



## 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 2<sup>nd</sup> 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	
<b>Grade Entering</b>	<b>Current Age</b>
<b>Student Name (Last, First Middle)</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of birth</b>
<b>Health</b> (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)	
<b>Ethnicity (for office use only)</b> <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	
<b>Has student been baptized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Baptism Date (if applicable)</b>	<b>Baptism Location (if applicable)</b>
<b>Has Student received First Holy Communion?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Date</b>	<b>Location</b>

Second Student Information	
<b>Grade Entering</b>	<b>Current Age</b>
<b>Student Name (Last, First Middle)</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of birth</b>
<b>Health</b> (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.) <a href="#">Click here to enter text.</a>	
<b>Ethnicity (for office use only)</b> <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	
<b>Has student been baptized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Baptism Date (if applicable)</b>	<b>Baptism Location (if applicable)</b>
<b>Has Student received First Holy Communion?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Date</b>	<b>Location</b>

## Tuition Form

**\*\*\*Children must be age 3 or 4 by September 1<sup>st</sup> and be toilet trained.**

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

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

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

# 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
<b>Total Tuition Due</b>		\$

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 23<sup>rd</sup>, 2018**

For **New Students** to St. Francis of Assisi School  
 Copy of Baptismal Certificate (If applicable)