

CATHOLIC ACADEMY OF PASSAIC COUNTY

Saint Gerard Majella
SCHOOL

Grade Entering in Sept. _____

PAID _____

REGISTRATION FOR THE SCHOOL YEAR 2016-2017

DATE _____

RECEIPT NO _____

CHILD

FAMILY NAME

CHILD'S LAST NAME

FIRST NAME

DATE OF BIRTH

PLACE OF BIRTH
Country/State/City

SOC. SEC. NUMBER

SCHOOL LAST ATTENDED

CITY/STATE

(Circle one in each category)

SEX: MALE OR FEMALE CHILD'S RELIGION: PARISHIONER/CATHOLIC OR NON-PARISHIONER/NON-CATHOLIC

U.S.CITIZEN: YES or NO GREEN CARD: YES or NO ETHNIC BACKGROUND: BLACK or HISPANIC or ASIAN or PACIFIC ISLANDER
or NATIVE AMERICAN or WHITE or OTHER

Indicate two(2) EMERGENCY Resources to call should your child become ill

EMERGENCY PHONE NUMBER: _____

EMERGENCY PHONE NUMBER: _____

NAME OF PERSON TO CONTACT
FOR EMERGENCY: _____

NAME OF PERSON TO CONTACT
FOR EMERGENCY: _____

RELATION TO STUDENT: _____

RELATION TO STUDENT: _____

FAMILY

MAILING ADDRESS:

MR. AND MRS. _____

STREET: _____

CITY _____ ZIP: _____

HOME TELEPHONE: _____

NAME OF CHURCH FAMILY ATTENDS:

Specify: _____ Address: _____

LANGUAGE SPOKEN AT HOME: ENGLISH or SPANISH or OTHER if "OTHER" specify _____

REGISTRATION FEE IS NON-REFUNDABLE

BROTHERS AND SISTERS ALREADY IN OUR SCHOOL

NAME

GRADE FOR COMING YEAR

1. _____

2. _____

3. _____

PARENTS

FATHER

Father's Last Name

First

Place of Birth: Country/State/City

(Circle one in each category)

U.S. CITIZEN: YES or NO

ETHNIC BACKGROUND: BLACK or HISPANIC or ASIAN or PACIFIC ISLANDER or NATIVE AMERICAN or WHITE or OTHER

RELIGION: CATHOLIC or NON-CATHOLIC

OCCUPATION: _____ PLACE OF WORK(COMPANY) _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____ CELL: _____

E-MAIL: _____

MOTHER

Mother's Last Name

First

Place of Birth: Country/State/City

(Circle one in each category)

U.S. CITIZEN: YES or NO

ETHNIC BACKGROUND: BLACK or HISPANIC or ASIAN or PACIFIC ISLANDER or NATIVE AMERICAN or WHITE or OTHER

RELIGION: CATHOLIC or NON-CATHOLIC

OCCUPATION: _____ PLACE OF WORK(COMPANY) _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____ CELL: _____

E-MAIL: _____

REGISTRATION FEE IS NON-REFUNDABLE

CATHOLIC ACADEMY OF PASSAIC COUNTY
Saint Gerard Majella School

Parent Contract for 2016-2017

1. All tuition is to be paid to SMART. The School follows specific guidelines for delinquent tuition payments culminating in discontinuation of educational services as a result of unpaid tuition as outlined in the Parent Handbook.
2. Registration Fee, Academic Fee, Before/After School Care Fees, Fund Raising, and Cafeteria Fees are to be paid directly to the school. Payments for these services are due on the 15th of each month. There is a late fee of \$10.00 that will be posted on the 16th of each month if your payment(s) is not received on time.
3. Each family is expected to cooperate fully in the total moral, religious, and academic development of their children.
4. Each family is expected to participate actively in Home School Association meetings and activities, Back-to School Nights, Orientation, Report Card meetings, and other school activities.
5. Children must have updated immunization records BEFORE school begins. Children will be excluded from school until all records are updated.
6. By registering your children at this School, parents endorse the School's policies and agree to comply with them, including, but not limited to, all policies outlined in the Parent Handbook.
7. Each family is required to raise a minimum of \$690.00 per family for the fund raising activities of the School. Unmet fund raising amounts will be the responsibility of the parents and must be paid directly to the School immediately upon request of the School.

I have read and understand this Parent Contract. My Signature signifies that I hold myself responsible to comply with all of the above requirements for the school year 2016-2017

Parent/Legal Guardian Signature

Date

Name of Child/Children

Grade

Principal Signature

Date

FUNDRAISING CONTRACT

SAINT GERARD MAJELLA SCHOOL 2016-2017

In addition to your school tuition, each family is to participate in school activities and/or fundraising activities that contribute toward keeping tuition at the lowest possible rates. It is also an opportunity to socialize with other Saint Gerard families and enrich your child's school experience.

- . Each family is required to sell \$75.00 worth of Fall Tricky Tray Tickets
- . Each family is required to sell \$75.00 worth of Spring Tricky Tray Tickets
- . Each family is required to sell \$540.00 in a combination of the Fall Fundraiser, Easter Fundraiser, Candy Bar Fundraiser and Kid Stuff Coupon Book/Cake Sales.
- . Each family is required to give 1 basket and work the affair or give 2 baskets and not work the affair for both the Fall and Spring Tricky Tray.

Below are the activities for the 2016-2017 school year

- . Fall Fundraiser
- . Fall Tricky Tray
- . Kid's Stuff Coupon Book
- . Cake Sale
- . Easter Fundraiser
- . Spring Tricky Tray
- . Candy Bar Sale

STUDENT ACTIVITY CALENDAR

SAINT GERARD MAJELLA SCHOOL 2016-2017

In addition to the activities that bring money into the school, we have many things going on that are for the students enjoyment. The Volunteering of your time is essential to continue these social events for your children.

Please indicate below in which activities you would like to participate

_____ Halloween Family Fun Night

_____ St. Joseph's Table

_____ Christmas Tree Lighting

_____ Mardi Gras/Carnival

_____ Mission Fair

_____ Field Day

Child's Name _____ (please print first & last name)

Parent Name _____ (please print first & last name)

Signature _____ Home Phone _____

Cell Phone _____ Email _____

Paterson and Passaic Schools

**SAINT GERARD MAJELLA SCHOOL
CATHOLIC ACADEMY OF PASSAIC COUNTY
Tuition & Fee Rates for 2016-2017 School Year**

TUITION

One child	\$ 4,475.00
Two Children	\$ 7,400.00
Three children	\$ 9,400.00
Four children	\$ 10,400.00

REGISTRATION FEE

Returning Student	\$200.00
New Student	\$240.00

AFTER SCHOOL CARE REGISTRATION FEE	\$ 25.00 per child
AFTER SCHOOL MONTHLY FEE	\$150.00 per child

Fundraising activities \$690.00 per family

Please ask for transportation application if the walking distance from your house to the school is 2 miles or more.

REGISTRATION FEE IS NON-REFUNDABLE

AFTER SCHOOL CARE REGISTRATION

CATHOLIC ACADEMY OF PASSAIC COUNTY

Saint Gerard Majella
SCHOOL

Grade Entering in Sept. _____

PAID _____

AFTER SCHOOL CARE REGISTRATION FOR THE SCHOOL YEAR 2016-2017 DATE _____ RECEIPT NO _____

CHILD

FAMILY NAME

CHILD'S LAST NAME

FIRST NAME

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