

ST. JOHN CHRYSOSTOM SCHOOL

**1144 Hoe Ave - Bronx, New York 10459
(718) 328-7226**

REGISTRATION

DEAR PARENTS,

**PLEASE FILL OUT ALL OF THE FORMS AND SIGN
THE SCHOOL CONTRACT.**

**THE REGISTRATION FEE IS \$400.00 PER CHILD.
PLEASE REMEMBER THAT THIS IS NON-REFUNDABLE.**

**ALL STUDENTS MUST BE RE-REGISTERED
BY JUNE 17, 2016.**

THANK YOU FOR ALL YOUR COOPERATION.

SINCERELY,

**SR. MARY ELIZABETH
PRINCIPAL**

St. John Chrysostom School

1144 Hoe Ave
Bronx, NY 10459

Tuition - 2016-2017

PK-3 & K-8th Grade

Active Catholic Rate

	<u>Monthly</u>
One Child	\$360.00
Two Children	\$605.00
Three Children	\$745.00
Four Children	\$805.00

PK-3 & K-8th Grade

Non-Active/Non-Catholic Rate

	<u>Monthly</u>
One Child	\$430.00
Two Children	\$635.00
Three Children	\$815.00
Four Children	\$885.00

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CHILD'S NAME: _____

CLASS _____

FAMILY INFORMATION

PARENT (LAST) _____ (FIRST) _____

RELIGION _____ LIVING _____ DECEASED _____

HOME # _____ CELL # _____ WORK # _____

PARENT (LAST) _____ (FIRST) _____

RELIGION _____ LIVING _____ DECEASED _____

HOME # _____ CELL # _____ WORK # _____

STEP-PARENT (LAST) _____ (FIRST) _____

RELIGION _____ LIVING _____ DECEASED _____

HOME # _____ CELL # _____ WORK # _____

LEGAL GUARDIAN (LAST) _____ (FIRST) _____

TITLE _____ RELATIONSHIP _____

HOME # _____ CELL # _____ WORK # _____

WHO DOES CHILD LIVE WITH? (LAST) _____ (FIRST) _____

ADDRESS _____ PHONE# () _____

OCCUPATION _____ WORK# () _____

HOME # _____ CELL # _____ WORK # _____

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IN CASE OF AN EMERGENCY AND PARENT/GUARDIAN CAN NOT BE LOCATED, CALL:

NAME _____ RELATIONSHIP _____

HOME # _____ CELL # _____ WORK # _____

NAME _____ RELATIONSHIP _____

HOME # _____ CELL # _____ WORK # _____

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****PERSON RESPONSIBLE FOR TUITION - AFTER-CARE - FUNDRAISING****

NAME _____ RELATIONSHIP _____

PHONE#() _____ BEEPER#() _____ CELL#() _____

ACTIVE CATHOLIC _____ IN-ACTIVE CATHOLIC _____ NON-CATHOLIC _____

IF ACTIVE: NAME OF CHURCH CHILD ATTENDS _____

NAME ON CHURCH ENVELOPE _____ # ON CHURCH ENVELOPE _____

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FUNDRAISING CONTRACT

PLEASE READ THIS CONTRACT CAREFULLY.

FUNDRAISING THIS YEAR WILL BE A FALL RAFFLE. THE RAFFLE WILL HAVE 2 BOOKS TOTALING \$150.00 (\$75.00 EACH BOOK).

THE PRIZES WILL BE:

*FIRST PRIZE \$3,000.00 - CASH OR TUITION/FEES
FOR 1 CHILD FOR 1 YEAR*

SECOND PRIZE \$1,500.00 - CASH

THIRD PRIZE \$250.00 - CASH (3 PRIZES)

*SPRING CHOCOLATE SALE - 3 BOXES = \$180.00
(Our Profit will be only \$90.00)*

*****EACH CHILD MUST DO FUNDRAISING*****

I UNDERSTAND THIS CONTRACT, AND I KNOW MY OBLIGATION

CHILD: _____ CLASS: _____
(Please fill out and sign a **separate** paper for **EACH** child in your family)

PARENT SIGNATURE: _____

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SCHOOL CONTRACT 2016-2017

- I promise:**
1. To cooperate with the administration and faculty
 2. To check and sign homework every night
 3. To sign and return failing tests
 4. To pick up report cards on date appointed **ONLY**
 5. To be a regular registered Church-goer who uses envelopes
 6. To bring my child to Church each Sunday
(Catholic children are expected to attend Mass each Sunday and receive the Sacraments)
 7. To support the parish by placing a minimum of \$5 weekly in the collection
 8. To pay all my financial obligations on time
 9. To read the Student Handbook with your child and sign Parent Signature page

I UNDERSTAND THAT THE CATHOLIC TUITION RATE IS ONLY FOR ACTIVE CHURCH-GOING FAMILIES WHO SUPPORT THE CHURCH.

I also **promise** to SUPPORT THE SCHOOL FINANCIALLY BY:

1. Paying SCHOOL TUITION, AFTER CARE and FUNDRAISING **on time** to avoid late payment and bounced check fees
2. Fundraising
3. Registration fee

****EVERY CHILD MUST DO FUNDRAISING****

FUNDRAISING – (FALL & SPRING RAFFLE)

Fall Raffle 2 Books	= \$150.00
Chocolate Sale	= \$180.00 (3 boxes)

I have read the above. I understand my financial and other obligations. I KNOW THAT MY CHILD IS REGISTERED FOR THIS ONE YEAR ONLY.

PARENT: _____ DATE: _____

NAME OF CHILD: _____ CLASS: _____

(A separate contract must be signed for each child)

All payments should be made by check or money order. When a check bounces, we will only accept cash, bank or postal money orders.

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AFTERCARE
2:30 TO 5:45 P.M.

TAX DEDUCTIBLE FOR WORKING PARENTS OR
PARENTS ATTENDING SCHOOL FULL-TIME

MONTHLY RATES:
1 CHILD = \$180; 2 CHILDREN = \$250; 3 CHILDREN = \$270;
4 CHILDREN = \$280

PAYMENT IS DUE ON THE DATE PRINTED ON THE
SPECIAL DATED ENVELOPE

LATE PAYMENT FEE: \$25
LATE PICK-UP - \$25

CHILD'S NAME: _____ CLASS: _____

ADDRESS: _____ Phone: (____) _____

WORKPHONE: (____) _____

EMERGENCY CONTACT: (____) _____ Name _____

NUMBER OF CHILDREN: _____ DATE BEGINNING: _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

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SCHOOL RECORD

Dear Parents:

Please have your child's teacher fill out this form and return it to our school immediately. In order for the registration process to be completed for possible entrance into St. John Chrysostom School, it is mandatory that this information be supplied. Registration will not be completed without it. It is a valuable means for the best placement of your child.

Thank you,

Sr. Mary Elizabeth
Principal

Child's Name: _____ Present Grade _____
Reading Level: _____ Math Level: _____
Reading Score : _____ Math Score: _____
Behavior: _____

Has child been evaluated? _____
Results of evaluation _____

Language Ability: _____
Relates to Peers: _____
Relates to Teacher: _____

Recommendation for Placement: Repeat present Grade _____
Promotion _____
Teacher's Signature: _____

Name of School and Address:

*NOTE: YOUR CHILD CANNOT BE TESTED UNLESS THIS IS COMPLETED, RETURNED AND WE SEE A PRESENT REPORT CARD.

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**IF YOU WISH TO GET THE
ACTIVE CATHOLIC TUITION RATE**

YOU MUST COMPLETE THE BOTTOM OF THIS FORM

It must be filled out by your Pastor and Church Seal must be placed on this page. If this information is not completed, you will be obliged to pay Non-Catholic tuition rate.

I have to remind you that the suggested donation each Sunday is \$5.00
Over a 40 week school year, active families should have contributed at least \$150.00

In order to receive the Active Catholic Tuition rate, your child/children must be Baptized in the Catholic Church and should qualify by Mass attendance to receive all sacraments on grade level.

FAMILY NAME: _____

CHURCH YOU ATTEND: _____

ENVELOPE #: _____ TOTAL AMOUNT \$ _____

DOES THIS FAMILY ATTEND CHURCH ON A REGULAR BASIS? YES OR NO
(PLEASE CIRCLE)

PASTOR'S SIGNATURE: _____ DATE: _____

CHURCH SEAL

CHILD'S NAME _____ GRADE _____