

ACADEMY OF ST. JAMES OF THE MARCHES

Is a Licensed Childcare provider by the State of N. J.

400 TOTOWA ROAD
TOTOWA, NJ 07512
(973) 956-8824

Grade entering in September: \_\_\_\_\_

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

Paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Family Name Child's Last Name Child's First Name

Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Address of School: \_\_\_\_\_ City & State: \_\_\_\_\_

(Circle one in each category)

Sex: Male or Female Child's Religion: Catholic or Non Catholic

Ethnicity: \_\_\_ Hispanic \_\_\_ Non Hispanic

Race: \_\_\_ American Indian / Alaskan Native \_\_\_ Asian \_\_\_ Black

\_\_\_ Native Hawaiian / Pacific Islander \_\_\_ Two or more races \_\_\_ White

U.S Citizen: Yes or No Green Card: Yes or No

Sacraments Received By Your Child:

Baptism: Date \_\_\_\_\_ Church \_\_\_\_\_ City & State \_\_\_\_\_

Penance: Date \_\_\_\_\_ Church \_\_\_\_\_ City & State \_\_\_\_\_

First Communion: Date \_\_\_\_\_ Church \_\_\_\_\_ City & State \_\_\_\_\_

Family Mailing Address: Mr. / Mrs. Ms.: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address \_\_\_\_\_@\_\_\_\_\_

Name of Church Family Attends: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

New families only: How did you hear about our school? \_\_\_\_\_

**Brothers and Sisters already in our school**

**Name:**

**Grade for Upcoming Year:**

1.- \_\_\_\_\_

\_\_\_\_\_

2.- \_\_\_\_\_

\_\_\_\_\_

3.- \_\_\_\_\_

\_\_\_\_\_

**Parents:**

\_\_\_\_\_  
Fathers Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Place of Birth

**Religion:** Catholic or Non Catholic    **Marital Status:** Single    Married    Divorced    Remarried

U. S. Citizen:    Yes    or    No

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

Telephone #: Home (\_\_\_\_) \_\_\_\_\_    Work (\_\_\_\_) \_\_\_\_\_    Cell (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_  
Mothers Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Place of Birth

**Religion:** Catholic or Non Catholic    **Marital Status:** Single    Married    Divorced    Remarried

U. S. Citizen:    Yes    or    No

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

Telephone #: Home (\_\_\_\_) \_\_\_\_\_    Work (\_\_\_\_) \_\_\_\_\_    Cell (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

**ALL REGISTRATION FEES ARE NON REFUNDABLE. ALL APPLICATIONS MUST BE FULLY COMPLETED AND RETURNED TO THE OFFICE.**

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**PARENT CONTRACT 2021 - 2022**

**ALL FORMS IN THE REGISTRATION PACKET MUST BE FULLY COMPLETED FOR EACH CHILD.**

Read and sign **one** contract, **one** service contract.

- 1. All forms and fees must be current in order for registration to be complete. All students' Health Records and Immunizations records must be updated before school begins. Students will be excluded from school until these records are updated and returned to the office.**
2. All Tuition & \$300 Academic/Technology fee are paid to SMART Tuition; school fees are paid directly to school. The school follows specific guidelines for unpaid tuition and school fees as outlined in the Parent Handbook. Delinquent payments will result in discontinuation of educational services.
3. SMART Tuition Enrollment is completed by parents at [www.enrollwithsmart.com](http://www.enrollwithsmart.com)
4. All parents are responsible to update all information for the Alert System through Rediker. Emergency calls and important announcements are made through the Alert system.
5. Registration Fee, Before/After Care Fees, Class Dues, and Cafeteria Fees are paid directly to the school. **REGISTRATION FEES ARE NON-REFUNDABLE.**
6. Each family is expected to cooperate fully in the total moral, religious, and academic development of their children. Non parishioners are expected to attend a minimum of 4 children's Sunday Masses at St. James Church during the school year.
7. Each family is expected to attend Parent/Teacher conferences.
8. By registering your child/children at the school, parents/guardians are endorsing the School's policies and agree to comply with them, including, but not limited to, all policies outlined in the Parent/Student Handbook.

**Parent Name (Please Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**SERVICE CONTRACT 2021 - 2022**

In order to keep tuition to reasonable, each family must participate in school fundraising activities. This is a contractual requirement. **EACH FAMILY IS REQUIRED TO:**

- Sell \$100 worth of calendar raffle tickets.
- Sell at least one box of World's Finest Chocolate.
- Sell at least 10 boxes of Krispy Kreme doughnuts.
- **DUE TO COVID-19 RESTRICTIONS, THE FUNDRAISING ACTIVITIES LISTED ABOVE WILL BE HANDLE DIFFERENTLY. PLEASE WE NEED YOUR SUPPORT WITH THE FUNDRAISERS. IF YOU HAVE ANY FUNDRAISING IDEAS, PLEASE LET US KNOW.**

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\_\_\_\_\_ **I do not wish to participate in any of the fundraisers, I will pay the amount of \$350.00.**

**I have read and understand both the Parent Contract and the Service Contract. My signature signifies that I hold myself responsible to comply with all of the requirements outlined for the 2021 -2022 school year.**

**Student Name / Grade** (please print): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_@\_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACADEMY OF ST. JAMES OF THE MARCHES**

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TUITION RATES 2021 -2022

Gr. K - 8

Number of Children:	Student/Year
1 Child	\$5,600.00
2 Children	\$8,385.00
3 Children	\$10,900.00

**Registration Fee**  
**\$250 per student only in February**  
**After March 1<sup>st</sup> the**  
**registration per student \$350**

Each family is required to pay a total of \$300.00 Academic / Technology fee; this fee will appear:

\$100 on October 2021, \$100 on February 2022, and \$100 on March 2022 in the SMART Tuition

statement and must be paid prior to the end of the 3<sup>rd</sup> Marking Period.

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**TUITION RATES 2021 - 2022**

**PREK 3 & PREK 4**

TYPE OF DAYS:	TIME:	
Pre-K 3 & Pre-K 4		
5 Full Days	8:00 am - 2:30 pm	\$6,700.00
3 Full Days	8:00 am - 2:30 pm	\$4,600.00
5 Half Days	8:00 am - 12:00 pm	\$4,300.00
3 Half Days	8:00 am - 12:00 pm	\$3,200.00

**4 CS' Available for qualified families**

Registration Fee: PreK \$350

**ALL REGISTRATION FEE**

**EMERGENCY INFORMATION FORM**

Dear Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Kindly fill in the following information for each of your children. This form will be kept on file in the school office. Please list only relatives or neighbors who are willing to pick up your child in case of illness or accident or are willing to take responsibility for your child in the rare instances of unscheduled dismissals. Student should be picked up within 30 minutes.

Family Name: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

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

Child's First Name & Grade: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(If different than Family Name)

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

Where can parents be reached if not at home?

**Father:** \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

**Mother:** \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

In the event that either father or mother can be reached, please list three relatives or neighbors.

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

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

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks – any special conditions: \_\_\_\_\_

Allergies to food, stings, medication, etc. \_\_\_\_\_

Physician's Name: \_\_\_\_\_

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

Office Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Preferred Hospital where child should be taken: \_\_\_\_\_

(Name and address) \_\_\_\_\_

**ACADEMY OF ST. JAMES OF THE MARCHES**

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**BEFORE CARE & AFTER CARE**

Extended Care (before school and after school) is offered to help working parents. Before Care begins at 7:00 am and ends at 7:45 am. Teachers and Staff provide a safe environment; they help students with homework and organize games. See the reasonable rates on the reverse of this form and keep for future reference.

**AFTER CARE POLICIES AND PROCEDURES**

Students are given a snack every day. They have an hour, **minimum**, to do homework. Most will take advantage of working longer with adult help and supervision. Activities, games, and movies are provided.

1. Pack a snack IF your child does not like the snack provided and an extra drink.
2. **Before & After Care will be billed every Friday for the previous week. Payment is expected by the following Tuesday.**
3. Send in a reading book each day with your child for the days that they may complete their homework early before Activity Time.
4. **NO ONE is allowed upstairs once they are at After-Care.** Everything must be brought downstairs at dismissal.
5. **After care ends at 6:00. Late fees will be imposed - \$5.00 for each 15 minutes after closing time.**
6. **All** parents need to check homework with children.
7. All this school policy as outlined in Parent/Student handbook apply to before and aftercare.

**Return the bottom portions and keep this form reference**

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**After-Care Policies and Procedures**

Student (s) Name & Grade (s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I read and will abide by the After-Care Policies and Procedures

Student (s) Signature \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**BEFORE AND AFTER CARE RATES  
DIRECT LINE (973) 942-8040**

**Before Care Rates Per Family**

	Daily	Monthly
1 Child	\$ 9.00	\$ 135.00
2 Children	\$ 11.00	\$ 165.00
3 Children	\$ 12.00	\$ 180.00

**\*\* STUDENTS  
ATTENDING  
MORNING CARE &  
AFTER CARE WILL BE  
BILL EVERY FRIDAY.**

**After Care Rates Per Family**

1 Child:	Up to:	Daily	Monthly
	3:00 PM	\$ 7.00	\$ 150.00
	3:30 PM	\$ 12.00	\$ 180.00
	4:00 PM	\$ 14.00	\$ 210.00
	4:30 PM	\$ 16.00	\$ 240.00
	5:00 PM	\$ 18.00	\$ 270.00
	5:30 PM	\$ 20.00	\$ 300.00
	6:00 PM	\$ 22.00	\$ 330.00

2 Children	Up to:	Daily	Monthly
	3:00 PM	\$ 14.00	\$ 240.00
	3:30 PM	\$ 18.00	\$ 270.00
	4:00 PM	\$ 20.00	\$ 300.00
	4:30 PM	\$ 22.00	\$ 330.00
	5:00 PM	\$ 24.00	\$ 360.00
	5:30 PM	\$ 26.00	\$ 390.00
	6:00 PM	\$ 28.00	\$ 420.00

3 Children	Up to:	Daily	Monthly
	3:00 PM	\$ 16.00	\$ 300.00
	3:30 PM	\$ 22.00	\$ 330.00
	4:00 PM	\$ 25.00	\$ 375.00
	4:30 PM	\$ 27.00	\$ 405.00
	5:00 PM	\$ 30.00	\$ 450.00
	5:30 PM	\$ 32.00	\$ 480.00
	6:00 PM	\$ 35.00	\$ 525.00

**\*\*\* Parents will be charged an additional \$5.00 for every 15 minutes  
or fraction of after closing time and will be billed separately from 4C'S**



**INDIVIDUAL PUPIL REQUEST FOR LOAN OF TEXTBOOKS**

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

Public School District: \_\_\_\_\_

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

\_\_\_\_\_

Name of Pupil: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request the \_\_\_\_\_ (Public School District) to loan textbooks to the \_\_\_\_\_ (Nonpublic School) in which my child is enrolled. I certify that my above named child and I are residents of the State of New Jersey. I understand that the public school district in which the nonpublic school is located has oversight of the State funds designated for providing the loan of textbooks to nonpublic school students pursuant to law and regulations.

Signature of Parent / Guardian: \_\_\_\_\_

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

**Academy of St. James of The Marches**

400 Totowa Road  
Totowa, NJ 07512  
(973) 956-8824

**Website-Newspaper  
Photo Release**

\_\_\_\_\_ I give my permission for my son/daughter: \_\_\_\_\_ in  
Grade \_\_\_\_\_ to be included in photos for the school website or articles in local publications  
regarding recent school activities.

\_\_\_\_\_ I do not wish for my son/daughter: \_\_\_\_\_ in  
Grade \_\_\_\_\_ to be included in photos for the school website or articles in local publications  
regarding recent school activities.

Parent's Name (please print) \_\_\_\_\_

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

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### **REGISTRATION REQUIREMENTS**

#### **(Only for new students)**

1. Copy of Birth Certificate
2. Baptism Certificate (If Catholic)
3. Immunization Record
4. Report Card & Test Records (Only for new students from Gr. 1 – Gr. 8 )

If you have any questions, please do not hesitate to call the office.