



Holy Name of Jesus School Pre-School Registration
Three Year Old – Two Day Program

3yr old

Registration Information: *please retain this portion for your records*

- Registration Fee:** • A **Non-Refundable Registration Fee of \$75.00** is due with application
- Tuition Cost:** • **Tuition is \$1,235.00.** Payment may be a lump sum or monthly as \$137.22 for 9 months
- The first tuition payment must be paid by June 2 in order to assure enrollment. (This payment will be applied to your May 2018 tuition bill. September's tuition is due the first day of school and subsequent payments are due the first of each month.)
- Tuition refunds will not be made after July 15, 2017.
- Activity Fee:** • An **Activity Fee of \$40.00** due Tuesday, September 19, 2017
- Payments:** • All Payments are due monthly: Holy Name of Jesus School
6190 Allentown Blvd.
Harrisburg, PA 17112

- Financial Aid:** • Financial aid is available for qualified applicants. Please contact the school office for guidelines.
Phone 657-1704 Fax 657-9135 Web Address: www.holynameofjesus.com/School

Additional Information:

- Children must be **age three by August 31st and toilet trained**
- Copies of the Birth Certificate and Immunization record are required for registration.
- Two Day program is: Tuesday and Thursday – 8:30am -11:00am

Child's Legal Name: _____ **Male:** **Female:**

Date of Birth: _____ **Religion:** _____

Does the child have any specific fear/s that we should know about: _____

Race: American Indian an Alaska Native Asian Black or African American Native Hawaiian and Other Pacific Islander
 Two or More Races White

Ethnicity: Hispanic Non-Hispanic

Family Record:

Father's Name: _____ **Occupation:** _____

Mother's Name: _____ **Occupation:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Home Phone#: _____ Dad Work #: _____ Ext. _____ Mom Work #: _____ Ext. _____

Dad Cell Phone #: _____ Mom Cell Phone#: _____

Please ✓ the appropriate box for emergency or 1st call number.

Email Address: _____

Other children in the family:

Name	Date of Birth
_____	_____
_____	_____
_____	_____

<p>Social Record:</p> <p>Has your child had previous nursery or kindergarten experience? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when and where: _____</p>	<p align="center"><i>Office Use Only:</i></p> <p>Date: _____ Time: _____</p> <p>Initials: _____</p>
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EMERGENCY CONTACT INFORMATION:

In case of an emergency, if you are unable to reach me, please contact one of the following two people:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____



DIOCESE OF HARRISBURG – SECRETARIAT FOR EDUCATION

4800 Union Deposit Road • Harrisburg • Pennsylvania 17111-3710
(717) 657-4804 • FAX (717) 657-3790 • www.hbgdiocese.org

**CATHOLIC SCHOOL PARENTS
MEMORANDUM OF UNDERSTANDING**

As a parent/guardian of a student in a Catholic School I understand and affirm the following:

1. The primary purpose of a Catholic school education is to form students in the values of Jesus Christ and the teaching of the Catholic Church.
2. Catholic schools are distinctive religious education institutions operated as programs of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parish(es), and the diocese.
3. Attending a Catholic school is a privilege, not a right.
4. While academic excellence and involvement in extracurricular activity (i.e., sports, clubs, etc.) are important, fidelity to the Catholic identity of the school is the fundamental priority.
5. The school and its administration have the responsibility to ensure that Catholic values and moral integrity permeate every facet of the school's life and activity.
6. In all questions involving faith, morals, faith teaching, and Church law, the final determination rests with the diocesan bishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this memorandum of understanding. I pledge support for the Catholic identity and mission of this school and by enrolling my child I commit myself to uphold all the principles and policies that govern a Catholic school.

Father: _____ Mother: _____
Printed Printed

Signature

Signature

(Guardian): _____
Printed

Signature

Student's Name _____

School: _____

Date: _____