



HOLY NAME CATHOLIC SCHOOL

REGISTRATION INFORMATION

2019 - 2020

3814 NASH BLVD.

SAN ANTONIO, TX 78223

PH: 210-333-7356

FAX: 210-333-7642

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: _____

2019-2020 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

FACTS 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

Immunization Records _____

Copies of: Birth Certificate _____
Office Initial

Baptismal Certificate _____

1st Communion _____
Office Initial

Parent/Guardian Signature:

Date: _____

Holy Name Catholic School

Registration Form

2019-2020 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.
If: 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) • Judson (915) • Southside (917)

5. STUDENT INFORMATION (oldest child)

Last Name _____ First Name _____ MI _____

SSN: _____ 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 _____

SSN: _____ 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 _____

SSN: _____ 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 _____

SSN: _____ 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 _____

SSN: _____ 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
 Website/Internet
 Family/Friends
 Advertisement, which one? _____
 Other _____

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

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.

Morning care is offered from 7:00 a.m. to 7:45 a.m. at no additional charge. Breakfast is available for purchase from 7:15 to 7:40 a.m. The After School program will operate from 12:00 to 6:00 p.m. on early dismissal days.

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

The After-School Program will be **CLOSED** on the following dates:

November 22, 2019

December 20, 2019

March 6, 2020

May 29, 2020

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: _____ Home Phone: _____

Address: _____ Alt. 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

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: _____

Pre-K--8 HOME LANGUAGE SURVEY

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 First 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

TUITION AND FEES 2019-2020

GRADE LEVEL	ANNUAL TUITION	12 Month Payment July-June (Enrollment required by June 15, 2019)	10 Month Payment July-April
Pre-Kindergarten 3 & 4 Through 8 th grade	1 Child = \$4,850	\$404/month	\$485/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	3K-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 13, 2019
SPRING	PTC CASINO NIGHT TICKETS	\$80/Family	Deadline – February 7, 2020

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

Returning Family () New Family ()

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 5th and 20th of each month. 12- month & 10-month plans begin July 1, 2019. 12-month payment option is only available until June 15, 2019. If a student registers any time after July 31, 2019, tuition will be divided by 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, 2019. 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

- \$380 per family and will include fundraising in the Fall (\$300) and in the Spring (\$80)

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, 2020. 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 2019-2020 SCHOOL YEAR—All discounts must be approved by the Principal

- 3% Full Tuition Payment (Includes registration fee) (Deadline August 1, 2019)
- 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 5th or 20th each month**

TUITION ASSISTANCE

Hope for the Future Scholarship applications can be found at 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 2019 –June 2020 for 12 months or July 2019-April 2020 for 10 months. The FACTS withdraw date is either the 5th or the 20th of each month. If withdraw date falls on a Saturday or Sunday, the withdrawal will take place on the following Monday.

_____ Tuition costs for the 2019-2020 school year are:
Grades 3K-Kinder: 1 Child = \$4,850
Grades 1st-8th: 1 Child = \$4,850
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, 2020 will be charged to families FACTS account at a rate of \$25 per hour.

Monthly withdraw date (Choose One): () 5th () 20th

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

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

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

*Note: The 12 month plan option is only available until June 15, 2019. If a student registers any time after July 31, 2019, tuition will be divided by remaining months of the school year

PLEASE NOTE: As of August, 2015, 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-month/10-month Tuition Payment Plan and FACTS tuition.
4. Perform 20 hours of Service to the campus community.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

HOLY NAME SCHOOL
2019-2020 STUDENT EMERGENCY/HEALTH INFORMATION

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

STUDENT INFORMATION

LAST NAME: _____ FIRST NAME: _____ DOB: _____ GRADE: _____

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, 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? 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 person 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.: _____

PUBLICATION AND MEDIA RELEASE

Holy Name School

2019-2020

I (we), (print parent/guardian name) _____, hereby (circle one) **DO / DO NOT**

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.

This Publication and Media Release pertains to:

<u>Student(s) Name</u>	<u>Grade</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____