

School of Oldest Child (2018-2019): \_\_\_\_\_

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

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

Diocese of Scranton Catholic Schools

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



2018-2019

**SJNRA FAMILY Registration Form and Tuition Contract**  
**PRE-SCHOOL INCLUDED IN MULTIPLE FAMILY 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 2017-18 _____		School Attending in 2018-2019 _____			

**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 2017-18 _____		School Attending in 2018-2019 _____			

3. _____	_____	_____	_____	_____	\$ _____
School Attended in 2017-18 _____		School Attending in 2018-2019 _____			

4. _____	_____	_____	_____	_____	\$ _____
School Attended in 2017-18 _____		School Attending in 2018-2019 _____			

**Tuition: Please see attached regarding tuition schedule and policy.**

Less discount of \$100 (*first child*) and \$50 (*each additional child*) for Tuition paid in full for all children on or before July 15, 2018 -- \$ \_\_\_\_\_  
(*Pre-School is included in discount for tuition paid in full*)

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, 2018
- \_\_\_\_\_ Two Payments - Due July 15, 2018 and January 15, 2019
- \_\_\_\_\_ Monthly Payments - Due 5<sup>th</sup> or 20<sup>th</sup> of each month (July 2018- June 2019)  
(FACTS Tuition Management)

*If payments are not made by the due date, a \$50.00 late fee will be assessed for each 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

**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 \_\_\_\_\_

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

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 \_\_\_\_\_

**New Families Only**

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

**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.*