



**NATIVITY OF OUR LORD CATHOLIC SCHOOL**  
Putting Faith in Our Future † PRE K - 8TH GRADE

**PRE-K**  
**Student Registration Packet**  
**Full Day \_\_\_\_\_ OR Half Day \_\_\_\_\_**

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:

- A copy of your child's birth certificate
- 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.
- **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, 2023 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: \_\_\_\_\_ Date Entered United States: \_\_\_\_\_  
City State 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: \_\_\_\_\_



## 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:** ↓

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**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):** \_\_\_\_\_

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*\*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

\_\_\_\_\_  
Parent /Guardian Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## 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: \_\_\_\_\_

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Does your child have any allergies? Yes NO

If so, please specify:

\_\_\_\_\_  
\_\_\_\_\_

Name of pediatrician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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.

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Parent or guardian signature

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Date



