



## 2017-2018 3K & 4K Registration/Tuition Form

### Family Information

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

Parental/Gaurdian 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 <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 <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): \_\_\_\_\_

Does the other parent, if separated or divorced, have visitation rights?  Yes  No

Emergency Contacts		
In the event we cannot reach a parent, list several emergency contacts: (applies for all students)		
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 of age by September 1<sup>st</sup> and be toilet trained. (Please check one)\*\*\***

### Pre-K 3

- |  |  |              |
|--|--|--------------|
| <input type="checkbox"/> <b>Option 1</b> | Mon./Weds./Fri. (8:30 a.m. – 11:30 a.m.) | \$1,225/year |
| <input type="checkbox"/> <b>Option 2</b> | Tu./Thurs./Fri. (8:30 a.m. – 11:30 a.m.) | \$1,225/year |

### Pre-K 4

- |  |   |              |
|--|---|--------------|
| <input type="checkbox"/> <b>Option 1</b> | Monday through Friday ALL DAY (8:25-3:15) | \$2,210/year |
| <input type="checkbox"/> <b>Option 2</b> | 5 HALF days AM only (8:25-11:30)          | \$1,630/year |
| <input type="checkbox"/> <b>Option 3</b> | 5 HALF days PM only (12:30-3:15)          | \$1,630/year |

### Payment Options

(please check one)

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Full Payment</b> (Due September 1 <sup>st</sup> , 2017)  | <input type="checkbox"/> <b>Semi-Annual payment (ATP Required)</b><br>(50% due September and 50% due January) |
| <input type="checkbox"/> <b>Ten Monthly Payments (ATP Required)</b><br>(Beginning August 5 <sup>th</sup> – ending May 20 <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 24<sup>th</sup>, 2017**

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

- Copy of Baptismal Certificate (If applicable)

<i>For Office Use Only</i>		
	Registration Fee	Baptismal Cert.
Date Received		