



HOLY FAMILY CATHOLIC SCHOOL

2012-2013

Voluntary Pre-Kindergarten Application Form

Date: _____

Student's Complete Legal Name: _____ Entering Grade: PK

Birth Date*: ___ / ___ / ___ City, State, Country _____

*Age requirement: Pre-Kindergarten students must be 4 years old on or before September 1, 2012 but not yet 5 years old.

Sex: _____ Ethnicity: _____ Religion: _____ Language: _____

Church Membership:

HFCC In-Parish Envelope # _____ Catholic Out-of-Parish ~ Church Registered _____

Non-Catholic _____

List all of your child's medical conditions/allergies: _____

Medications regularly taken by this student: _____

Please choose which program your child will attend.

_____ **Program A - VPK 5 Day:**

Enroll my child in VPK & Holy Family Catholic School Pre-K program

Dates: August 20, 2012 – May 24, 2013 Days/Time: Mon-Fri. 7:45am-11:45am

Tuition: \$1100 Catholic In-Parish; \$1800 Catholic Out of Parish/Non-Catholic

\$100 deposit due with registration form (non-refundable).

Tuition can be paid in 10 monthly installments June-March (non-refundable)

ASC Fees: 11:45am-2:30pm Mon.-Fri. \$170/month Sept.-May

11:45am-5:45pm Mon.-Fri. \$270/month Sept.-May

Drop-In available 2 days per week \$5/hr per child

_____ **Program B - VPK 4 Day:**

Enroll my child in VPK only

Dates: August 20, 2012 - May 17, 2013 Days/Time: Mon.-Thurs. 7:45am-11:45am

Tuition: None

ASC Fees: 11:45am-2:30pm Mon.-Thurs. \$140/month

11:45am-5:45pm Mon.-Thurs. \$240/month

Drop-In available 2 days per week \$5/hr per child

Please complete the information below for the parents/guardians of the student's primary residence:

Preferred Title on mail: _____

Street Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Email address: _____

(Student's primary residence and home phone will be used in the school directory.)

Father/Guardian

Name: _____

Business: _____

Bus. Phone: _____ Cell: _____

Religion: _____ Marital Status _____

Child lives with: Both Father** Mother** Other** _____

Mother/Guardian

Name: _____

Business: _____

Bus. Phone: _____ Cell: _____

Religion: _____ Marital Status: _____

**LEGAL DOCUMENTATION MUST BE SUBMITTED WITH APPLICATION

(Over)

COMPLETE ONLY IF PARENTS ARE DIVORCED

Does parent with whom student reside have:

- Sole Custody**
- Shared Parental Responsibility**

If shared parental responsibility, please complete the following:

Name of non-residential parent _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

****LEGAL DOCUMENTATION MUST BE SUBMITTED WITH APPLICATION - Date Received _____**

Immunization Guidelines: We adhere to the State of Florida Immunization guidelines. The **original Florida Department of Health School Health Exam Form 3040** and the **original Florida Department of Health Certificate of Immunization Form 680** are required for entrance. To obtain further information regarding State of Florida requirements please visit the website: http://www.doh.state.fl.us/DISEASE_CTRL/immune/schoolguide.pdf

The following documents are required for each student:

- Completed Holy Family Catholic School 2012-2013 Voluntary Pre-Kindergarten (VPK) Registration Form
- Voluntary Pre-Kindergarten Education Program Child Eligibility and Enrollment Certificate (issued by Early Learning Coalition of Duval County)
- Completed Holy Family Catholic School VPK Attendance Policy Form
- Birth Certificate
- Baptismal Certificate (if Catholic)
- Current **original** Florida Dept. of Health Certificate of Immunization Form 680 (upon acceptance)
- Current **original** Florida Dept. of Health School Entry Health Exam Form 3040 (upon acceptance)

Financial Responsibility:

I assume the total financial responsibility of tuition and fees for the school year and understand that all fees paid are non-refundable. I agree to pay tuition according to the published schedule for the school year. Payments must be made in order to maintain student status. If tuition and other finances are not current, the school policy is to withhold the student's report card until financial arrangements are made. I understand if tuition payments are three (3) months delinquent, Holy Family Catholic School will withdraw our student and will not release any academic records until such time as our account is brought current. If tuition is not up to date at the end of the year, final grades and school records will not be transferred to another school. In the event I do not pay the outstanding balance, I agree that I may be liable for any legal fees that are incurred.

Diocese of St. Augustine Volunteer Requirements:

The Diocese of St. Augustine requires that all volunteers must be fingerprinted, have background clearance, completed the “Protecting God’s Children” program and provide references upon request. **There are no exceptions.**

Authorization for Emergency Care:

In case of accident or serious illness and the school is unable to reach a parent/guardian, I hereby authorize the school to make whatever arrangements necessary to provide care and treatment for my child. In case of an accident or serious illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at the school, the school will contact a parent/guardian to arrange transportation for my child. If the school is unable to reach a parent or guardian, I authorize the school to contact one of the persons listed on the emergency card and request them to come to the school and transport my child.

General Release of Liability:

The undersigned hereby releases and forever discharges Holy Family Catholic School, their officers, agents and employees, from all claims and demands, rights and causes of action of any kind the undersigned now has or hereafter may have on account of or in any way arising from personal injuries known or unknown to the undersigned at the present time and property damage resulting or that results from any occurrence which may happen to our child(ren) (or legal ward), during his/her stay at Holy Family Catholic School.

- ❖ *I attest to the accuracy and completeness of the information provided on this registration form. I agree to provide all of the required student certificates, immunization records, special needs testing reports, and tuition(Program A) which I understand are non-refundable, due prior to my child beginning school at Holy Family Catholic School. My child’s registration is valid with all documents submitted in their entirety and on file at Holy Family Catholic School.*
 - ❖ *I fully understand that this registration of my child/ children will serve as my complete and unconditional agreement to all the policies of Holy Family Catholic School, Holy Family Catholic Church and the Diocese of St. Augustine.*
 - ❖ *Anytime a new family enrolls at Holy Family Catholic School: Registration and Annual fees will be assessed at the full rate for the school year.*
- “All information provided by the family for this student will be protected by the school personnel who will use it only for the benefit of the student entrusted to the school. It will be shared **only** with appropriate emergency medical or law enforcement personnel if the school administration deems it necessary.”*

Signatures of both mother and father are required.

× _____
Signature of parent or legal guardian

Date

× _____
Signature of parent or legal guardian

Date