



2021-2022
Registration Form

STUDENT INFORMATION

DATE OF APPLICATION

FIRST NAME

MIDDLE NAME

LAST 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:

Pre-K3 Program (Tuesday & Thursday)

Mornings (8:30 am - 11:00 am)

Afternoon (11:45 am - 2:15 pm)

Pre-K4 Program (Monday, Wednesday, Friday)

Mornings (8:30 am - 11:30 am)

FULL DAY (8:30 am - 2:15 pm)

K-Readiness Program (Monday-Friday, 8:30 am- 2:15pm)

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

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

FATHER/GUARDIAN

_____	_____	
FIRST NAME	LAST NAME	

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

COMMUNITY INFORMATION

_____	_____	_____
RELIGION	PLACE OF WORSHIP	SCHOOL DISTRICT

RESIDENTIAL INFORMATION

Child primarily resides with:

- Mother & Father Mother Father Guardian(s)

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: \$100 non-refundable deposit 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 _____	<input type="checkbox"/> CASH _____
<input type="checkbox"/> Registration Form	<input type="checkbox"/> Tuition Agreement	<input type="checkbox"/> CHECK _____
<input type="checkbox"/> Emergency Form	<input type="checkbox"/> Birth Certificate	
<input type="checkbox"/> Non-Refundable Deposit	<input type="checkbox"/> Health Appraisal & Immunization Records	<input type="checkbox"/> Transfer Paperwork (If Applicable)
Date Completed _____	Processed By _____	