



# St. Mary Catholic School

## STUDENT INFORMATION

Student Name (First, Middle and Last)

Gender

Street Address

Entering Date and Entering Grade

City

State

Zip Code

Place of Birth (City, State)

Date of Birth

Religion

For Statistical Purposes Only:

Are you of Hispanic or Latino Descent?

Yes

No

Please ☒ check one or more of the following groups in which you consider yourself a member

American Indian/Native Alaskan

Asian

Black

Native Hawaiian /Pacific Islander

White

## PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 (First and Last Name)

☐ Lives with Student

Relationship to Student

Street Address (if different from Student Address above)

Primary Phone

City

State

Zip

Mobile Phone

Occupation (optional)

Employer

Work Phone

Parent/Guardian 2 (First and Last Name)

☐ Lives with Student

Relationship to Student

Street Address (if different from Student Address above)

Primary Phone

City

State

Zip

Mobile Phone

Occupation (optional)

Employer

Work Phone

Parent/Guardian 1 Email Address

Parent/Guardian 2 Email Address

## PLEASE SUBMIT THE FOLLOWING

Birth Certificate

Immunization Records

Baptismal Certificate (if any)

Registration Fee (\$250/family)



# St. Mary Catholic School

## SERVICES AND EVALUATIONS

Is your student currently receiving any of the following services? (a) IEP and/or CSE self-contained or pull out placement; (b) Title 1 reading help; (c) Speech; (d) Other services

Yes No If yes, please describe:

Has your student had any educational tests or evaluations?

Yes No If yes, please describe:

## REGISTRATION/TECHNOLOGY/HSA FEES

*I understand to guarantee placement in a class, a non-refundable \$250 per family registration fee will be charged. There is also a \$130 technology fee per child for Grades 1-8 and a \$15 HSA fee that will be added to the first tuition payment.*

Parent/Guardian Signature

Date:

## TUITION SELECTION

Name of individual responsible for payment of tuition:

*I agree that to enroll in FACTS Tuition Management to pay tuition. I can pay tuition in one, two or ten payments. I agree to make payment when due. If my student is a transfer student, I agree that tuition will be due as stated in the handbook.*

I choose the following tuition payment plan:

One (1) payment due by June 5th

Two (2) payments due on June 5<sup>th</sup> and December 5<sup>th</sup>

Ten (10) payments beginning in July, due on the 5<sup>th</sup> or 20<sup>th</sup> of each month

Parent/Guardian Signature

Date:

## PRE-K (3 AND 4 YEAR OLDS)

*I agree that my child must be toilet trained prior to the 1<sup>st</sup> day of school. There will be no refund of the registration fee if my child is not fully trained. Children may not wear pull ups to school.*

Parent/Guardian Signature

Date:

Please return Registration Form along with the required documentation listed above to:

admissions@thestmaryparish.org or

St. Mary Catholic School, 217 South 4<sup>th</sup> Street, Wilmington, NC 28401, Attention: Admissions



# St. Mary Catholic School

## EMERGENCY CONTACT INFORMATION

Student Name

Grade

Parent/Guardian Name 1

Mobile Phone (For messages via Alert Now)

Other Daytime Phone

Parent/Guardian Name 2

Mobile Phone (For messages via Alert Now)

Other Daytime Phone

## ALTERNATIVE EMERGENCY CONTACTS

*These individuals (in order of contact) may be contacted if one of the above contacts cannot be reached. These alternative emergency contacts are allowed to pick up and assume temporary care of my student.*

Alternative Emergency Contacts

Phone

## MEDICAL INFORMATION

*In case of an accident or serious illness, I request that the school contact the parents/guardians listed above. If those individuals cannot be reached, I hereby authorize the school to call the physician indicated below and to follow the physician's instructions. If the physician is not available, I hereby authorize the school to make the necessary arrangements for medical care.*

Physician

Office Phone

Physician Address

## MEDICAL CONDITIONS AND ALLERGIES (PLEASE LIST BELOW OR USE BACK OF THIS FORM)

*By signing below, I agree that the above information is correct. I agree to notify the school immediately if any of the above changes.*

Signature of Parent/Guardian

Date



# St. Mary Catholic School

### AFTER SCHOOL PROGRAM REGISTRATION

Student(s) Name

Grade

The After School Program is offered to students in grades K-8. After School is available Monday-Friday from 3:00-6:00 pm. Students may register to attend daily or on a drop-in basis. **This form must be completed for all students who plan to attend the After School Program.**

Select (✓)	Program	Fee	Payment Schedule
	Annual	\$1,600 per year	Payable in 9 equal monthly payments of \$180 on the 1 <sup>st</sup> of each month (September – May)
	Drop-in	\$10 per day	Billed on a monthly basis

For any student not picked up by 6:00pm, there will be an additional charge of \$1 per minute billed to you.

A \$25 late fee will be assessed for all payments not received by the due date each month. If your bill is in arrears for more than 2 months, your student will be ineligible to attend the After School Program.

Parent/Guardian Name

Phone

*By signing below, I am enrolling my student(s) in the After School Program and agree to the above terms.*

Date

Submit any application documents in person, via email to [admissions@thestmaryparish.org](mailto:admissions@thestmaryparish.org), or upload via the Application Document Submission box. After submitting form, families will receive an email link to [Factsmgt.com](https://facts.mgt.com) to review application and pay Registration Fee.

DATE RECEIVED:

BY:

APPROVED: