

STUDENT NAME: \_\_\_\_\_

GRADE ENTERING: \_\_\_\_\_

SESSION: \_\_\_\_\_  
(Nursery & Pre-K)



# ST. MARY SCHOOL

16 HARRISON AVENUE

EAST ISLIP, NEW YORK 11730-2392

Telephone: (631) 581-3423 Fax: (631) 581-7509

[www.saintmaryschoolei.org](http://www.saintmaryschoolei.org)

## APPLICATION FOR REGISTRATION 2024-2025 SCHOOL YEAR

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### FOR OFFICE USE ONLY

DATE REGISTRATION RECEIVED: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

AMOUNT RECEIVED: \_\_\_\_\_

BLACKBAUD FORM: \_\_\_\_\_

ENTERED IN POWERSCHOOL: \_\_\_\_\_

REVIEWED BY PRINCIPAL: \_\_\_\_\_

## REGISTRATION CHECKLIST

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

In order to complete the registration process, the following paperwork and payment need to be submitted at the time of registration in order to be officially enrolled:

- \_\_\_\_\_ \$150.00 Registration Fee (**Non-Refundable**)
- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ Blackbaud Form
- \_\_\_\_\_ Birth Certificate (Copy)                      \_\_\_\_\_ Baptismal Certificate (Copy)
- \_\_\_\_\_ First Reconciliation/Holy Communion Certificate – Grade 3 and up (Copy)
- \_\_\_\_\_ Health forms (physical, dental); Up-to-date Immunization documentation in compliance with NYS law
- \_\_\_\_\_ Copy of IEP or 504 Plan if applicable – must be provided for review prior to acceptance
- \_\_\_\_\_ Signed Authorization for Release of Records (Grades 1-8)
- \_\_\_\_\_ Report Cards and Standardized Testing Scores (Grades 1-8)
- \_\_\_\_\_ Legal Documents (Custodial, if applicable)
- \_\_\_\_\_ Signed Financial Contract

**We cannot guarantee a spot for any student unless all the above is provided.**

## APPLICATION FOR ADMISSION

Please **print** all information. Application cannot be processed if incomplete.

Today's Date: \_\_\_\_\_

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

Nursery – 3 Day \_\_\_\_\_ 5 Day \_\_\_\_\_

Pre-Kindergarten – 3 Day \_\_\_\_\_ 5 Day \_\_\_\_\_

*Children applying to Nursery and Pre-Kindergarten must be completely toilet trained.*

*Pull-ups are not permitted.*

### **Personal Information: Student**

Name: \_\_\_\_\_

(Last)

(First)

(Middle)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Place of Birth: (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Country) \_\_\_\_\_

Child's Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Home Phone#: \_\_\_\_\_

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

Language spoken at Home: \_\_\_\_\_

Ethnicity: Is the student Hispanic or Latino? Please check one Yes \_\_\_\_\_ No \_\_\_\_\_

Race: **What is the student's race?** Please check off all that apply: American Indian \_\_\_\_\_ Asian \_\_\_\_\_

Black or African American \_\_\_\_\_ Native Hawaiian /Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

Religion: \_\_\_\_\_

Child's Parish: \_\_\_\_\_

**Church's Name:**

**Location:**

**Date:**

Baptismal: \_\_\_\_\_

First Penance: \_\_\_\_\_

First Communion: \_\_\_\_\_

Confirmation: \_\_\_\_\_

### **Parental Background Information:**

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Maiden Last Name: \_\_\_\_\_

Mother's Date of Birth: \_\_\_\_\_

Father's Date of Birth: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work / Day Phone #: \_\_\_\_\_

Work / Day Phone #: \_\_\_\_\_

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

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

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

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

Birthplace: \_\_\_\_\_

Birthplace: \_\_\_\_\_

(City)

(State)

(City)

(State)

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Child lives with: Parents\_\_\_\_\_ Father\_\_\_\_\_ Mother\_\_\_\_\_ Aunt/Uncle\_\_\_\_\_ Grandparent(s)\_\_\_\_\_ Guardian\_\_\_\_\_

Who has legal custody of child? \_\_\_\_\_

**Guardians only** please complete the following information:

**Guardian** Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Guardian's Date of Birth: \_\_\_\_\_

Guardian's Occupation: \_\_\_\_\_

Guardian's Home #: \_\_\_\_\_

Guardian's Religion: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

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

### **Family Information:**

Please list name and birthdates of all brothers and sisters (oldest first):

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Current School/Child Information:**

Name of present school attending: \_\_\_\_\_

School address: \_\_\_\_\_

Present Grade: \_\_\_\_\_ Years attended: \_\_\_\_\_ School Phone #: \_\_\_\_\_

Awards of Recognition: \_\_\_\_\_

**Services child received (please check off **all** that applies):**

Remedial Reading: \_\_\_\_\_

Child has an IEP: \_\_\_\_\_

Remedial Math: \_\_\_\_\_

Resource Room: \_\_\_\_\_

Remedial Writing: \_\_\_\_\_

Inclusion/Self-Contained: \_\_\_\_\_

504 Plan: \_\_\_\_\_

Speech: \_\_\_\_\_

Occupational Therapy: \_\_\_\_\_

Please list any medications that your child will require during the day or on school trips:

\_\_\_\_\_

Other pertinent information about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School family who recommended you: \_\_\_\_\_

**Tuition Assistance granted through Tomorrow's Hope Foundation**  
**www.tomorrowshopefoundation.org/parents**

It is the policy of St. Mary School that the Registration Fee and Tuition are non-refundable.

**Signature:** \_\_\_\_\_

**St. Mary School admits students of any and all races and affords all students, regardless of race, all rights, privileges, and opportunities to participate in all programs and activities generally afforded and made available to students at the School. The School does not discriminate on the basis of race in the administration of its education policies, scholarship programs, and athletic and other School administered programs.**

## ***REGISTRATION AGREEMENT 2024-2025 SCHOOL YEAR***

*An application fee of \$150.00 must accompany this application.*

*This fee is non-refundable Please make check payable to St. Mary School.*

By registering your child for grades **Nursery and Pre-Kindergarten** at St. Mary School, you agree to the following:

1. I agree to adhere to all the Tuition and Fee Requirements for the school year 2024-2025.  
I understand that the Registration Fee and Tuition are non-refundable.

By registering your child for grades **Kindergarten through Grade Eight** at St. Mary School you agree to the following:

1. I agree to adhere to the School Uniform Requirements as described in the School Handbook.
2. I agree to adhere to all the Tuition and Fee Requirements for the school year 2024-2025.  
I understand that the Registration Fee and Tuition are non-refundable.

**All parents must be Virtus trained. Please visit: *Virtusonline.org***

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

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

## **SPECIAL SERVICES**

Student Name: \_\_\_\_\_

1. Has your child been evaluated by a school district Committee for Special Education?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you have an IEP (Individualized Education Plan) from any school district for this child?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Do you anticipate any special support services your child will need to be a successful student?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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4. Does your child have Section 504 Plan for special accommodations?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", what District? \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## RELEASE AUTHORIZATION

Dear Parent/Guardian:

Recent state legislation now requires schools to maintain a list of persons to whom the school may release a minor. As the child's parent/guardian, you are required to indicate the names of those people, other than yourself, to whom your child may be released. If a student is to be released to an older brother or sister, the name of that sibling must also appear on the list below. Please be sure to also include in this list the people you have identified for emergency notification on your child's health card.

Please note that under this law a child is to be released to either parent unless a special court order or decree indicates otherwise. Should this be the case, YOU must provide the school with a copy of the court order or decree.

If at any time you wish to amend this list, you must contact the school to make the change in writing.

Thank you for your cooperation in this effort to protect your child/children.

Sincerely,

Mrs. Laura A. McMahon, Principal

Student Full Name:			
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>

Child may be released to any of the authorized persons below:

<i>Name</i>	<i>Address</i>	<i>Phone #</i>	<i>Relationship</i>

Parent Signature:		Date:	
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ST. MARY SCHOOL  
16 HARRISON AVE.  
EAST ISLIP, NY 11730  
(631) 581-3423

**AUTHORIZATION FOR RELEASE OF RECORDS  
FOR STUDENTS ENTERING GRADES 1-8**

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

To Whom It May Concern:

The following child is registered in St. Mary School, East Islip, NY:

\_\_\_\_\_  
*Name of Student*

\_\_\_\_\_  
*Grade Registered*

Please forward the following information as soon as possible:

Recent report card  
Standardized test results  
Scholastic records  
Medical records  
Psychological testing and/or screening results  
Special services student is currently receiving (IEP, 504 Plan, etc.)  
Discipline records  
Power School Records

Any other pertinent data which might be considered helpful in working with this student would also be appreciated. Thank you for your cooperation.

Please send the requested information to: [lmcmahon5607@saintmaryschoolei.org](mailto:lmcmahon5607@saintmaryschoolei.org)

Sincerely,  
Mrs. Laura A. McMahon  
Principal

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**Parent Authorization to Release Information**

I hereby request and authorize the above-mentioned records and any pertinent information available be released to Mrs. Laura A. McMahon, Principal at the above address.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Name and Address of student's current school:

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



## Health History

Today's Date: /\_\_\_\_/\_\_\_\_

Student Full Name:			
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>

Date of Birth:	Gender:

Your Name	Relationship to Child:

Please check the illness your child has had:			Dates if possible
1. Chicken Pox	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Communicable Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Scarlet Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Heart Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Pneumonia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. Tuberculosis or contact w/T.B.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of Last T.B. Test			<b>Result</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative
<b>Hospitalizations and Illnesses</b>			<b>Explain "YES" Answers</b>
10. Has child ever been hospitalized or operated on?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. Has child ever had a serious accident (broken bones, head injuries, falls, burns or poisoning?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12. Has child ever had a serious illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Health Problems		Explain "YES" Answers
13. Does child have frequent <input type="checkbox"/> sore throat <input type="checkbox"/> cough <input type="checkbox"/> urinary infections or trouble urinating <input type="checkbox"/> stomach pain, vomiting, diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Does child have difficulty seeing (squint, cross eyes, look closely at books).	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, was last checkup more than one year ago? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is child wearing (or supposed to wear) glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Does child have problems with ears/hearing (pain, earaches, discharge, rubbing one ear)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Is child taking any other medicine now? (Special consent form must be signed to administer any medication)	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Medicine? Will it be given while child is at school? <input type="checkbox"/> Yes <input type="checkbox"/> No How often?

Health Care Information		
Dentist Name:	Phone #	
Physician Name:	Phone #	
18. Does child have any allergy problems (rash, itching, swelling difficulty breathing, coughing or sneezing)? <input type="checkbox"/> When eating any foods? <input type="checkbox"/> When taking any medication? <input type="checkbox"/> When near animals, furs, insects, dust, etc.?	If YES please explain. What foods?  What  medicine?  What things?  How does child react?	
19. Does child have Scoliosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
20. Any handicapping conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:

NURSERY and PRE-K STUDENTS:	
21. Does your child take a nap? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe when and how long.
22. Does your child sleep less than 8 hours a day or have trouble sleeping (such as being fretful, having nightmares, wanting to stay up late)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23. How does your child tell you he/she has to go to the toilet?	
24. Does your child need help in going to the toilet during the day or night, or does your child wet his/her pants? <input type="checkbox"/> Yes <input type="checkbox"/> No    If YES please describe:	
25. <b>FOR ALL STUDENTS:</b> Any Further information regarding your child that will assist us in his/her care:	
Parent Signature:	Date:

26. Please briefly state why you are seeking a Catholic Education for your child and the importance of a Catholic Education to you and your family.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Parent Signature

# Blackbaud Tuition Form

*Please complete and return with application.*

Family Name: \_\_\_\_\_

Student/Students Name

Grade in September

(If Nursery or Pre-Kindergarten please list  
5 full days or 3 full days Tues., Wed., Thurs.)

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

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

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

Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

**Please check one option below:**

\_\_\_ I am a parishioner at St. Mary Parish.

\_\_\_ I am a parishioner at another parish. Parish Name/Location: \_\_\_\_\_

\_\_\_ I am not a member of a parish. (A \$600 fee will be billed to your Blackbaud account.)

**1. All payments will be billed through Blackbaud Tuition Management.**

Online enrollment: <https://enroll.blackbaud.school>

School I.D. 10665

Please check to indicate option:

\_\_\_ Debit to my Credit Card Account

\_\_\_ Debit to my Checking Account

\_\_\_ Debit to my Savings Account

***PAYMENTS WILL BE AUTO DEBIT THROUGH YOUR CHECKING, SAVINGS ACCOUNT or CREDIT CARD***

***PLEASE UPDATE YOUR BANKING INFORMATION WITH BLACKBAUD TUITION IF THERE ARE ANY CHANGES***

**2. Blackbaud Tuition Payment Options (Please check to indicate option.)**

\_\_\_ Payments billed monthly: July 2024- May 2025

Or

\_\_\_ One Payment – 5% discount due July 13<sup>th</sup>

Or

\_\_\_ Two Payments – 3% discount due July 13<sup>th</sup> and December 13<sup>st</sup>.