2025 - 2026 School Year - Pre-K Registration

Please note: an application will not be considered complete until all the necessary paperwork is submitted, including immunization records, registrations fees and one month's pre-paid tuition.

Age Requirement:

- Children must be fully toilet trained to enter Pre-K; **children in pull-ups are not considered fully toilet trained.**
- Students registering for the Pre-K 3-year-old programs must be 3 years old on, or before, October 1, 2025. There are no exceptions.
- Students registering for the Pre-K 4-year-old programs must be 4 years old on, or before, October 1, 2025. There are no exceptions.

Birth Certificate: A copy of your child's Birth Certificate is needed for verification of the date of birth.

Baptismal Certificate: A copy of your child's Baptismal Certificate is needed. If baptized at St. Francis Cathedral you do not need to provide a copy of the certificate.

Student Records: If you are registering your child and he/she has previous school experience, please include copies of your child's report cards, standardized test scores, IEP, Section 504 plan, progress reports, etc.

Immunization Policy: No child shall be admitted to school without proper proof that the child has been immunized as required by the laws of the State of New Jersey, N.J.S.A. 26: 1A-9. Proper immunization is a condition of admission to the school.

Legal Custody: If you are a **separated, divorced or never married** parent, it is a diocesan directive that the child's record shows a copy of the court order mandating custody of a child.

Registration Fees: Make checks or money orders payable to St. Francis Cathedral School.

o \$265 for each child

Pre-Paid Tuition: Make checks or money orders payable to St. Francis Cathedral School.

O Also include a separate check in the amount of 1 month's tuition for each child (1 month's tuition for 3 Days = \$520; and for 5 Days = \$665)

Non-Refundable Fees/Tuition:

- o Registration Fees are non-refundable
- o If the school has a holiday or delayed opening (morning sessions cancelled) on your child's scheduled day, we will not be able to make up the class or give credit.
- If your child is going to be out of school for any length of time, we will not give credit towards tuition. Tuition is a yearly fee.

St. Francis Cathedral School creates a Catholic atmosphere where children are challenged to develop respect, justice, and responsibility while growing intellectually and spiritually into leaders of the 21st Century.



Registration Date:

Student Information:

			Grade as ——— of 9/2025 ———
Middle	Last		,
			7
et C	ıty	St	ate Zip Code
			Gender M / F
Family's Pari	sh:		
			•
Yes No Primary L	anguage spoken at l	nome	
on:			
		Religion	I
	Last		
	City	State	Zip Code
Occupation:			
	_ Secondary phone	number:	
nome work (circle one)		cell 1	home work (circle one)
	_ Mother's/Guardia	an 1's Place of Birt	:h:
<u>n:</u>			
		Religion	
	Last		
	City	State	Zip Code
	_ Occupation:		
Seco	ondary phone numb	oer:	
me work (circle one)	, <u>1</u>	cell home	work (circle one)
	Father's/Guardi	an 2's Place of Bir	th:
	Middle et Come Date of Date o	Date of Birth:	Middle Last City State

ST. FRANCIS CATHEDRAL SCHOOL

Registration Form

U.S. Census Bureau Race and Ethnicity Reporting:

*DESCRIPTIONS/EXPLANATIONS REGARDING RACE:

The U.S. Census Bureau categories allow people to identify as many races as they wish – but ultimately the reporting for those who circle several of the racial categories will be listed as "two or more races" (Multi-Racial). Students should be counted in the category of which they are most characteristic. Racial classification definitions are provided below:

American Indian and Alaskan Native: people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian: people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, Vietnam, etc.)

Black or African American: people having origins in any of the Black racial groups of the U.S., Africa or other parts of the world.

Native Hawaiian/Other Pacific Islander: includes native Hawaiians living anywhere in the US (but not non-Hawaiian residents of Hawaii) also includes other Pacific Islands: Guam, Samoa, Fiji, Micronesia, and Polynesia.

White: Caucasians from any part of the world (inc the Middle East) who do not identify with any of the other racial groups.

Multi-Racial (two or more races): those who identify with any combination of the above racial (not ethnic) categories.

Note: Hispanics/Latinos-Information Regarding Ethnicity: Race and ethnicity are considered separate and distinct identities. Only one distinct category of ethnicity is collected – and that is the number of Hispanic/Latinos. Hispanics/Latinos may be of any race and should also respond to the race section according to how they self-identify. Thank you!

Note: Muslims and Arabs: The U.S. Census Bureau does not classify Muslims or Arabs as racial categories; these are ethnic and religious categories; such respondents should select the racial categories with which they self-identify.

Other Children Enrolled at St. Francis Cathedral School:

Total number of Chil	ldren in	St. Francis	Cathedral school:		
1) Name:				Gender (circle one): I	M F
First		MI	Last	,	·
Date of Birth:	/	/		Grade:	
2) Name:				Gender (circle one):	M F
First		MI	Last		
Date of Birth:	/	/	<u></u>	Grade:	
3) Name:				Gender (circle one):	M F
First		MI	Last		
Date of Birth:	/	/		Grade:	

ST. FRANCIS CATHEDRAL SCHOOL Registration Form

O			
Custody Information	<u>•</u>		
Home Status (circle one	e): Married Separated	l* Divorced* W	idowed* Never Married*
	*Re-married: Yes N	Jo	
Student resides with	(circle one): Both Parents	Mother* Father*	Mother & Step Father*
	Father & Step M	other* Guardian(s)	*
*Custodial Rights (cir	rcle one): Joint/Shared N	Mother Father G	uardian(s)
	* Must include a	copy of signed court docur	nents
Emergency Contacts	: (other than parent(s)/guardian	(s))	
Emergency contact #1:			
	First Name	Last Name	Relationship to Child
Primary Number		Secondary Number	
	home work (circle one)		cell home work (circle one)
Emergency contact #2			
	First Name	Last Name	Relationship to Child
Primary Number		Secondary Number	
	home work (circle one)		cell home work (circle one)
Emergency contact #3	·		
	First Name	Last Name	Relationship to Child
Primary Number	home work (circle one)	Secondary Number_	cell home work (circle one)
Cell	HOTHE WOLK (WILL ONE)		cen nome work (unit one)

ST. FRANCIS CATHEDRAL SCHOOL Registration Form

Media Release: (Directions: Please	e check one of the options below)	
I, the parent/legal guardian of the students in the School are photonewspaper, website and yearbook.	, understand graphed for and/or named in area/comm	that there are many occasions wherein unity newspapers as well as the school's
YES: I grant my express perr publish his/her name.	mission to exhibit the above-named studer	nt's photograph or likeness and
NO: I do not grant my expreand publish his/her name.	essed permission to exhibit the above-nam	ed student's photograph or likeness
Metuchen and the trustees, officers, age damages or suits which may arise from	d parent/guardian hereby releases and forever ents and employees of the School and Diocese the use of the School publications, press/med named students' photograph or likeness or pul	e from and against any and all claims, lia releases, or website, including but not
Parent/Guardian Name	Parent / Guardian Signature	Date
Sacramental Records		
Baptism: Date Received/	/ Church Name:	
Church Address:		
First Penance: Date Received	_// Church Name:	
Church Address:		
Holy Eucharist: Date Received	/ Church Name:	
Church Address:		
Confirmation: Date Received	_// Church Name:	
Church Address:		
Certification of Registration Fo	rm:	
I hereby certify that, to the best of m	y knowledge, the provided information is true	and accurate.
Parent/Guardian Name		 Date

2025-2026 School Year *Updated* 1/16/2025

	1/10/2029
STUDENT(s) INFORMATION	Circle Grade Entering:
1.	PK3: 3DAYS PK3: 5DAYS
STUDENT'S NAME:	PK4: 3DAYS PK4: 5DAYS K 1 2 3 4 5 6 7 8
2.	PK3: 3DAYS PK3: 5DAYS
STUDENT'S NAME:	PK4: 3DAYS PK4: 5DAYS K
3.	PK3: 3DAYS PK3: 5DAYS PK4: 3DAYS PK4: 5DAYS K
STUDENT'S NAME:	
4.	PK3: 3DAYS PK3: 5DAYS PK4: 3DAYS PK4: 5DAYS K
STUDENT'S NAME:	
PARENT INFORMATION	
Mother Name: Mot	ther Email:
Father Name: Fath	her Email:
RELIGION INFORMATION — All Families please Check the appro	priate box. (DOM = Diocese of Metuchen)
Our FAMILY is Roman Catholic & Registered at a Parish in (continue to Parish Information below)	n the DOM –
Our FAMILY is Not Roman Catholic OR is Roman Catholic (continue to Tuition Tiers/Fees on reverse side of this form	
PARISH INFORMATION – (check one option) Note: *Parish V	erification is required to finalize tuition rates.
Our Family is Registered at St. Francis Cathedral*, Me	tuchen.
*We will contact the Cathedral to verify your regis	stration & tithing amount.
Our Family is Registered at another Parish* in the DC	DM.

*Attach a letter from your Parish, verifying your registration & 2024 tithing amount.

TUITION TIERS/FEES

Kindergarten thru	K-8 TIER 1 RATES	K-8 TIER 2 RATES	K-8 TIER 3 RATES	
8 th Grade (K-8) TUITION	 3 Pre-Requisites: 1. Roman Catholic 2. Verified Registration at a DOM Parish 3. Verified 2024 contribution (tithing) of \$500+. 	 3 Pre-Requisites: 1. Roman Catholic 2. Verified Registration at a DOM Parish 3. Verified 2024 contribution (tithing) of \$0-\$499. 	Pre-Requisites: 1. Non-Catholic, or 2. Roman Catholic but Not Registered at a Parish in the DOM	
K-8 - 1 st Child	\$6,100	\$7,300	\$7,300	
K-8 - 2 nd Child	\$4,900	\$5,850	\$7,300	
K-8 - 3 rd Child	\$3,650	\$4,4 00	\$7,300	
K-8-4 th + Child	Free	Free	\$7,300	

K-8 FUNDRAISING FEE (Raise Right)	
Per K-8 Family	\$600

Pre-Kindergarten (PK)	3 DAYS/Week	5 DAYS/Week
_ , ,	(Monday/Wednesday/Friday)	(M-Tu-W-Th-F)
PK 3-year-olds - per Child	\$5,200	\$6,65 0
PK 4-year-olds - per Child	\$5,200	\$6,650

<u>PAYMENT PLANS</u> (check one option)

Check#

Date Rec'd

- OPTION 1 = Single Payment Plan September 1st
 (K-8 Families paying via Option 1 will receive a \$50 Tuition Discount)
- OPTION 2 = Two Payment Plan September 1st and December 1st
- OPTION 3 = Monthly Payment Plan monthly payments begin in July, and end in April
- All Tuition and Fundraising Fees are paid via a FACTS Tuition Payment Account.
- FACTS Management Company charges an Annual Setup Fee for all accounts (new and renewed).
- The current FACTS fees are OPTION 1 = \$10; OPTION 2 = \$15; OPTION 3 = \$50.
- If you have an existing SFCS FACTS account, it will renew with the previous Payment Plan Option.
- If you do not have an existing SFCS FACTS account, you will be sent information to open one.

The Diocese of Metuchen offers Tuition Assistance for families in need. For consideration apply at online, factsmot.com/aid by the annual deadline.

	5	30	5 5			11.5			,	
NOTE	E: TUITIO	N AND FEE.	S ARE NO	ON-REFUI	NDABLE					
Parent	t Name					_	- 1	Date		
Parent	t Signatuı	re								
ffice Use (Only:]	PK3DAY rate	PK5DAY ra	te

Option

T1 rate

T2 rate

T3 rate

Amount

Dear Parents/Guardians:

Welcome to St. Francis Cathedral School!

Attached are the forms that are required for your child's health record.

REMINDERS:

- 1. Please call the Health Office <u>each day</u> your child is absent. Phone: 732-548-3162
- 2. Any medication given in school must be in the original, appropriately labeled prescription bottle. Permission papers must be completed. This is New Jersey State Law.
- 3. Immunizations must be up-to-date as required by New Jersey State Law.

 Please notify the nurse when your child receives any immunizations and provide documentation from your health care provider.
- 4. No child shall be admitted to school without proper proof that the child has been immunized as required by the laws of the State of New Jersey, N.J.S.A.26:1A-9. Proper immunization is a condition of admission to the school. All immunizations (except flu) must be received before August 31st in order for child to start school. Also, if immunizations are not completed at the required time, the student will be excluded until all immunizations are completed and documented.
- 5. TB Test (Mantoux) Recommended required if born in certain countries. Please call the nurse if your child was born out of the country for more information.
- 6. Physicals are required for all students entering Pre-K. No student may start school without the required physical.
- 7. Please inform the nurse if there are any changes in your child's health.

We are looking forward to a healthy and happy school year.

Sincerely,

Dr. Jay Locquiao

Principal at St. Francis Cathedral School

Diocese of Metuchen

Parent(s)/Guardian(s) completing	g this packet:
Student Name	Grade
Check if you are a New Family	
	, completed and together, to the attention of School Nurse. All nmunizations must be completed and documented <u>before schools</u> ermitted to start school.
Any questions	s, please call the School Nurse, 732-548-3162
Please check:	
Emergenc	cy Procedure Form
Physician ?	Physical Form (Physicals must be dated after January, 2025)
Health His	story Record
	ation Records (Please be sure your child has received all required tions and documentation is submitted from Physician)
IF needed. Treatment	l, Food Allergy and Anaphylaxis Emergency Care and/or Asthm t Plan



FOR CHILD CARE/PRESCHOOL DIRECTORS AND PARENTS: IMMUNIZATION REQUIREMENTS



NJ Department of Health (NJDOH) Vaccine Preventable Disease Program

Summary of NJ Child Care/Preschool Immunization Requirements

Listed in the chart below are the <u>minimum required</u> number of doses your child <u>must have</u> to attend a NJ child care/preschool.* This is strictly a summary document. Exceptions to these requirements (i.e. provisional admission, grace periods, and exemptions) are specified in the Immunization of Pupils in School rules, New Jersey Administrative Code (N.J.A.C. 8:57-4). Please reference the administrative rules for more details

<u>https://www.nj.gov/health/cd/imm_requirements/acode/</u>. Additional vaccines are recommended by Advisory Committee on Immunization Practices (ACIP) for optimal protection. For the complete ACIP Recommended Immunization Schedule, please visit http://www.cdc.gov/vaccines/schedules/index.html.

At this age the child should have received the following vaccines:	2 months	4 months	6 months	12 months	15 months	18 months	19 months	20-59 months	
Diphtheria, tetanus & acellular pertussis (DTaP)	Dose #1	Dose #2	Dose #3			Dose #4			
Inactivated Poliovirus (Polio)	Dose #1	Dose #2				Dose#3			
Haemophilus influenzae type b (Hib)	Dose #1	Dose #2		1-4 doses [†] (see footnote)		At least 1 dose given on or after the first birthday			
Pneumococcal conjugate (PCV 13)	Dose #1	Dose #2		1-4 doses [†] (see footnote)	At least 1 dose given on or after the first birthday				
Measles, mumps, rubella (MMR)					Dose #1 [‡]				
Varicella (VAR)							Dose #1 §		
Influenza (IIV; LAIV)			One dose due each year ^l						

*Interpretation: Children need to receive the minimum number of age-appropriate vaccines prior to entering child care/preschool. For example, a child 2 months of age, must have 1 dose each of DTaP, Polio, Hib, and PCV before being permitted to enter child care/preschool. A child entering at a younger age range than listed above must have proof of receiving vaccines in the previous age bracket. Example: A child entering child care/preschool at 11 months of age, would need at least the following: 3 DTaP, 2 Polio, 2 Hib, and 2 PCV. If a child has not received any vaccines, he/she would need at least one dose of each required vaccine to enter school provisionally and be in the process of receiving the remaining doses as rapidly and as medically feasible. The current seasonal flu vaccine is required every year by December 31 for children 6-59 months of age.

<u>Haemophilus influenzae</u> type b (Hib) and pneumococcal (PCV) vaccines are special cases. If children started late with these vaccines they may need fewer doses. <u>One dose of each is required on or after the first birthday in all cases.</u>

Please Note: The use of combination vaccines may allow students to receive the 1st birthday booster dose of Hib between 15-18 months of age.

MMR vaccine may be given as early as 12 months of age, but NJ requires children to receive the vaccine by 15 months of age. Prior to age 15 months, children may enter preschool/child care without a documented dose of MMR.

<u>Varicella vaccine may be given as early as 12 months of age</u>, but NJ requires children to receive the vaccine by 19 months of age. Prior to age 19 months, children may enter preschool/child care without a documented dose of varicella. Children who previously had chickenpox do not need to receive the varicella vaccine as long as a parent/guardian can provide the school with one of the following: 1) Documented laboratory evidence showing immunity (protection) from chickenpox, 2) A physician's <u>written</u> statement that the child previously had chickenpox, or 3) A parent's <u>written</u> statement that the child previously had chickenpox.

Seasonal Flu: The current seasonal influenza vaccine is required every year for those children 6 months through 59 months of age. Children who have not received the flu vaccine by December 31 must be excluded (not allowed to attend child care/preschool) for the duration of influenza season (through March 31), until they receive at least one dose of the influenza vaccine or until they turn 60 months of age. Children entering child care/preschool after December 31, must provide documentation of receiving the current seasonal flu vaccine. Children entering child care/preschool after March 31 are not required to receive the flu vaccine; however, flu season may extend until May and therefore getting a flu vaccine even late in the season is still protective.

NOTE: NJ also accepts valid medical and religious exemptions (reasons for not showing proof of immunizations) as per the NJ Immunization of Pupils in School regulations, (N.J.A.C. 8:57-4). Children without proof of immunity as defined by ACIP, including those with medical and religious exemptions, may be excluded from a school, preschool, or child care facility during a vaccine preventable disease outbreak or threatened outbreak as determined by the Commissioner, Department of Health or his or her designee. In addition, anybody having control of a school may, on account of the prevalence of any communicable disease, or to prevent the spread of communicable disease, prohibit the attendance of any teacher or pupil of any school under their control and specify the time during which the teacher or scholar shall remain away from school. The Department of Health shall provide guidance to the school of the appropriateness of any such prohibition.

This document is meant to be a quick resource. For more information "NJ Immunization Requirements Frequently Asked Questions", please visit https://nj.gov/health/cd/imm_requirements/.

Reviewed: 12/2021



<u>HEALTH HISTORY</u> <u>2025 - 2026</u>

Parent's Name Phone		Date of Birth	Grade					
		Address						
A.	Family History 1. Are the child's parents both in good health? If no, describe	Yes No						
	2. List ages, sex, and general health of brothers and							
	3. Are there any significant family or mental proble	ems?						
	4. Do any family members have a history of: Dial Breakdown Hay Fever Asthma Retardatio							
В.	 Sleep Pattern How many hours of sleep does your child go Does your child have difficulty falling asleep Does your child have any of the following: (Insomnia sleepwalking wakefulness dur 	? Please circle)?						
C.	Feeding and Digestion 1. Is the child's appetite usually good? 2. Do any foods disagree with him/her? 3. Does he/she often have diarrhea? 4. Does he/she have frequent stomachaches?	YesNo YesNo YesNo YesNo						
D.	Any Serious Accidents? (indicate)							
E.	Hospitalization? (for what purpose)							
F.	Other/							
G.	. Is your child now taking medication? Please list	Is your child now taking medication? Please list:						



H. Infections and Illnesses

	1.	Frequent earaches?			Yes_	No			
	2.	Frequent sore throats?			Yes_	No			
		Frequent colds?		Yes	No				
	4.	Urinary infections or relate	ed problems?	Yes	No				
	5.	Convulsions?			Yes_	No			
	6.	High Fevers?			Yes_				
	7.	Problems with hearing?		Yes	No				
	8.	Problems with vision?			Yes_	No			
	9.	Wheezing or asthma?			Yes_	No			
		Eczema or hives?				No			
	11.	Allergies or reactions to ar Describe allergies or reacti		Yes	No	_			
	12.	Circle any of the following	g which the chil	ld has ha	d, <u>and i</u>	ndicate in			
		blanks at what age:							
		Measles	Roseol	la	1	Mumps			
		German Measles	Whoo	ping Cou	ıgh _	Broken	Bones		
		Chicken Pox	Pneum	nonia		remov	val of tonsils and/or ade	noids	
		opment							
		At what age did the child At what age did the child							
	Behav	Sehavior							
	1.	. Does the child exhibit any of the following: (please circle)?							
			Nightmares	8. (b		n holding	Thumb Sucking		
			Fearful			Wetting	58		
	2.	Have you had any difficul	lty with your ch	nild? If s	o, descr	ibe the prob	lem and age that the chi	ld's difficult	
		was first noticed?							
		was first flotteed:							
	_				_	<u>.</u> .			
K.		e any other information		e helpful	in unde	rstanding y	our child better, thus en	abling	
	nim to	benefit fully from school e	•						
				-					
[]_	Count	ry child was born in if chi	ld was born ou	tside the	United	States:			
-•	204111	-, 511114 WWO SOIN IN IT CIT	DOIN OU		C IIIICU				
	Name	of School previously atte	ended, if appli	cable					



Physician's Report of Physical Examination

				Grade
Height	Weight	Pulse	Resp	BP **REQUIRED
Medical History	(eg. Asthma, Seizures.	freq OM, etc.)		**REQUIRED
,		, i , , <u>——</u>		
C :1 I I :				
Surgical History	<u></u>			
Trauma or Injur	ries			
******	*********	***********	********	************
General Appear	rance		Skin_	
Head and Neck			Lung	ZS
Heart				
Musculoskeletal				
Other				
Immunizations	given on this date			
******	*******	******	*******	***********
Physician's Nam	ne, Address, Phone (pl	ease Print)		
				Physician's Signature
			•	,
				Date of Examination

2025 - 2026 EMERGENCY CONTACT FORM

Last Name:	Home Phone:				
Address:					
Child(ren) #1)	Gr #2)	Gr			
#3)	Gr #4)	Gr			
Mother's Name:	Cell:	Work:			
Father's Name:	Cell:	Work:			
Please complete the following using numbers to indicate order of	of procedure to be followed in the event of illness or inj	ury to your child/children at school:			
() Contact: <u>Mother</u>	(circle one) Home Cell Work				
() Contact: <u>Father</u>	(circle one) Home Cell Work				
() Contact:		Phone # (circle one) Home Cell Worl			
() Contact:	Relationship to student :	Phone # Phone # (circle one) Home Cell Worl			
() Contact:	Relationship to student :	Phone # (circle one) Home Cell World			
() Contact:	Relationship to student : Physician	Phone #(circle one) Office Cell			
Does the student have health insurance? Yes No	o Name of Insurance Company:				
Take student to nearest hospital? Yes N	o Name of Preferred Hospital:				
Please list any medical conditions/allergies/med					
I give permission for medical information about my	child/children be shared with school staff o	n a need-to-know basis: Yes No			
Contact via e-mail for non-emergency communication	on: Yes No email address				
In case of a serious emergency to the above-named \underline{s} hereby authorize a representative of the school to act		dian can be reached by telephone, I			
Parent/Cuardian Name	Parent / Guardian Signature	Date			



ST. FRANCIS CATHEDRAL SCHOOL

Student Tuition and Fees Payment Policy/Agreement

I. Statement of Policy and Purpose

The success of St. Francis Cathedral School hinges upon the commitment of families to make Catholic education a financial priority, be involved in their child's education, and make their tuition and fees payments on a timely basis. The school relies upon tuition and fee payments to provide an excellent spiritual and educational program operating on a balanced budget.

The school has full-year contractual and financial obligations that must be met, such as teacher salaries, heating, and electric bills, building maintenance and improvements, and other expenses. Families that seek their children's initial and continuing enrollment are required to satisfy the annual tuition by specified due dates. In addition to tuition, families are responsible for timely payment of registration fees and incidental fees, such as club and activity fees, lunch fees, fundraising or fees for before or after school care.

Yearly tuition rates and registration fees are determined by February.

<u>Effective</u> with the 2024/2025 School Year: all Tuition Payments must be made automatically online, via an SFCS FACTS Tuition Management account. Parents/Guardians are required to have or open an SFCS FACTS Tuition Management account by the date indicated at registration; and are responsible for any FACTS fees. Parents/guardians are given three options for tuition payment:

- Option 1 Single Payment Plan (this option includes a \$50 discount per FAMILY)
- Option 2 Two Payment Plan
- Option 3 Monthly Payment Plan (monthly payments begin in July and all payments must be completed by April 30th each year)

Effective with the 2025/2026 School Year: K-8 Tuition Rates will be determined as follows:

- TIER 1 Catholic family registered & contributing* at a parish in the Diocese of Metuchen.
- TIER 2 Catholic family registered at a parish in the Diocese of Metuchen but not contributing*.
- TIER 3 Catholic family not registered at a Diocese of Metuchen parish, or a Non-Catholic family

*Contributing is a family who tithed \$500 or more in the previous year to their Diocese of Metuchen parish, as evidenced by a Receipt of Contribution signed and dated by their parish Pastor. This receipt must be submitted at registration each year.

St. Francis Cathedral School encourages all responsible parties to maintain open communication with the Business Manager to ensure a complete understanding of each family's financial obligations. The goal of the school is to provide a Catholic school education to every student that desires one, but only by mutual cooperation can we make certain that this goal is met.

Parental non-payment or delinquency in meeting students' financial obligations creates an additional burden for the school.

II. Procedure to Address Delinquent Payments

When payments are not made in accordance with the selected tuition option, the following steps will take place:

15 days past due:

When an account becomes 15 days past due under the selected tuition payment option, the financially responsible party will be contacted by the Business Manager by telephone and letter notification requesting that tuition be brought current or that they contact the school to offer an alternative tuition payment for the school's approval.

It is the responsibility of the family and/or financially responsible party to promptly contact the Business Manager to bring the account up to date or to create an alternative tuition payment plan for school approval.

30 days past due:

When an account becomes 30 days past due under the selected tuition payment option, the Business Manager will issue the financially responsible party a written notice by certified letter and by telephone message. The notice will reiterate the terms of the selected financial commitment and request immediate attention to the matter.

III. Remedies/Exclusions

When an account becomes 30 days past due, in addition to the notification of delinquency sent by the Business Manager, the following remedies/exclusions immediately shall become available to the school:

Student(s) will not be permitted to pre-register for the following academic year or to return after the current semester until the balance is paid in full or an alternative plan has been approved.

Non-payment of any part of a prior year's tuition will result in non-admission for the following school year.

All tuition and fees must be current in accordance with the selected payment plan on the first day of class or the student(s) will not be enrolled.

Student(s) will be dismissed at the end of a semester for non-payment of financial obligations.

During the school year, students will not be allowed to make payments for/or participate in any field trips and/or other school sponsored extracurricular activities.

Eighth graders cannot take part in special events and graduation exercises, nor receive any scholarship awards that are presented at the graduation ceremony.

Notwithstanding any other provision of this Policy/Agreement that may be applicable. All amounts due and owing for an eighth grade student must be made satisfied no later than May 20th in order for the student to participate in graduation exercises and/or field trips.

To effectuate the provisions of this section, St. Francis Cathedral School reserves the right to cancel the registration of any student whose parents/guardians fail to satisfactorily meet tuition payments. The school will inform any family failing to pay their tuition according to their agreement with the school, and who have been unwilling to make alternative arrangements suitable to the school, that their children are not allowed admittance or re-admittance to the school. All tuition and fees paid prior to such cancellation of registration are non-refundable.

IV. Good Faith Attempt at Satisfying Financial Obligations:

The school understands that unexpected situations can and do arise and the school strives to work with families. In the event of unforeseen financial circumstances, families are responsible for contacting the Business Manager as soon as possible to review the financial hardship and seek a mutually agreeable alternative tuition payment plan. Parents/guardians must request a face-to-face conference with the Business Manager. No alternative arrangements will be discussed or approved over the phone.

However, this opportunity comes with the obligation to make a good faith attempt to satisfy educational financial obligations. A "good faith attempt" at meeting tuition payments includes, at a minimum, that the family formally has applied for school tuition assistance from the Diocese of Metuchen, pursuant to established diocesan procedures. This procedure includes disclosure of tax forms, W-2 statements, and any other financial information the Diocese may deem relevant in assessing whether the applicant is eligible to receive diocesan financial assistance. In the absence of specific proof that such an application has been made to the diocese by a delinquent party, no special circumstances or other consideration will be allowed by the school for payment of tuition and the Remedies/Exclusion terms in Paragraph III above shall apply.

IV. Other Available Remedies

While a sincere and charitable effort will be made to collect overdue tuition, the school reserves the right to use any legal means necessary to remedy tuition delinquencies, including using a third-party collection agency and/or legal proceedings. All fees or costs incurred in collecting amounts owed may be included in the balance due.

V. Requirement of Signed Agreement on File

A signed copy (with original signatures) of this Student Tuition and Fees Payment Policy/Agreement is required to be in the school's file for every student attending St. Francis Cathedral School. It is the parent's or other responsible person's obligation to provide the school with a signed copy of this policy/agreement for the school's file. However, the failure of a parent or other responsible person to return a copy of this policy/agreement does not prevent full enforcement of this policy/agreement in accordance with its provisions. Receipt of this policy/agreement, with or without signatures, constitutes full notice of its provisions and terms.

VI. Effective Date:

Acknowledgment and Agreement:

This policy/agreement is effective January 1, 2018 and immediately applies to any delinquent tuition, fee or other school payment that exists on January 1, 2018, as well as to all future delinquencies.

I,	, have received and reviewed this
Student Tuition and Fees Payment Policy/Agreement	and agree to its terms and conditions.
Printed Name (Parent/Guardian)	
Signature (Parent/Guardian)	Date
Student's Name	
Student's Grade as of the date of Signature above	

Directions:

- 1. Please review the Parent-Student Handbook uploaded on our website: www.stfranciscathedralschool.org.
- **2.** Upon review of the parent-student handbook, <u>all</u> parent(s)/guardian(s) must sign below certifying the acknowledgement statement.
- **3.** Students in 5th grade or older must review the parent-student handbook with their parents and initial below.

Acknowledgement Statement:

We have read and agree to abide by the contents of the St. Francis Cathedral School Parent-Student Handbook.

Parent/Guardian Printed Name Parent/Guardian Printed Name		Parent / 0	Date		
		Parent / 0	Date		
Student's Name:	First	 Last	Homeroom	ST Initial:	
Student's Name:			Homeroom	ST Initial:	
Student's Name:	First	Last	Homeroom	ST Initial:	
Student's Name:	First	Last	Homeroom	ST Initial:	



The Home School Association is an important part of our school community and continues to strive to always help and give back to our students with our many fundraisers throughout the year. We are beyond blessed to have such supportive families that continuously dedicate their time and effort to make each fundraiser a success!

To build our school community we strongly encourage you to attend all of the SFCS events. We would like to extend the invite to volunteer at our events, although it is not required for Pre-K.

To volunteer, you must become a **Certified Volunteer**, which you can do so by following the steps on our website (https://stfranciscathedralschool.org/volunteering).

YEARLY EVENTS	TRICKY TRAY				
SUPER 50/50	Prior to the event:				
 Ticket sales at masses 	-Basket wrapping -Setup the day before the event				
BOOK FAIR					
• Setup	-Organization of ticket containers, bags and other supplies for the event				
• Clean up	-Decorations (at home kits)				
• Sales	-Church/Mass sales of Trip Tickets				
Student assistance	-Solicitation				
SANTA'S WORKSHOP	The day/night of the Tricky Tray:				
• Setup	-Setup				
• Cleanup	-Spotters				
• Sales	-Greeters at the Front Entrance				
Student assistance	-Basket transport				
GERTRUDE HAWK	-Ticket sales per level -50/50 ticket sales -Trip ticket sales -Basket running				
Chocolate distribution					
FUN DAY					
• Setup	-Clean up after the event				
• Cleanup	The second secon				
Activity stations					

A few other fundraisers that happen at SFCS are:

- Box Tops (Scan store receipts to earn extra money for the school)
- **Spirit wear** (Fall and Spring sales are great gifts)
- **Dine Out to Donate events** (This is a great way to give back to the school and have a free night without having to cook!)

The HSA also has other wonderful events throughout the year to look forward to such as:

- Parent's Night Out
- Mom's Night Out
- Dad's Night Out

- Family Christmas Dinner
- Daddy Daughter Dance
- Mother/Son Night

St. Francis Cathedral School offers both Before Care and After Care Programs. Both programs are staffed by St. Francis Cathedral School teachers.

- <u>Before Care Program</u> (available to SFCS students from PreK 3 years old through 8th Grade).
 - Available from 7:00 a.m. 7:40 a.m. in the Main School building
 - Drop off to a teacher in the breezeway from 7am -7:10 am.
 - For drop off from 7:10am 7:40am please **KNOCK** on 1A's window and a teacher will come up to get your child.
 - The fee for the Before Care Program is \$5.00 per day per child.
- <u>After Care Program</u> (available to SFCS students from PreK 3 years old through 8th Grade). *
 - Available from dismissal until 6pm sharp
 - o Held in the C.Y.O. Building. The children are walked over by a teacher.
 - Homework: Homework time is scheduled. <u>All homework</u> should be checked each night by a parent/guardian.
 - O Snack: Snack time is scheduled; students <u>must bring a snack from home</u>.
 - o The fees for the After Care Program:
 - On 2:30pm dismissal days:
 \$20.00 for one child and \$29.00 for 2+ children.
 - On Noon dismissal days:
 \$25.00 for one child and \$33.00 for 2+ children.

^{*}Please Note: on occasion PK will have a Noon dismissal when the K-8 grades do not. On those days, aftercare will not be available for PK students.

ST. FRANCIS CATHEDRAL SCHOOL

Before/After Care Program Registration Form 2025-2026

Family Name:								
Phone Numbe	PT:		Cell Ph	one:				
Child's Name:					Grade as of 9/2025:			
Child's Name:					Grade as of 9/2025:			
Child's Name:					Grade as of 9/2025:			
Child's Name:					_ Grade as of 9/2025:			
Please check og be participatin	ff which program you woul g.	d like your child(ren	e) to parti	cipate in,	and what d	days of the n	veek they will	
	Before Care Program	m	М	_ T	W	Th	F	
	After Care Program		М	_ T	W	Th	F	
	Both Before & Afte	er Care Program	М	_ T	W	Th	F	
Additional C	Comments:							
2:30 \$20.00 (D	CARE PROGRAM PM TO 6:00 PM Daily Fee) - One Child wo or More Children	7:00 AM TO \$5.00	O 7:40 A		* 12 \$25.00 \$33.00	2:00 PM to (Daily Fee) Two or Mo	ISMISSAL 6:00 PM - One Child ore Children hanksgiving	
					-	ristmas &		

and 2:30-4pm on Halloween