



# **HOLY NAME CATHOLIC SCHOOL**

**REGISTRATION PACKET**

**2023-2024**

**3814 NASH BLVD.**

**SAN ANTONIO, TX 78223**

**[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:

### 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	OFFICE INITIAL:
FINANCIAL AGREEMENT	OFFICE INITIAL:
FACTS TUITION PAYMENT FORM	OFFICE INITIAL:
EMERGENCY INFORMATION FORMS	OFFICE INITIAL:
LEGAL ORDERS (IF APPLICABLE)	OFFICE INITIAL:

### NEW STUDENTS

REPORT CARDS	OFFICE INITIAL:
STANDARDIZED TEST SCORES	OFFICE INITIAL:
ADDITIONAL TESTING/SPEC. ED PAPERWORK	OFFICE INITIAL:
IMMUNIZATION RECORDS	OFFICE INITIAL:
BIRTH CERTIFICATE	OFFICE INITIAL:
BAPTISMAL CERTIFICATE	OFFICE INITIAL:
1 <sup>ST</sup> COMMUNION CERTIFICATE	OFFICE INITIAL:

PARENT/GUARDIAN SIGNATURE:	DATE:
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# HOLY NAME CATHOLIC SCHOOL

## 2022-2023 REGISTRATION FORM

(APPLICATIONS MUST BE FILLED OUT COMPLETELY. PLEASE PRINT CLEARLY)

NAME OF CHILD(REN) ATTENDING (OLDEST TO YOUNGEST)	ENTERING GRADE	RETURNING STUDENT	NEW STUDENT
1:			
2:			
3:			
4:			
5:			

### 1. FAMILY INFORMATION

FATHER'S/GUARDIAN NAME: \_\_\_\_\_ ( ) LIVING ( ) DECEASED

RELIGION: \_\_\_\_\_ CHURCH REGISTERED AT: \_\_\_\_\_ CHURCH ATTENDING: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DRIVERS LICENSE STATE: \_\_\_\_\_ DRIVERS LICENSE NUMBER: \_\_\_\_\_

MOTHER'S/GUARDIAN NAME: \_\_\_\_\_ ( ) LIVING ( ) DECEASED

RELIGION: \_\_\_\_\_ CHURCH REGISTERED AT: \_\_\_\_\_ CHURCH ATTENDING: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DRIVERS LICENSE STATE: \_\_\_\_\_ DRIVERS LICENSE NUMBER: \_\_\_\_\_

### 2. EMPLOYMENT INFORMATION

FATHER'S/GUARDIAN EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CHECK ONE ( ) CURRENTLY EMPLOYED ( ) SELF-EMPLOYED ( ) UNABLE TO WORK ( ) RETIRED ( ) N/A

I WOULD BE WILLING TO VOLUNTEER MY EXPERTISE IN THIS FIELD OF WORK: ( ) YES ( ) NO ( ) N/A

MOTHER'S/GUARDIAN EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CHECK ONE ( ) CURRENTLY EMPLOYED ( ) SELF-EMPLOYED ( ) UNABLE TO WORK ( ) RETIRED ( ) N/A

I WOULD BE WILLING TO VOLUNTEER MY EXPERTISE IN THIS FIELD OF WORK: ( ) YES ( ) NO ( ) N/A

FAMILY INCOME RANGE: THIS IS FOR AGGREGATE/GROUP REPORTING ONLY. THE INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL. IE: E-RATE, GRANT SUBMISSIONS. PLEASE 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: ( ) YES ( ) NO

IF YES, PLEASE LIST PERSONS, RELATIONSHIPS, AND YEARS ATTENDED OR GRADUATED:

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**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 SCHOOL: \_\_\_\_\_

MIDDLE SCHOOL: \_\_\_\_\_

DISTRICTS

HARLANDALE (904) - EDGEWOOD (905) - SAN ANTONIO (907) - SOUTH SAN ANTONIO (908) NORTHEAST (910) - EAST CENTRAL (911) - SOUTHWEST (912) - NORTHSIDE (915) - JUDSON (915) - SOUTHSIDE (917)

**STUDENT INFORMATION**

**(OLDEST CHILD)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY & STATE OF BIRTH: \_\_\_\_\_

GENDER: ( M ) / ( F ) AGE ON SEPT. 1ST OF 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 & STATE
BAPTISM			
HOLY EUCHARIST			
CONFIRMATION			

**(SIBLING 1)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY & STATE OF BIRTH: \_\_\_\_\_

GENDER: ( M ) / ( F ) AGE ON SEPT. 1ST OF 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 & STATE
BAPTISM			
HOLY EUCHARIST			
CONFIRMATION			

**(SIBLING 2)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY & STATE OF BIRTH: \_\_\_\_\_

GENDER: ( M ) / ( F ) AGE ON SEPT. 1ST OF 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 & STATE
BAPTISM			
HOLY EUCHARIST			
CONFIRMATION			

**(SIBLING 3)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY & STATE OF BIRTH: \_\_\_\_\_

GENDER: ( M ) / ( F ) AGE ON SEPT. 1ST OF 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 & STATE
BAPTISM			
HOLY EUCHARIST			
CONFIRMATION			

HOW DID YOU HEAR ABOUT HOLY NAME CATHOLIC SCHOOL?

\_\_\_\_\_ WE ARE A RETURNING FAMILY

\_\_\_\_\_ WEBSITE/INTERNET

\_\_\_\_\_ FAMILY/FRIENDS

\_\_\_\_\_ ADVERTISEMENT, WHICH ONE? \_\_\_\_\_

\_\_\_\_\_ OTHER \_\_\_\_\_

BY SIGNING BELOW, I (WE) ACKNOWLEDGE THAT THE INFORMATION ABOVE IS ACCURATE.

PLEASE PRINT PARENT NAME:	DATE:
PARENT SIGNATURE:	
PLEASE PRINT PARENT NAME:	DATE:
PARENT SIGNATURE:	

## 2023-2024 TUITION & FEES

GRADE LEVEL	ANNUAL TUITION	12 MONTH PAYMENT JUNE-JULY ENROLLMENT REQUIRED BY JUNE 15, 2023	11 MONTH PAYMENT JULY-MAY ENROLLMENT REQUIRED BY JUNE 15, 2023	10 MONTH PAYMENT JULY-APRIL ENROLLMENT REQUIRED BY JUNE 15, 2023
PK3 & 4 THROUGH 8 <sup>TH</sup> GRADE	1 CHILD \$4,950	\$412.50/MONTH	\$450.00/MONTH	\$495.00/MONTH

EACH ADDITIONAL CHILD WILL RECEIVE A \$1,100 DISCOUNT ON TUITION

PLEASE NOTE: THE TOTAL AMOUNT NEEDED TO EDUCATE EACH CHILD IS \$8,000-\$10,000.

FEE	AMOUNT	GRADES
REGISTRATION	\$250/STUDENT	3K-8 <sup>TH</sup>
BOOK	\$100/STUDENT	KINDER - 8 <sup>TH</sup>
MUSIC	\$25/FAMILY	KINDER - 8 <sup>TH</sup>
GRADUATION	\$100/STUDENT	8 <sup>TH</sup>
PTC	\$50/FAMILY	3K-8TH

### AFTERSCHOOL CARE PROGRAM

2:45P.M. – 5:30P.M.

MONTHLY FEES		DROP-IN FEES	
1 CHILD	\$130.00	AFTERSCHOOL PROGRAM PER DAY/PER CHILD	\$10.00
2 CHILDREN	\$165.00	EARLY DISMISSAL DAYS PER DAY/PER CHILD	\$15.00
3 CHILDREN	\$200.00		
4 CHILDREN	\$235.00		

MANDATORY FUNDRAISERS – TWO PER FAMILY, ONE IN THE FALL & ONE IN THE SPRING

FALL	CATHOLIC LIFE TICKET RAFFLE	\$300/FAMILY	DEADLINE – DECEMBER 15, 2023
SPRING	\$100 TICKET RAFFLE	\$200/FAMILY	DEADLINE – APRIL 26, 2024

### 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.

# FINANCIAL AGREEMENT

OLDEST CHILD'S NAME:	ENTERING GRADE:
SIBLING 1:	ENTERING GRADE:
SIBLING 2:	ENTERING GRADE:
SIBLING 3:	ENTERING GRADE:

## GENERAL OVERVIEW OF TUITION, FEES, & REQUIREMENTS

### TUITION

- PARTICIPATION IN FACTS TUITION AND MONTH PAYMENT PLAN IS REQUIRED. PAYMENT DUE DATE OPTIONS ARE THE 5<sup>TH</sup> or 20<sup>TH</sup> OF EACH MONTH. 12-MONTHS, 11-MONTHS, & 10-MONTH PLANS BEGIN ON JULY 1, 2023. THE 12-MONTH PAYMENT OPTION IS ONLY AVAILABLE UNTIL JUNE 10, 2023. IF A STUDENT REGISTERS ANY TIME AFTER JULY 31, 2023, 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 & FEES SCHEDULE. ADDITIONAL FEES ARE DUE BY JUNE 1, 2023. IF NOT PAID BY THE DUE DATE, THEY WILL BE ADDED TO YOUR TUITION ACCOUNT.
- IN ORDER TO RECEIVE TUITION ASSISTANCE INCLUDING sibling DISCOUNTS, THE FAMILY MUST KEEP THEIR ACCOUNT CURRENT.
- FEES INCLUDE PTC, BOOK, MUSIC, GRADUATION, AND REGISTRATION

### MANDATORY FUNDRAISERS

- \$500 PER FAMILY AND WILL INCLUDE FUNDRAISING IN THE FALL (\$300) AND IN THE SPRING (\$200)

### 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, 2024. 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 WILL 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 ACCOUNT, AFTERSCHOOL CARE FEES WILL ALSO BE WITHDRAWN.
- NSF'S: IF PAYMENT MADE TO THE 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.

### AFTERSCHOOL 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 DISCOUNT FOR 2023-2024 SCHOOL YEAR (ALL DISCOUNTS MUST BE APPROVED BY THE PRINCIPAL)

- Three percent FULL TUITION PAYMENT (INCLUDES REGISTRATION FEE) DEADLINE AUGUST 1, 2023
- 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 [HOPEFORTHEFUTE.ORG](http://HOPEFORTHEFUTE.ORG) (IN ORDER TO RECEIVE TUITION ASSISTANCE INCLUDING DISCOUNTS, THE FAMILY MUST KEEP THEIR ACCOUNT CURRENT).



## FINANCIAL AGREEMENT PART 2

### PLEASE INITIAL EACH ITEM:

\_\_\_\_\_ FAMILIES ARE RESPONSIBLE FOR ALL TUITION AND FEES. ALL TUITION AND FEES WILL POSTED TO THE FAMILY'S FACTS ACCOUNT. THESE CHARGES WILL BE WITHDRAWN MONTHLY, JULY 2023-JUNE 2024 FOR 12 MONTHS, JULY 2023-MAY 2024 FOR 11 MONTHS, JULY 2023-APRIL 2024 FOR 10 MONTHS. THE FACTS WITHDRAW DATE IS EITHER THE 5<sup>TH</sup> OR THE 20<sup>TH</sup> OF EACH MONTH. IF THE WITHDRAW DATE FALLS ON A SATURDAY OR SUNDAY, THE WITHDRAW WILL TAKE PLACE ON THE FOLLOWING MONDAY.

\_\_\_\_\_ TUITION COSTS FOR THE 2023-2024 SCHOOL YEAR ARE:

GRADES 3K - 8<sup>TH</sup>: \$4,950.00, EACH SIBLING RECEIVED AN ADDITIONAL \$1,100.00 DISCOUNT

\_\_\_\_\_ ALL FUNDRAISERS WILL NEED TO BE PAID IN FULL AS INDICATED ON THE TUITION & FEES SCHEDULE

\_\_\_\_\_ AFTER SCHOOL CARE COSTS FOR THE 2023-2024 SCHOOL YEAR 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

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/GUARDIANS ARE REQUIRED TO COMPLETE THE FACTS ENROLLMENT ON-LINE.

THE 12-MONTH PLAN OPTION IS ONLY AVAILABLE UNTIL JUNE 10, 2023. IF A STUDENT REGISTERS ANY TIME AFTER JULY 31,2023, TUITION WILL BE DIVIDED BY REMAINING MONTHS OF THE SCHOOL YEAR.

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 FEES REQUIRED 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

PLEASE PRINT PARENT (1) NAME:	DATE:
PARENT (1) SIGNATURE:	
PLEASE PRINT PARENT (2) NAME:	DATE:
PARENT SIGNATURE:	

**HOLY NAME CATHOLIC SCHOOL**

**PUBLICATION & MEDIA RELEASE**

2023-2024

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 & VIDEOS, FOR PROMOTIONAL PURPOSES, FOR RECRUITMENT PURPOSES, AND/OR TO DISPENSE PUBLIC INFORMATION.

( ) YES OR ( ) NO GRANT HOLY NAME CATHOLIC SCHOOL THE RIGHT TO USE MY CHILD(REN'S) WORKS AND/OR IMAGE IN THE YEARBOOK.

THIS PERMISSION FORM WILL BE KEPT ON FILE THROUGHOUT THE 2023-2024 SCHOOL YEAR.

THIS PUBLICATION & MEDIA RELEASE PERTAINS TO:

STUDENT(S) NAME	GRADE
1.	
2.	
3.	
4	
5.	

PLEASE PRINT PARENT NAME:	DATE:
PARENT (1)/GUARDIAN SIGNATURE:	
PLEASE PRINT PARENT NAME:	DATE:
PARENT/(2) GUARDIAN SIGNATURE:	

PRE-K – 8<sup>TH</sup> GRADE HOME LANGUAGE SURVEY

2023-2024

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.

NAME OF STUDENT	LAST:	FIRST:	MIDDLE:	ENTERING GRADE:
DATE OF BIRTH:		AGE:	GENDER: ( ) MALE ( ) FEMALE	

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 CHILD SPEAK THE MAJORITY 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 OF THE U.S. FOR TWO OR MORE CONSECUTIVE YEARS? ( ) YES ( ) NO
5. WHEN YOUR CHILD LIVED OUTSIDE THE U.S. DID HE OR SHE ATTEND SCHOOL REGULARLY?  
( ) YES, MY CHILD ATTENDED SCHOOL REGULARLY IN ALL PREVIOUS GRADE 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 (EX. GRADE 2, JAN. 2014 – MAY 2016)

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PARENT/GUARDIAN SIGNATURE:	DATE:
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STUDENTS WITH SPECIAL NEEDS FORM

(PLEASE COMPLETE ONE FORM FOR EACH CHILD)

STUDENT'S NAME	LAST:	FIRST:	MIDDLE:	ENTERING GRADE:
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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.

SUPPORTING DOCUMENTATION AND/OR TESTING RESULTS ARE REQUIRED. ALL DOCUMENTATION MUST BE RECEIVED BY THE PRINCIPAL PRIOR TO ENROLLMENT. NO EXCEPTIONS.

1. HAS YOUR CHILD EVER HAD SPECIAL EDUCATION TESTING? ( ) YES ( ) NO
2. HAS YOUR CHILD EVER RECEIVED SPECIAL EDUCATION SERVICES? ( ) YES ( ) NO

IF YES, PLEASE DESCRIBE THESE SPECIAL CONSIDERATIONS, ACCOMMODATIONS, OR MODIFICATIONS BELOW.

ACADEMIC:

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BEHAVIORAL:

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IS YOUR CHILD ON A 504 PLAN ( ) YES or ( ) NO:

3. HAVE YOU EVER BEEN ASKED TO WITHDRAW YOUR CHILD FROM SCHOOL FOR ANY REASON? ( ) YES ( ) NO

IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES:

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PLEASE PRINT PARENT NAME:	DATE:
PARENT/GUARDIAN SIGNATURE:	

## AFTER SCHOOL PROGRAM FORM

A COMPLETED FORM IS REQUIRED FOR ALL FAMILIES. THESE ARE KEPT ON FILE IN THE AFTERSCHOOL PROGRAM IN THE EVENT THAT A CHILD(REN) MUST STAY AFTER SCHOOL.

HOLY NAME CATHOLIC SCHOOL OFFERS AN AFTERSCHOOL 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 AFTERSCHOOL PROGRAM.

THE PROGRAM OPERATES FROM 2:45 P.M. – 5:30 P.M. ON SCHOOL DAYS ONLY. THE SCHEDULE INCLUDES, FREE PLAY, REST, HOMEWORK TIME, AND HOMEWORK ASSISTANCE. A NUTRITIOUS SNACK WILL BE SERVED DAILY. PRORATED FEES ARE NOT AVAILABLE. WRITTEN CONFIRMATION OR A PHONE CALL FOR DROP-INS WILL BE ACCEPTED. THE AFTERSCHOOL 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 – 5:30 P.M. ON EARLY DISMISSAL DAYS

MONTHLY FEES		DROP-IN FEES	
1 CHILD	\$130.00	AFTERSCHOOL PROGRAM PER DAY/PER CHILD	\$10.00
2 CHILDREN	\$165.00	EARLY DISMISSAL DAYS PER DAY/PER CHILD	\$15.00
3 CHILDREN	\$200.00		
4 CHILDREN	\$235.00		

THE AFTERSCHOOL PROGRAM WILL BE CLOSED ON THE FOLLOWING DATES: THANKSGIVING HOLIDAYS, CHRISTMAS & NEW YEAR HOLIDAYS, SPRING BREAK, LAST DAY OF SCHOOL

I WISH TO BE BILLED (MUST CHECK ONE): ( ) REGULAR MONTHLY PROGRAM ( ) DROP-IN ONLY

STUDENT(S) ENROLLING IN THE PROGRAM:

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

PERSON RESPONSIBLE FOR ASC (IF OTHER THAN PERSON PAYING THROUGH FACTS):

PARENT/GUARDIAN NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I, \_\_\_\_\_, UNDERSTAND THAT CHARGES FOR THE AFTERSCHOOL PROGRAM ARE IN ADDITION TO MONTHLY TUITION & MUST 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.

PARENT/GUARDIAN SIGNATURE:	DATE:
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# HOLY NAME SCHOOL

## STUDENT EMERGENCY/HEALTH INFORMATION 2022-2023

### STUDENT INFORMATION:

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

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

### PARENT/GUARDIAN INFORMATION

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

EMAIL ADDRESS: \_\_\_\_\_

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

EMAIL ADDRESS: \_\_\_\_\_

### 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, EYE/EAR PROBLEMS, BLOOD PRESSURE ABNORMALITIES, SEVERE FOOD/DRUG 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? 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. THE SCHOOL WILL FOLLOW THE REQUIRED SCREENING SCHEDULE.

PARENT/GUARDIAN SIGNATURE:	DATE:
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I, THE UNDERSIGNED, DO HEREBY AUTHORIZE THE OFFICIALS OF HOLY NAME CATHOLIC SCHOOL TO CONTACT DIRECTLY THE PERSONS NAMED ON THIS FORM, & 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 AUTHORIZED CHILD.

I WILL NOT HOLD HOLY NAME CATHOLIC SCHOOL FINANCIALLY RESPONSIBLE FOR THE EMERGENCY CARE AND/OR TRANSPORTATION FOR SAID CHILD.

PARENT/GUARDIAN SIGNATURE:	DATE:
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PHYSICIAN: \_\_\_\_\_ PHYSICIAN PHONE: \_\_\_\_\_

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

PREFERRED HOSPITAL: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY NO: \_\_\_\_\_