

MOTHER OF GOD SCHOOL

New Child Registration Form for School Year 2018-2019



CHILD'S INFORMATION: <i>Please fill out one copy of this page for each child you are enrolling</i>					
Last Name:		First Name:		Mid I.	
Grade Entering:		Date of Birth	___/___/___	M/F:	
Child's Home Address:					
City:		State:		Zip:	
Home Phone:		Email Address:			

1. **NEW PRESCHOOL CHILD:** Will your child enter our Pre-school in the Fall?
(Children must be age 3 by September 1, 2018 for the 3 - 4 year old program or age 4 by September 1, 2018 for the 4 - 5 year old program.) If so, please indicate which program your child will most likely attend:

<input type="checkbox"/> Monday – Friday 5 Full Days	<input type="checkbox"/> Monday – Friday 5 Mornings Only	<input type="checkbox"/> M,W,F 3 Full Days	<input type="checkbox"/> M,W,F 3 mornings only (3's only)
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Main Language Spoken in the Home:		Other language spoken in the home:	
Countries of Origin – for our GlobalFest:			
Ethnic Origin (For statistical purposes only)			
<input type="checkbox"/> African-American	<input type="checkbox"/> African	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Latino	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Native American	<input type="checkbox"/> Other _____

LAST SCHOOL ATTENDED:			
Address:			
Phone:			
Were any grades repeated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Which Grade? _____
Reason for retention:			
Has your child undergone any academic, diagnostics, psychological, or other testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is so, please indicate the nature of the testing (and attach a copy of the test results to this application)			
Does your child receive any special services or tutoring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please explain:			
Does your child have an IEP or 504 plan? (If so, please attach a copy with this application.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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MEDICAL INFORMATION: Please enter n/a where not applicable, but do not leave any blocks blank.			
Please Indicate any allergies:			
Medications being taken (Name and Dosage):			
Illnesses/operations:			
Physician's Name:			
Physician's Phone #:			
Does your Child have health or emotional conditions of which the school needs to be aware?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If so, please explain			
Does your child have permission to participate in the Physical Education Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Limited
If "No" or "Limited" please explain:			
<i>*For "No" or "Limited" a physician's statement must be kept on file at the school</i>			

Any younger siblings? Enter name and DOB:	
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PARENT/GUARDIAN INFORMATION:	Father	Mother (include Maiden Name)	Guardian / Step-Parent / Other Relative
Full Name:			
Education (circle one):	High School / College / College Graduate / Post-Graduate Degree	High School / College / College Graduate / Post-Graduate Degree	High School / College / College Graduate / Post-Graduate Degree
Religion:			
Marital Status (circle one):	Single Married Divorced Widowed	Single Married Divorced Widowed	Single Married Divorced Widowed
Occupation or Profession:			
Name of Employer:			
Employer's Phone # (Please, not your cell #)			
The child resides with:			

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RELIGIOUS AFFILIATION:		Pastor:	
Name of Church:			
Church Address:			
Church City:		State and Zip Code:	

SACRAMENTS:	If your child is Roman Catholic or has received the sacraments in another faith, please indicate the following:		
<u>Sacrament Received</u>	<u>Date</u>	<u>Church</u>	<u>Location</u>
Baptism			
Reconciliation (Penance)			
First Communion			
Confirmation			

Please review your registration information for completeness. Your registration is not considered complete without your signature and the following required items:

- This completed **Registration Form**, signed below
- Copy of **Report Cards** or **Progress Reports** for the current year and previous two years (Grades K-8) For Preschool children, any progress reports given by programs previously attended.
- **Reports** and documentation of individual learning or behavioral needs (if applicable)
- Copy of **Birth Certificate** for all children
- Copy of **Certificate for all Sacraments** received for Catholic students in Grades K-8
- Non-refundable **Registration Fee** of \$300.00 (\$200.00 of which will be applied to your child's tuition)
- A copy of the child's **Immunization Record** – all necessary immunizations must be up-to-date
- A current **Health Inventory** completed by a licensed physician in the State of Maryland
- A DHMH Form 4620 for all children in our Preschool, Kindergarten and First Grade
- Complete **Academic Transcripts** from previous school (form for records release can be obtained from the office)
- **Completed enrollment with SMART Tuition** (must be done on-line by the parent(s))

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Tuition Rates for the 2018-2019 School Year			
Grade K – 8	Monday – Friday	8:30 am – 3:30 pm	\$8,200
Pre-K Full-Time (5 Days)	Monday – Friday	8:30 am – 3:30 pm	\$8,800
Pre-K Part-Time (3 Days)	Mon, Wed, Fri	8:30 am – 3:30 pm	\$6,400
Pre-K Full-Time, ½ Days	Monday – Friday mornings	8:30 am – 12:30 am	\$6,400
Pre-K Part-Time, ½ Days	Mon, Wed, Fri mornings	8:30 am – 12:30 am	\$4,500

Student Fee:	\$450.00 per child	Grades K-8 only, added to your SMART tuition plan.
Laptop Fee:	\$150.00 per child	Grades 6-8 only, added to your SMART tuition plan.
Graduation Fee:	\$150.00 per child	Grade 8 only, added to your SMART tuition plan.
Fundraising Obligation	\$300.00 per family	Easily met through school fundraisers. Unmet portion of the fundraising obligation will be billed.
Volunteer Service	15 hours per family per year.	Unmet hours will be billed at a rate of \$10.00 per hour.

We, the undersigned, understand and agree to pay tuition and fees on time according to the obligation as outlined in this agreement. We understand that all report cards, diplomas, transcripts and similar documents are the property of Mother of God School and that, except where otherwise required by law, no such documents shall be released to the student or parents or any educational institution unless all tuition, fees and other financial obligations to MOGS in connection with the student have been paid in full.

I/ We agree that tuition, fees and charges shall be paid promptly. Should the school find it necessary to refer the collection of outstanding balances owed to the schools attorney, I/ We agree to pay the attorney's fees of \$1,500 and all court costs in connection with collection of said debt.

<u>AGREEMENT</u>	
I hereby certify that the information that I have provided for my child's application to Mother of God School is correct and complete.	
Signature:	Date:
Signature:	Date:

*Please attach to this application form the non-refundable registration fee of **\$300.00** per child for the 2018-2019 school year.*

OFFICE USE ONLY				
Amt (\$)	Check#	Cash:	Date:	By: