACCOUNTS**

Students whose tuition accounts are sixty (60) days in arrears will not be allowed to continue classes unless parents meet with the Tuition Office to work out a payment plan. All accounts must be paid to date in order for students to participate in the end-of-year activities.

**TUITION REIMBURSEMENT POLICY**

The annual school budget is prepared based on projected enrollment for the coming school year. As students register for the new school year, supplies, materials and textbooks are purchased and staff hired to provide a sound educational program for the enrolled students. Tuition payments begin July 1<sup>st</sup> in order to assure that each classroom is properly staffed and fully supplied for September. Therefore it is the policy of the Saint Rose of Lima School Board not to grant any tuition reimbursement should a child leave our school.

**WAIVERS**

I/we give permission for my/our phone number to be given to the teachers, the school nurse and Home and School Association (HSA) members.

*My signature below is my agreement to the above-noted waivers, tuition reimbursement policy, parishioner parish support policy and to make timely tuition payments. I understand that tuition payments that are two months in arrears may be reason for dismissal from school. Additionally I understand that no child may re-register for the following year if tuition is delinquent.*

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b><i>FOR TUITION OFFICE USE ONLY:</i></b> Date recv'd: _____ 2017-2018 Tuition Status: _____
<b><i>FACTS Mgmt. Tuition Agreement #:</i></b> _____ <b><i>FACTS Payment Plan:</i></b> _____ <b><i>Updated:</i></b> _____
<b>Parishioner:</b> Yes: _____ No: _____ <b>If Yes: Budget #</b> _____ <b>Amount Contributed \$</b> _____
<b>Financial Aid:</b> <b>FACTS Grant &amp; Aid Application date:</b> _____ <b>Frances Warde: \$</b> _____
<b>Father Ferry: \$</b> _____ <b>Adopt-a-Student: \$</b> _____ <b>Other (specify):</b> _____ <b>\$</b> _____
<b>Non-refundable Fee: Paid \$</b> _____ <b>Check/Receipt#</b> _____