

Saint Rose of Lima School

2018 – 2019 Registration Form

New _____ Renewal _____ *A Non-refundable Fee of \$175 (per Family) is due with this form*

Entering Grade (Circle One): Kindergarten Gr. 1 Gr. 2 Gr. 3 Gr. 4 Gr. 5 Gr. 6 Gr. 7 Gr. 8

Rose Buds / 3 Year Old Program* 5 Full Days _____ 5 Half Days _____ 3 Full Days _____ 3 Half Days _____

* Child must be 3 years of age by September 1st

Pre-Kindergarten / 4 Year Old Program** 5 Full Days _____ 5 Half Days _____

** Child must be 4 years of age by September 1st

PLEASE PRINT: Student's Name: _____ M _____ F _____

Last

First

Middle

Address: _____

Street

City

Zip Code

Home Phone: _____ Busing Requested? Yes: _____ No: _____ (K-8 Only)

Date of Birth: _____ City of Birth: _____

School child last attended: _____

Child lives with (check one): Both Parents: _____ Mother: _____ Father: _____ Other: _____

If Other, please complete:

Last Name

First Name

Middle Initial

Religion

Occupation

Relationship to student

Name of Father/Guardian: _____

Place of Employment: _____ Work Phone: _____

E-Mail Address: _____ Cell Phone: _____ Religion: _____

Name of Mother/Guardian: _____ Maiden Name: _____

Place of Employment: _____ Work Phone: _____

E-Mail Address: _____ Cell Phone: _____ Religion: _____

Parents' Marital Status (check one): Married: _____ Divorced: _____ Widowed: _____ Unmarried: _____

In case of minor illness requiring your child to be sent home and parent/guardian is not available, please indicate the name of the relative/friend who would assume responsibility:

Name / Relationship to student Address Home Phone Cell Phone

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: _____

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 1st of the year they enter. A copy of your child's birth and Baptismal certificate is required upon registration.

Are you a registered & contributing member of SS. Rose & Clement Parish? _____ Budget #: _____

Are you registered at another Church? _____ Church Name: _____

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 1st 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: _____

FOR TUITION OFFICE USE ONLY: Date rcv'd: _____ 2015-2016 Tuition Status: _____

FACTS Mgmt. Tuition Agreement #: _____ FACTS Payment Plan: _____ updated: _____

Parishioner: Yes: _____ No: _____ If Yes: Budget # _____ Amount Contributed \$ _____

Financial Aid: FACTS Grant & Aid Application date: _____ Frances Warde: \$ _____

Father Ferry: \$ _____ Adopt-a-Student: \$ _____ Other (specify): _____ \$ _____

Non-refundable Fee: Paid \$ _____ Check/Receipt# _____