



Grades 1-8 New Student Registration Packet

My child(ren) is applying for enrollment to Nativity of Our Lord School for the 2022-2023 school year.

Child(ren) Name: _____

Grade for 2022-2023 _____

1. _____

2. _____

To guarantee enrollment for the 2022-2023 school year, please submit all paperwork and include the \$250.00 registration fee. All registration fees are non-refundable and will be deducted from your tuition. Make checks payable to Nativity of Our Lord School.

The following are required for registration and school admission:

- Complete proof of vaccination as per NYS regulations, requirements for school entrance/attendance or valid exemption.
- Health Appraisal Form/Physical completed by a NYS primary health care provider.
- Dental Health Certificate completed by a NYS primary health care provider.(Optional)
- If your child has other medical diagnosis, medication administration needs, or procedural needs, further forms will be required.
- **It is necessary to register with your home district**, (especially if you are new to the area) in order for Nativity of Our Lord School to receive state aid, health & welfare services for your child(ren), textbook funding and of course bus transportation if needed.
- **It is necessary to return the Request for Transportation form to the main office if bus transportation is needed.** If your home district is the Orchard Park Central School District, you are registering online.
- **By signing this agreement and enrolling my child(ren) at Nativity of Our Lord School, I understand that the first tuition payment is due by September 15, 2022 and all tuition is paid in full by June 15, 2023 as outlined in the school's tuition policy letter.**

Parent Name: _____
Please Print

Parent Signature: _____

Date: _____

For office use only

_____ Registration Fee Paid

_____ Form of Payment

_____ Date Received



Enrollment Application

PLEASE PRINT THE INFORMATION

Household Name: _____ Household Language: _____

Household Address: _____

Home Phone: _____

Father's Name: Last _____ First _____ Full Middle _____ Suffix _____

Father's Email: _____ Cell Phone: _____

Father's Occupation: _____ Title or Position: _____

Name of Company: _____ Business Phone: _____

Business Address: _____

Mother's Name: Last _____ First _____ Full Middle _____ Maiden _____

Mother's Email: _____ Cell Phone: _____

Mother's Occupation: _____ Title or Position: _____

Name of Company: _____ Business Phone: _____

Business Address: _____

Guardian Name _____ Guardian e-mail _____
(if applicable)

Guardian Address: _____

Telephone: _____ Cell Phone: _____

Student Legal Name: Last _____ First _____ Full Middle _____ Suffix _____

Address: _____

Telephone: _____ Birth Date: _____ School District: _____

Birth Place: City _____ State _____ Date Entered United States: _____
Country (If outside the United States) _____

Parish Affiliation: _____ Religion: _____

Present School: _____ Nickname: _____

Check where appropriate: Parents together: _____ Parents Divorced: _____ Parents Separated: _____
if parents are divorced, a copy of the custody agreement must be provided to the school.

Student resides with: Both parents: _____ Mother: _____ Father: _____ Guardian: _____

Student Ethnicity: Caucasian Black Hispanic Asian Alaskan Multiracial American Indian

Siblings (Name(s) & Age(s)): _____

Paternal Grandparents: _____

Address: _____
No. Street PO Box # City/Town Zip

Maternal Grandparents: _____

Address: _____
No. Street PO Box # City/Town Zip

Emergency Contacts besides parent(s), grandparent(s), guardian(s):

Name: _____ Relationship to Student: _____

Address: _____

Cell phone: _____ Business Phone: _____

Name: _____ Relationship to Student: _____

Address: _____

Cell phone: _____ Business Phone: _____

Sacraments:

Baptism: ___ Date: _____ Church: _____ City/State: _____

First Reconciliation: ___ Date: _____ Church: _____ City/State: _____

First Eucharist: ___ Date: _____ Church: _____ City/State: _____



NATIVITY OF OUR LORD SCHOOL

2022-2023 Publicity Release Form

Throughout the school year there will be numerous occasions when we will be contacting local media outlets (newspapers, television stations, radio stations) in the hope of getting coverage for a school event. We also hope to use some of the pictures that we take during the year on our web site, social media sites and the diocesan Catholic schools web site.

Please complete the following form and return it to the school office.

_____ I give Nativity of Our Lord School permission to use my child's picture and /or name for (check all that apply)

_____ Newspaper articles

_____ Television coverage

_____ Radio coverage

_____ Inclusion in a Web site

_____ I do not give Nativity of Our Lord School permission to use my child's picture and /or name for any publicity purposes.

(Please print)

Student's name _____ Grade _____

Student's name _____ Grade _____

Student's name _____ Grade _____

Parent signature _____ Date _____

2022-2023 Nativity Our of Lord School Family Directory

An electronic version of the school's directory will be provided to families who request it. Please complete and return this form to the school office to be included in it.

I/We give Nativity permission to print the following information exactly as written in the Nativity School Family Directory. No outside individual or organization will be given permission to use this information for any purpose.

↓ **Please Sign Here to agree to the above statement:** ↓

Student(s)

Last Name:

Grade(s) for 2021-2022

First Name(s):

Check box if all contact information is the same as last year's directory

Mother's Name: _____ **Father's Name:** _____

Address(es): _____

**Fill out as many phone numbers and email addresses as you would like published in the directory.*

Home Phone: _____

Mom's Cell: _____

Mom's Email: _____

Dad's Cell: _____

Dad's Email: _____

Check box if you DO NOT want your contact information to be shared.

Special Instructions/Additional Information:



**Family
Name:** _____

Please check one:

_____ Our family pledges to commit 25 hours of volunteer hours to the 2022-2023 school year. (15 hours for Pre-K families)

_____ Our family will make a check payable to Nativity H.S.A. for \$500. Checks can be mailed to the school office.

Date: _____

Signature: _____

Thank you for your support!

Activities that qualify as volunteer hours:

- Coaching
- Lunchroom Supervision
- Recess volunteers
- Volunteering for any HSA event
- Participating on a planning or a board committee

Nativity of Our Lord School After Care Policies and Procedures
2022-2023

To ensure that everyone is on the same page, we ask that you please read, sign, and return the After Care policies and procedures listed below. We thank you for your cooperation.

Attending After Care

It is very important that BOTH the classroom teacher and After Care supervisors know when to expect your child at the After Care Program. We ask that you provide BOTH the CLASSROOM TEACHER and AFTER CARE PROGRAM with a WEEKLY or MONTHLY SCHEDULE for your child.. If your child is only attending on occasion we ask that you provide the classroom teacher and After Care with a note regarding your child's attendance for that day.

Homework/Quiet Time

During homework/quiet time we are happy to assist the children if there is difficulty with homework, but we cannot spend a significant amount of time helping one child due to the amount of children in the program. Please note: the After Care Program is not meant to be a tutoring service. We will closely monitor K-2nd grade students as they complete their homework. **It is expected** that students 3rd grade and above will complete their homework independently, unless the need for assistance arises. ALL children will work on homework assignments, UNLESS you tell us otherwise.

Behavior

At the After Care Program students are expected to behave as they would in school, as each child and parents have signed and returned the behavior/discipline guideline policy to the school office.

Sign Out

To assist in the billing procedures it is important that you properly sign your child out.

Billing

The rates for the After Care program are \$10.00/child hourly and \$5.00/child half hour. Billing will ONLY be done in these increments. If you arrive any time after the hour or half hour, you will be billed for the next half hour; there will be no exceptions. Billing is done monthly by the Business Office. We are unable to answer any billing questions at After Care. Please address all billing questions to Tim Redinger in the Business Office, 662-9339, ext. 125. After Care hours are 2:30-6:00 P.M.

By signing below you are indicating that you have read and will abide by the After Care Policies and Procedures above.

Family Name

Date _____ / _____ / _____

Parent /Guardian Signature



After Care Program Registration Form

Name of child: _____
Date of Birth: _____ Age: _____ Male Female
Child's grade: _____ Teacher's name: _____

Circle days After School Care is needed: M T W Th F
Occasionally/will vary

Approximate departure time of child: _____

Does your child have any allergies? Yes NO
If so, please specify:

Name of pediatrician: _____
Address: _____ Phone: _____

Emergency Contact:	Emergency contact:
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____

I agree that in the case of an accident or an injury, emergency medical care may be given in the event that I or the person(s) designated above cannot be reached. Emergency transportation will be provided by an ambulance.

Parent or guardian signature

Date

New York State Textbook Loan Law
Textbook Request Form

Student Name _____

Student Address _____

Name of Public School residing in: _____

Loan of Textbooks

I hereby request the Loan of Textbooks in the name of:

(Student's Name)

I authorize _____ to act on behalf of this student in
(Public School)

identifying and ordering books loaned to the student identified above,
and residing in the district above, must maintain in good condition each
book received. If book is damaged or lost, that student will be
responsible for replacing the book as new.

Signature of Parent or Guardian:

Date: _____

This form is to be kept on file in the individual non-public school for the
duration of enrollment.