



St. Andrew's Country Day School

1545 Sheridan Drive Kenmore, NY 14217 • 716-877-0422 • www.standrewscds.net

2018-2019 Registration

Family Name(s): _____

Please list each child that will be attending St. Andrew's Country Day School. Please print clearly and complete all of the following information regardless of new or returning status. St. Andrew's does not discriminate on the basis of race, color, creed, origin, gender, orientation, or religion.

Full Name	Grade in Sept. (Please note PK FT or PT program)	Date of Birth/Place if other than USA	Gender M/F	Religion and place of worship	Ethnicity: American Indian/Alaskan Native, Black or African American, Asian, Native Hawaiian or other Pacific Islander, White, Multi-Racial (non-Hispanic origin)	Hispanic Y/N	Educational Considerations (ELL/ESL, IEP, 504) You must include current paperwork.

***Please note that students entering Kindergarten must be 5 by Dec. 1st of the school year and PreK 4 students must be 4 by December 1st of the school year.**

Students entering either PK3 or PK4 MUST be FULLY POTTY TRAINED. Pull-up, diapers, training pants, etc. are not permitted. Our staff is not allowed to assist a child in the bathroom unless it is absolutely needed. Children must be able to take care of themselves in the bathroom and change their clothing. We cannot potty train your child.

Parent/Guardian Information:

Father/Guardian _____

Mother/Guardian _____

Religion _____

Religion _____

Church Affiliation _____

Church Affiliation _____

Occupation _____

Occupation _____

Place of Employment _____

Place of Employment _____

Business phone _____

Business phone _____

Cell phone _____

Cell phone _____

Home phone _____

Home phone _____

Home address _____

Home address _____

Email address _____

Email address _____

VIRTUS trained? YES / NO

VIRTUS trained? YES / No



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MARITAL STATUS OF PARENTS

Marital status of parents: **Married** **Separated** **Divorced** **Single**

Does child live with both natural parents? _____ If not, who has legal custody? _____

(A copy of legal documentation **MUST** be provided to the school before the child(ren) enters.)

EMERGENCY CONTACT INFORMATION

Please list emergency contacts in the order you wish them to be contacted. Please include names, phone numbers and relationship to child. **Unless otherwise noted, parents/guardians will be contacted first.**

1. _____
2. _____
3. _____
4. _____
5. _____

Please list any person or persons that are **NOT** allowed to pick up your child(ren) and provide any necessary documentation needed:

1. _____
2. _____
3. _____

In the event of an **EMERGENCY DISMISSAL**, my child should go to/with (please circle):

HOME (via bus) **Home** (via private pickup/walker) **Emergency Contact 1** **Emergency Contact 2**

PUBLIC SCHOOL OF RESIDENCE

Legal Name of Public School District of Residence of Child(ren): _____.

Actual School Child(ren) would attend **if not St. Andrew's Country Day School:** _____.

If transferring from another school:

Name of School: _____

Reason for Leaving your previous school: _____

Address of School: _____

Did your child attend PreK or UPK? _____

School Phone Number: _____

Name of the PK attended: _____

Last Grade Attended: _____

Address: _____

OTHER CHILDREN IN HOUSEHOLD: (Please list any other children living in the household:

Name (First and Last)	Date of Birth	Grade	School



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AFTER SCHOOL CARE PROGRAM

St. Andrew's has an after school care program available for our students in PK3-8th grade. There is a \$25 family registration fee. Billing is done on a monthly basis through FACTS. Parents MUST sign up via our scheduling program for the days their children will attend. If you need the program on an as needed basis, then parents must send a note as soon as possible, but no later than the morning of the day needed.

After school care begins at dismissal and runs until 6pm. Students receive a small snack and drink. Any students with homework will be able to go to the homework room (a quiet room with a staff member) to complete their homework. Students that have no homework will be able to participate in various activities. The cost is \$5 an hour per child or \$10 an hour maximum per family. You will be billed to the nearest half hour of pickup (example: pick up 4:13, you will be billed until 4, pick up at 4:17, you will be charged until 4:30). Parents use the aftercare door for entry. The program is staffed by staff members that are over the age of 18 and are VIRTUS trained. There are also high school students that assist in the program. Any students not picked up by 6pm will be charged \$1 each minute past 6pm until pickup. If you are utilizing the After Care Program for any half days or scheduled days off you MUST sign up ahead of time so we can properly schedule staff. Half days are billed at the \$5 per hour rate. If you do not sign up for half day attendance or full day attendance and your child attends, you will be charged a fee of \$10.

SCHOOL DIRECTORY

Please include the following in the school directory (circle all that apply):

Father/Guardian 1: name	address	phone	email	Please exclude from directory
Mother/Guardian 2: name	address	phone	email	Please exclude from directory

Would you like to be included in the business directory: YES / NO

If YES, please complete the following:

Business Name: _____ Type of Business: _____

Contact Name: _____ Phone Number: _____

Discount Offered: _____

ALUMNI INFORMATION

Please indicate if either parent is an alumni of St. Andrew's Country Day School. Please include maiden name, if applicable.

Name _____ Class of _____

Name _____ Class of _____



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HEALTH INFORMATION

EMERGENCY MEDICAL AUTHORIZATION: In the event reasonable attempts to contact me at the above listed phone numbers have been unsuccessful, I hereby give my consent to administer emergency medical treatment by any licensed physician or dentist and to transport my child to any reasonably accessible hospital facility.

Parent/Guardian Signature: _____ Date: _____
Health Insurance: _____ Preferred Hospital: _____
Child's physician: _____ Phone number: _____
Address of physician: _____

Describe any illnesses, diseases or physical and/or learning disabilities which may affect your child's general health, school work, or participation in the school's athletic program:

Has your child received a psychological or psychiatric evaluation or treatment in or outside of school?

Is there any other information that will help us meet your child's academic needs?

If your child has an IEP or a 504 from a previous school, please include a copy with your completed registration packet.

You MUST have a copy of your child's /children's physical (done within a year) on file. You MUST have a vaccination record/vaccine exemption on file as well. Please include these with your registration packet.

Prescription medicine must be kept in the school nurse's office and can only be administered by the nurse or school official (in the event the nurse is not present), unless there is a doctor's order on file that the child may self-administer and carry the medicine. Students must have a doctor's order to have the medicine in school. We are not able to dispense over the counter medicine to students. Any medicine kept in school MUST BE PICKED UP AT THE END OF THE SCHOOL YEAR BY A PARENT/GUARDIAN. MEDICINE CANNOT BE SENT HOME WITH THE STUDENT.

Students will not be registered until parents provide an updated immunization listing and physical. Parents/Guardians understand that they may be asked to provide further information or the most up to date medical information when the school year begins. Students not in compliance with immunization guidelines will not be allowed to attend school until they are up to date.



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STUDENT AUDIO/VISUAL PERMISSION SLIP

Consent and Release Form for the Use of Student Photograph(s), Video, Work and Sound Recordings

Throughout the year, there will be numerous occasions when we will be contacting local media outlets (newspapers, television stations, radio stations, Internet sites, social media, i.e. facebook, Instagram, twitter, etc.) in the hope of getting coverage for diocesan and school events. We also hope to use some of the photographs, video images, sound recordings and work of our students for our own use or use by the secular media.

CONSENT AND RELEASE

I _____, the parent/guardian, give
(Please print your name) (Circle one)

St. Andrew's Country Day School permission to use:

_____ My child's photograph, video image, sound recording, and/or work for use by representatives from the school, the Department of Catholic Schools, WNY Catholic media and/or secular media.

_____ My child's name. (Please note that some news outlets will not publish without a child's name.)

Please print.

Student's name _____ Grade _____

Student's name _____ Grade _____

Student's name _____ Grade _____

I understand that I may revoke this permission at any time by contacting the principal of the school.

Parent Signature

Date



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2018-2019 Tuition and Fees

Pre Kindergarten Tuition Per Child \$150 Discount given for each additional child in the PK3 and part-time PK4 program.	Monday / Wednesday / Friday Full Day	Tuesday/Thursday Half Day (7:30am-11:30am)	Monday-Friday Full Day
Pre-Kindergarten 3		\$1,015	*See chart below
Pre-Kindergarten 4	\$3,045		*See chart below

PK3 (full week)-8th grade Tuition and HSA Dues	Participating	Non-Participating
1	\$ 3,390	\$ 5,090
2	\$ 4,965	\$ 6,540
3+	\$ 6,540	\$ 8,240

\$ 50 Returning Families Registration Fee per family to ensure placement, a deposit is due on or before **April 1, 2018** to avoid a late registration fee of \$200.

\$250 New Family Registration Fee per family.

\$100 Early Bird Discount - Registration and Tuition are paid on or before **July 1, 2018**.

**** Please note: Registration and late fees are nonrefundable**

Payments- All families must utilize the FACTS Tuition Management Program. Current families will automatically be re-enrolled into the FACTS Tuition Management Program on or after March 31, 2018. The FACTS Tuition Management Program is designed to allow families to have the option of a payment plan. Ten (10) monthly payments will be made automatically from a checking or savings account or by credit card. These payments will begin in July and continue through April 2019. There is an enrollment fee of \$43 per year, as well as, fees charged for insufficient funds. A convenience fee applies to credit card payments. The option of making payments on the 5th, 12th, 20th, or 27th of the month is available. If a family is in arrears after two months of failed electronic attempts by FACTS, the Business Manager must approve an acceptable arrangement or student enrollment at St. Andrew's Country Day School will be in jeopardy. The school has a right to legal action for non-payment of tuition and fees, and the parents will be responsible for the cost of collection.

CTGP: If you are an active parishioner at a Catholic parish without a school, you must enroll in the Catholic Tuition Grant Program (CTGP).

Participating Status - Parents are expected to participate in the major fundraising of the school and attend mass. The fundraising greatly assists in keeping our tuition low and affordable to families, as well as raising funds for the upkeep of the building. You must participate in weekly mass (as evidenced by weekly envelopes/CTGP approval) and our two major fundraisers: BINGO and our BLACK AND GOLD GALA. Only those in full compliance will receive Participating Status. You will be assigned to a Bingo team and must purchase 2 tickets to the gala (automatically deducted from your FACTS account in August). Any other fundraising through the school throughout the year is optional, but greatly appreciated. All families with PK4 (full time) through 8th grade are able to be participating partners.

Initial after reading _____

Non-Participating Status – St. Andrew's is keenly aware that family time is very precious. In some cases, parents simply are not able to participate. If you are unable to participate in our two major fundraisers, then you are considered a non-participating partner. PK 3 parents and parents of students in our 3 day a week PK4 program are not required to be participating members, and therefore only have one tuition rate.

Initial after reading _____

Program Selection and Tuition Agreement



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Family Name: _____

Registration Fee (NON-REFUNDABLE)

Returning families (\$50 deducted from your FACTS account 10-15 days after receipt of your registration packet) \$200 late fee charged if received after April 1, 2018 (deducted from FACTS July 1, 2018)..... \$ _____
New Families (\$250 paid by check)..... \$ _____

Part Time Pre - Kindergarten Tuition..... \$ _____

PK3 Tuesday/Thursday Half Day (\$1,015)

PK4 Monday, Wednesday, Friday Full Days (\$3,045)

PK3 (M-F full day program) - 8th Grade - Participating Status..... \$ _____

1 child - \$3390 2 children - \$4965 3 or more children - \$6540

PK3 (M-F full day program) - 8th Grade - Non-Participating Status..... \$ _____

1 child - \$5090 2 children - \$6540 3 or more children - \$8240

REBATES

Do you have a child that was in our PK3 (5 day program) and will now be in our PK4 (full week program) for the 2018-19 school year? (\$200 credit)... -\$ _____
Are you a returning family that had a child in our PK4 (5 day program) and is now entering Kindergarten (\$300 credit)?..... -\$ _____
1st grade (\$200 credit)?..... -\$ _____
2nd grade(\$100)?..... -\$ _____

BEFORE/AFTER SCHOOL CARE REGISTRATION FEE (\$25/family).. \$ _____

FUNDRAISERS

Black and Gold Gala Tickets \$40ea. (x2) deducted from FACTS Aug 1, 2018) \$ \$80

TOTAL TUITION: \$ _____

Payment Option Selection

Payments not made on time are subject to late fees. Payments made with insufficient funds are subject to returned check fees and any bank fees. Please check one of the two options for convenient payment:

Payment in Full by July 1, 2018 (eligible for \$100.00 discount.)

FACTS Tuition Management Program Payment Plan

Monthly Payments (July-April)

Two payments (July and January)

By signing, I am agreeing to the above terms and conditions. I understand that my FACTS account will be charged the monthly payment amount.

Parent Signature

Date

Parent Name (Please print)