

SAINT JUDE CATHOLIC SCHOOL

RE-REGISTRATION FOR CURRENT STUDENTS

Instructions

There are 5 pages for re-registration. Pages 1 and 2 are for information purposes only. You must complete pages 3-5 and return them to school, along with the required registration fee. You have the option of downloading and then completing the forms on the computer, or printing first, then manually providing the information. Should you choose the latter, please print legibly.

Important points to remember:

All completed forms and registration fee are due by January 24, 2020.

Age requirements for Early Childhood Programs:

- Preschool 3 year olds: Child must be 3 years old by September 15
- Pre-Kindergarten 4 year olds: Child must be 4 years old by September 15
- Kindergarten: Child must be 5 years old by September 15

Registering as a Parishioner:

- Reminder: you must be formally registered in your parish.

Immunization and Health Exam Requirements for all students:

- Please review the PA mandated exams and immunizations carefully.
- Please send in the necessary documentation as soon as it is completed.
- Please note that Dental and Physical forms are available to download from our website: <http://stjudeschool.com> under For Parents

Re-Registration Form: Page 3

- In order to reserve a seat(s) for your student(s), the registration form and fee of \$150.00 for the first student and \$75.00 for each additional student, must accompany all paperwork.

Tuition Agreement Plan: Page 4

- Please select a tuition payment option, sign, and return the form with the re-registration form.

Transportation Information Form: Page 5

- Please complete and return.

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Required Health Examinations

1. Pennsylvania mandates the following health examinations as indicated. For the 2020-21 school year these exams may be dated any time after September, 2019.

- Entering Kindergarten – Both dental and physical exams
- Entering 1st grade students new to the school – Both dental and physical exams
- Entering 3rd grade – dental exam
- Entering 6th grade – physical exam
- Entering 7th grade – dental exam

The required Dental and Physical examination forms are available for download from the school website: <http://stjudeschool.com> under the Admission Tab or For Parents. **Proof of immunizations** will be required at time of registration for **all** new students.

Children IN ALL GRADES need the following:

- 4 doses of diphtheria, tetanus, acellular pertussis (DTaP)
(1 dose on or after the 4th birthday)
- 4 doses of polio (IPV) (1 dose on or after the 4th birthday)
- 2 doses of measles, mumps, rubella (MMR)
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) vaccine or history of disease

Children ENTERING 7th grade need the following:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap)
- 1 dose of meningococcal conjugate vaccine (MCV)

**These requirements allow for medical reasons and religious beliefs.
If your child is exempt from immunizations, he/she may be
removed from school during an outbreak.**

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Re-Registration Form 2020 – 2021 School Year

Parent Name: _____ E-Mail Address _____
(Please Print Clearly)

Please check one:

Parish: _____ St. Jude
_____ Our Lady of Guadalupe
_____ Our Lady of the Sacred Heart
_____ Non-Parishioner/Non-Catholic

_____ St. Agnes
_____ St. Maria Goretti
_____ St. Cyril
_____ St. Martin
_____ Other _____

Name(s) of Children:

Program Entering include full or half day/Grade

_____	_____
_____	_____
_____	_____
_____	_____

Options for Program/Grade for 2020-2021 school year:

Pre-School 3 year old (5 Full Days)
Pre-K 4 year old (3 Full Days M, W, F)
Pre-K 4 year old (5 Full Days)
Kindergarten (5 Full Days)
Grades 1 -8

Pre-School 3 year old (5 Half Days)
Pre K 4 year old (3 Half Days M- W- F)
Pre-K 4 year old (5 Half Days)
Kindergarten (5 Half Day)

\$150.00 Registration Fee due for the first student; \$75.00 registration fee for each additional student. Please enclose check or cash with the re-registration form.

Please select one Tuition Payment Option on the Tuition Agreement Form, sign and date the form.

Office Use Only - Re-registration Received by _____

_____ Registration Fee \$150.00 for the first student; \$75.00 for each additional student.

Check # _____ Cash _____ Amount _____

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St. Jude School Tuition Agreement Plan 2020-2021

A. Parishioner Rate (St. Jude, St. Agnes, St. Cyril, St. Maria Goretti, St. Martin, OLSH, OLG)

1. As a registered and participating member of these parishes or other parishes, I agree to timely tuition payments, and to contribute a minimum of \$15.00 a week (or the amount designated at my parish) to assist our parish and help subsidize my child/children's education.

B. Non-Parishioner or Non-Catholic Parent/Guardian

1. As a non-parishioner or non-Catholic parent/guardian, I agree to timely tuition payments.

Tuition Rates 2020-2021

Grade 1 through 8 – participating parishioner tuition rates

One Child \$4,495.00	Two Children \$7,450.00	Three Children \$9,995.00	Four or more \$10,200.00
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Grade 1 through 8 - non-participating parishioner/non-Catholic tuition rates

Per Child - \$6,650.00

Kindergarten (five years old)

5 Full Days - \$5,695.00	5 Half Days - \$3,995.00
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Pre-Kindergarten (four year olds)

5 Full Days - \$5,695.00	5 Half Days - \$3,995.00
3 Full Days - \$4,165.00	3 Half Days - \$3,465.00

Pre-School (three year olds)

5 Full Day - \$5,695.00
5 Half Days - \$3,995.00

Tuition Payment Options utilized by all families - please select one:

- Payment in full by July 1, 2020 (if not paid on time, a FACTS Plan must be selected)
 FACTS Two Payment Plan (July & Dec. incurs a one time payment fee of \$10.00)
 FACTS Ten Month Payment Plan (July thru April incurs a one time fee of \$45.00)

I agree to the tuition agreement plan as registered/participating parishioner.

I agree to the tuition agreement plan as non-parishioners or non-Catholic parents.

Parent/Guardian Name _____ Date _____
(please print clearly)

E-mail address _____

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DO NOT COMPLETE FOR PRE-S or Pre-K APPLICANTS - Busing Not Available

SCHOOL DISTRICT: _____

TRANSPORTATION INFORMATION AND REQUEST FOR PUBLIC TRANSPORTATION

Please complete the information below and return this form to the school office even if you **do not** require transportation provided by the school district in which you reside. Each family with children in **kindergarten through eighth grade** is asked to complete a form.

Child/Children's Last Name _____

First Name	Gender (M/F)	Grade	D.O.B.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent(s) Name _____
(Please Print Clearly)

Daytime Phone (____) _____ - _____
Cell Phone (____) _____ - _____

Address _____

Email Address _____
(Please Print Clearly)

Check Mode of Transportation: ___ Bus ___ Car ___ Walker

Please note: This form must be returned in order for your child(ren) to ride a bus.

Central Bucks _____

North Penn _____

Pennridge (**1-8 ONLY**) _____

Souderton _____

Other _____