



HOLY FAMILY PRESCHOOL PROGRAM

17 Prospect St.

Norwich, NY 13815

(607) 337-2207 Voice • (607) 337-2210 Fax

mcaezza@syrdiocese.org

hfsnorwich.com

2018-2019 TUITION FORM

HALF DAY PROGRAMS	TUITION	SECOND STUDENT*	ADDITIONAL STUDENT*
2 DAYS/WEEK			
<input type="checkbox"/> MORNING PROGRAM 8-11	<input type="checkbox"/> \$45/Week	<input type="checkbox"/> \$26/Week	<input type="checkbox"/> \$24/Week
<input type="checkbox"/> AFTERNOON PROGRAM 12-3	<input type="checkbox"/> \$180/Month	<input type="checkbox"/> \$104/Month	<input type="checkbox"/> \$96/Month
3 DAYS/WEEK			
<input type="checkbox"/> MORNING PROGRAM 8-11	<input type="checkbox"/> \$55/Week	<input type="checkbox"/> \$49/Week	<input type="checkbox"/> \$46/Week
<input type="checkbox"/> AFTERNOON PROGRAM 12-3	<input type="checkbox"/> \$200/Month	<input type="checkbox"/> \$176/Month	<input type="checkbox"/> \$164/Month
5 DAYS/WEEK			
<input type="checkbox"/> MORNING PROGRAM 8-11	<input type="checkbox"/> \$100/Week	<input type="checkbox"/> \$75/Week	<input type="checkbox"/> \$70/Week
<input type="checkbox"/> AFTERNOON PROGRAM 12-3	<input type="checkbox"/> \$400/Month	<input type="checkbox"/> \$300/Month	<input type="checkbox"/> \$280/Month

FULL DAY PROGRAM	TUITION	SECOND STUDENT*	ADDITIONAL STUDENT*
2 DAYS/WEEK	<input type="checkbox"/> \$75/Week <input type="checkbox"/> \$300/Month	<input type="checkbox"/> \$60/Week <input type="checkbox"/> \$240/Month	<input type="checkbox"/> \$55/Week <input type="checkbox"/> \$220/Month
3 DAYS/WEEK	<input type="checkbox"/> \$100/Week <input type="checkbox"/> \$350/Month	<input type="checkbox"/> \$80/Week <input type="checkbox"/> \$275/Month	<input type="checkbox"/> \$80/Week <input type="checkbox"/> \$260/Month
5 DAYS/WEEK	<input type="checkbox"/> \$150/Week <input type="checkbox"/> \$600/Month	<input type="checkbox"/> \$130/Week <input type="checkbox"/> \$520/Month	<input type="checkbox"/> \$125/Week <input type="checkbox"/> \$500/Month

*The Second and additional student fee applies if you have other children enrolled at Holy Family School.

ADMISSION

please fill in below and return to: Holy Family School 17 Prospect St. Norwich, NY 13815

Name _____

Half or full day _____

of days/weeks attending _____

Monthly tuition TOTAL (please check box above)

TUITION PAYMENT OPTION FOR SCHOOL YEAR 2018-2019

Directions: Please select a **PAYMENT OPTION**

<input type="checkbox"/>	FULL PAYMENT: Families may pay their tuition in full to the school. A five percent (5%) discount is available for full tuition paid by June 1st. Cash or Check only.
<input type="checkbox"/>	SMART PAYMENT ARRANGEMETS: Monthly, Quarterly, or Semi-annual payments can be arranged through SMART. Payments will be automatically deducted from your checking or savings account beginning in August 2018. There is a small one-time annual fee of \$39.00. Create an account at parent. smarttuition.com

I understand that tuition is due and payable based on the payment option that I have selected. By accepting the payment option indicated above I understand that I am responsible for on-time payments or will be subjected to late payment charges.

I have read and understand the tuition payment policy. By enrolling my child(ren) in Holy Family School, I agree to the terms of the policy.

SIGNATURE OF RESPONSIBLE PARENT/GUARDIAN

ADDRESS

PHONE:

CITY, STATE, ZIP

DATE:

A Member of the Diocese of Syracuse System of Catholic Schools
Application Form for New Admission 2018-2019

---Please Print---

Applying for new admission to the **Holy Family School:** Grade Entering: _____

Student Name _____ DOB _____ Place of Birth _____
Last First Middle

Address _____ Male _____ Female _____

City _____ State _____ Zip _____

Religion _____ Parish _____

Other Children Re-Applying to this or other Catholic Schools:

Name _____ School _____ Grade Entering _____ DOB _____

Name _____ School _____ Grade Entering _____ DOB _____

Name _____ School _____ Grade Entering _____ DOB _____

Student lives with _____ Both Parents _____ Mother _____ Father _____ Other (please specify) _____

Parental Information:

Tuition Billing Address - mail to: _____

E-mail address _____

Note: Both parents have a right to school information regarding the student unless one parent presents a legal document that does not permit this.

Mother's Information: Mother/Guardian's Name _____ Religion _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mother/Guardian's Occupation _____ Employer's Name _____

Father's Information: Father/Guardian's Name _____ Religion _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Father/Guardian's Occupation _____ Employer's Name _____

Person Responsible for Payment of Tuition – must complete items 1-4 in order to register your child. (Please Print)

1) Name _____ Address _____ City _____ State _____ Zip _____

Home Phone _____ Employer's Name _____ Work Phone _____

2) Please enclose a NON-REFUNDABLE TUITION DEPOSIT of \$100 per family. **Make check or money order payable to Holy Family School. Please return all completed forms along with payment to the school office.**

3) It is agreed that tuition will be paid as indicated above. Signature of person responsible for tuition: _____

4) Please provide your Social Security Number: _____

FOR OFFICE USE ONLY: Tuition Deposit Received: _____ Check #/Cash: _____ Date: _____

2018-2019 Tuition Charge _____

If Student is Catholic, please complete the following: Baptism First Penance First Eucharist
Date _____
Church _____

Public School District in which the student resides _____ Bus Transportation _____ Yes _____ No

Current School or Pre-School _____ Grade _____ SS# _____

Reason for Leaving _____

Custody: This school assumes that both parents have full parental and residential custody. If this is not the case, it is the responsibility of the parents to provide the school with that portion of the divorce decree or separation agreement that articulates parental and residential custody. Should any changes occur during the year, please inform the school.

_____ Please check here if the school should expect a custody document.

Ethnic background of student (optional) _____
This information is used to complete the New York State Basic Educational Data Systems report that all public and nonpublic schools are required to submit.

Academic Information:

_____ Unofficial copies of transcripts and reports have been requested or are attached for admission purposes. Acceptances are not final until records have been reviewed by the principal.

Does the student have a Behavioral Intervention Plan? _____ Yes _____ No. If yes, what are the terms of that plan? Please provide the school with a copy of that plan. Please specify below.

Does the student require any particular accommodations to facilitate his or her participation in the educational program offered by the school, other than what has been indicated in the question above? _____ Yes _____ No. If yes, what are those accommodations? Please specify below.

Has the student ever been tested for learning problems? _____ Yes _____ No.

Has testing for learning problems ever been suggested? _____ Yes _____ No.

Does the student have an IEP or IESP? _____ Yes _____ No.

Does the student have a 504 Accommodation Plan? _____ Yes _____ No.

Please authorize copies of these documents to be sent to the School.

Is the student currently taking medications? _____ Yes _____ No. If yes, please specify: _____

Does the medication need to be administered during the school day? _____ Yes _____ No. If yes, when? _____

Emergency Contacts

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Information Requests

- Busing Application (Must be submitted to your public school district no later than April 1, 2018. Check with your district to determine if you qualify for transportation.
- Before and After School Program application.

Financial Information:				Financial Information:			
PARISHIONER RATES				NON-PARISHIONER RATES			
Parishioner Rate: The Parishioner rate applies to families who are registered members of a Roman Catholic Parish. All affiliations are verified with the Pastor of the church designated on the enrollment form.				Non-Parishioner Rate: The Non-Parishioner rate applies to families who are NOT registered members of a Roman Catholic parish.			
GRADE	1 ST CHILD	2 ND CHILD	3 RD CHILD	GRADE	1 ST CHILD	2 ND CHILD	3 RD CHILD
K-6	\$3,925	\$2,870	\$2,305	K - 6	\$4,550	\$2,870	\$2,305

2018-2019 TUITION PAYMENT POLICY:

1. A student may not begin in September if there is past due tuition owed.
2. A Smart Tuition payment plan must be in place in order for a student to start the new school year.
3. The privilege of participating in graduation ceremonies may be suspended if tuition is not paid in full.
4. In the event that tuition is left unpaid, the school will refer your tuition account to our collection attorney and you will be responsible for all collection related fees.

I/We have read the tuition and payment policy of the school. I/We are responsible to make tuition and fee payments for the student whose name is on this application, less any financial aid granted for the 2018-2019 school year.

I/We understand that the school must be informed of any physical, mental or emotional limitation known by the parents that could affect appropriate placement. Providing inaccurate or incomplete information during the application process will result in non-acceptance or dismissal from the school. Classroom placement is determined by the school.

I/We understand that the *Student Handbook* contains the official policies and procedures of the school.

_____ **Mother/Guardian's Signature** _____ **Date** _____

_____ **Father/Guardian's Signature** _____ **Date** _____

Complete the

Complete the section below only if someone other than a parent will be responsible for the student's tuition.

Name(s) of the person(s) responsible for tuition if *other* than a parent:

Name _____ Home Phone _____

Address _____

Employer _____ Work Phone _____ Cell Phone _____

I have read the tuition and payment policy of the school. I am responsible to make tuition payments for the student whose name is on this application, less any financial aid granted, for the 2018-2019 school year according to the option selected above.

_____ **Signature of Person Responsible for Tuition Other than a Parent** _____ **Date** _____ **Social Security Number** _____

This school is fully committed to fostering an educational community that is free from discrimination based on race, national origin, skin color, disabilities, age or gender, except as concerns any matter for which there is a statutory or judicially recognized exception for religious institution.

New Student Health History

Holy Family School
17 Prospect Street
Norwich, NY 13815

NEED COPIES OF
Birth Certificate,
Social Security Card,
Baptismal and Immunization
Records.

Student's Name: _____

Mailing Address: _____

Residence Location: _____

Home Phone: _____ Date of Birth: _____

Student's Doctor: _____ Student's Dentist: _____

Phone: _____ Phone: _____

Has the student had any illness, corrective treatment, or dental care this past year? _____

Please list and give dates: _____

Does he/she wear glasses? _____ Reason: _____

What was the term of pregnancy for this child? 9 months _____ other: _____

Was the delivery normal? _____

Were there any unusual circumstances? _____

Were there any complications? _____

What was the birth weight? _____ Birth length? _____

Is there anything concerning the health of your child which the school should know in order to adjust the school program? _____

Please check if the student has now or has had the following illnesses. Give dates if possible.

- | | | |
|--|-----------------------|--------------------------|
| Chicken Pox _____ | Scarlet Fever _____ | Mumps _____ |
| Measles _____ | German Measles _____ | Bronchitis _____ |
| Seizures _____ | Diphtheria _____ | Asthma _____ |
| Anemia _____ | Ear Infections _____ | Diabetes _____ |
| Strep Throat _____ | Rheumatic Fever _____ | Heart Disease _____ |
| Poliomyelitis _____ | Pneumonia _____ | Sickle Cell Anemia _____ |
| Whooping Cough _____ | Tuberculosis _____ | |
| Allergies/What _____ | | |
| Operation/Explain _____ | | |
| Serious Injury/Explain _____ | | |
| High Blood Pressure _____ | | |
| Bee Sting / Insect Bite Reaction _____ | | |

- Required Immunizations:
- Diphtheria – 3 doses (usually administer as DTP, DTap, DT or Td)
 - Tetanus & Pertussis – 3 doses if born on or after 1/1/2005
 - Polio – 3 doses
 - MMR – 1 dose on or after child's 1st birthday
 - Hepatitis B – Series of 3 doses if born on or after 1/1/95
 - Chickenpox (Varicella) – vaccine required for any child born on or after 1/1/2000
 - Hib – 3 doses or 1 dose administered on or after 15 months of age
 - Pneumococcal Conjugate Vaccine (PVC) – 4 doses by 15 months of age

Also required:
Proof that the child has had a blood lead test.
Proof of a physical examination done within the last 12 months.

Attach a copy of the student's immunization record to this form. If you do not have this in hand today, you must obtain the information and submit it to the school nurse within 2 weeks of entry to avoid restriction from school.



CONSENT TO PHOTOGRAPH
CONSENT TO RELEASE INFORMATION

I, _____, give my permission for
Please print

Holy Family School to use photographs of my child, for marketing,
informational, or educational purposes. I understand that all materials will
remain the property of Holy Family School.

Child's Name: _____ Grade: _____

Date:

Signature:

(parent/guardian signature)

Holy Family School
17 Prospect Street
Norwich, NY 13815

Date _____

Child's Name (First, Last)

_____ is not is allergic to (any) antiseptic.
Please circle one

I give Holy Family School permission to administer an antiseptic to my child for cuts and scratches.

Parent's Signature

My child is allergic to the following.

Please complete the form on each of your children and return to school tomorrow.

Thank you.

FACTS Management makes quality education affordable for families by assisting schools in awarding financial aid. We work with schools to create a custom application and collect financial data so schools can make accurate award decisions based on financial need.

To apply for financial aid, visit online.factsmgmt.com/aid

After completing the online application, you will need to upload or fax all required supporting documentation. Uploaded documents must be in PDF format and the size of each document must be less than 20 MB. If you are unable to upload, fax the required documents to 866.315.9264. Please **DO NOT** use your mobile device to photo copy required documents due to problems with legibility.

The following supporting documents are **required** to complete the application process:

- Copy of the most recent **IRS Federal Form 1040, 1040A or 1040-EZ U.S. Individual Income Tax Return** (the year of the tax return depends on the tax requirements of the school). If applicant and co-applicant file separately, we require both tax returns for the same tax year. We do not require State Tax Returns.
- Copies of **all the current year W-2 Wage and Tax Statements** for both the applicant and co-applicant. **NOTE:** If you are applying before you have received all the current year W-2 Wage and Tax Statements, please submit them as soon as they become available.
- Copies of all supporting tax documents if you have business income/loss from any of the following:
 - Business** - send Schedule C or C-EZ and Form 4562 Depreciation and Amortization
 - Farm** - send Schedule F and Form 4562 Depreciation and Amortization
 - Rental Property** - send Schedule E (page 1)
 - S-Corporation** - send Schedule E (page 2), Form 1120S (5 pages), Schedule K-1 and Form 8825
 - Partnership** - send Schedule E (page 2), Form 1065 (5 pages), Schedule K-1 and Form 8825
 - Estates and Trusts** - send Schedule E (page 2), Form 1041 and Schedule K-1

***IMPORTANT: If you file a tax return but do not have W-2 wages because you are self-employed, you will be required to submit a copy of your current year Federal Form 1040 Tax Return.**

- Copies of all supporting documentation for **household Non-Taxable Income** such as: Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF). If you do not file a tax return, you are required to provide documentation of all income received.

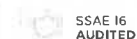
*All documentation received is imaged upon receipt and then destroyed.

You may login to your FACTS user account to review the status of your application. **Please allow 2 weeks processing time from the date you provided the supporting documents before inquiring further about receipt and/or status of the uploaded or faxed documents.** Application deadlines are set by the institution awarding the scholarships. If you are applying after the deadline, please contact your school to ensure that your application will be accepted.

*A non-refundable application fee may be required before your application will be submitted.

NOTE: Award decisions are made by the institution providing the scholarship, not FACTS.

For more information, visit FACTSmgmt.com/grant-and-aid



FACTS Grant & Aid Assessment

Apply for FINANCIAL AID for 2017/2018.....Visit FACTS at: online.factsmgt.com/aid

FACTS Management, a division of NelNet, Inc., is a company that makes quality education affordable for families and students, all while supporting the financial stability of private and faith-based institutions.

One way we do this is through our Grant & Aid Assessment service, which allows schools to award financial aid with confidence to the families who have financial need. We work with schools to create a custom application for families, allowing FACTS to collect the financial data which matters.

You can apply for financial aid by visiting FACTS online at <http://online.factsmgt.com/aid>, or by logging into your FACTS account if you are currently a customer of FACTS Tuition Management.

- Complete and submit your online application after watching our short introductory video
- Submit all required supporting documents listed on the introduction screen by uploading online or securely faxing to 866.315.9264
- A non-refundable application fee of \$30 is required before your application can be submitted
- Customer Care Representatives are available to assist you at 866-441-4637

Q: WHO SETS THE APPLICATION DEADLINE? *Application deadlines are set by your school.*

Q: IS THE APPLICATION PROCESS SECURE? *Yes. All documentation received is imaged upon receipt and then destroyed. The application data then becomes property of the applicable school which FACTS securely stores.*

Q: WHAT HAPPENS AFTER I APPLY? *You can log into <http://online.facts.mgt.com/aid> to check the status of your application.*

Q: DOES THE FACTS GRANT & AID ASSESSMENT PROCESS REQUIRE A CREDIT CHECK *No. FACTS does NOT require credit checks.*

BENEFITS FOR FAMILIES:

Applicant Call Center--- for live assistance, call toll free at 866.441.4637. Call center hours are M-F 7:30 am – 7:00 pm (central time). Bilingual representatives are available.

User Friendly---Easy to use, intuitive navigation and plenty of online help for applicants. Includes a progress status bar and online checklist to monitor the applicant's success completing the process, along with a comprehensive dashboard for ongoing communication.

Follow-Up on Supporting Documents ---To save your school time and effort, confirmation and reminders for required tax and W-2 materials are sent to the applicant via email when an email address is provided. If no email address is provided, notices are sent by USPS.

Dynamic Web Chat ---Families can use our dynamic web chat to get the answers they need, right from their computer.

One-Click Spanish Translation ---We offer total Spanish translation of our family site with the click of a button.