

SAINT NICHOLAS ACADEMY REGISTRATION FORM - 2010 - 2011
STUDENT / FAMILY INFORMATION



Please verify all information, complete where necessary and make corrections where needed.

Mother: _____

Father: _____

Student: _____

	Mother	Father
Relationship (Parent, step-parent, guardian, deceased, grandparent)		
Marital Status (Married, single, deceased, divorced / remarried, separated)		
Street		
City / State / Zip		
Home Phone		
Work Phone		
Cell Phone / Pager		
Email Address		
Employer		
Employer Address		
Occupation		
Religion		
Birth Country		

Student's Residence:

Street: _____

City / State / Zip: _____

Phone: _____

Direct Correspondence will be mailed to:

Street: _____

City / State / Zip: _____

Phone: _____

Language(s) spoken at home: _____

Names and dates of birth of ALL children in family - Include pre-school children

Custody (if applicable): Single (Y/N) _____ Name: _____
 Joint (Y/N) _____ Names: _____

Transferred Information:

School: _____ School Address: _____

Entered (Date): _____ Withdrew (Date): _____

FOR OFFICE USE	
Pre-registration Fee Paid: _____	Received: _____
Tuition Rate: _____	
Tuition: _____	
	Application Status
	1A - Siblings
	1B - Oldest/Only
	1C - Catholic
	2009 - 2010

SAINT NICHOLAS ACADEMY REGISTRATION FORM - 2010 - 2011
STUDENT INFORMATION



Please verify all information, complete where necessary and make corrections where needed.

Student _____

Date of Birth _____

SSN: _____

Sex: _____

Proposed Grade Placement: _____

Birth City/State: _____

Child's Birth Country: _____

Oldest (Y/N) _____

First Language Child Learned to Speak: _____

Language Child Speaks Most Often: _____

Ethnicity: _____

If Blank, Please Circle One: African American, Caucasian American, Native American, Asian American, Hispanic American, Pacific Islander

After School, child goes to:

Place: _____ Phone: _____

Contact: _____

Mode of Transportation: _____ (ie: car, Miller Trans., Walker, TARC)

Religious Records:

Religion: _____

	SACRAMENT (Yes / No)	DATE	CHURCH	CITY / STATE
Baptismal:	_____	_____	_____	_____
First Eucharist:	_____	_____	_____	_____
First Reconciliation:	_____	_____	_____	_____
Confirmation:	_____	_____	_____	_____

Release / Emergency Information: Other than Parents / Guardian: This information is for your child's safety and care, and if not completed your child **WILL NOT** be released to anyone except you, the parent.

1st Contact: _____

2nd Contact: _____

Relation: _____

Relation: _____

Daytime Phone: _____

Daytime Phone: _____

Cell Phone: _____

Cell Phone: _____

Doctor Name: _____

Hospital Name: _____

Doctor Phone: _____

Hospital Phone: _____

Health / Physical:

Limitations: _____

Medical considerations:

Medicine: _____

Instructions / Allergies: _____

Immunization Expiration Date: _____

Please list any **extenuating circumstances** that may be helpful in the placement of your child:

Signature: _____

Date: _____



5501 New Cut Road
Louisville, KY 40214
502-368-8506 Fax: 502-380-5453
www.sna-panthers.org

2010/2011 TUITION AGREEMENT

Responsible party _____

Address _____	Student Name _____	Grade _____
City/State _____	Student Name _____	Grade _____
Zip _____	Student Name _____	Grade _____
Phone _____	Student Name _____	Grade _____

It is agreed to and understood as a condition of our child's/children's education at Saint Nicholas Academy, we will pay tuition for the 2010/2011 school year based on our preference as indicated. We are obligated to enroll in ACH (automatic withdrawal) for submission of payments as checked on the back of this form. **The only exception is payment made in full.** If ACH is returned, a charge of \$30.00 will be assessed. Second occurrence will result in a mandated meeting with the **Head of School.** If the ACH debit is blocked your child(ren) will not be allowed to return to St. Nicholas Academy until the account is current. Responsible party will be liable for any unpaid balance. We also understand that if we choose to leave Saint Nicholas Academy for any reason other than expulsion, we will be responsible for the tuition amount.

If you have elected to pay your tuition in full you must pay before June 15th.
Annual payments are eligible for a 3% discount if paid in full no later than June 15th.

Please Note: Financial aid and/or grant money is not eligible for the 3% discount. The remaining tuition balance, if paid in full, is eligible for the discount. Any time financial aid is received tuition will be recalculated.

It is further agreed and understood that in the event of default, if this account is turned over to an agency or attorney for collections, the undersigned agrees to pay all reasonable attorney fees and costs of collection pursuant to KRS 411.195.

Responsible Party: _____

Date: _____

AUTOMATIC WITHDRAWAL AUTHORIZATION AGREEMENT

It is agreed to and understood as a condition of our child's/children's education at Saint Nicholas Academy, we will pay tuition for the 2010/2011 school year based on our preference as indicated. We are obligated to enroll in ACH (automatic withdrawal) for submission of payments as checked on the form below. The **only exception is payment made in full**. Financial aid and/or grant money is not eligible for the 3% discount. The remaining tuition balance, if paid in full, is eligible for the discount. Any time financial aid is received tuition will be recalculated. The check needs to be received in this office by June 15th and will be deposited upon receipt. If ACH is returned, a charge of \$30.00 will be assessed. Second occurrence will result in a mandated meeting with the **Head of School**. If the ACH debit is blocked or account closed your child(ren) will not be allowed to return to St. Nicholas Academy until the account is current. Responsible party will be liable for any unpaid balance. We also understand that if we choose to leave Saint Nicholas Academy for any reason other than expulsion, we will be responsible for the tuition amount.

I, _____ hereby authorize Saint Nicholas Academy, to initiate electronic debit entries, and if necessary, credit entries to reverse erroneous debit entries to my account(s) listed below. It is agreed that these withdrawals will be made in accordance with the Rules of the National Automated Clearing House Association (NACHA).

- Bank Name: _____
- Checking Account Account # _____ Routing Number: _____
- Savings Account Account # _____ Routing Number: _____
- Credit Union Account # _____ Routing Number: _____
- Use same account? Yes _____ No _____

I choose to have my **TUITION PAYMENT** deducted as follows.

TUITION PAYMENT SCHEDULE (Place an X in the appropriate box below)

DISCOUNT RATE	Number of Payments	1 Child	X	2 or More Children	X
Monthly (1 st of month)	12	\$440.00		\$495.00	
Semi-Monthly (1 st & 15 th)	24	\$220.00		\$247.50	
Quarterly (7/1, 10/1, 1/1, & 4/1)	4	\$1320.00		\$1485.00	
Bi-Annually (7/1 & 1/1)	2	\$2640.00		\$2970.00	
***Annual rate w/discount	1	\$5121.60		\$5761.80	
**Annual rate	1	\$5280.00		\$5940.00	

REGULAR RATE	Number of Payments	1 Child	X	2 or More Children	X
Monthly (1 st of month)	12	\$600.00		\$650.00	
Semi-Monthly (1 st & 15 th)	24	\$300.00		\$325.00	
Quarterly (7/1, 10/1, 1/1 & 4/1)	4	\$1800.00		\$1950.00	
Bi-Annually (7/1 & 1/1)	2	\$3600.00		\$3900.00	
***Annual rate w/discount	1	\$6984.00		\$7566.00	
**Annual rate	1	\$7200.00		\$7800.00	

NOTE if any of the above dates fall on a weekend or holiday, then the withdrawal will take place the first banking day following the above date.

This authority shall remain in full effect for the fiscal year beginning July 1, 2010 and ending June 30th 2011.

IMPORTANT

A VOIDED CHECK MUST BE ATTACHED FOR EACH CHECKING ACCOUNT.

A VOIDED DEPOSIT SLIP MUST BE ATTACHED FOR EACH SAVINGS ACCOUNT.

Name: _____ SS# _____
 Address: _____ Date: _____
 Name (Please Print): _____
 Responsible Party Signature: _____



5501 New Cut Road
Louisville, KY 40214
502-368-8506 Fax: 502-380-5453
www.sna-panthers.org

Dear Saint Nicholas Academy Family,

Financial Aid Applications for the 2010-2011 school year are now available in the school office. Anyone applying for financial aide, must pick up the packet from the school office. Office hours are Monday through Friday from 7:00 A.M. to 4:00 P.M. You must complete an application for the 2010-2011 school year even if you are currently receiving financial assistance.

Saint Nicholas Academy is a tuition-based program. The Catholic Education Foundation, Inc. will be able to help some of our families but as we have seen, this help is not always enough. The amount of financial assistance available through Saint Nicholas Academy is limited. We will not be able to give full scholarships to any family. We will hold strong the requirement to apply for assistance through PSAS in order to qualify for help through Saint Nicholas Academy.

Financial aid and/or grant money is not eligible for the 3% discount. The remaining tuition balance, if paid in full, is eligible for the discount. Any time financial aid is received tuition will be recalculated

In order to receive the discounted rate, the Pastors expect parishioners to worship in their parish weekly, active in one aspect of parish life, and support the parish financially.

We require ACH (automatic withdrawal) for tuition payments. ACH is an electronic withdrawal system that simplifies bookkeeping. You are not required to enroll in ACH if you choose to make an annual payment by June 15th 2010. If you prepay by June 15th, you will receive a 3% discount. ACH payments can be arranged monthly, semi-monthly, quarterly or bi-annually.

I would like to take this opportunity to thank you for your cooperation and efforts in making this process go smoothly. If you have any questions or need further information, please feel free to give call the school office at 368-8506.

Sincerely,

Ms. Carol Nord
Head of School



**SAINT NICHOLAS ACADEMY
PHYSICAL EDUCATION UNIFORM ORDER FORM**

DUE IN THE OFFICE ALONG WITH PAYMENT BY JUNE 5TH .

PLEASE PRINT:

FAMILY NAME: _____

PHONE: _____

Student Name: _____

Grade (2010-11): _____

**IMPRINTED LOGO ON T-SHIRT, SWEATSHIRT AND SWEATPANTS.
ALL T-SHIRTS - \$5.00 EACH
ALL SWEATSHIRTS AND SWEATPANTS - \$10.00 EACH**

Toddler Sizes: 2T, 3T, 4T, 5T

**YOUTH SIZES: T-SHIRTS @ \$5.00 S-(6-8), M-(10-12), L-(14-16)
(PLEASE INDICATE SIZE & QUANTITY.)**

QUANTITY	SIZE	COST
_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUTH SIZES: SWEATSHIRTS @ \$10.00 (see above sizes)

_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUTH SIZES: SWEATPANTS @ \$10.00 (see above sizes)

_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUTH SIZES: SHORTS @ \$15.00 (see above sizes)

_____	_____	_____
_____	_____	_____
_____	_____	_____

ADULT SIZES: T-SHIRT @ \$5.00 (SMALL, MEDIUM, LARGE, AND EXTRA LARGE)

_____	_____	_____
_____	_____	_____
_____	_____	_____

ADULT SIZES: SWEATSHIRTS @ \$10.00

_____	_____	_____
_____	_____	_____
_____	_____	_____

ADULT SIZES: SWEATPANTS @ \$10.00

_____	_____	_____
_____	_____	_____
_____	_____	_____

ADULT SIZES: SHORTS @ \$15.00

_____	_____	_____
_____	_____	_____
_____	_____	_____

Method of Payment: **Cash**
 Check

Receipt Given: _____

Check Number: _____

Money Order: # _____

Date: _____

Initial: _____

Notes: _____

peorder 2010-11



**SAINT NICHOLAS ACADEMY
ORDER FORM**

EMBROIDERED UNIFORM SWEATSHIRT

DUE IN THE OFFICE ALONG WITH PAYMENT

PLEASE PRINT

FAMILY NAME: _____ PHONE: _____

Student Name: _____ Grade (10-11) _____

Current Campus: North/South (circle one)

PLEASE SELECT THE QUANTITY AND APPROPRIATE SIZE BELOW:

YOUTH

_____ Small (6-8) @ \$15.00 ea.

_____ Medium (10-12) @ \$15.00 ea.

_____ Large (14-16) @ \$15.00 ea.

ADULT

_____ Small @ \$15.00 ea.

_____ Medium @ \$15.00 ea.

_____ Large @ \$15.00 ea.

_____ X-Large @ \$15.00 ea.

Method of Payment:

Cash: _____ **Receipt Given:** _____

Check: # _____

Money Order: # _____

Amount Paid: _____

Initial: _____

Date: _____

Notes: _____

Uniform swts.doc