

School of Oldest Child (2017-2018): \_\_\_\_\_

Family Name: \_\_\_\_\_

\_\_\_\_\_  
*New Registration*

Diocese of Scranton Catholic Schools

\_\_\_\_\_  
*Re-Registration*



2017-2018

**SJNRA FAMILY Registration Form and Tuition Contract**

**NEW IN 2017-18: PRE-SCHOOL INCLUDED IN MULTIPLE CHILD DISCOUNTS**

*Please print all information*

<b>Oldest Student Name (Last Name First)</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Race</b>	<b>Entering Grade</b>	<b>Tuition Amount</b>
1. _____	_____	_____	_____	_____	\$ _____
School Attended in 2016-17 _____		School Attending in 2017-2018 _____			

**Additional Children Registering:**    If entering Pre-School 3 – Please select \_\_\_\_\_ 3 full days (T, W, Th) \_\_\_\_\_ 5 full days    If entering Pre-School 4 – Please select \_\_\_\_\_ 3 full days (T, W, Th) \_\_\_\_\_ 5 full days

2. _____	_____	_____	_____	_____	\$ _____
School Attended in 2016-17 _____		School Attending in 2017-2018 _____			
3. _____	_____	_____	_____	_____	\$ _____
School Attended in 2016-17 _____		School Attending in 2017-2018 _____			
4. _____	_____	_____	_____	_____	\$ _____
School Attended in 2016-17 _____		School Attending in 2017-2018 _____			

**Tuition: Please see attached regarding tuition schedule and policy. NEW IN 17-18: PRESCHOOL IS INCLUDED IN DISCOUNT FOR EARLY PAYMENT IN FULL.**

Less discount of \$100 (*first child*) and \$50 (*each additional child*) for Tuition paid in full for all children on or before July 15, 2017    -- \$ \_\_\_\_\_

Less Scholarships and Financial Aid    -- \$ \_\_\_\_\_

Total Tuition (Applicable fees will be assessed locally.)    \$ \_\_\_\_\_

I will pay the tuition according to the following schedule: ***Enrollment is conditional on having satisfied all prior and/or current financial obligations.***  
*Please check one.*

- \_\_\_\_\_ One Payment - Due July 15, 2017
  - \_\_\_\_\_ Two Payments - Due July 15, 2017 and January 15, 2018 (FACTS Tuition Management)
  - \_\_\_\_\_ 10 Monthly Payments - Due 5<sup>th</sup> or 20<sup>th</sup> of each month, August, 2017- May, 2018 (FACTS Tuition Mgmt)
  - \_\_\_\_\_ 12 Monthly Payments - Due 5<sup>th</sup> or 20<sup>th</sup> of each month, July, 2017- June, 2018 (FACTS Tuition Mgmt)
- If payments are not made by the due date, a \$50.00 late fee will be assessed by FACTS Tuition Mgmt for each late payment.*

Please return this form with a \$100.00 **non-refundable family** registration fee. (*Submit to school with the oldest child.*)  
Check # \_\_\_\_\_    Check should be made payable to the "St. John Neumann Regional Academy"

Office Use Only
Information has been verified
by _____
Position _____
Signature _____
Date _____

\_\_\_\_\_ 7<sup>th</sup> – 12<sup>th</sup> Grades Only: Retreat, Book and Lab Fee - \$100    Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

**Textbooks**

To: Secretary of Education, Commonwealth of Pennsylvania

I hereby request the loan of textbooks, instructional materials and auxiliary services in accordance with Pennsylvania ACTS 195/90 for my child/ren attending Diocese of Scranton Catholic Schools.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent's Signature

**Public School District of Residence** \_\_\_\_\_

**Parish Membership Verification**

**NEW** Catholic Registrants must have Pastor's Signature or Letter from Pastor verifying Church participation.

Parish \_\_\_\_\_

City \_\_\_\_\_

Letter attached  Yes  No Pastor's Signature \_\_\_\_\_

For **ALL** registrations:  Roman Catholic  Other Catholic  Non-Catholic (if no parish affiliation applies)

***New Families Only***

Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

\_\_\_\_\_

Date of First Communion: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

\_\_\_\_\_

Date of Confirmation: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

\_\_\_\_\_

**Family Information**

Father's Full Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father and/or Mother – Address, if other than student’s \_\_\_\_\_

Parent/s marital status: \_\_\_ single \_\_\_ married \_\_\_ separated \_\_\_ divorced \_\_\_ father deceased \_\_\_ mother deceased

Child/ren live with: \_\_\_ both parents \_\_\_ mother \_\_\_ father \_\_\_ other: \_\_\_\_\_

If parents separated/divorced, who should receive correspondence (ie. Report cards, fundraising, other school mailings)? \_\_\_ Mother \_\_\_ Father \_\_\_ Both parents

Is there a custody agreement in effect? \_\_\_ Yes \_\_\_ No If “yes”, a copy of the order **MUST** be given to the school at the time of registration and will be placed in the student’s file.

**Transportation** \_\_\_\_\_ **Bus/Van** \_\_\_\_\_ **Car** \_\_\_\_\_ **Walker** \_\_\_\_\_

\_\_\_\_\_ **authorized for child pick-up.**

Person’s Name (print)

**Emergency Contact Information**

Father: Occupation \_\_\_\_\_ Employer Name/Address \_\_\_\_\_

Work Telephone (\_\_\_\_) \_\_\_\_\_

Mother: Occupation \_\_\_\_\_ Employer Name/Address \_\_\_\_\_

Work Telephone (\_\_\_\_) \_\_\_\_\_

Additional Contact: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**I have completed this form to the best of my ability and render the information given as truthful to the best of my knowledge. As a parent/guardian, I hereby approve this application and I guarantee all financial obligations incurred by admittance to St. John Neumann Regional Academy. I fully agree that my child/children and I will abide by the policies of the school and handbook regulations of the school. I have read and agree to the terms as outlined in the attached fundraising commitment document (\$500 per year per family) and the tuition rate schedule.**

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please note that financial/tuition information will only be discussed with responsible party.*

**OFFICE USE: Information for New Families Only**

**Required Information:** Birth Certificate(s) \_\_\_\_\_ Baptismal Certificate(s) \_\_\_\_\_  
Pre-K Contract \_\_\_\_\_ Immunization (s) \_\_\_\_\_

**Verified by:** \_\_\_\_\_ **Date:** \_\_\_\_\_