

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

**Pre-Kindergarten Registration Form
2021 – 2022**

Date: _____

Paid: \$ _____ Check #: _____ Receipt #: _____

Student:

Family Name	Child's Last Name	Child's First Name
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Date of Birth: _____ City & State of Birth: _____

(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

Session: PreK3: _____ **PreK4:** _____ **Full Day:** _____ **Half:** _____

Sacraments Received By Your Child:

Baptism: 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 2021 - 2022 Year:

1.- _____

2.- _____

3.- _____

Parents:

Fathers Last Name

First Name

Place of Birth

(Circle one in each category)

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.

THE ACADEMY OF ST. JAMES OF THE MARCHES

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PREK PARENT CONTRACT FOR 2021 - 2022

1. All forms and fees must be paid in order for registration to be complete. All student's Health Records and Immunizations record must be updated **Before** school begins.
2. All Tuition & \$300 Academic/Technology fee are paid to SMART. The school follows specific guidelines for delinquent payments culminating in discontinuation of educational services as a result of unpaid tuition and school fees, as outlined in the Parent Handbook. Delinquent payments will result in discontinuation of educational services, any outstanding balance due to school will be sent to collections and if you have any payment arrangements that are not kept.
3. SMART Tuition Enrollment is completed by parents at www.enrollwithsmart.com
4. Registration Fee, Before/After Care Fees, Class Dues, and Cafeteria Fees are paid directly to the school. **Registration fees are NON Refundable.**
5. Each family is expected to cooperate fully in the total moral, religious, and academic development of their children.
6. Each family is expected to participate actively in Home School Association activities and meetings and Parent/Teacher conferences and meetings.
7. Families must attend certain required masses during the school year. These masses include Back to School, Catholic School Week, Bishop's Mass, and one mass designated for each class to participate.
8. By registering your child/children at the school, parents endorse the School's policies and agree to comply with them, including, but not limited to, all policies outlined in the Parent Handbook.
9. **Each family is required to sell \$100.00 worth of Calendar Raffles, 1 box of chocolate, and purchase at least 10 boxes of Krispy Kreme doughnuts during the school year.**

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

Parent / Guardian Signature: _____ **Date:** _____

Student Name (Please print) _____ **Gr.** _____

Principal Signature: _____

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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 1st

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 3rd 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	
3 Full Days	8:00 am - 2:30 pm	\$6,700.00
		\$4,600.00
5 Half Days	8:00 am - 12:00 pm	
3 Half Days	8:00 am - 12:00 pm	\$4,300.00
		\$3,200.00

4 CS' Available for qualified families

Registration Fee: PreK \$350

**ALL
REGISTRATION FEES
ARE NON**

REFUNDABLE

EMERGENCY INFORMATION FORM

Dear Parent/Guardian: _____

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 BEFORE CARE & AFTER CARE

Extended Care (before school and after school) is offered to help working parents. Before Care begins at 7:00 and ends at 7:45. 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 policies as outlined in Parent/Student handbook apply to before and aftercare.

Return the bottom portions and keep this form reference

After-Care Policies and Procedures

Student (s) Name & Grade (s) _____

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

Parent's Signature: _____

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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

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

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 FOR PRE-K

(Only for new students)

1. Copy of Birth Certificate
2. Baptism Certificate (If Catholic)
3. Immunization Record

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