

REGISTRATION CHECKLIST

PRESCHOOL

STUDENT NAME: _____

FAMILY NAME: _____

BIRTH DATE: _____

Please return the following documents and fees to the school office.

_____ Preschool Tuition Agreement

_____ Registration Form

_____ Non-refundable Registration fee of \$175 per child

\$ _____ received by Check # _____ or Cash _____ - Initial of Recipient _____

_____ Non-refundable \$250 deposit

\$ _____ received by Check # _____ or Cash _____ - Initial of Recipient _____

_____ Copy of Birth Certificate

_____ Copy of Baptismal Certificate

_____ Copy of Universal Health Record and Immunization Records with Physician's Stamp

_____ Family Info Sheet

_____ After School Care

_____ Non-Public Nursing Form



151 Gropp Avenue Hamilton, NJ 08610

Phone: 609-585-7733

www.srsnj.org

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Preschool Tuition Agreement 2024 - 2025

Student Name: _____ Parent/Guardian Name: _____
(Please print full name: First, Middle and Last) (Please print full name)

Address: _____ Phone: _____
(Street, City/Town, State, Zip Code)

Email Address: _____ Cell Phone: _____

The Preschool tuition rates for the 2024 - 2025 school year are listed below.

Non-refundable Registration Fee: \$175.00

Full day session: 7:45 am – 3:00 pm. Half day sessions: 7:45 am - 12:00 pm.

Schedule	Tuition Rates for 2024 -2025	Option Selected Parent / Guardian initials
Five Full Days	\$9,300.00	
Four Full Days	\$7,865.00	
Three Full Days	\$6,350.00	
Two Full Days	\$4,675.00	
Five Half Days	\$6,480.00	
Four Half Days	\$5,555.00	
Three Half Days	\$4,455.00	
Two Half Days	\$3,275.00	

*Tuition Rate does not include Registration Fee.

Please indicate which days you would like your child to attend:

Preschool 3 _____ Preschool 4 _____

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Family Name: _____ Date: _____

Payment Options: Choose one option by placing an "X" on the appropriate line.

One payment option must be chosen.

A non-refundable deposit of \$250.00 per family is due by **Friday, March 8, 2024**. Payment of this fee is required to insure a place at Saint Raphael School for 2024 -2025 school year. This non-refundable deposit will be credited toward 2024 -2025 tuition payment(s).

_____ Option 1: ONE PAYMENT

Deposit of \$250.00 due **Friday, March 8, 2024**

Full payment due **Friday, June 7, 2024**

_____ Option 2: TWO PAYMENTS:

Deposit of \$250.00 due **Friday, March 8, 2024**

First installment: **Friday, June 7, 2024** (50% of total due)

Second installment: **Friday, January 3, 2025** (Balance of total due)

_____ Option 3: FACTS TUITION PAYMENT PLAN:

Deposit of \$250.00 due **Friday, March 8, 2024**

Additional 11 monthly payments will be debited from your account through the FACTS program, from July 2024 through May 2025.

Parents/Guardians: please sign and return this agreement with the necessary non-refundable deposit of \$250.00 to the school office by **Friday, March 8, 2024**.

We have read the Parent - School Tuition Agreement and agree to observe the conditions governing the attendance of our child/children at Saint Raphael School for the 2024 - 2025 school year.

Father's Name
(Print)

Father's Signature

Mother's Name
(Print)

Mother's Signature

Guardian's name
(Print)

Guardian's signature

Personal Guarantee

I/We understand that each parent/guardian of the child/children enrolled at Saint Raphael School must sign the Parent-School Agreement on an annual basis attesting that I/we are both jointly and severally liable for my/our child/children's entire yearly tuition.

Tuition must be paid in full or up-to-date (*subject to the principal's discretion) with monthly payments for the previous academic school year before the child/children may be registered for the following academic school year.

Timely payment of fees and tuition are required in full within the parameters of the school year and according to the payment option decided upon. Failure to pay fees and tuition in a timely manner without communication and agreement with the school may result in a student being denied admission to classes.

Mother / Guardian

Date

Father / Guardian

Date

Date: _____

Family Information

Family Name: _____ Home Phone: _____
Email: _____ Cell Phone: _____

PLEASE ADD MY FAMILY INFORMATION TO THE SCHOOL DIRECTORY: Yes No

Child: _____ Grade: _____ Date of Birth: _____
Child: _____ Grade: _____ Date of Birth: _____
Child: _____ Grade: _____ Date of Birth: _____
Child: _____ Grade: _____ Date of Birth: _____

Street Address: _____ School District: _____
Apt #: _____ City: _____ State: _____ Zip Code: _____

Religion: _____ Registered Parish: _____ City: _____
Primary Language: _____ Race & Ethnicity: _____

Guardian 1 Full Name: _____ Relationship: _____
Address: _____
Employer: _____ Occupation: _____
Work Schedule: _____ Work Phone: _____ Cell: _____

Guardian 2 Full Name: _____ Relationship: _____
Address: _____
Employer: _____ Occupation: _____
Work Schedule: _____ Work Phone: _____ Cell: _____

Are birth parents separated? _____ Divorced? _____ Deceased? _____
If yes, who do the child(ren) live with? _____

If custodial restrictions exist, please provide a copy of the legal document setting forth the restrictions.

Emergency Contact Information: Please provide information for at least two people who we may contact in the event we are unable to contact the parent/guardian. The names provided are permitted to pick up the child from school.

Name: _____ Phone: _____
Relation to child: _____ Cell: _____

Name: _____ Phone: _____
Relation to child: _____ Cell: _____

Are there any Medical conditions which we should be aware of? _____
Specify and allergies to medications, bee stings, etc: _____
Transportation information (Check all that apply and indicate days):

Walker _____ Car Rider _____ Bus _____ After School Care _____



PRESCHOOL REGISTRATION FORM

Last Name _____ First Name _____

Middle Name _____ Nickname _____

Street Address _____

City/Town _____ State _____ Zip _____

Public School District of Residence _____ Gender _____

Place of Birth (city & state) _____ Date of Birth _____

Country of Citizenship _____

Race: White Black Amer. Indian Asian Pacific Islander

Ethnicity: Hispanic Non-Hispanic Primary Language: _____

Religion _____ Registered Parish _____ City/Town _____

Date of Baptism _____ Church _____

Mother's Name _____ Home Number _____

Mother's Cell _____ Mother's Email _____

Father's Name _____ Home Number _____

Father's Cell _____ Father's Email _____

Parent Signature _____ Date _____

For School Use Only:

Registration Fee Paid: Yes / No Cash/Check # _____ Initials _____

Days Attending _____

Circle one: PreK 3 / PreK4

Full Days / Half Days

UNIVERSAL CHILD HEALTH RECORD

*Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services*

SECTION I - TO BE COMPLETED BY PARENT(S)						
Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth / /		
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier _____				
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____		
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____		
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.						
Signature/Date _____				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER						
Date of Physical Examination: _____			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted: _____				Weight (must be taken within 30 days for WIC)		
				Height (must be taken within 30 days for WIC)		
				Head Circumference (if <2 Years)		
				Blood Pressure (if ≥3 Years)		
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____				
MEDICAL CONDITIONS						
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____			
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____			
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____			
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____			
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____			
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____			
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____			
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____			
PREVENTIVE HEALTH SCREENINGS						
Type Screening		Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct				Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous				Vision		
TB (mm of Induration)				Dental		
Other:				Developmental		
Other:				Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.						
Name of Health Care Provider (Print) _____			Health Care Provider Stamp: _____			
Signature/Date _____						



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Educational Services Commission of New Jersey

Existing legislation provides certain nursing services and funding for full-time students in private schools. Included in these services, based on available state aid, is maintenance of student health records, hearing assessment and scoliosis screening. In addition, your child will receive emergency nursing services for any school-related illness or injury. Please sign the form below and return it to the SRSNJ nurse’s office as soon as possible.

_____ I DO give my permission

_____ I DO NOT give my permission

For my child _____ in grade _____ to participate in nursing services. I give the Saint Raphael School nurse permission to share medical information with staff involved in my child’s care.

Signature of Parent/Guardian

Date

Medical Update for the 2024-2025 School Year

Have there been any changes in your child’s medical status since last year? _____

If yes, please describe: _____

Please list anything (foods, pollen, insects, medications, etc) your child is allergic to: _____

Illness/Accidents/Hospitalizations: _____

Any international travel during the summer? _____

Country: _____ Dates of Visit: _____

Please provide documentation of any recent immunizations, signed by a doctor, if the school does not already have a record.

Please be advised that if your child requires medication during school hours, the required forms must be completed by the doctor and parent, and returned to school. This includes over the counter medication. If your child needs to be excused from Physical Education classes, a note from the doctor indicating the reason and period of exclusion, is required.

We look forward to a healthy school year. Please feel free to contact the SRSNJ Nurse’s Office at any time at 609-585-4925.



Before/After School Program

Please read this information carefully and completely and retain for informational purposes.

After School Care Information

The **Before/After School Care Program** provides professional care and supervision of children enrolled at Saint Raphael School. Within a Christ-centered environment, the program strives to provide individual attention and security consistently for all children.

Before School Care is available from **7:15 to 8:00 am**. On days of a delayed opening because of inclement weather, *Before School Care* will be delayed the same amount of time as the school opening.

The hours of the **After School Care Program** are from **3:00 to 6:00 p.m.** on regular school days. There is **NO AFTER SCHOOL CARE ON 12:30 PM DISMISSAL DAYS**.

Please note: There is NO After School Care on early dismissal days due to inclement weather or other emergencies.

The After School Care schedule is as follows: (Subject to change)

- **3:00 – 3:15pm: SNACK** ~ You **MUST** provide a snack for your child/children
EVERY day.
- **3:15 – 4:15pm: HOMEWORK** ~ For students in grades 3 – 8
INDOOR/OUTDOOR PLAY ~ For students in grades Pre-K – 2
- **3:30 – 6:00pm: ACTIVITIES**
OUTDOOR PLAY ~ Weather permitting.
MOVIES, BOARD GAMES, COLORING/CRAFTS

It should be noted that:

- There is **NO nurse** on duty during the **After Care Program**.
- There will be **NO After Care Program** on the day before **Thanksgiving, Christmas, and Easter** vacations or on the last day of school.
- **In cases of divorce/separation or guardianship, a copy of the custody agreement MUST be attached to the registration form.**

Fees:

- **Registration Fee** - \$10.00**

****For emergency purposes, EVERY family MUST register. You will not be billed this fee unless / until you use the program.**

- **Before School Care** – No Charge
- **After School Care** – The cost of the After School Care Program is **as follows:**

Time of Pick Up	2024-2025 ASC Fees
3:00 - 4:00 pm	\$8.00
4:00 - 4:30 pm	\$10.00
4:30 – 5:00 pm	\$12.00
5:00 – 5:30 pm	\$14.00
5:30 – 5:45 pm	\$16.00
5:45 – 6:00 pm	\$18.00

- Parents are to pick up their child/children by the appointed time. **Failure to do so will result in additional fees.**
- **PLEASE NOTE: AFTER 6:00 p.m., there is an additional fee of \$5.00 per 5 minutes.** Please be considerate of the staff and pick up your child/children on time. **The After School Program is only open until 6:00 p.m.** If you have a problem/emergency, please call the School phone **609-585-7733** and leave a message. **By law, DYFS must be called if you do not pick up your child by 7:00 p.m.**

Billing: After School Care billing invoices are issued to parents on a **monthly basis**. **Your monthly payment is requested within 14 school days of receiving the invoice.** The *After School Care Program* is self-funded. Your child may not be permitted to return to After School if payment is not received as noted above.

Family Name _____

My child/children will attend the After School Care Program. Yes _____ No _____

Personal Guarantee

It is understood that each parent/guardian of the child/children enrolled in the **Saint Raphael School After School Care Program** must sign the After School Care Agreement on an annual basis attesting that they are both jointly and respectively liable for their child/children's financial obligation incurred through the use of the ASC Program. Failure to meet your financial obligations will result in your child/children's removal from the program.

Mother/Guardian	Date	Father/Guardian	Date
-----------------	------	-----------------	------

Emergency Permission Slip

There is always a possibility that a child may be injured or become seriously ill during after school hours and that we may be unable to reach the parents. This has happened in the past. ***Medical aid cannot be given to a child without his/her parent's consent.*** In an emergency, time can be vital. We would like to have your signature on file in case such an emergency occurs and we are unable to reach you immediately. We pray that this will never be necessary. Please complete the form below.

I give permission for my child/children, _____

to be transported to the Emergency Room at the hospital for medical aid in case of extreme emergency, provided that I cannot be reached when the emergency occurs.

Hospital Preference _____

Child's Doctor _____ Phone # _____

Specify any allergy to medications, bee sting, nuts, etc.: _____

Date _____ Parent's Signature _____



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Here at Saint Raphael School, the safety of all of God's children is of the utmost importance. As a Diocesan school, all Volunteers/Chaperones who come in contact with children, are required to be VIRTUS Trained and Fingerprinted. This includes PTA volunteers, chaperones for class trips, Room Parents, etc.

VIRTUS Training can be done In Person at local parishes, or online. If you prefer to do the training online, please contact Midge Cassarini at Faith Formation to schedule the class, at 609-585-0542 or mcassarini@srhap.org. Online courses take between 75-90 minutes. To schedule an In Person VIRTUS Training class, please use the following link : <http://www.virtusonline.org/virtus/>. Create a User ID and password, and it will then display 6 boxes. Choose the "Current Training" box and select register for a training course. Please choose Trenton, NJ (Diocese) as the Organization. It will display a list of training dates and locations for you to choose from. Once your VIRTUS Training is completed, please provide a copy of your certificate to the School Main Office.

All volunteers must be fingerprinted. You will schedule your appointment for fingerprinting through the Virtus website. After signing in, choose the box titled, "Background Check." You will be directed to choose a date and location convenient for you. **If prompted for the Contributor's Code, please write TRE126. If they ask for a service code, please enter 2F1J3Y.** Please be sure to keep your receipt and provide a copy to the School Main Office. **You will be reimbursed for any fees associated with this process.** In two weeks, you will need to print out a copy of your certificate and provide a copy to the office. Go to <https://ni.gov/education/crimhist/>, click on Applicant Approval Employment History and enter your DOB and SSN. Your certificate will load. You can print it or download and email it.

If you have already undergone VIRTUS Training and Fingerprinting within the last 4 years, if you have chosen to Buyout of Service for the 2024-2025 School Year, or if you are unsure of your status, please contact the Main Office. If you have any questions, please contact Jennifer Peoples in the Main Office for assistance at 609-585-7733 or jennifer.peoples@srsnj.org or Midge Cassarini at 609-585-0542 or mcassarini@srhap.org .

Thank you and God Bless.

Accredited by





FACTS works with schools across the country to provide tuition management services that make education more affordable. Through our programs, parents can pay tuition and fees over time, using a variety of payment methods, making it easier to afford a quality education for their children.

Frequently Asked Questions

If payments are made automatically from my bank account or processed to my credit card, does that mean FACTS/Nelnet Business Solutions or my institution has direct access to my account?

No. No one other than you and your financial institution has access to your account. When you set up automatic payments, you are solely authorizing an automatic payment.

Are these transactions secure?

Yes. You have more privacy with automatic payments than by writing a check. Bank research has shown that as many as 10 people handle a check from the time it is written until the funds are finally deducted from your account. Most checks include your name, address, phone number, and other financial information which can be easily copied. With electronic payments, the transaction passes electronically from bank to bank. Any information you share with us is completely confidential. We do not share any information with unauthorized third parties.

When will payments begin?

When we receive your agreement, we send you a letter or email confirming the original terms of your agreement. This includes your payment amount, balance due, and date your authorized payments begin. Payments will continue until the total balance is paid in full.

What happens if I miss a payment?

If you miss a payment, you will receive a notice from us with instructions on how the missed or returned payment will be handled. You may also be assessed a \$30 returned-payment fee for each attempt that is returned, but only if the return is because of non-sufficient funds. This fee is assessed in part to offset the fees FACTS is assessed by our financial institution when your payment is missed or returned. In addition to our fee, your institution may assess a fee as well.

How do I change my payment date or amount once my agreement is on the FACTS system?

Any changes to payment dates or amounts may 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 (2) business days prior to the automatic payment date in order to affect the upcoming payment.

What if I have a question about my agreement or want to print my payment history?

You may check balances, tuition and fees paid, print reports, and view scheduled payments by logging in to your account at online.factsmgt.com, or you may call us toll-free at 866.441.4637 for assistance.

Can I make payments with a credit or debit card?

If credit cards or debit cards are an acceptable form of payment at your school, you will see an option to pay by card when enrolling in a payment plan, making a payment, or editing your banking information online. If a fee is charged for paying by credit or debit card, it will be disclosed on your screen at these times.

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.

How do I make changes to my demographics or financial account on the FACTS system?

Changes to your address, phone number, email address, or banking information can be made at online.factsmgt.com or by contacting your school or FACTS. All changes must be received by FACTS at least two (2) business days prior to the automatic payment date in order to affect the upcoming payment.

Customer Care Representatives are available to assist you at 866-441-4637 or online.factsmgt.com.



FACTS Account Set Up Instructions

Go to:

- www.srsnj.org
- Click on “Prospective Families”
- Click on “Registration Forms”
- Click on “FACTS Set up Link”

Stay Connected

WITH SAINT RAPHAEL SCHOOL



Genesis Parent Portal

<https://parents.dioceseoftrenton.org/genesis/parents?gohome=true>

Lower Grades- Report Cards, Parent Forms

Middle School- Test Grades, Attendance, Report Cards, Parent Forms

School Website- srsnj.org

Find our school calendar, teacher pages, policies, ect.



Download the School Messenger app and receive updates right to your device.

Just use the email connected to your Genesis account and messages will be sent as a notification right to your smartphone. You will still also receive calls and emails for important updates.



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