



2020-2021 3K Registration/Tuition Form
Family Information

Student/s being Registered	
Name:	Name:

Parent/Guardian Information	
Father/Guardian's Name (Last, First Middle)	Mother/Guardian's Name (Last, First Middle)
Home Address (Number, Street, City, State, Zip)	
Primary Phone	Primary Email Address

Father's Information			
Employer	Occupation	Work Phone	Cell Phone
Religion		Parish Member of	

Mother's Information			
Employer	Occupation	Work Phone	Cell Phone
Religion		Parish Member of	

Children live with: Mother Father Both Other (explain) _____

If separated or divorced, should school information be sent to each parent? Yes No

Name, address, & email of 2nd parent (if applicable): _____

Emergency Contacts		
In the event we cannot reach a parent, list several emergency contacts: (applies for all students)		
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

Person authorized to pick up your child from class (not including custodial parents or guardians)

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Student Information

First Student Information

Grade Entering	Current Age
Student Name (Last, First Middle)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)	
Ethnicity (for office use only) <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other	
Has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Baptism Date (if applicable)	Baptism Location (if applicable)
Has Student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Location

Second Student Information

Grade Entering	Current Age
Student Name (Last, First Middle)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.) Click here to enter text.	
Ethnicity (for office use only) <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other	
Has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Baptism Date (if applicable)	Baptism Location (if applicable)
Has Student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Location

Tuition Form

*****Children must be age 3 by September 1st and be toilet trained.**

3K - Must be age 3 by September 1 st (please check one)		
<input type="checkbox"/> Option 1	Mon./Weds. (8:30 a.m. - 11:00 a.m.)	\$1,000/year
<input type="checkbox"/> Option 2	Tue./Thurs. (8:30 a.m. - 11:00 a.m.)	\$1,000/year

Payment Options (please check one)	
<input type="checkbox"/> Full Payment (Due September 1 st , 2020)	<input type="checkbox"/> Semi-Annual payment (50% due September and 50% due January)
<input type="checkbox"/> Ten Monthly Payments (Beginning August– ending May)	

Please check this box if you have another child registered at Roncalli Catholic Schools in FACTS.

Tuition Responsibility

I, _____ (Parent/Guardian), am responsible for the payment of tuition for:
(Please Print)

Student	Grade	Tuition
	3K	\$1,000
Total Tuition Due		\$

Signature(s): _____
NAME
DATE
NAME
DATE