

REGISTRATION PROCESS FOR PREK-3, PREK-4, KINDERGARTEN AND GRADE 1

All registrations must be submitted with ALL of the items listed below. No registration will be accepted without all of the necessary documents. Your child will not be considered for acceptance into Immaculate Heart of Mary School until all forms have been received and approved.

Pre-K3:	Child must be 3 years of age on or before September 1, 2019
Pre-K4:	Child must be 4 years of age on or before September 1, 2019
Kindergarten:	Child must be 5 years of age on or before September 1, 2019
Grade 1:	Child must be 6 years of age on or before September 1, 2019

All incoming Kindergarten students and 1st Graders will be scheduled for testing in the Spring of 2019. Registered families will be notified of this date after Monday, April 15, 2019.

Once your child's application is complete, please contact Traci Kovach, Director of Finance and Development, for an appointment to enroll your child and provide your registration materials. Appointments are scheduled on Tuesdays, Wednesdays or Thursdays between 9:00 am and 2:00 pm. Please email tuition@iheartmary.org or call 215.483.1103 for your appointment. Immaculate Heart of Mary enrolls on a "rolling application" process. Please note that preference is given to current Immaculate Heart of Mary students.

DOCUMENTS WHICH MUST BE ATTACHED TO YOUR APPLICATION:

_____ Non-refundable Registration Fee in the amount of \$350.00.

_____ Birth Certificate for your child.

_____ Baptismal Certificate, if applicable. If baptized at Immaculate Heart of Mary Church, only baptismal date is needed on the application.

_____ Current Immunization Form from your child's pediatrician, along with the completed Health History Form, which is attached to the application.

_____ If you are divorced or separated, attach a copy of the most recent court order pertaining to custody arrangements.

_____ Test Results, if applicable. This includes any psychological testing, educational disability testing, IEP/504.



IMMACULATE HEART OF MARY SCHOOL
APPLICATION FOR ADMISSION 2019/2020 SCHOOL YEAR
PreK 3 through Grade 1

Applications for Admission to Immaculate Heart of Mary School are considered without regard to race, color, gender or national origin.

Date of Application: _____ Applying for Grade _____ for 2019/2020 school year

PK 3 Students only: _____ 5 day program _____ 3 day program (Tu/W/Th only)

Student Name: _____

Male _____ Female _____ Date of Birth: _____ Ethnicity: _____

Address: _____

Primary Phone Number: _____ Home or Cell (please circle)

Religion: Catholic _____ Parish in which you are registered: _____

Non-Catholic: _____ What denomination: _____

Is Bus Transportation required (for Grade 1 only)? (please circle) Yes No

Student lives with (please circle): Both Parents Father Only Mother Only Joint Custody
Other: _____

Father's First and Last Name: _____ Living or Deceased

Religion: _____

Address (if not the same as child): _____

Cell Number: _____ Spouse's Name (if other than mother): _____

Email Address: _____

Employer Name and Address: _____



Mother's First and Last Name: _____ Living or Deceased
 Religion: _____

Address (if not the same as child): _____

Cell Number: _____ Spouse's Name (if other than father): _____

Email Address: _____

Employer Name and Address: _____

Siblings:

Name: _____ Current School: _____ Grade in Fall 2019: _____
 Name: _____ Current School: _____ Grade in Fall 2019: _____
 Name: _____ Current School: _____ Grade in Fall 2019: _____

Any other relatives presently attending Immaculate Heart of Mary School?

Name: _____ Grade in Fall 2019: _____
 Name: _____ Grade in Fall 2019: _____
 Name: _____ Grade in Fall 2019: _____

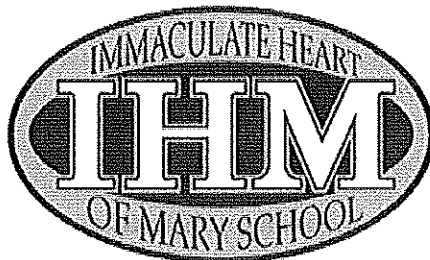
Sacramental Information

Sacrament	Date Rec'd	Church	City	State
Baptism				

Education Information

Previous School(s) Attended (beginning with current school):

1. _____
 (Current school) (Address) (City and State) (Phone) (Current Grade)
2. _____
 (Previous school) (Address) (City and State) (Phone) (Grades Attended)
3. _____
 (Previous school) (Address) (City and State) (Phone) (Grades Attended)



Parental Agreement for Admission

(to be completed for Non-Catholic Students only)

It is our (my) wish that our (my) child(ren) attend Immaculate Heart of Mary Parish Elementary School. I (we) understand that our (my) child(ren) is (are) obligated to attend classes, study and actively participate in Religion class and to fulfill the requirements for this subject, and also, to attend all religious functions offered as a part of the school curriculum. I (we) agree that I will not request that my child(ren) be removed from Religion class or liturgical functions nor will I (we) remove them from these functions.

I (we) also agree to assume the obligation to pay the specified tuition and school fees and agree to support the philosophy, goals, objectives and regulations of the school.

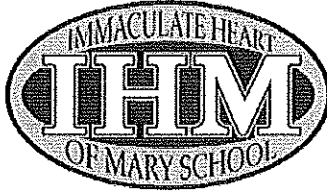
I (we) understand and agree that failure to comply with the terms of this agreement and its tenets, may result in a request to withdraw my child(ren) from the school.

Parent Signature

Date

Parent Signature

Date



Emergency /Medical Information

Student Name: _____ Grade: _____

Date of Birth: _____

Student lives with (please circle) Mother Father Both
If student lives with a Guardian, please name: _____

Home Address: _____

Father/Guardian Name: _____ Daytime Phone: _____

Mother/Guardian Name: _____ Daytime Phone: _____

Emergency Contacts

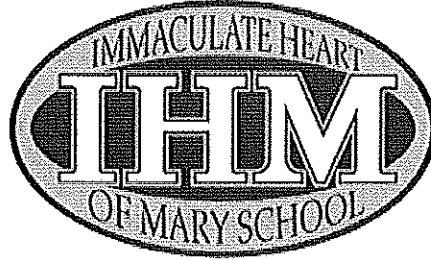
Name	Phone Number	Relationship to Child
1.		
2.		
3.		

Medical History:

1. Does your child have any allergies? (please circle) Yes No
If yes, please detail below:

2. Does your child have any existing medical conditions? (please circle) Yes No
If yes, please detail below:

3. Does your child need medication while in school? (please circle) Yes No
If yes, please detail below:



Tuition Policy

1. All financial obligations must be paid in full by May 15 of calendar year.
2. The Annual Tuition is payable beginning in July and ending in April.
3. Tuition payments are to be made on a timely basis, that is, on or before the due date, regardless of who is responsible for the tuition or any portion of the tuition.
4. In order for a student to enter school in September, all installments through August 20 must be paid in full prior to the first day of school.
5. All tuition accounts must be current at the end of each trimester. If your tuition account is delinquent at the end of a trimester, your child/children will not be able to attend school when the next trimester begins until your account is current.
6. Consideration of a financial hardship may be afforded by the Director of Finance and Development with final approval from Principal Lowry and Father Casey.
7. In order for any student to participate in an end of the year class trip or field day, tuition must be paid in full.
8. In order for a student to participate in the 8th Grade class trip, graduation dance and graduation ceremonies, tuition must be paid in full by April 20 of the calendar year.

Parent Signature

Date

Parent Signature

Date



1 2 0 1 9 1 8 1 8 0

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER	LAST NAME OF PARENT/GUARDIAN/BILL PAYER
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY	*LAST NAME OF ADDITIONAL AUTHORIZED PARTY
STREET ADDRESS OR P.O. BOX	
APT#	
CITY	STATE
ZIP CODE	
HOME TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL ADDRESS (Smart emails reminders for upcoming payments)	



SELECT A PAYMENT METHOD

I agree to make payments by mail, web or telephone. I agree to the following due date: Your school allows the following due date: 1, 5, 15, 20

I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date: Your school allows the following due date: 1, 5, 15, 20

PLEASE DEBIT MY: CHECKING (PLEASE ATTACH A VOIDED CHECK) OR SAVINGS

9 DIGIT ROUTING NUMBER: BANK ACCOUNT NUMBER:

PLEASE CHARGE MY: AMEX DISCOVER MASTERCARD VISA

CREDIT CARD NUMBER: EXPIRATION DATE: A 2.85% convenience fee applies to all credit/debit card payments.

SELECT A PAYMENT PLAN

Plan A	2 Payments	Jul, Dec	ENTER PLAN LETTER HERE <input type="text"/>
Plan B	4 Payments	Jul, Oct, Jan, Apr	
Plan C	10 Payments	Aug - May	

ENTER STUDENT INFORMATION

Choose from the following grades: PK3, PK4, K, 1 - 8

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

*OPTIONAL SCHOOL FAMILY ID: *OPTIONAL TYPE CODE:

FOR SCHOOL OFFICE USE ONLY

THIS FAMILY IS ENROLLING LATE:
 SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN
 COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT ID:

STUDENT TUITION 1	\$	<input type="text"/>
STUDENT TUITION 2	\$	<input type="text"/>
STUDENT TUITION 3	\$	<input type="text"/>
STUDENT TUITION 4	\$	<input type="text"/>
FAMILY TUITION SUBTOTAL	\$	<input type="text"/>

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Smart Tuition may contact me via email and telephone and a late fee of \$40.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER: _____ DATE: ____/____/____

FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

SMART ADMINISTRATIVE FEE + 35 00

ANNUAL TOTAL DUE \$