



Enrollment Check List 2020-2021

A

All enrollment forms must be signed and returned to office with payment

FAMILY/GUARDIAN Information	Mother's Last Name	Mother's First Name
	Father's Last Name	Father's First Name
STUDENT(S) List ALL Students	Name(s)	Grade(s) Enrolling

YOUR CHECKLIST FOR COMPLETED ENROLLMENT FORMS INITIAL

Registration Fee is paid, or a payment plan form has been completed	
Enrollment Check list (A)	
Financial Agreement (B)	
Family/Student Information (C)	
Photo-Video Release/Internet Form (D)	
Medical History (E)	
Parish Information (F)	

CHECKLIST COMPLETION SIGNATURES & APPROVAL (FOR OFFICE USE ONLY)

<input type="checkbox"/> Acct in good standing		
<input type="checkbox"/> Family has prior year balance	Name/Date	Comments
Approved by		
Registration Payment Rec'd by		CC: CK: Cash



Financial Agreement 2020-2021

B

FAMILY NAME: _____ STUDENT(S) NAME(S) _____

GRADE(S) _____

TUITION FEES ARE DETERMINED ANNUALLY BASED UPON THE PROJECTED BUDGET AND ENROLLMENT FOR THE RESPECTIVE YEAR.
READ AND APPROVE EACH PART OF THE FAMILY FINANCIAL AGREEMENT

REGISTRATION FEE (INITIAL) CHOOSE ONE TO INITIAL	
\$300 PER NEW STUDENT \$250 PER RE-ENROLLING STUDENT	
INITIAL	
I choose to pay the Registration Fee (Non-refundable) at the time of enrollment	
I choose to add the Registration Fee (Non-refundable) to FACTS - Payments (final payment due 5/20/2021 if not sooner)	

TUITION ASSISTANCE	
INITIAL	
I understand that if I wish to be considered for Tuition Assistance, I must be a FACTS customer and have entered all my account information by 5/20/20	

PLEASE BE AWARE THAT ALL FAMILIES MUST BE ENROLLED IN FACTS \$45 ANNUAL SERVICE CHARGE FEE APPLIES

TUITION PLEASE SELECT PREFERRED PAYMENT PLAN	
<u>PRE-KINDERGARTEN = \$4,300</u> <u>K-8TH GRADE = \$4,100</u>	
INITIAL	
I will make payments through the FACTS Management Plan. I understand payments are automatically deducted from my bank account on the scheduled basis offered through FACTS Tuition Management Plan. (factsmgt.com) (No Exceptions)	

**** PLEASE NOTE THAT ANY PRE-PAYMENTS, CREDITS OR CHARGES WILL CHANGE THE AMOUNTS ON FACTS. IT IS YOUR RESPONSIBILITY TO MONITOR YOUR ACCOUNT**

ACKNOWLEDGEMENT OF TUITION RESPONSIBILITY

INITIAL ALL

Students withdrawn after August 1st, but before the first day of classes will be responsible for cost of one month's tuition.

Students withdrawn after the first day of school, but before December 21st will be responsible for half of the full tuition amount.

**PARISH SUBSIDY FEE
\$500 PER STUDENT**

Six parishes contribute to the support of HCCS These include: Holy Cross Catholic Church, Holy Family Parish, Sacred Heart, San Juan, St. Anthony's and St. Thomas. Each parish will include their parishioners in their contribution to the school if they are active members of the parish and contribute according to their means and talents. The Parish Subsidy notice will be given to the Parishes in July 2020 for their approval/denial. If approved, the amount will be deducted from the balance and the remainder of the family's FACTS payments will be re-calculated accordingly.

**FAMILY FUNDRAISING FEE
\$400 PER FAMILY
(RAFFLE TICKETS)**

The annual Raffle tickets are the only mandatory fundraiser. If you do not sell your raffle tickets they will automatically go onto FACTS. Tickets will be assigned in March 2020.

**SIGNATURES REQUIRED
ALL ACCOUNTS MUST BE PAID IN FULL BY MAY 20, 2021**

By signing this agreement, I attest under penalty of law that I am legally authorized to enroll the child(ren) identified on page 1 of this agreement. I further attest that I accept the financial form previously authorized in this agreement. I understand that if I fail to keep my account current by terms specified in this fully executed agreement with Holy Cross Catholic School, or I fail to make suitable arrangements regarding this agreement with Holy Cross Catholic School, the child(ren) identified on this agreement will be dis-enrolled from Holy Cross Catholic School.

Guardian Name (Print Legibly)			
Financially Responsible Party if different than above (Print)			
Relationship to Student			
Signature		Date	/ /
Signature		Date	/ /



Family/Student Information

2020-2021

C

FAMILY/GUARDIAN CONTACT INFORMATION (C1)			
Mom/Guardian Name			
Mom / Guardian Physical Address			
Dad/Guardian Name			
Dad / Guardian Physical Address			
Mailing/Billing Address			
Mother's Place of Employment		Father's Place of Employment	
Mother's Occupation		Father's Occupation	
Phone (All Phone Numbers required)	Home Work Cell	Phone (All Phone Numbers required)	Home Work Cell
Email		Email	
Religion		Religion	
Parish		Parish	

***PLEASE UPDATE THE FRONT OFFICE WITH ANY CHANGES THROUGHOUT THE SCHOOL YEAR.**

STUDENT INFORMATION (C2A)			
Name of Student		Date of Birth	
Baptismal Date		Parish/Location	
Communion Date		Parish/Location	
Child Resides with	___ Mother ___ Father ___ Both ___ Guardians		

STUDENT INFORMATION (C2B)			
Name of Student		Date of Birth	
Baptismal Date		Parish/Location	
Communion Date		Parish/Location	
Child Resides with	___ Mother ___ Father ___ Both ___ Guardians		

STUDENT INFORMATION (C2C)			
Name of Student		Date of Birth	
Baptismal Date		Parish/Location	
Communion Date		Parish/Location	
Child Resides with	___ Mother ___ Father ___ Both ___ Guardians		

STUDENT INFORMATION (C2D)			
Name of Student		Date of Birth	
Baptismal Date		Parish/Location	
Communion Date		Parish/Location	
Child Resides with	___ Mother ___ Father ___ Both ___ Guardians		

STUDENT DISTRICT INFORMATION (C3)	
School District (Indicate public school student would attend)	

STUDENT ETHNICITY & RACE INFORMATION (C4)	
Ethnicity (Circle One)	Hispanic or Non-Hispanic
Race (Circle One)	African American, Asian, Native American, Pacific Islands, White (If Ethnicity is Hispanic please circle white.)

THE FOLLOWING PERSON/S IS AUTHORIZED T PICK UP MY CHILD/REN IN CASE OF AN EMBERGENCY AND MAY BE CONTACTED IN THE EVENT I CANNOT BE REACHED.

NAME OF RELATIVE/FRIEND OR NEIGHBOR	RELATIONSHIP	HOME/WORK	CELL



PHOTO-VIDEO-TECH. RELEASE 2020-2021

D

PHOTO-VIDEO RELEASE (D1)

To whom it may concern:

- I hereby give permission
- I **DO NOT** give permission

for my child(ren) _____

Child(ren) Name(s)

to be photographed or videotaped at Holy Cross Catholic School and any of the school's activities. I realize that the photo/video may be published in the newspaper, a magazine, the school website, or other publications. The photo/video may be used for informational, educational, or promotional purposes regarding the programs or curriculum at Holy Cross Catholic School.

Parent Signature

Parent Printed Name (legibly)

Date

INTERNET AND TECHNOLOGY REQUEST FOR PERMISSION (D2)

I, _____ request permission for my child(ren) to use the internet and other
Parent/Guardian
technology provided by Holy Cross Catholic School. I have read the internet usage policy with my child, and we agree to abide
by the provisions contained therein. We understand that failure to do so may result in loss of privileges, as well as other
disciplinary actions.

Parent Signature	Parent Printed Name (legibly)	Date
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Student Signature	Parent Printed Name (legibly)	Date
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Student Signature	Parent Printed Name (legibly)	Date
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Student Signature	Parent Printed Name (legibly)	Date
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Student Signature	Parent Printed Name (legibly)	Date
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Medical History

2020-2021

E

**FAMILIES MUST SUBMIT ONE MEDICAL HISTORY FORM
PER STUDENT ATTENDING EACH YEAR**

Name of student		Date of Birth		Grade	
Parent		Phone			
Parent		Phone			
Pediatrician		Phone			

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS? CHECK THE BOX WITH AN "X" WITH THOSE CONDITIONS THAT APPLY.

ADD/ADHD	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	Juvenile Rheumatoid Arthritis	<input type="checkbox"/>
Cardiac Condition	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Emotional Issues	<input type="checkbox"/>	Speech Condition	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	Stomach Condition	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>
Infections (Chronic ear, sinus, etc.) Please list							

MEDICAL INFORMATION CONTINUED

Other Medical Conditions	
Past Medical Conditions, Surgeries	
Medications at home	
Medications at school	
Food Allergies	
Medication Allergies	
Other Allergies	
Other	

Parent Signature

Print Name Legibly

Date



Parish Information

2020-2021

F

PLEASE INCLUDE YOUR PARISH INFORMATION ONLY IF YOU ARE CURRENTLY ENROLLED IN A PARISH

Name of Parish			
Student attending HCCS		Grade Enrolling	
Student attending HCCS		Grade Enrolling	
Student attending HCCS		Grade Enrolling	
Student attending HCCS		Grade Enrolling	
Registered Parishioner Information			
Name			
Relationship to Student(s)			
Address			
City, State, Zip			
Telephone			
Contribution Envelope #			