

2018-2019

Saint Francis de Sales Catholic Academy

REGISTRATION FORM

Nursery: Child must be 3 years of age by December 31st 2018

Please circle your selected program:

Program: Monday Wednesday Friday 8:00am – 10:50am
 Monday Wednesday Friday 11:35am-2:25pm

Pre-Kindergarten: Child must be 4 years of age by December 31st 2018

Program: Full day 7:55am – 2:25pm 5 days a week, Monday-Friday

Kindergarten Child must be 5 years of age by December 31st 2018

Program: Full day 7:55am – 2:25pm 5 days a week, Monday-Friday

Grade Entering: _____ **Transferring School (if applicable):** _____

Zoned Public School: _____ **School Address:** _____

STUDENT INFORMATION: STUDENT'S NAME MUST MATCH BIRTH CERTIFICATE

First Name: _____ Middle: _____ Last: _____

Check One: Male Female Birth Date: _____
 mm/dd/yyyy

Family Name (if different than student's last name): _____

Student's Home Address:

Street Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____

What is the city, state, and country where this student was born? _____

What is the primary language spoken at home? _____

Other languages spoken at home are: _____

How many children are in your family? _____

List sibling's names, school attending, and grade:

Names	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religious Affiliation: Catholic Non-Catholic Parish Affiliation: _____

What is the name and location of the church where this student currently worships? _____

Please indicate if the student received the sacrament of Baptism. Yes No

_____ Date _____ Name of Church and location

If the student has received any of the following sacraments of the Catholic Church, please enter the dates and the name of the church (es):

Penance: _____
Date _____ Name of Church _____

Communion: _____
Date _____ Name of Church _____

Confirmation: _____
Date _____ Name of Church _____

Ethnic Background: Please check one. (for NYS Statistical Studies)

- American Indian Asian Black Hispanic Multi-Racial Pacific Islander White

I.E.P. or Special Services Needed: _____

Medical Information:

What was the date of this student's Polio Immunization? _____

Special Needs (Allergies, etc.) _____

Food Allergies? _____

History of Asthma? _____

Does the child require an inhaler? _____ Nebulizer? _____

History of Serious Illness or Hospitalization:

Doctor's Name: _____ Phone: _____
Address: _____

EMERGENCY INFORMATION:

Name: _____ Relationship to Student: _____

Phone Contact: _____

Name: _____ Relationship to Student: _____

Phone Contact: _____

Person, (other than yourself) picking up your child:

Name: _____ Relationship to Student: _____

Phone Contact: _____

Does the child know this person? Yes No

Is there anyone that should not be picking up your child? _____

Father:

Title _____ (Mr., Dr., etc.) First Name _____
 Last Name _____ Work Phone: (____) _____
 Home Phone (____) _____ Cell Phone (____) _____
 Email: _____
 Place of Employment _____ Position _____

Mother:

Title _____ (Mrs., Dr., Ms., etc.) First Name _____
 Last Name _____ Work Phone: (____) _____
 Home Phone (____) _____ Cell Phone (____) _____
 Email: _____
 Place of Employment _____ Position _____

Guardian/Caretaker: (resides at the same address as student)

Title _____ (Mr., Mrs., Dr., Ms., etc.) First Name _____
 Last Name _____ Work Phone: (____) _____
 Home Phone (____) _____ Cell Phone (____) _____
 Email: _____
 Place of Employment _____ Position _____

Are parents divorced or separated? Yes No Indicate: _____

Are any custodial papers needed to be on file with the school? _____

Please list any information about your child you feel the school should know: _____

Person(s) responsible for tuition:

Name: _____
 Address: _____
 Street _____ apt # _____
 City _____ State _____ Zip Code _____

Signature of Parent/Guardian _____ **Date** _____

Registration Fee and Tuition payments are **NON-REFUNDABLE** unless your child is not accepted.

Birth Certificate and Immunization records are required at Registration.

Catholic students must also present their Baptismal Certificate.

Children registering for Grades 1-8 must present their most recent report card.

All Immunization documents must be in before registration is complete.

If there are any documents missing, your child/s application will not be processed until complete.

For office use only:			
Total Due: _____	Amount Received: _____	Cash: _____	Check: _____