

NEW STUDENT REGISTRATION RECORD

DIOCESE OF ROCHESTER

ELEMENTARY SCHOOLS

PLEASE COMPLETE ONE FORM FOR EACH CHILD BEING REGISTERED

Registration for St. Francis de Sales – St. Stephen School Date of Registration _____

Date of entrance into new school _____ Grade Level Entering _____

Please Print

NAME _____ M _____ F _____
Last Name First Name M.I.

ADDRESS _____ PHONE _____ - _____ - _____
Street

City/Town State Zip Code SCHOOL DIST. OF RESIDENCE _____

BIRTHDATE _____ BIRTHPLACE _____

Please check all that apply:

Native American _____ Black _____ Asian/Pacific Islander _____ Hispanic _____ White (not Hispanic) _____

More than one ethnicity (please describe) _____

LAST SCHOOL ATTENDED (if any) _____ GRADE _____

Street City/Town State Zip Code

CHILD LIVES WITH _____ RELATIONSHIP TO STUDENT _____

PARENTS/GUARDIANS (As you wish your name(s) to appear on official communication)

PREFIX(ES) First Name M.I. Last Name Suffix

Street City/Town State Zip Code

MEDICAL INSURANCE COMPANY _____ POLICY # _____

Person to be contacted in case of medical emergency if parent/guardian cannot be reached:

NAME: _____ PHONE # _____ Relationship _____

Student's Religion _____ Family Registered in _____ Parish/Church _____

Baptism: Date _____ Church _____ Location _____

First Eucharist: Date _____ Church _____ Location _____

First Penance: Date _____ Church _____ Location _____

Confirmation: Date _____ Church _____ Location _____

FOR OFFICE USE ONLY

VALIDATION OF RECORDS

Birth Certificate: _____ Baptismal Certificate: _____

Immunization Record: _____

NEW STUDENT REGISTRATION – FAMILY INFORMATION

PLEASE COMPLETE ONE FORM FOR EACH FAMILY

St. Francis de Sales – St. Stephen School

Please Print

	Parent/Guardian	Parent/Guardian	Family Representative
Name: Last			
First, M.I.			
Address: Street			
City/Town			
State			
Zip Code			
Email Address:			
Birthdate:			
Birthplace:			
Religion:			
Last Grade of School Completed:			
Occupation:			
Work Address:			
Work Phone:			
Other Language(s) spoken in the home:			
Marital Status:			
Previous Surname(s):			
Other children in the family:	First	Last	Date of Birth
Name:			
Name:			
Name:			
Name:			

RELEASE FORM

The following persons are authorized to pick up my child/children from school:

Last Name	First Name	Relationship	Telephone

I understand that school staff will only release my child to the authorized persons listed above who are 18 years of age or older and are willing to show proper identification upon request.

Parent's Signature: _____ Date: _____

In case of an emergency dismissal from school:

All Bus Students should take their regular scheduled bus to the regular stop.

For Independent walkers: Please circle

- **Report directly home**
- **Or report to the following address: _____**

Person responsible: _____ Phone: _____

All other students must be picked up by someone on their approved pick up release list.

Permission to Photograph

We have many events throughout the school year. These events are quite often photographed by our own staff as well as the media. The following is a permission form to use any photographs of your child/children on our school website and facebook page. Your child's name would never accompany his/her photo on the website/facebook.

If you do not wish for your child to be photographed, please circle: No

Family Name: _____

Parent Signature: _____ Date: _____

Church/Parish _____

**FAMILY/CHURCH COMMITMENT FORM
CATHOLIC SCHOOLS
2022-23**

Catholic education recognizes parents as the primary educators of their children. When parents make the choice of a Catholic school, they enter into a partnership in the education and formation of their children. This partnership becomes most effective when the formal education that takes place in the school is reinforced and witnessed in the home. This is particularly true in regard to the faith formation of children, where it is reasonable to expect that the Gospel values espoused in the Catholic school are actively lived out in the home.

The **Family/Church Commitment Form** represents the formal expression of the intent of parents and parishes to join in active partnership in the formation of their children. Parents, as primary educators commit to:

1. Formal registration in a parish or church
2. Regular church attendance; and
3. Spiritual, personal and financial support of the parish or church.

Catholic parishes, in turn, commit to the spiritual support of member families in the education/formation of their children, as well as support of Catholic Schools. Non-Catholic churches are asked to make a moral commitment of support of the family's efforts to educate their children.

It is understood that the vast majority of parents with children in Catholic schools are already meeting and/or exceeding the above expectations. The completion of this form for these families serves as an affirmation of that commitment and participation in parish life.

Parent Name(s) _____ Phone _____
(as registered in Parish/Church)

Address _____ City _____ Zip _____

Child(ren)'s Name(s)	Grade (Sept. 2022)
_____	_____
_____	_____
_____	_____
_____	_____

Family Commitment:

I/We understand that our role as primary educator calls us to be active in the life of our parish and school. This involves formal registration in the parish, regular attendance, and financial support to the extent that family circumstances allow.

Parent of Guardian _____ Date _____

Signature(s) _____

Church Commitment:

This family is recognized as members of our faith community and will be supported in their desire for a Catholic school education.

Pastor or Delegate Signature _____ Date _____

St. Francis de Sales-St. Stephen School
2022-2023 Family Registration Contract

Parishioner

Home Parish Registered

Non-Parishioner

Registration/Health Forms Needed for
 Kindergarten Pre School

Fees: Registration \$100 per child Amt Paid
 (maximum \$200 per family) \$

Family Name _____ Telephone _____
 (last) (first)

Address _____

Children: _____
 2022-23
Grade: _____

We realize the cost of educating each child at St. Francis-St. Stephen School is more than \$7,400 yearly.
 We agree to pay the full amount of \$7,400 per child.

Parishioner Rates August 1

	<u>Annual tuition*</u>	
1 child	\$ 4,185.00	<input type="checkbox"/>
2 children	6,070.00	<input type="checkbox"/>
3 children	7,275.00	<input type="checkbox"/>
4+children	7,995.00	<input type="checkbox"/>

FACTS MANAGEMENT SYSTEM PLANS**

Aug/Jan.	Aug./Oct./Jan./April	Aug.-May.
<u>Semi -Annual</u>	<u>Quarterly</u>	<u>Monthly</u>
\$ 2,092.50 <input type="checkbox"/>	\$ 1,046.25 <input type="checkbox"/>	\$ 418.50 <input type="checkbox"/>
3,035.00 <input type="checkbox"/>	1,517.50 <input type="checkbox"/>	607.00 <input type="checkbox"/>
3,637.50 <input type="checkbox"/>	1,818.75 <input type="checkbox"/>	727.50 <input type="checkbox"/>
3,997.50 <input type="checkbox"/>	1,998.75 <input type="checkbox"/>	799.50 <input type="checkbox"/>

Non-Parishioner Rates August 1

	<u>Annual tuition*</u>	
1 child	\$ 5,980.00	<input type="checkbox"/>
2 children	8,055.00	<input type="checkbox"/>
3 children	9,155.00	<input type="checkbox"/>
4 children	9,875.00	<input type="checkbox"/>

FACTS MANAGEMENT SYSTEM PLANS**

Aug/Jan.	Aug/Oct./Jan./April	Aug.-May
<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Monthly</u>
\$ 2,990.00 <input type="checkbox"/>	\$ 1,495.00 <input type="checkbox"/>	\$ 589.00 <input type="checkbox"/>
4,027.50 <input type="checkbox"/>	2,013.75 <input type="checkbox"/>	805.50 <input type="checkbox"/>
4,577.50 <input type="checkbox"/>	2,288.75 <input type="checkbox"/>	915.50 <input type="checkbox"/>
4,937.50 <input type="checkbox"/>	2,468.75 <input type="checkbox"/>	987.50 <input type="checkbox"/>

My family can afford to pay the following amount annually. \$ _____

Actual tuition may vary if it is found that a family is eligible for financial assistance. An award letter will be sent as soon as all application materials have been received and processed by FACTS. I/we have checked the box above indicating the tuition payment plan I/we shall use for the 2022-2023 school year.

If I choose to use any of the above payment plans (except annual) I understand I must use FACTS Management System, at a yearly cost of \$10.00 for semi-annual payments or \$45.00 for quarterly & monthly payments.

If I choose the annual tuition option, and do not make payment in full by September 1st, I will be obligated to use the FACTS Management System.

Signature _____

Date _____

Checks should be made payable to St. Francis de Sales - St. Stephen School or SFSS.

*St. Francis de Sales –
St. Stephen School*



Dear Parents,

This Model Release form must be signed and on file at school in order for your child's picture to be used on bulletin boards in school, for newspaper articles, brochures, or the like.

Please complete and sign the Model Release form (one per student) and return to the school office.

Thank you for your help in this matter.

Sincerely,

Suzanne Pohorence
Ms. Suzanne Pohorence
Principal

St. Francis de Sales-St. Stephens School
17 Elmwood Avenue
Geneva, New York 14456

Model Release

Student's name: _____ Age: _____

Address: _____

School: St. Francis de Sales-St. Stephens School

I hereby consent to and authorize the use and reproduction by the school, and/or anyone authorized by the school, of any and all photography, still or in motion, and/or audio recordings in which the student appears.

I acknowledge that we will not be paid compensation for any reproduction of these materials. All negatives, prints and audio tapes are your property.

Since the student is under age 18, consent must be given by the parent and guardian, as follows:

I hereby certify that I am the parent or guardian of the student named above, and I give my consent without reservation.

Signature of parent/guardian

Date



St. Francis de Sales - St. Stephen School
 17 Elmwood Avenue
 Geneva, New York 14456

HEALTH OFFICE- SCREENING FORM

Dear Parents and Guardians,

We would like to update your child's health record. Please take a few minutes to complete the information below and return the form to school. If you need more space than is provided below, please write on the back. The New York Education Department also recommends that we have medical releases renewed each year. Thanks for your cooperation in this matter.

Student Name _____ Primary Contact: Name/Number _____

Does your child:

Have an ongoing health concern (such as asthma, diabetes, etc)? yes___ no___
 If yes, please describe: _____

Have any allergies? yes___ no___
 If yes, please list: _____

If yes above, has the allergy ever required emergency treatment? yes___ no___
 If yes, explain: _____

Have a history of hospitalizations, significant injuries, or surgery? yes___ no___
 If yes, please describe: _____

Take any medication regularly at home? yes___ no___
 If yes, please indicate med & reason for taking: _____

Require medication at school? * yes___ no___

*If your child requires medicine at school, a doctor's order and his/her own supply of medication must be submitted. The order must be signed by your child's physician and you. This form is available in the nurse's office or the doctor's office.

Has your child ever required any special services for Speech, Occupational Therapy, Physical Therapy or Special Education? yes___ no___

Please list any additional observations/concerns that you have that will allow us to collaborate to better understand and care for your child.

Parent/Guardian Signature _____ Date _____



St. Francis de Sales - St. Stephen School
17 Elmwood Avenue
Geneva, New York 14456

RELEASE OF HEALTHCARE INFORMATION

STUDENT NAME _____ DOB _____

I give permission to St. Francis De Sales – St Stephens School to release/obtain health information to/from my child's physician, _____, and any other attending medical personnel, including my child's dentist, _____.

This information may include immunization status, medications, physical exam, and progress notes. It will not include protected information such as HIV status and mental health treatment records. These will require a separate release form.

I also give permission for the school nurse to share any pertinent medical information with my child's teacher(s) on a need-to-know basis.

Parent/Guardian Signature _____ Date _____

St. Francis de Sales -St. Stephen School
Notification of Accident or Sickness/Emergency Dismissal and Approved Release
2021-2022

PLEASE PRINT

Family Last Name _____

(Home Address) (zip code) (phone)

Parent's Name _____ Email address _____

Cell Phone
(Address if different than child's)

Parent's Name _____ Email address _____

Cell Phone
(Address if different than child's)

(Parent's Place of Business) (Business Phone)

(Parent's Place of Business) (Business Phone)

If Applicable:

(Babysitter's Name) (address) (phone) (cell phone)

- In case my child has a serious accident at school and you are unable to contact me, you have my permission to take my child to:

Dr. _____

(address) (phone)

or to _____ Hospital.

If the name of the doctor is not supplied, you have my permission to take my child to the physician on emergency call at the hospital stated above.

- Please list the phone number/numbers where you can be reached if your child becomes ill at school

• _____

- if you are unable to contact me, please call:

(Name) (phone) (cell phone) (Relationship)

(Address)

(date) (Signature of parent)