



2023-2024

Registration Checklist

THE FOLLOWING ITEMS ARE DUE AT TIME OF REGISTRATION

- ☐ **REGISTRATION FORM**
1 FOR EACH CHILD
- ☐ **TUITION AGREEMENT**
1 PER FAMILY
- ☐ **EMERGENCY FORM**
1 PER FAMILY
- ☐ **BUSINESS OFFICE FORM**
1 PER FAMILY
- ☐ **NON-REFUNDABLE REGISTRATION FEE (\$150)**
\$150 FOR EACH CHILD
CASH OR CHECK (MADE PAYABLE TO NATIVITY OF MARY SCHOOL)
- ☐ **CURRENT PHYSICAL/IMMUNIZATION RECORDS**
FOR EACH CHILD
- ☐ **BIRTH CERTIFICATE**
IF NEW STUDENT PRESCHOOL - GRADE 8
- ☐ **TRANSFER PAPERWORK**
IF NEW STUDENT GRADES 1 - 8
- ☐ **TRANSPORTATION FORM**
K-8 STUDENTS
IF APPLICABLE

Please Note: All documentation must be received before your application for enrollment is reviewed



2023-2024

Registration Form

STUDENT INFORMATION

DATE OF APPLICATION

LAST NAME

FIRST NAME

MIDDLE NAME

Sex: ☐ Male ☐ Female

DATE OF BIRTH (mm/dd/yy)

STREET ADDRESS

CITY/TOWN

STATE

ZIP CODE

GRADE/CLASS INFORMATION

Please check one:

☐ NEW STUDENT

☐ RE-REGISTRATION

Please indicate grade/class student is registering for:

☐ K- Readiness Academy

☐ Year 1 (ages 3 & 4)

☐ FULL DAY (8:30 am - 2:15 pm)

☐ Mornings (8:30 am - 11:30 am)

☐ Year 2 (ages 4 & 5)

☐ FULL DAY (8:30 am - 2:15 pm)

☐ Mornings (8:30 am - 11:30 am)

☐ Lower School

☐ Kindergarten

☐ Grade 2

☐ Grade 4

☐ Grade 1

☐ Grade 3

☐ Upper School

☐ Grade 5

☐ Grade 7

☐ Grade 6

☐ Grade 8

PARENT/GUARDIAN INFORMATION

MOTHER/GUARDIAN

_____ LAST NAME	_____ FIRST NAME	_____ MAIDEN NAME
_____ STREET ADDRESS		_____ CITY/STATE/ZIP
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Single <input type="checkbox"/> Widow		
_____ EMAIL ADDRESS		_____ CELL PHONE
_____ PLACE OF EMPLOYMENT		_____ OCCUPATION

FATHER/GUARDIAN

_____ LAST NAME	_____ FIRST NAME
_____ STREET ADDRESS	_____ CITY/STATE/ZIP
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Single <input type="checkbox"/> Widow	
_____ EMAIL ADDRESS	_____ CELL PHONE
_____ PLACE OF EMPLOYMENT	_____ OCCUPATION

COMMUNITY INFORMATION

(This information will be used for sacrament preparation and tuition billing)

_____ RELIGION	_____ PLACE OF WORSHIP	_____ SCHOOL DISTRICT
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RESIDENTIAL INFORMATION

Child primarily resides with:

☐ Mother & Father ☐ Mother ☐ Father ☐ Guardian(s) ☐ Other (please specify) _____

SPECIAL EDUCATION INFORMATION

My child receives Special Education Services and has an IEP or a 504:

☐ YES Please provide a copy of the IEP or 504 ☐ NO

My child receives Special Education Services but does NOT have an IEP or a 504:

☐ YES ☐ NO

TUITION/FEES PAYMENT OPTIONS

Please indicate your tuition payment preference:

- ☐ PAY IN FULL before school year begins by check or cash
- ☐ PAY MONTHLY through FACTS Online Tuition Management System
(Visit <https://online.factsmgt.com/signin/3MFYB> to register)

*Please note: \$150 non-refundable fee due separately at time of registration

PHOTO RELEASE INFORMATION

Throughout the school year there will be numerous occasions when we will be contacting local media outlets (newspapers, television, etc.) requesting coverage for a school event. We also use some of the pictures that we take during the year on our website or social media outlets. The addresses and/or phone numbers of students will never be published. Documents will not include any information that indicate the physical location of a student at a given time other than the attendance at a particular school or participation in school activities.

- ☐ YES, I give permission to use my child's picture and name
- ☐ NO, I do not give permission to use my child's picture and name

SCHOOL TRANSFER INFORMATION

Complete only if your child is transferring from another school and entering grades 1-8

PREVIOUS SCHOOL NAME

REASON FOR TRANSFER

PREVIOUS SCHOOL ADDRESS

GRADE COMPLETED

NATIVITY SCHOOL DIRECTORY

Each year, we create a Family Directory for our school that includes each family's basic contact information such as addresses, phone numbers, and email addresses. This is for distribution within our school families only.

☐ YES, OPT-IN to the Nativity School Family Directory

☐ NO, OPT-OUT of the Nativity School Family Directory

LUNCH MONITOR PROGRAM

Each year we require every K-8th grade family to be involved in the Lunch Monitor Program. You will have the option to either monitor once per month from 10:55am-12:40pm or pay a nominal fee. VIRTUS Training is required to monitor. \$5 fee will be assessed to your account for any days missed.

Please mark your selection:

☐ Monitor once per month

1st Day of week choice: _____ 2nd Day of week choice: _____

☐ Opt-Out of Lunch Monitoring (\$50 fee will be assessed to your account)

ETHNICITY

(This information will not affect registration and will only be used for required state reporting)

☐ American Indian

☐ Asian

☐ Hispanic/Latino

☐ Alaska Native

☐ Native Hawaiian

☐ White

☐ Black/African American

☐ Pacific Islander

☐ Other _____

PRINT PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____

FOR OFFICE USE

Date Received _____ Received By _____

☐ Registration Form

☐ Tuition Agreement

☐ Business Office Form

☐ Emergency Form

☐ Birth Certificate

☐ Registration Fee

☐ Health Appraisal & Immunization Records

☐ CASH

☐ CHECK

☐ Transfer Paperwork (If Applicable)

Date Completed _____ Processed By _____



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Tuition Agreement

FAMILY NAME _____

STUDENTS

	FIRST NAME	LAST NAME (IF DIFFERENT)	GRADE
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____

PAYMENT PLAN OPTIONS

Please indicate choice

☐ Payment in FULL

Payment may be made by check (check made payable to 'Nativity of Mary School'), cash or by credit card through FACTS (2.5% fee). Due by Monday, August 1st, 2023 or upon receipt of bill if after.

☐ Payment by MONTHLY installments from August through May (10 payments)

One-time \$45 enrollment fee charged. Payment may be made via EFT from a checking or savings account, or by credit card (for 2.5% fee). Online enrollment required by June 30, 2022 or at time of registration if after. Please refer to separate FACTS documentation for details.

TUITION POLICY

If a student's tuition is in arrears more than two months at any time during the school year, the student may be placed on 'tuition hold', or be asked to withdraw from school until the amount in arrears has been paid. Exception may be made if both the parent/guardian and the school have agreed upon a written deferred plan of payment. It is the parent/guardians's responsibility to initiate this request in due time without reminder or notification from the school.

Deferred plans will be approved only in those instances where a genuine need is evident and income will be definitely available at a known time later in the school year to meet the tuition obligation.

Tuition and fees will be prorated for each month of enrollment and refunds will be made for overpayments of tuition in whole month increments. There will be no refund of a partial month of attendance.

LATE FEES

All tuition accounts must either be paid in full or an approved payment plan must be in place by Monday, August 1, 2023 (or upon receipt of bill if after). A \$75 late fee will be assessed for tuition accounts not finalized by August 1, 2023 (or upon receipt of bill if after).

SIGNATURES OF RESPONSIBLE PARTY

We understand that by signing this agreement for the coming academic year, we agree to accept the Tuition Policy & Late Fee information detailed above. This agreement shall be interpreted in accordance with the laws of the State of New York. If more than one person signs, each is jointly and severally liable for the amounts due under this agreement. (One payer per household. In the event of two payers, please specify percentage.)

1	_____	_____	_____
	LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT

	STREET / CITY / STATE / ZIP		

	E-MAIL		

	%		
	_____	_____	
	PHONE	RESPONSIBILITY FOR TUITION	
	_____		_____
	SIGNATURE		DATE
2	_____	_____	_____
	LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT

	STREET / CITY / STATE / ZIP		

	E-MAIL		

	%		
	_____	_____	
	PHONE	RESPONSIBILITY FOR TUITION	
	_____		_____
	SIGNATURE		DATE

This form will be on file at the Rectory/Business Office after your registration is processed. Changes can only be made through the Rectory/Business Office by calling (716) 632-8838. Please keep a copy for your records.



2023-2024

Emergency Form

Family Name

Mother/Guardian Cell

Father/Guardian Cell

STUDENTS

1	NAME	DATE OF BIRTH	GRADE
2	NAME	DATE OF BIRTH	GRADE
3	NAME	DATE OF BIRTH	GRADE
4	NAME	DATE OF BIRTH	GRADE
5	NAME	DATE OF BIRTH	GRADE
6	NAME	DATE OF BIRTH	GRADE

PEOPLE AUTHORIZED TO PICK UP YOUR CHILDREN

(Other than parents/guardians)

1	NAME	RELATIONSHIP TO CHILD(REN)	
	CELL PHONE	WORK PHONE	HOME PHONE
2	NAME	RELATIONSHIP TO CHILD(REN)	
	CELL PHONE	WORK PHONE	HOME PHONE

...continued

3 _____
NAME RELATIONSHIP TO CHILD(REN)

CELL PHONE WORK PHONE HOME PHONE

HEALTH INSURANCE INFORMATION

Insurance Provider _____

Primary Insurance Carrier _____

Policy/Group # _____

EMERGENCY MEDICAL AUTHORIZATION

In the event a reasonable attempt has been made to contact you but we have been unsuccessful, we will need your permission to transport your child to any reasonably accessible hospital facility and/or to allow administration of emergency medical treatment by any licensed physician or dentist.

☐ I give my consent

☐ I do not consent and wish you to _____

PRINT PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____



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Business Office Form

FAMILY NAME

STUDENTS

1	NAME	GRADE	4	NAME	GRADE
2	NAME	GRADE	5	NAME	GRADE
3	NAME	GRADE	6	NAME	GRADE

PARENTS

MOTHER/GUARDIAN

LAST NAME	FIRST NAME	MAIDEN NAME
STREET ADDRESS		CITY/STATE/ZIP
EMAIL ADDRESS		CELL PHONE

FATHER/GUARDIAN

LAST NAME	FIRST NAME
STREET ADDRESS	CITY/STATE/ZIP
EMAIL ADDRESS	CELL PHONE

COMMUNITY INFORMATION

RELIGION

PLACE OF WORSHIP

TUITION/FEES PAYMENT OPTIONS

PLEASE INDICATE YOUR TUITION PAYMENT PREFERENCE:

- ☐ PAY IN FULL before school year begins by check or cash
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(Visit <https://online.factsmgt.com/signin/3MFYB> to register)

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PLEASE MARK YOUR SELECTION:

- ☐ Monitor once per month
1st Day of week choice: _____ 2nd Day of week choice: _____
- ☐ Opt-Out of Lunch Monitoring (\$50 fee will be assessed to your account)

PRINT PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____

This form will be kept in our Business Office records for tuition purposes.



Request for Records

STUDENT INFORMATION

DATE OF REQUEST

FIRST NAME

MIDDLE NAME

LAST NAME

HOME ADDRESS

DATE OF BIRTH

GRADE COMPLETED

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME

RELATIONSHIP TO CHILD

EMAIL ADDRESS

PHONE

TRANSFER SCHOOL INFORMATION

PREVIOUS SCHOOL ATTENDED

CITY/STATE

I give permission for my child's confidential records, including but not limited to: report cards, state test information, birth certificate, baptismal certificate and health records, to be released for the child listed above.

PARENT/GUARDIAN SIGNATURE

TODAY'S DATE



2023-2024

Transportation Form

Please complete this form if your child(ren) will take a
bus to/from school this year
*K-8 Students Only

FAMILY NAME

STUDENTS

1	_____ NAME	_____ GRADE	4	_____ NAME	_____ GRADE
2	_____ NAME	_____ GRADE	5	_____ NAME	_____ GRADE
3	_____ NAME	_____ GRADE	6	_____ NAME	_____ GRADE

BUS INFORMATION

PLEASE INCLUDE BUS INFORMATION:

District: _____

AM Bus Number: _____

PM Bus Number: _____

PARENT/GUARDIAN CONTACT

Parent/Guardian Name: _____

Phone: _____

Email Address: _____

PARENT ACKNOWLEDGEMENT

I understand it is the parent/guardian's responsibility to set up transportation through the family's home district. This form is to notify Nativity of Mary School of the busing arrangements. I certify that I have registered my child(ren) for transportation to/from Nativity of Mary School through our home district and have verified this bus information with the district's transportation department. If any of this information changes, I will immediately communicate the updates to Nativity of Mary School.

PARENT/GUARDIAN SIGNATURE _____

DATE _____