



2018-2019 3K & 4K Registration/Tuition Form

Family Information

Student/s being Registered			
Name:	Grade:	Name:	Grade:
Name:	Grade:	Name:	Grade:

Parent/Guardian Information	
Father/Guardian's Name (Last, First Middle)	Mother/Guardian's Name (Last, First Middle)
Home Address (Number, Street, City, State, Zip)	
Primary Phone	Primary Email Address

Father's Information			
Employer	Occupation	Work Phone	Cell Phone
Religion		Parish Member of <input type="checkbox"/> SFA <input type="checkbox"/> St. Thomas <input type="checkbox"/> SPF <input type="checkbox"/> St. Anne <input type="checkbox"/> Other: _____	

Mother's Information			
Employer	Occupation	Work Phone	Cell Phone
Religion		Parish Member of <input type="checkbox"/> SFA <input type="checkbox"/> St. Thomas <input type="checkbox"/> SPF <input type="checkbox"/> St. Anne <input type="checkbox"/> Other: _____	

Children live with: Mother Father Both Other (explain) _____

If separated or divorced, should school information be sent to each parent? Yes No

Name, address, & email of 2nd parent (if applicable): _____

Emergency Contacts		
In the event we cannot reach a parent, list several emergency contacts: (applies for all students)		
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

Person authorized to pick up your child from class (not including custodial parents or guardians)		
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

Student Information

First Student Information	
Grade Entering	Current Age
Student Name (Last, First Middle)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.) 	
Ethnicity (for office use only) <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other	
Has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Baptism Date (if applicable)	Baptism Location (if applicable)
Has Student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Location

Second Student Information	
Grade Entering	Current Age
Student Name (Last, First Middle)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.) Click here to enter text.	
Ethnicity (for office use only) <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other	
Has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Baptism Date (if applicable)	Baptism Location (if applicable)
Has Student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Location

Tuition Form

*****Children must be age 3 or 4 by September 1st and be toilet trained.**

3K - Must be age 3 by September 1 st		
<input type="checkbox"/> Option 1	Mon./Weds./Fri. (8:20 a.m. - 11:20 a.m.)	\$1,300/year
<input type="checkbox"/> Option 2	Tue./Thurs. (8:20 a.m. - 11:20 a.m.)	\$900/year

4K - Must be age 4 by September 1 st		
<input type="checkbox"/> Option 1	Monday through Friday ALL DAY (8:20-3:15)	\$2,310/year
<input type="checkbox"/> Option 2	5 HALF days AM only (8:20 a.m. - 11:30 a.m.)	\$1,700/year

Payment Options (please check one)	
<input type="checkbox"/> Full Payment (Due September 1 st , 2018)	<input type="checkbox"/> Semi-Annual payment (ATP Required) (50% due September and 50% due January)
<input type="checkbox"/> Ten Monthly Payments (ATP Required) (Beginning August 5 th – ending May 5 th)	

Tuition Responsibility Page

NOTE: One Tuition Responsibility Page must be submitted for each family

I, _____ (Parent/Guardian), am responsible for the payment of the registration fee and tuition for:

Student	Grade and Option	Tuition
Total Tuition Due		\$

Signature(s): _____
NAME
DATE
NAME
DATE

Please attach the following documents to this registration form:

- \$ 25/Family Non-Refundable Registration Fee for **3K and 4K students** (The K-8 Registration Fee also covers 3K & 4K). Checks should be made payable to St. Francis of Assisi School.

****Registration fee waived if received by February 23rd, 2018**

For **New Students** to St. Francis of Assisi School

- Copy of Baptismal Certificate (If applicable)