



## *HOLY FAMILY SCHOOL*

130 Chapel Drive Syracuse, New York 13219 Telephone: (315) 487-8515 Fax: (315) 488-4437  
[www.holyfamilyschoolsyr.org](http://www.holyfamilyschoolsyr.org)

# **PREK/NURSERY NEW ADMISSION APPLICATION 2019 – 2020**

### Document

### What To Do

Letter from Sister Christina Marie Luczynski

Read and File

Holy Family Admission Application

**\*\* Complete and return to Holy Family School with \$50.00 PER CHILD APPLICATION FEE**

FACTS Tuition Enrollment (all families must enroll in FACTS on-line)

Go to [holyfamilyschoolsyr.org](http://holyfamilyschoolsyr.org) (school website) "REGISTRATION" page under the "PARENT" pulldown menu for the FACTS link to complete your application.

**TUITION COLLECTION BEGINS JULY 2019 AND CONTINUES MONTHLY THROUGH THE FOLLOWING 9 MONTHS THROUGH APRIL 2020.**

Media/Photo Release Form

**\*\*Complete and return to Holy Family School.**

Additional Information

**\*\*Submit copies of Birth and Baptismal Certificates to the Holy Family School Office.**

Immunization Requirement

**Up-to-date immunization records need to be submitted to the Health Office before Sept. 1<sup>st</sup>.**

## **WE DO NOT ACCEPT TEACHER REQUESTS**

**\*\*Documents to be returned to the Holy Family school Office.**

*Where Faith and Learning Come Together*



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**December, 2018**

**Dear Parents and Guardians,**

**Thank you for choosing Holy Family School for your child's education. We look forward to working with you in the coming year. We are proud of the faith formation and educational program that Holy Family School will offer to your child. Holy Family School is Middle States Accredited.**

**Attached to this letter is a packet with all the information you will need to submit an application. If you have any questions, please don't hesitate to call us (315-487-8515) or email me ([cluczynski@syrdiocese.org](mailto:cluczynski@syrdiocese.org)). We are here to serve you and your family.**

**God bless!**

**Sister Christina Marie Luczynski, Principal**

***Where Faith and Learning Come Together***

**HOLY FAMILY SCHOOL  
NURSERY/PRE-K – New Admission 2019-2020**

--Please Print--

NURSERY (2day): \_\_\_\_\_ NURSERY (3day): \_\_\_\_\_ NURSERY (5 day): \_\_\_\_\_ PREK (3 day): \_\_\_\_\_ PREK (5 day): \_\_\_\_\_

Student Name \_\_\_\_\_ **DOB** \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_ School District \_\_\_\_\_

Ethnic Background (optional) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
*This information is used to complete the NYS Basic Educational Data Systems report that all public & nonpublic schools are required to submit.*

**Other Children Applying to this or other Catholic Schools:**

Name \_\_\_\_\_ School \_\_\_\_\_ Grade Entering \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade Entering \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade Entering \_\_\_\_\_ DOB \_\_\_\_\_

Student lives with \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Parental Information:**

Tuition Billing Address - mail to: \_\_\_\_\_

Note: Both parents have a right to school information regarding the student unless one parent presents a legal document that does not permit this.

**Mother's Information:** Mother/Guardian's Name \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mother's E-mail Address \_\_\_\_\_

Mother/Guardian's Occupation \_\_\_\_\_ Employer's Name \_\_\_\_\_

**Father's Information:** Father/Guardian's Name \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Father's E-mail Address \_\_\_\_\_

Father/Guardian's Occupation \_\_\_\_\_ Employer's Name \_\_\_\_\_

**Person Responsible for Payment of Tuition – must complete items 1-3 in order to register your child. (Please Print)**

1) Name \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Employer's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

2) Please enclose a **NON-REFUNDABLE APPLICATION FEE OF \$50.00** per child. Make check or money order payable to **HOLY FAMILY SCHOOL**. Please return all completed forms along with payment to main office.

3) It is agreed that tuition will be paid as indicated above.

Signature of person responsible for tuition: \_\_\_\_\_

Please provide your Social Security Number: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Tuition Received: \_\_\_\_\_

Check #/Cash: \_\_\_\_\_

Date: \_\_\_\_\_

Tuition Charge: \$ \_\_\_\_\_

**Custody:** This school assumes that both parents have full parental and residential custody. If this is not the case, it is the responsibility of the parents to provide the school with that portion of the divorce decree or separation agreement that articulates parental and residential custody. Should any changes occur during the year, please inform the school.

\_\_\_\_\_ Please check here if the school should expect a custody document.

**Academic Information:**

Has the student ever been tested for learning problems? \_\_\_ Yes \_\_\_ No    Does the student have a 504 Accommodation Plan? \_\_\_ Yes \_\_\_ No

Has testing for learning problems ever been suggested? \_\_\_ Yes \_\_\_ No    Does the student have an IEP or IESP? \_\_\_ Yes \_\_\_ No

Does the student have any medical conditions or allergies? \_\_\_ Yes \_\_\_ No    Explain: \_\_\_\_\_

Is the student currently taking medication? \_\_\_ Yes \_\_\_ No. If yes, please specify: \_\_\_\_\_

Does the medication need to be administered during the school day? \_\_\_ Yes \_\_\_ No. If yes, when? \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Information Requests:** \_\_\_\_\_ Before and After School Program application.

**Financial Information:**

<b>NURSERY (2 Day):</b>	<b>\$ 3,200</b>	<b>(\$320.00 per month)</b>
<b>Nursery/Prek (3 day):</b>	<b>\$ 4,000</b>	<b>(\$400.00 per month)</b>
<b>Nursery/Prek (5 days)</b>	<b>\$ 5,500</b>	<b>(\$550.00 per month)</b>

**2019-2020 TUITION PAYMENT POLICY:**

1. A student may not begin in September if there is past due tuition owed.
2. A FACTS Tuition payment plan must be in place in order for a student to start the new school year.
3. The privilege of participating in graduation ceremonies may be suspended if tuition is not paid in full.
4. Personal checks will not be accepted for past due tuition during the month of June and again after August 15<sup>th</sup>.
5. In the event that tuition is left unpaid, the school will refer your tuition account to our collection attorney and you will be responsible for all collection related fees.

I/We have read the tuition and payment policy of the school. I/We are responsible to make tuition and fee payments for the student whose name is on this application for the 2019-2020 school year.

I/We understand that the school must be informed of any physical, mental or emotional limitation known by the parents that could affect appropriate placement. Providing inaccurate or incomplete information during the application process will result in non-acceptance or dismissal from the school. **Classroom placement is determined by the school.**

I/We understand that the *Student Handbook* contains the official policies and procedures of the school.

Mother/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete the section below only if someone other than a parent will be responsible for the student's tuition.**

Name(s) of the person(s) responsible for tuition if *other* than a parent:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I have read the tuition and payment policy of the school. I am responsible to make tuition payments for the student whose name is on this application for the 2019-2020 school year according to the option selected above.

Signature of Person Responsible for Tuition Other than a Parent \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

This school is fully committed to fostering an educational community that is free from discrimination based on race, national origin, skin color, disabilities, age or gender, except as concerns any matter for which there is a statutory or judicially recognized exception for religious institution.



## Tuition Management

FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.

To set up your FACTS agreement, visit your school's website and locate the FACTS link.

### FACTS CONFIRMATION NOTICE

Once your information is received and processed by FACTS, you will receive a confirmation notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

### Frequently Asked Questions

- **Is my information secure?**  
Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit [FACTSmgt.com/Security-Compliance](https://www.factsmgmt.com/Security-Compliance).
- **When will my payments be due?**  
Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.
- **What happens when my payment falls on a weekend or a holiday?**  
Your payment will be processed on the next business day.
- **What happens if a payment is returned?**  
Returned payments may be subject to a FACTS returned payment fee. Watch for a returned payment notice for additional information.
- **How do I make changes once my agreement is on the FACTS system?**  
Changes to your address, phone number, email address, or banking information can be made at [Online.FACTSmgt.com](https://www.factsmgmt.com) or by contacting your school or FACTS. Any changes to payment dates or amounts need to be approved by the school and the school will then need to notify FACTS. **All changes must be received by FACTS at least two business days prior to the automatic payment date in order to affect the upcoming payment.**
- **What is the cost to set up a payment plan?**  
If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

### FACTS CUSTOMER SERVICE

We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you. **To view your payment plan details, log in to your FACTS account at [Online.FACTSmgt.com](https://www.factsmgmt.com). Customer Care Representatives are also available to assist you 24/7.**



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### **Media/Photo Release Authorization**

I understand that Holy Family School will be publishing certain advertisements relative to the school and that a picture or other material including my child or me may be included in one or more of those advertisements. I give the school and anyone acting on their behalf permission to use any photograph, videotape or other recording for public viewing in any print or broadcast media (e.g., radio, newspapers, magazines, brochures, television, Facebook, etc.) or in displays. I also permit the school and anyone acting on their behalf to use any statement or part of any statement that I chose to make in any such broadcast, article or display.

I release the school, employees, agents and representatives from any liability arising out of the use of any such photograph, videotape, other recording or statement for public viewing in any print or broadcast media.

I agree that this release may be revoked by me at any time in writing. Any such revocation will apply to the future use of any picture, film, statement, of my child or me, but will not apply to any materials already produced and in use by the school. I intend the release to be binding upon me, my heirs, executors, administrators, successors and/or assigns.

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Printed Name of Releaser: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ I DO NOT GIVE PERMISSION FOR MY CHILD/CHILDREN TO BE PHOTOGRAPHED.