



New Student _____
 Re-Registration _____
 School District of Residence _____

APPLICATION / REGISTRATION FORM 2019-2020

Student Information [Please fill in completely and clearly.]

Date of Birth: ____/____/____

Student Name _____ Grade _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Medical Concerns:

Are there any medical concerns the school, school programs, or club coordinators should be aware of? YES NO

Please Explain:

Parent / Guardian Information (FILL IN COMPLETELY)

Parent 1 [Living in the household with the child listed above]

Parent 2 [Living in the household with the child listed above]

Name _____

Name _____

Relationship to Student _____

Relationship to Student _____

Address _____

Address _____

City _____ St _____ Zip _____

City _____ St _____ Zip _____

Email _____

Email _____

Home Phone (____) _____ - _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Work Phone (____) _____ - _____

Work Phone (____) _____ - _____

Employer _____

Employer _____

Is there a legal custody arrangement? YES NO

Does a non-residential parent have visitation rights? _____

School Must Have A Copy:

Attach a certified copy of the court decision bearing the case number and those sections referring to visitation rights and contacts with the school. Include the page bearing the judge's signature and court seal. Copy should include any and all modifications made as of date of registration of the child in this school. **It is the responsibility of the parents to inform the Principal of any subsequent modifications during the child's tenure at the school.**

Is there a court decision that states that non-residential parent should NOT receive information or attend school activities? _____

Is the non-residential parent responsible for paying tuition? _____

Non-Residential Parent _____

Current Address _____

Current Phone _____

Email _____

Emergency Alternate Contacts

In the event a Parent/Guardian CANNOT be reached, complete the information below for individuals that have permission to be contacted and/or pick up your child. **(PHOTO ID will be required)**

Name _____ Relationship _____ Phone (____) _____ - _____

Name _____ Relationship _____ Phone (____) _____ - _____

Name _____ Relationship _____ Phone (____) _____ - _____

Signature _____

Date _____

Student Name _____ Grade _____

Siblings In Same Household

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Before After School Program Survey

For staffing purposes only please indicate the option that best fits your situation:

Before School: I expect my child to attend _____ Daily _____ Occasional _____ Never

After School: I expect my child to attend _____ Daily _____ Occasional _____ Never

Program Rates

Before School 7:00am-8:00am \$5.00/day
After School 3:00pm-4:00pm \$5.00/day
3:00pm-5:30pm \$12.00/day

FACTS Tuition Management Account

Tuition payments will automatically be withdrawn from your FACTS Tuition Management account on a payment schedule. Other fees including but not limited to Before/After School charges, Music Program fees, Family Fundraising Commitment, and arrears will be charged through the same account.

Registration Fee [NON-REFUNDABLE & per family]

\$150.00 New Family Registration Fee

\$100.00 Current Family Registration Fee [if received by May 1, 2019]

\$150.00 Current Family Registration Fee [if received after May 1, 2019]

Paid registration fee holds your child's place in the class

Family Referral Program

Did you refer a family that attended ASCA in 2018-2019? Yes No

Family Name: _____

Signature _____ Date _____

**Registration will be finalized when all accounts are current.
Please refer to the Financial Agreement for further required information**

Office Use ONLY:

Paid _____ Date _____ Method: Cash _____ Check _____ CC _____ w/SC _____
Start Date _____ Received: BC _____ Physical _____ Immunization _____

Student Name _____ Grade _____

Student Data

Educational

Previous School or Daycare Attended _____ Phone _____

Teacher's Name _____ Grade _____ Subject _____

Has your child currently or in the past received special education services(s) or accommodation(s) through an:

Individual Education Plan (IEP) ___ Yes ___ No Provide copy of current plan If in the past, when _____

504 Plan ___ Yes ___ No Provide copy of current plan If in the past, when _____

Student Race and Ethnicity

ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.

[For question (1) Select the box that best describes your child] Select only **ONE** box.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race..

_____ YES, Hispanic

_____ NO, not Hispanic

2. Select ONE or MORE races from the following racial groups. [For question (2) you may select all groups that apply to your child. Select at least ONE box.]

_____ AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.

_____ ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example; Cambodia, China, India, Japan, Korea, Malaysia, Pakistan the Philippine Islands, Thailand, and Vietnam.

_____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii Guam, Samoa, or other Pacific Islands.

_____ BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

_____ WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Photo Release Agreement

I hereby grant my consent for the use and license of my child's FIRST NAME and likeness, whether in still or in motion pictures, his/her photograph and/or reproduction, including voice and features, with or without names, for any editorial promotion, trade, business or other legal purpose whatsoever.

Signature _____ Date _____

Student Name _____ Grade _____

Religion Census

Student's Religion: _____ Catholic _____ Protestant _____ Jewish _____ Muslim _____ Other

Home Parish _____ Location (City) _____

Baptized: Yes / No Date ____/____/____ Baptized Church _____

Reconciliation: Yes / No Date ____/____/____ Reconciliation Church _____

First Holy Communion: Yes / No Date ____/____/____ First Holy Communion Church _____

My child has not received the following Catholic Sacraments(s); however I am interested in my child receiving the following

Catholic Sacrament(s): _____ Baptism _____ Reconciliation _____ First Holy Communion

Immigration Information

Child's: Date of Birth: ____/____/____ City _____ State _____

Was your child born outside of the United States? _____ YES _____ NO

If YES, please answer following questions:

Country of birth: _____ City of birth: _____

Entry Date to United States: _____ Entry Date to New York schools: _____

Signature _____ Date _____

Medications at School

Please be aware that ANY medication taken in school requires a written order from a physician and written permission from a parent/guardian. (this includes over the counter/non prescription medications)

Mission Statement

All Saints Catholic Academy is committed to providing the highest quality Catholic education emphasizing faith formation and academic development within a safe and compassionate learning environment.