

**Saint Cornelius School**  
**Re- Registration Form for Current Students**  
**2019 - 2020**

**Deadline: Friday, March 1, 2019**

**Re-registration fee will be collected through your FACTS account.**  
**(\$150 for first child, \$250 for more than one)**

**\*\* Fees** include costs for the Religion book, Option C, Terra Nova and Art. There will be a **Technology Insurance Fee** of \$25 per family collected in September through FACTS. **\*\***

**Please Print:**

Last Name of Family \_\_\_\_\_ Father's First Name \_\_\_\_\_

Last Name of Child(ren) \_\_\_\_\_ Mother's First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Public School District of Residence: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Primary Phone for OptionC: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Parents' Work #: Mother (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Father (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Mother Email Address: \_\_\_\_\_

Father Email Address: \_\_\_\_\_

Primary Email Address for Option C: \_\_\_\_\_

**If Catholic, in what parish are you registered?** \_\_\_\_\_ City \_\_\_\_\_

**Custody Information: \*\***

\_\_\_\_\_ Married

**\*\* Who has primary physical custody?**

\_\_\_\_\_ Divorced\*

\_\_\_ Mother

\_\_\_\_\_ Separated\*

\_\_\_ Father

\_\_\_\_\_ Mother Deceased

\_\_\_ Guardian

\_\_\_\_\_ Father Deceased

Guardian's Name (if applicable): \_\_\_\_\_

\*\*Copies of custody agreement MUST be provided if applicable

**Please turn over and complete re-registration information.**

Please **print** full name of each child in family to register for Saint Cornelius School.

Gr. Aug. 2019	Child's Full Name	Gr. Aug. 2019	Child's Full Name
		Gr. 3	
PK 4 5 Half Days		Gr. 4	
PK 4 5 Full Days		Gr. 5	
KDG		Gr. 6	
Gr. 1		Gr. 7	
Gr. 2		Gr. 8	

If you wish to change or update your child's Technology Permissions and/or Photo Release, please contact the Main Office. If no update is given, we will refer to the information we have on file from the previous year.

Please return the Tuition Agreement Form with your Re-Registration packet. For any questions about tuition for the 2019-2020 school year, please refer to the complete Tuition Information Packet sent out through OptionC on January 24, 2019.

**Note: This form is for currently enrolled students at Saint Cornelius.**

\_\_\_\_\_  
Signature of Father

OR

\_\_\_\_\_  
Signature of Mother

Date \_\_\_\_\_

Date \_\_\_\_\_

PK3 – 8th  
**TUITION AGREEMENT FORM**  
**2019 - 2020**

**THIS FORM IS TO BE RETURNED TO THE SCHOOL WITH THE RE-REGISTRATION PAPERS**

**TERMS OF AGREEMENT**

I HAVE READ AND UNDERSTOOD THE TUITION POLICY FOR ST. CORNELIUS CATHOLIC SCHOOL FOR 2019-2020.  
PLEASE INDICATE THE TUITION PAYMENT PLAN YOU AGREE TO:

1. \_\_\_\_\_ I will pay in full during August 2019 through FACTS.
2. \_\_\_\_\_ I will pay semi-annually (August and January) through FACTS
3. \_\_\_\_\_ I will pay quarterly (August, November, February, April) through FACTS
4. \_\_\_\_\_ I will pay in ten (10) monthly installments each month beginning August 2019 through FACTS.  
Final payment is due May 2020.

\_\_\_\_\_  
Print Family Name

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

**OR**

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

**PLEASE PRINT:**

Name of Child(ren): \_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**St. Cornelius School  
Health Requirements  
2019 - 2020**

The Health requirements for all children attending St. Cornelius School are regulated by the Pennsylvania Department of Health. All children in grades **PK3-8** must have the required immunizations and examinations for enrollment.

**The Immunization Requirements are as follows:**

**PK3**

1. Proof of up to date immunizations from your doctor

**PK4, Kindergarten and All New Students**

1. 4 doses of DT (diphtheria/tetanus) with one dose given on or after the 4<sup>th</sup> birthday.
2. 4 doses of Polio vaccine (OPV or IPV), with one dose given after the 4<sup>th</sup> birthday.
3. 2 doses of measles vaccine with at least one dose given as MMR after 12 months of age and the 2<sup>nd</sup> dose given preferably as MMR prior to school entry.
4. 3 doses of Hepatitis B.
5. 2 doses of Varicella (chicken pox) vaccine or documentation of the disease.

**All students entering 7<sup>th</sup> grade**

1. 1 dose of Tdap (tetanus and diphtheria toxoid and acellular pertussis) vaccine.
2. 1 dose of MCV (meningococcal conjugate) vaccine.

A physical and a dental exam are required for all students wishing to enroll at St. Cornelius School. The requirements for these exams are as follows:

**Physical Exams (Including a physical form signed by a physician)**

1. All PK3, PK4, Kindergarten and New Students entering St. Cornelius
2. All students entering 6<sup>th</sup> grade.

**Dental Exams (Including a signed dental form)**

1. All PK3, PK4, Kindergarten and All New Students entering St. Cornelius
2. All students entering 3<sup>rd</sup> and 7<sup>th</sup> grade.

PK students have now been included in these health requirements by the State of Pennsylvania. All requirements must be completed before students begin school. Please make your pediatrician aware since they may not be aware of the changes in the law.

**St. Cornelius School**  
**Request for Public School Bus Transportation for K – 8 ONLY**  
**\*\*Unionville-Chadds Ford School District and Kennett School District (see below)**

Dear Parents,

Will you be using public school bus transportation for the 2019 - 2020 school year?

YES \_\_\_\_\_

NO \_\_\_\_\_

If YES, complete the following (Please Print):

Date: \_\_\_\_\_

School District: \_\_\_\_\_

Name(s) of Child(ren): \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_

Father's Cell Number: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Mother's Work Number: \_\_\_\_\_

Mother's Cell Number: \_\_\_\_\_

\* **Unionville-Chadds Ford** residents must register online for transportation.

1. Go to [ucfsd.org](http://ucfsd.org)
2. Click on Transportation
3. Last link under Transportation Resources is the Non-Public School Info Form

\* **Kennett School District** residents

1. Contact the district transportation office yourself to request bus transportation.
2. The number is 610-444-6619

**St. Cornelius School  
CARES PROGRAM REGISTRATION 2019 - 2020  
PK3 – Grade 8**

- \$50.00 Registration Fee collected through your FACTS account.
- CARES is only available on the days that school is in session, M-F. If on delay, no Morning Session. If there is an early dismissal due to weather, no Afternoon Session.
- **Two Afternoon Sessions:**
  - **1<sup>st</sup> session:** 3:00-4:30: \$20.00 per child.
  - **2<sup>nd</sup> session:** 3:00-5:30: \$30.00 per child.
- **One Morning Session:**
  - 7:00 – 7:45 A.M.: \$10.00 per child. Cereal will be provided.

**Billing Policy**

- All Payments are collected through your FACTS Account.
- There will be a \$5.00 fee for each 1/2 hour that a child is not picked up by registered time, unless it is the morning session.

**PLEASE PRINT**

<i>Name of Child</i>	<i>Grade</i>	<i>Birth Date</i>	<i>Days Attending</i>	<i>1<sup>st</sup> Session</i>	<i>2<sup>nd</sup> Session</i>	<i>A.M. Session</i>
			M T W TH F			
			M T W TH F			
			M T W TH F			
			M T W TH F			

Parent/Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: Mother \_\_\_\_\_ Father \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone/Cell # \_\_\_\_\_ Relationship: \_\_\_\_\_

Health Alerts or other concerns:

\_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*