



Summer Program 2024

# Registration Checklist

## PROGRAM INFORMATION

FLEXIBLE SCHEDULING AT \$80/PER DAY, \$40/PER HALF DAY

REGISTERING SIBLINGS? A 10% DISCOUNT IS ADDED WHEN REGISTERING TWO OR MORE STUDENTS.

9 WEEK PROGRAMMING | 8:00 AM - 4:00 PM

OPEN TO CURRENT AND FUTURE NATIVITY STUDENTS IN GRADES K-5

START DATE: JUNE 24, 2024 - AUGUST 23, 2024

QUESTIONS: MARY DIETRICH, PROGRAM DIRECTOR  
MDIETRICH@NATIVITYOFMARYSCHOOL.ORG

## THE FOLLOWING ITEMS ARE DUE AT TIME OF REGISTRATION

- REGISTRATION FORM  
1 FOR EACH CHILD
- TUITION AGREEMENT & BUSINESS OFFICE FORM  
1 PER FAMILY
- EMERGENCY FORM  
1 PER FAMILY
- NON-REFUNDABLE DEPOSIT OF \$50.00  
CASH OR CHECK MADE PAYABLE TO NATIVITY OF MARY SCHOOL



# Summer Program 2024 Registration Form

## STUDENT INFORMATION

DATE OF APPLICATION

LAST NAME

FIRST NAME

MIDDLE NAME

Sex:  Male  Female

DATE OF BIRTH (mm/dd/yy)

STREET ADDRESS

CITY/TOWN

STATE

ZIP CODE

## GRADE

- Kindergarten  Grade 2  Grade 4  
 Grade 1  Grade 3  Grade 5

## HEALTH INFORMATION

Does this student have any allergies, chronic illness, or medical conditions?

YES  NO

If Yes, please describe

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## PARENT/GUARDIAN INFORMATION

### MOTHER/GUARDIAN

_____	_____	_____
LAST NAME	FIRST NAME	MAIDEN NAME
_____		_____
STREET ADDRESS		CITY/STATE/ZIP
_____		_____
EMAIL ADDRESS		CELL PHONE

### FATHER/GUARDIAN

_____	_____	
LAST NAME	FIRST NAME	
_____		
STREET ADDRESS		CITY/STATE/ZIP
_____		_____
EMAIL ADDRESS		CELL PHONE

## PHOTO RELEASE INFORMATION

Throughout the summer we will take photos and may share them on Nativity of Mary School's social media accounts. The name, addresses and/or phone numbers of students will never be published.

- YES, I give permission to use my child's picture.
- NO, I do not give permission to use my child's picture.

<b>FOR OFFICE USE</b>		<input type="checkbox"/> CASH
Date Received _____	Received By _____	_____
<input type="checkbox"/> Registration Form	<input type="checkbox"/> Tuition Agreement	<input type="checkbox"/> CHECK
<input type="checkbox"/> Emergency Form	<input type="checkbox"/> Birth Certificate	_____
	<input type="checkbox"/> Health Appraisal & Immunization Records	
Date Completed _____	Processed By _____	



# Summer Program 2024 Tuition Agreement

FAMILY NAME \_\_\_\_\_

## STUDENTS

	FIRST NAME	LAST NAME (IF DIFFERENT)	GRADE
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____

## PAYMENT PLAN OPTIONS

### PAYMENT SCHEDULE

- PAYMENT 1: Due 6.1.24 for June & July (27 Days)
- PAYMENT 2: Due 7.25.24 for August (17 Days)

Please indicate choice

Payment in FULL

Payment may be made by cash or check (check made payable to 'Nativity of Mary School').

Payment by MONTHLY installments from June - August.

## TUITION POLICY

Please fill out the calendars provided for June, July and August with the days that you will be sending your child to camp. **The completed calendars are due by Monday, May 13, 2024.**

If you will need to cancel a day, a 2 weeks' notice must be given in order to receive a refund for that day. Each child will be allowed ONE excused sick day wherein a refund will be given for that day.

Tuition will be prorated for students attending half day.

## LATE FEES

All tuition accounts must either be paid in full or an approved payment plan must be in place. A \$75 late fee will be assessed for tuition accounts not paid by August 31, 2024.

## SIGNATURES OF RESPONSIBLE PARTY

We understand that by signing this agreement for the coming summer program, we agree to accept the Tuition Policy & Late Fee information detailed above. This agreement shall be interpreted in accordance with the laws of the State of New York. If more than one person signs, each is jointly and severally liable for the amounts due under this agreement. (One payer per household. In the event of two payers, please specify percentage.)

1

_____	_____	_____
LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
_____		
STREET / CITY / STATE / ZIP		
_____		
E-MAIL		
_____		
%		
_____	_____	_____
PHONE	RESPONSIBILITY FOR TUITION	
_____		_____
SIGNATURE		DATE

2

_____	_____	_____
LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
_____		
STREET / CITY / STATE / ZIP		
_____		
E-MAIL		
_____		
%		
_____	_____	_____
PHONE	RESPONSIBILITY FOR TUITION	
_____		_____
SIGNATURE		DATE

This form will be on file at the Rectory/Business Office after your registration is processed.



Summer Program 2024  
Emergency Form

Family Name

Mother/Guardian Cell

Father/Guardian Cell

**STUDENTS**

1	NAME	DATE OF BIRTH	GRADE
2	NAME	DATE OF BIRTH	GRADE
3	NAME	DATE OF BIRTH	GRADE
4	NAME	DATE OF BIRTH	GRADE
5	NAME	DATE OF BIRTH	GRADE
6	NAME	DATE OF BIRTH	GRADE

**PEOPLE AUTHORIZED TO PICK UP YOUR CHILDREN**

(Other than parents/guardians)

1	NAME	RELATIONSHIP TO CHILD(REN)		
	CELL PHONE	WORK PHONE	HOME PHONE	
2	NAME	RELATIONSHIP TO CHILD(REN)		
	CELL PHONE	WORK PHONE	HOME PHONE	

...continued

3 \_\_\_\_\_  
NAME RELATIONSHIP TO CHILD(REN)

\_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ HOME PHONE

## HEALTH INSURANCE INFORMATION

Insurance Provider \_\_\_\_\_

Primary Insurance Carrier \_\_\_\_\_

Policy/Group # \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION

In the event a reasonable attempt has been made to contact you but we have been unsuccessful, we will need your permission to transport your child to any reasonably accessible hospital facility and/or to allow administration of emergency medical treatment by any licensed physician or dentist.

- I give my consent
- I do not consent and wish you to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PRINT PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

JUNE							2024
SUN	MON	TUE	WED	THU	FRI	SAT	
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30							



# Scheduling

## Summer Program 2024

**RETURN BY MAY 13, 2024**

Please mark the days that you plan to attend the Summer Program, as this will allow us to prepare for staffing. Please return the completed calendars with your registration. **A detailed calendar with time slots will be sent home with your child after they are officially registered.**

JULY							2024
SUN	MON	TUE	WED	THU	FRI	SAT	
	1	2	3	4	5	6	
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30	31				

AUGUST							2024
SUN	MON	TUE	WED	THU	FRI	SAT	
				1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30	31	

\_\_\_\_\_  
FAMILY NAME

\_\_\_\_\_  
1. STUDENT NAME

\_\_\_\_\_  
2. STUDENT NAME

\_\_\_\_\_  
3. STUDENT NAME

### CONTACT INFORMATION

PROGRAM DIRECTOR: MARY DIETRICH  
mdietrich@nativityofmaryschool.org