



# **HOLY NAME CATHOLIC SCHOOL**

## **REGISTRATION INFORMATION**

**2022 -2023**

**3814 NASH BLVD.**

**SAN ANTONIO, TX 78223**

**PH: 210-333-7356**

**[www.hncstx.org](http://www.hncstx.org)**

# Holy Name Catholic School

## Registration Packet

Oldest Child's Name: _____	Entering Grade: _____
Sibling 1: _____	Entering Grade: _____
Sibling 2: _____	Entering Grade: _____
Sibling 3: _____	Entering Grade: _____

## 2022 -2023 Registration Checklist

Please attach all paperwork and registration fees and submit directly to the school office.

*Incomplete applications will be put on hold.*

Registration packets and fees will not be accepted from families who are behind in tuition payments.

**RETURNING STUDENTS:**

Student Registration Form

\_\_\_\_\_   
 Office Initial

Registration Fee \$250 per Child  
(Non-Refundable)

# of children \_\_\_\_\_

\_\_\_\_\_   
 Office Initial

Financial Agreement

\_\_\_\_\_   
 Office Initial

FACIS Tuition Payment Form

\_\_\_\_\_   
 Office Initial

Emergency Information Forms

\_\_\_\_\_   
 Office Initial

Legal Orders (if applicable)

\_\_\_\_\_   
 Office Initial

**NEW STUDENTS:**

Official School Records:

Report Cards & Standardized Test Scores

Additional testing/Spec Ed paperwork

\_\_\_\_\_   
 Office Initial

\_\_\_\_\_   
 Office Initial

\_\_\_\_\_   
 Office Initial

Immunization Records

Copies of: Birth Certificate

Baptismal Certificate

1<sup>st</sup> Communion

\_\_\_\_\_   
 Office Initial

\_\_\_\_\_   
 Office Initial

\_\_\_\_\_   
 Office Initial

\_\_\_\_\_   
 Office Initial

\_\_\_\_\_   
 Office Initial

\_\_\_\_\_   
 Office Initial

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# Holy Name Catholic School

## Registration Form

### 2022 -2023 School Year

(Applications must be filled out completely. Please print clearly.)

Name of Child(ren) attending (Oldest to Youngest)	Entering Grade	Returning Student Y/N	New Student Y/N
1.			
2.			
3.			
4.			
5.			

#### 1. FAMILY INFORMATION

Father's/Guardian Name: \_\_\_\_\_ ( ) Living ( ) Deceased  
 Religion: \_\_\_\_\_ Church Registered At: \_\_\_\_\_ Church Attending: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Father's/Guardian Cell: \_\_\_\_\_  
 Driver's License State: \_\_\_\_\_ DL#: \_\_\_\_\_

Mother's/Guardian Name: \_\_\_\_\_ ( ) Living ( ) Deceased  
 Religion: \_\_\_\_\_ Church Registered At: \_\_\_\_\_ Church Attending: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mother's/Guardian Cell: \_\_\_\_\_  
 Driver's License State: \_\_\_\_\_ DL#: \_\_\_\_\_

Father's/Guardian Email: \_\_\_\_\_ Mother's/Guardian Email: \_\_\_\_\_  
 Student Lives with: ( ) Mother ( ) Father ( ) Both ( ) Other \_\_\_\_\_

#### 2. EMPLOYMENT INFORMATION

Father's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Check One: ( ) Currently Employed ( ) Unemployed ( ) Self-Employed ( ) Unable to Work ( ) Retired ( ) N/A

I would be willing to volunteer my expertise in this field of work: Yes No Not Applicable

Mother's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Check One: ( ) Currently Employed ( ) Unemployed ( ) Self-Employed ( ) Unable to Work ( ) Retired ( ) N/A

I would be willing to volunteer my expertise in this field of work: Yes No Not Applicable

Family Income Range: This is for aggregate/group reporting only and information will be kept strictly confidential.  
Let e-rate funding, grant submissions Circle One:

\$0-\$5,000      \$5,000-\$20,000      \$20,000-\$50,000      \$50,000-\$100,000      \$100,000+

Members of our family are ALUMNI of Holy Name Catholic School: Y N

If yes, please list persons, relationship, and years attended or graduated: (use back if necessary)

3. PERSON RESPONSIBLE FOR TUITION

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_

4. NAME OF YOUR LOCAL PUBLIC SCHOOLS: (Must be completed) DISTRICT: \_\_\_\_\_

Elementary: \_\_\_\_\_

Middle School: \_\_\_\_\_

DISTRICTS

Harlandale (904) • Edgewood (905) • San Antonio (907) • South San Antonio (908) • Northeast (910)  
East Central (911) • Southwest (912) • Northside (915) • Jackson (915) • Southside (917)

/ STUDENT INFORMATION (oldest child)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_ City & State of Birth \_\_\_\_\_

Gender: (circle) M / F      Age on Sept. 1 (Coming Year): \_\_\_\_\_ Grade: \_\_\_\_\_ (PK3/PK4/K5/Grade)

Ethnic Background Check all that apply: ( ) White ( ) Black ( ) Hispanic ( ) Asian/Pacific Islander  
( ) Native American ( ) Other

New Students Only: Please submit a copy with this registration packet

Sacrament	Date	Church	City and State
Baptism	_____	_____	_____
Holy Eucharist	_____	_____	_____
Reconciliation	_____	_____	_____

\*\*\*\*\*  
Child 2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

Gender: (circle) M / F Age on Sept. 1 (Coming Year): \_\_\_\_\_ Grade: \_\_\_\_\_ (PK3/PK4/K5/Grade)

Ethnic Background Check all that apply: ( ) White ( ) Black ( ) Hispanic ( ) Asian/Pacific Islander  
( ) Native American ( ) Other

New Students Only: Please submit a copy with this registration packet

Sacrament	Date	Church	City and State
Baptism	_____	_____	_____
Holy Eucharist	_____	_____	_____
Reconciliation	_____	_____	_____

\*\*\*\*\*  
Child 3

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

Gender: (circle) M / F Age on Sept. 1 (Coming Year): \_\_\_\_\_ Grade: \_\_\_\_\_ (PK3/PK4/K5/Grade)

Ethnic Background Check all that apply: ( ) White ( ) Black ( ) Hispanic ( ) Asian/Pacific Islander  
( ) Native American ( ) Other

New Students Only: Please submit a copy with this registration packet

Sacrament	Date	Church	City and State
Baptism	_____	_____	_____
Holy Eucharist	_____	_____	_____
Reconciliation	_____	_____	_____

\*\*\*\*\*  
Child 4

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

Gender: (circle) M / F Age on Sept. 1 (Coming Year): \_\_\_\_\_ Grade: \_\_\_\_\_ (PK3/PK4/K5/Grade)

Ethnic Background Check all that apply: ( ) White ( ) Black ( ) Hispanic ( ) Asian/Pacific Islander  
( ) Native American ( ) Other

**New Students Only:** Please submit a copy with this registration packet

Sacrament	Date	Church	City and State
Baptism	_____	_____	_____
Holy Eucharist	_____	_____	_____
Reconciliation	_____	_____	_____

\*\*\*\*\*  
Child 5

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

Gender: (circle) M / F      Age on Sept. 1 (Coming Year): \_\_\_\_\_ Grade: \_\_\_\_\_ (PK3/PK4/K5/Grade)

Ethnic Background Check all that apply: ( ) White ( ) Black ( ) Hispanic ( ) Asian/Pacific Islander  
( ) Native American ( ) Other

**New Students Only:** Please submit a copy with this registration packet

Sacrament	Date	Church	City and State
Baptism	_____	_____	_____
Holy Eucharist	_____	_____	_____
Reconciliation	_____	_____	_____

How did you hear about Holy Name Catholic School?

- \_\_\_\_\_ We are a returning family
- \_\_\_\_\_ Family/Friends
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Website/Internet
- \_\_\_\_\_ Advertisement, which one? \_\_\_\_\_

By signing below, I (we) acknowledge that the information above is accurate.

\_\_\_\_\_  
PLEASE PRINT PARENT NAME

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLEASE PRINT PARENT NAME

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

## TUITION AND FEES

### 2022 -2023

GRADE LEVEL	ANNUAL TUITION	12 MONTH PAYMENT July - June Enrollment required by June 15, 2022	11 MONTH PAYMENT July - May Enrollment required by June 15, 2022	10 MONTH PAYMENT July - April Enrollment required by June 15, 2022
PK 3 & 4 through 8th grade	1 Child = \$4,950	\$412.50/month	\$450.00/month	\$495.00/month

\*Each Additional Child Will Receive a \$1,600 Discount on Tuition

FEE	AMOUNT	GRADES
Registration	\$250/Student/Non-refundable	3K-8
Book	\$50/Student	Kinder-8
Music	\$25/Family	Kinder-8
Graduation	\$100/Student	8
PTC	\$25/Family	3K-8

### Afterschool Care Program

2:45-5:30 p.m.

Monthly fees are as follows:

1 Child	\$130.00
2 Children	\$165.00
3 Children	\$200.00
4 Children	\$235.00

Drop-in fees are as follows:

Afterschool Program: Per Day Per Child ..... \$10.00  
 Early Dismissal Days: Per Day Per Child .... \$15.00

**MANDATORY FUNDRAISERS**-two per family, one in the Fall and one in the Spring.

FALL	"CATHOLIC LIFE TICKET RAFFLE"	\$300 /Family	Deadline - December 15, 2022
SPRING	\$100 TICKET RAFFLE	\$100/Family	Deadline - T B A

**SERVICE HOURS**-each family is required to perform 20 hours of service to the school community. This service can be performed at a variety of functions approved by the school principal throughout the school year.

Please note: The total amount needed to educate each child is \$8,000-\$10,000. Therefore, Holy Name Catholic School supplements each child's tuition for the difference in amount.

# FINANCIAL AGREEMENT

Oldest Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling 1: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling 2: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling 3: \_\_\_\_\_ Grade: \_\_\_\_\_

## General Overview of Tuition, Fees, and Requirements

### TUITION

- Participation in FACTS Tuition and monthly payment plan is required. Payment due date options are the 5<sup>th</sup> and 20<sup>th</sup> of each month. 12-months, 11-months & 10-months plans begin July 1, 2022. The 12-months payment option is only available until June 15, 2022. If a student registers any time after July 31, 2022, tuition will be divided by the remaining months of the school year.
- If withdraw date falls on Saturday or Sunday please know that your FACTS tuition account will be debited the following Monday.
- Tuition payment does not include additional fees located on the Tuition and Fees schedule. Additional fees are due by June 1, 2022. If not paid by due date, they will be added to your tuition account.
- In order to receive tuition assistance including financial aid, and discounts, the family must keep their account current.
- FEES include PTC, Book, Music, Graduation, and Registration.

### MANDATORY FUNDRAISERS

- \$400 per family and will include fundraising in the Fall (\$300) and in the Spring (\$100)

### SERVICE HOURS

- Each family is required to provide 20 hours of service to the school community. The 20 REQUIRED hours will need to be completed by May 15, 2023. Service hours can be completed at a variety of functions throughout the school year. Un-completed hours will be billed to the family account at \$25/hr. An Archdiocese background check form may need to be completed in the school office.

### BALANCES

- Tuition payments that are 30 days past due will result in students not being allowed to return to school until the debt is paid.
- In addition to tuition fees being withdrawn from your FACTS Tuition account, After School Care fees will also be withdrawn.
- NSF's: If payment made to Holy Name School (not FACTS) is returned for Non-Sufficient Funds, the family will no longer be allowed to remit payment using personal checks. Thereafter, only cash, money order, cashier's check, or credit card will be accepted for the remainder of the school year. This applies to any school payments including library, athletics or clubs.
- Delinquencies (Tuition/Extended Care/Fees): Failure to comply with any payment obligation/arrangement will result in your child(ren) being asked not to return to school until all financial obligations have been made current. Only cash, money order or credit card payments will be accepted on any delinquent accounts not being collected through FACTS.

### AFTER SCHOOL PROGRAM

- All families must complete the registration form. Only those that choose to be billed for the Monthly Program will be charged the monthly rate. 15 minutes after dismissal, a student becomes a drop-in and the student's FACTS tuition account will be charged.

### TUITION DISCOUNTS FOR 2022-2023 SCHOOL YEAR—All discounts must be approved by the Principal

- 3% Full Tuition Payment (Includes registration fee) (Deadline August 1, 2022)
- 5% Military Discount (Must show proof of Active Military Orders)
- 5% Archdiocesan Employee (Discount based on proof of legal custody or payment of child support)

### FACTS TUITION

Participation is REQUIRED. FACTS Fee is included in Tuition. Payment due date options are the 5<sup>th</sup> or 20<sup>th</sup> each month

### TUITION ASSISTANCE

Hope for the Future Scholarship applications can be found at [hopeforfuture.org](http://hopeforfuture.org) (In order to receive tuition assistance including discounts, the family must keep their account current.)



## FINANCIAL AGREEMENT P. 2

Please initial each item:

\_\_\_\_\_ Families are responsible for all Tuition and Fees. All tuition and fees will be posted to a family's FACTS Account. These charges will be withdrawn monthly, July 2022-June 2023 for 12 months, July 2022-May 2023 for 11 months or July 2022-April 2023 for 10 months. The FACTS withdraw date is either the 5th or the 20th of each month. If the withdraw date falls on a Saturday or Sunday, the withdrawal will take place on the following Monday.

\_\_\_\_\_ Tuition costs for the 2022-2023 school year are:

Grades 3K-Kinder: 1 Child = \$4,950

Grades 1<sup>st</sup>-8<sup>th</sup>: 1 Child = \$4,950

Siblings receive an additional \$1600 discount each

\_\_\_\_\_ All fundraisers will need to be paid in full as indicated on the Tuition and Fee Schedule

\_\_\_\_\_ After School Care costs are:

1 Child = \$130 per month

Drop-In Regular School Day: \$10 per day per child

Drop-In Early Dismissal Day: \$15 per day per child

\_\_\_\_\_ Families are responsible for 20 service hours per school year. Hours that are not completed by May 15, 2023 will be charged to families FACTS account at a rate of \$25 per hour.

Monthly withdraw date (Choose One):  5<sup>th</sup>  20<sup>th</sup>

(If withdraw date falls on Saturday or Sunday, FACTS will debit account the following Monday)

Monthly Tuition Payment of: \$ \_\_\_\_\_ /Month  12-Months\*  11-Months  10-Months  
(July-June) (July-May) (July-April)

Parents are required to complete the FACTS enrollment on-line.

\*Note: The 12-month plan option is only available until June 15, 2022. If a student registers any time after July 31, 2022, tuition will be divided by remaining months of the school year.

**PLEASE NOTE:** All Credit Card payments made in the school office will incur a 3% convenience fee.

I understand the terms of this commitment and agree to the following:

1. Tuition and fee requirements as described above.
2. Fundraiser requirements as described above.
3. Participate in 12-months/11-months/10-months Tuition Payment in FACTS tuition.
4. Perform 20 hours of Service to the campus community.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# FACTS

# Tuition Management

FACTSmgmt.com/

FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.

To set up your payment plan, visit <https://online.factsmgmt.com/signin/45FQP>.

## FACTS Confirmation Notice

Once your information is received and processed by FACTS, you will receive a FACTS Confirmation Notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

## Frequently Asked Questions

- **Is my information secure?**  
Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit [FACTSmgmt.com](https://factsmgmt.com).
- **When will my payments be due?**  
Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.
- **What happens when my payment falls on a weekend or a holiday?**  
Your payment will be processed on the next business day.
- **What happens if a payment is returned?**  
Returned payments may be subject to a FACTS Returned Payment Fee; watch for a returned payment notice for additional information.
- **How do I make changes once my agreement is on the FACTS system?**  
Changes to your address, phone number, email address, or banking information can be made at <https://online.factsmgmt.com> or by contacting your school or FACTS. Any changes to payment dates or amounts need to be approved by the school and the school will then need to notify FACTS. All changes must be received by FACTS at least two (2) business days prior to the automatic payment date in order to affect the upcoming payment.
- **What is the cost to set up a payment plan?**  
If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

## FACTS Customer Service

We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you.

To view your payment plan details, login to your FACTS account at [online.factsmgmt.com](https://online.factsmgmt.com). Customer Care Representatives are also available to assist you 24/7.

FACTS provee opciones flexibles de planes de pagos a familias en escuelas privadas o basadas en la fe. Las familias pueden presupuestar su colegiatura, haciendo de esta manera el ingreso a escuelas privadas más accesible. Nuestro proceso es simple, conveniente y seguro.

Para establecer su plan de pagos, visite la página web <https://online.factsmgmt.com/signin/457QP>.

#### Carta de Confirmación de FACTS

Una vez que su información sea recibida y procesada, usted recibirá una Carta de Confirmación de FACTS. Esta notificación confirmará la información de su plan de pagos. Por favor revise esta información para verificar la exactitud, y comuníquese con su escuela o con FACTS con cualquier discrepancia.

#### Preguntas Frecuentes

- ¿Está mi información segura?  
Sí. Su información personal, incluyendo la información financiera, es protegida a los niveles de seguridad más altos de la industria. Para más información relacionada a la seguridad, visite [FACTSmgmt.com](https://factsmgmt.com).
- ¿Cuándo se vence mi pago?  
Sus pagos serán programados por su escuela y su institución financiera decidirá la hora del día en que se procesará el pago.
- ¿Qué sucede si mi pago cae en fin de semana o día festivo?  
El pago se procesará el siguiente día laboral.
- ¿Qué sucede si mi pago es rechazado?  
Pagos rechazados por su institución financiera serán sujetos a un cargo de sobre giro por FACTS. Una notificación con información adicional será enviada a usted cuando el pago sea rechazado.
- ¿Cómo puedo hacer cambios a mi acuerdo una vez que está en el sistema de FACTS?  
Cambios a su domicilio, número de teléfono, correo electrónico, o información bancaria se pueden hacer en <https://online.factsmgmt.com> o comunicándose con su escuela o con FACTS. Cualquier cambio a las fechas o a las cantidades de los pagos necesita ser aprobado por su escuela y la escuela entonces necesitará notificar a FACTS. Todo tipo de cambio, tiene que ser recibido por FACTS al menos dos (2) días hábiles antes de la fecha del pago automático, para que este cambio sea efectivo en el próximo pago.
- ¿Cuál es el costo para establecer el plan de pago?  
Si la cuota de inscripción es adecuada, la cantidad del cargo es indicada cuando usted establece su acuerdo. Si es aplicable, la cuota de inscripción no reembolsable de FACTS, será automáticamente procesada dentro de los 14 días que el acuerdo sea establecido en el sistema de FACTS.

#### Servicio al Cliente de FACTS

Estamos comprometidos a hacer todo lo necesario, para proveer la más alta calidad de servicio al cliente de la industria. Si usted quiere revisar su cuenta en línea o hablar con uno de nuestros altamente entrenados representantes de servicio al cliente, FACTS está dedicado a servirle.

Para revisar los detalles de su plan de pagos, inicie sesión en su cuenta de FACTS al [online.factsmgmt.com](https://online.factsmgmt.com). Representantes de Servicio al Cliente están disponibles para asistirle las 24 horas.

**PUBLICATION AND MEDIA RELEASE**

**HOLY NAME CATHOLIC SCHOOL**

**2022 -2023**

I \_\_\_\_\_ (Parent / Guardian Name), hereby

YES OR No Grant Holy Name catholic School the right to use my child(ren's) works and or image in Photographs and or videos, for promotional purposes, for recruitment purposes, and or to dispense public information.

This permission form will be kept on file throughout the school year 2022-2023

This Publication and Media Release pertains to:

Student(s) Name	Grade
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Pre-K-8 HOME LANGUAGE SURVEY

2022 -2023

Dear Parent/Guardian of Student:

We are surveying home language to help determine the best instructional program for your child. With this and other school information, our teachers can do their best to meet the needs of each student and provide the quality educational program we all want for our students.

Please take time to answer this brief survey for each child you have enrolled in our school. Mark only one language for each question.

Thank you for your cooperation.

*Please print*

Name of Student: _____			Entering Grade: _____
<i>Last</i>	<i>First</i>	<i>Middle</i>	
Date of Birth: _____	Age: _____	Gender ( ) Male ( ) Female	
Name of Parent/Guardian: _____			

**MARK ONLY ONE LANGUAGE FOR EACH QUESTION:**

1. What language is spoken in your home most of the time? ( ) English ( ) Spanish ( ) Other Which one \_\_\_\_\_
2. What language does your son/daughter speak most of the time? ( ) English ( ) Spanish ( ) Other Which one \_\_\_\_\_
3. What was the first language your child spoke? ( ) English ( ) Spanish ( ) Other Which one \_\_\_\_\_
4. Has your child lived outside the U.S. for two or more consecutive years? ( ) Yes ( ) No If yes, indicate when \_\_\_\_\_  
(from month/year to month/year)
5. When your child lived outside the U.S., did he or she attend school regularly? (Check one)  
( ) YES, my child attended school regularly in all previous grades outside the U.S.  
( ) NO, my child missed significant portions of one or more school years, as specified.

*Specify grade and time period outside U.S., including month and year (example: Grade 2, Jan. 2014- May 2016)*

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Students with Special Needs Form  
(Please complete one form for each child)

Student's Name: \_\_\_\_\_  
Last First Middle Grade

Holy Name Catholic School is committed to providing the best education for your child. Please provide the following information to enable us to achieve this goal. All information from this form is held under strict confidence.

\*Please also include any supporting documentation and/or testing results. (required) All documentation must be reviewed by the Principal prior to enrollment. No exceptions.

1. Has your child ever had special education testing? (Please circle one) Yes No

Has your child ever received special education services: Yes No

If yes, Please describe these special considerations, accommodations, or modifications below:

Academic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavioral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been asked to withdraw your child from school for ANY reason?  
(Please circle one): Yes No

If yes, Please explain the circumstances:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

# AFTER SCHOOL PROGRAM FORM

\*A Completed Form is required for all families. These are kept on file in the After School Program, in the event that a child(ren) must stay after school.

Holy Name Catholic School offers an After School program as an extension of the existing school day. Children must be current students of Holy Name Catholic School and must be registered in the After School Program.

The program operates from 2:45-5:30 p.m. on school days *only*. The schedule includes outdoor recreation, free play, rest, homework time, and tutorial assistance. A nutritious snack will be served daily. Upon completion of homework, the student can participate in supervised recreation. Prorated fees are not available. Written confirmation or a phone call for drop-ins will be accepted. The After School program WILL NOT operate on weekends, holidays, or school vacation periods. A child becomes a drop-in 15 minutes after their dismissal time, and the student's account will be charged accordingly.

The After School Program will operate from 12:00 to 5:30 pm on early dismissal days.

The After School Program will be

CLOSED on the following dates:

Thanksgiving Holidays

November 21 - 25

Christmas and New Year Holidays

December 19 - January 31

March

Spring Break (TBA)

Last Day of School

May 31

### Monthly fees are as follows:

1 Child	\$130.00
2 Children	\$165.00
3 Children	\$200.00
4 Children	\$235.00

### Drop-in fees are as follows:

Afterschool Program: Per Day Per Child ..... \$10.00

Early Dismissal Days: Per Day Per Child .... \$15.00

I wish to be billed (Must check one): ( ) Regular Monthly Program ( ) Drop-in ONLY in case of emergency

Student(s) enrolling in the program:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Person Responsible for ASC Charges (if other than person paying through FACTS):

Parents/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I, \_\_\_\_\_, understand that charges for the After School Program are in addition to monthly tuition, and must be paid on the date I have selected through FACTS tuition. If my child uses the After School Program as a drop-in service, my charges will be paid the following month through FACTS tuition.

I agree to inform the school in writing if my child stops using the program or I wish to change my billing preference. Until such time, I understand I will be billed according to my preference noted above. Payment must be paid in full regardless of the number of days attended each month. The After School Program will be charged and paid only through FACTS tuition.

Signature of Parent of Guardian

Date

# 2022-2023 HOLY NAME SCHOOL STUDENT EMERGENCY/HEALTH INFORMATION

GRADE: \_\_\_\_\_

*Please fill out one form for EACH child. Please print clearly.*

**STUDENT INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PARENTAL/GUARDIAN INFORMATION**

MOTHER'S NAME: \_\_\_\_\_ CELL: \_\_\_\_\_ WK: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL: \_\_\_\_\_ WK: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**EMERGENCY CONTACTS**

IN CASE OF EMERGENCY AND I CANNOT BE REACHED, THE FOLLOWING PEOPLE MAY PICK UP MY CHILD(REN) FROM SCHOOL:

LAST:	FIRST:	PH:	RELATION TO STUDENT:
LAST:	FIRST:	PH:	RELATION TO STUDENT:
LAST:	FIRST:	PH:	RELATION TO STUDENT:
LAST:	FIRST:	PH:	RELATION TO STUDENT:

**HEALTH INFORMATION**

1. List health conditions such as heart disease, diabetes, epilepsy, asthma, cystic problems, blood pressure abnormalities, severe food/dye allergies, etc. A note from your child's physician is required for heart conditions, diabetes, epilepsy, seizures, or asthma with use of inhaler.

\_\_\_\_\_

2. Is there any need for medication or inhalers at school? If so, list medication to be taken or kept at school.

\_\_\_\_\_

3. Are there any special concerns or limitations regarding athletic participation for your child?

\_\_\_\_\_

**CONSENT TO SCREEN**

I, the undersigned, understand screenings will be provided to my child as required: vision, hearing, scoliosis and Acanthosis Nigricans. The school will follow the required screening schedule.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**CONSENT TO TREAT**

I, the undersigned, do hereby authorize the officials of Holy Name Catholic School to contact directly the persons named on this form, and do authorize the names of physicians to render such treatments as deemed necessary in an emergency for the health of said child.

In the event physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold Holy Name Catholic School financially responsible for the emergency care and/or transportation for said child.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

PHYSICIAN: \_\_\_\_\_ PHYSICIAN PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PREFERRED HOSPITAL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
 INSURANCE COMPANY NAME: \_\_\_\_\_ POLICY NO.: \_\_\_\_\_