



ST. AMBROSE ACADEMY

31 EMPIRE BLVD.
ROCHESTER, NY 14609
TEL: 585-288-0580
FAX: 585-288-2612

Registration 2021-2022

Dear Parents and Guardians,

I formally invite you to register your child/children at St. Ambrose Academy for the 2021-2022 school year.

Enclosed in this packet are all the materials you will need for registration:

Registration Form
Tuition Schedule
Finance Information Form
Registration/Tuition Policies and Procedures
FACTS – Financial Aid online instructions
Before and After School Form

Please return the completed Registration Form, along with the registration fee. Those registering by April 15, 2021 will only pay a \$75 registration fee, (this is a 50% discount from the original fee), and will receive a \$125 tuition discount. A total of a \$200 savings! From April 16th to June 30, 2021, the registration fee increases to \$125. On July 1, the registration fee is \$150. Register by February 12, 2021 for three chances to win a \$250 scholarship. Drawings will be held in February, March & April. The sooner you register the more chances to win.

We have included FACTS Online Financial Aid Application information. If you are applying for financial aid, please do so as soon as possible. The cost is \$35. **Note**, the financial aid application and all necessary supporting documentation must be to **FACTS Grant & Aid Assessment** by **April 1, 2021** for a timely allocation of aid. **Funds are limited and may not be available after the application deadline.**

We are very proud of our school and hope to have your family register at St. Ambrose Academy. If you have any questions about registration, financial aid or anything else, please call the school office at 288-0580.

Many blessings to you and your family,
Mrs. Christine Deutsch
Principal



ST. AMBROSE ACADEMY

Tuition Schedule

2021- 2022

Kindergarten - 5th Grade Tuition

	Parish Sponsored	Non-Parish Sponsored
First child	\$4,675	\$4,795
Second Child	\$3,050	\$3,895
Each Additional Child	\$1,625	\$2,050

To qualify for parishioner sponsored tuition rate, a family must be an active member of a parish within the Diocese of Rochester and provide a Family/Church Commitment form signed by their pastor.

Pre-School Tuition 3 Year Old Program

Tuesday and Thursday (2) Half Days	\$1,970
Monday - Friday - (5) Half Days	\$3,650
Tuesday and Thursday (2) Full Days	\$3,225
Monday - Friday - (5) Full Days	\$4,775

Pre-School Tuition 4 Year Old Program

Monday / Wednesday / Friday (3) Half Days	\$2,385
Monday - Friday - (5) Half Days	\$3,650
Monday/Wednesday/ Friday (3) Full Days	\$4,175
Monday - Friday - (5) Full Days	\$4,775

*** Half Days 8:30 AM - 11:30 AM**
Full Days 8:30 AM - 3:00 PM

The above rates include all FACTS enrollment/re-enrollment fees. Above rates **do not** include the registration fee. Register by April 15, 2021 and receive a \$125 tuition discount and pay a \$75 registration fee. On April 16, 2021 the registration fee increases. Register by February 12, 2021 for three chances to win a \$250 scholarship. Drawings will be held in February, March & April. This fee is nonrefundable, nontransferable and must be submitted to finalize registration. Note: must be no more than 30 days past due in tuition payments to enroll and to receive discounts. All 20-21 tuition must be paid in full by June 30, 2021 to retain the discount.

BEFORE AND AFTER CARE
2020-2021 Rates

Kindergarten - Grade 5 Before and After Care
7:00 AM - 8:15 AM and 3:00 PM - 5:30 PM

1 child	\$6.50 per hour
2 children	\$8.50 per hour
3 children	\$10.50 per hour

*Rates are billed to the quarter hour.

Any time after 5:30, may incur a \$2 per minute fee.

Pre-School Extended Care Three and Four Year Olds

Before School Care	7:00 AM - 8:30 AM
Two Days	\$650
Three Days	\$975
Five Days	\$1,485

After School Care	3:00 PM - 5:30 PM
Two Days	\$1,215
Three Days	\$1,755
Five Days	\$2,925



ST. Ambrose Academy
31 Empire Blvd.
Rochester, NY 14609
585-288-0580



Request For Records

Dear Parents and Guardians:

Please complete this form and return it to the school office.

Thank you,
Ms. Deutsch
Principal

I/We give permission for all health, academic and psychological records for my child

_____ D.O.B _____ Grade _____ to be released by:
(child's name)

School/Day Care Center: _____

Address: _____

Phone: _____

Contact/Fax _____

The records are to be sent to:

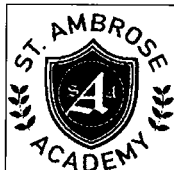
St. Ambrose Academy, 31 Empire Blvd., Rochester, NY 14609
Attn: Ms. Deutsch
Fax# (585) 288-2612

Parent/Guardian : _____
(Print Name)

Address: _____

Phone: _____

Parent/Guardian Signature: _____ Date _____



St. Ambrose Academy

Registration Form 2021-2022

Return this registration form along with the **non-refundable** registration fee.
Please make checks payable to : **St. Ambrose Academy**

Student Information

First Child

Last Name:

First Name:

Middle Name:

Date of Birth:

Age:

Gender:

Grade Applying For:

Address:

Home Phone:

City:

State:

Zip:

Religion:

Race: (Check all that apply)

Ethnicity: (Check one)

☐ American Indian/Alaska Native

☐ White (Non-Hispanic)

☐ Hispanic

☐ Black/African American (non-Hispanic)

☐ Asian

☐ Non-Hispanic

☐ Native Hawaiian/Pacific Islander

☐ Multi-racial

Second Child

Last Name:

First Name:

Middle Name:

Date of Birth:

Address:

Home Phone:

Age:

Gender:

Grade Applying For:

Race: (Check all that apply)

Ethnicity: (Check one)

☐ American Indian/Alaska Native

☐ White (Non Hispanic)

☐ Hispanic

☐ Black/African American (non-Hispanic)

☐ Asian

☐ Non-Hispanic

☐ Native Hawaiian/Pacific Islander

☐ Multi-racial

Third Child

Last Name:

First Name:

Middle Name:

Date of Birth:

Address:

Home Phone:

Age:

Gender:

Grade Applying For:

Race: (Check all that apply)

Ethnicity: (Check one)

☐ American Indian/Alaska Native

☐ White (Non-Hispanic)

☐ Hispanic

☐ Black/African American (Non-Hispanic)

☐ Asian

☐ Non-Hispanic

☐ Native Hawaiian/Pacific Islander

☐ Multi-racial

Family Information	
Name:	Name:
Relationship to Student:	Relationship to Student:
Address:	Address:
City: State: Zip:	City: State: Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Employer:	Employer:
Employer Address:	Employer Address:
Email:	Email:
Pre-School	
3 Year Old Program <input type="checkbox"/> 5 Full Days <input type="checkbox"/> 5 Half Days (8:30AM-11:30AM) <input type="checkbox"/> 2 Full Days Please indicate which days M, T, W, Th, F <input type="checkbox"/> 2 Half Days (8:30AM-11:30AM) Please indicate which days M, T, W, Th, F <input type="checkbox"/> AM Wrap Around (5 days) <input type="checkbox"/> AM Wrap Around (2 days) <input type="checkbox"/> PM Wrap Around (5 days) <input type="checkbox"/> PM Wrap Around (2 days)	4 Year Old Program <input type="checkbox"/> 5 Full Days <input type="checkbox"/> 5 Half Days (8:30AM-11:30AM) <input type="checkbox"/> 3 Full Days Please indicate which days M, T, W, Th, F <input type="checkbox"/> 3 Half Days (8:30AM-11:30AM) Please indicate which days M, T, W, Th, F <input type="checkbox"/> AM Wrap Around (5 days) <input type="checkbox"/> AM Wrap Around (3 days) <input type="checkbox"/> PM Wrap Around (5 days) <input type="checkbox"/> PM Wrap Around (3 days)
How did you hear about our school? <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> A relative/friend <input type="checkbox"/> Kids Out and About Advertisement <input type="checkbox"/> Newspaper/Magazine Advertisement <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Facebook/Social Media <input type="checkbox"/> Ambassador Program – Referring Family Name: _____ * </div> </div> <p>*Referring name and W-9 due at time of registration</p>	
Demographics (for office use only) Home School District: Religion: Place of Worship:	For Office Use Only Date Received: Registration Fee: Parish Commitment Form: <div style="text-align: center;"> <input type="checkbox"/> received <input type="checkbox"/> Pending </div> Ambassador Sponsor: _____ W-9 Received: _____

***ONLY IF APPLICABLE**

Someone other than the Parent(s)/Legal Guardian(s) is going to be financially responsible, therefore, I
(parent/legal guardian) _____ give permission for St. Ambrose
Academy to share financial information with the **financially responsible** person whose name is noted here.
I, _____, am the financially responsible person that will be paying tuition
for students listed on the front of this Registration form. My information is as follows:

Address: _____

Home Phone #: _____ Cell Phone #: _____

Employer: _____ Employer Address: _____

E-Mail: _____ Social Security #: _____

Date of Birth: _____



St. Ambrose Academy
Registration Information Form
Finance Information for 2021-2022 School Year

All information must be completed by the Financially Responsible Person (Parent/Legal Guardian)

Name of the Financially Responsible Person* _____

Register by April 15, 2021 and receive a \$125 tuition discount and pay a \$75 registration fee. * On April 16, 2021 the registration fee increases to \$125. On July 1, 2021, the fee increases to \$150. Register by February 12, 2021 for three chances to win a \$250 scholarship. Drawings will be held in February, March & April. This fee is non-refundable, non transferable and must be submitted with this form to finalize registration.

- Registration Fee Payment in form of cash, check or money order only, made payable to **St. Ambrose Academy**.
- All tuition payments **must** be paid in FACTS Management.
- Each family will be required to set up an on-line account with FACTS and create a payment plan at the time registration is accepted. Registrations are not complete until FACTS account is set up. New Registrants must go on-line to <https://online.factsmtg.com/signin/3G3KS> to create an account. Returning 20-21 school year families will automatically renew with the same payment plan for the upcoming 21-22 school year. Those whose payment methods are no longer valid or who wish to change their payment type will need to update their existing FACTS account. The tuition amount will be based on gross tuition at the time of registration. If aid is granted or the family's status changes from non-parish sponsored to parish-sponsored due to receipt of a parish commitment form after the registration is received, tuition will be modified in the FACTS system.
- Anyone applying for grant and aid, must do so annually by applying on-line to FACTS.
- Before and After Care charges will be billed through the family's FACTS account.
- A Family/Parish Commitment Form must be submitted and approved to receive the Catholic parishioner rate. The non-parishioner rate will be charged unless the form is received.

*Must be no more than 30 days past due in current year's tuition to register for the early discounts. If account is past due at the end of this school year, June 30, 2021, any tuition credit promotion will not be valid and thus not applied to next year's tuition.

Understanding and Agreement:

1. I have been provided a copy of the St. Ambrose Academy Registration and Tuition Collection Policies and Procedures for 2021 -2022.
2. A \$20 fee will be assessed for late tuition.
3. A \$30 fee will be assessed on returned checks.
4. FACTS will charge a \$30 fee for any returned checks, direct debit or credit card declined in the FACTS system.
5. I understand that students will be unable to attend school if tuition is over sixty (60) days past due. A child will not be able to attend the Before and After Care Program if the BASC account is past due per the BASC policies.
6. I understand that delinquent accounts are referred to a collection agency when all other attempts to obtain payment have failed. In this event, I agree to pay all costs related to the collection and/or legal process.
7. If this is a re-registration, I understand that final validation for registration and grade placement for the next school year is dependent upon completion of all financial responsibilities for the current school year.

Signature of Financially Responsible Person*: _____

SS# _____ - _____ - _____

Date of Birth: _____

Relationship to Student(s): _____

Mailing

Address _____
Street City State Zip

Home phone: _____ Cell _____ Work _____



ST. AMBROSE ACADEMY

31 EMPIRE BLVD.
ROCHESTER, NY 14609
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REGISTRATION AND TUITION COLLECTION POLICIES AND PROCEDURES

REGISTRATION

Register by April 15, 2021 and receive a \$125 tuition discount and pay a \$75 registration fee. On April 16, 2021 the registration fee increases to \$125 through June 30. On July 1, the fee increases to \$150. Register by February 12, 2021 for three chances to win a \$250 scholarship. Drawings will be held in February, March & April. The registration fee is **non-refundable, nontransferable and** must be submitted for each family to finalize registration.

- All registration checks or money orders must be made payable to **St. Ambrose Academy**.
- Registration fees are **non-refundable and nontransferable**.
- A \$30 fee will be assessed for returned checks.
- All families who enroll students in St. Ambrose Academy will be required to set up an online account with FACTS, **and create a payment plan within five days of registration in order for registration to be complete.**
- After July 31, 2021, the first and current months' tuition (2 months) are due along with the \$150 registration fee at the time of registration.
- The tuition amount will be based on gross tuition at the time of registration. If aid is granted or the family's status changes from non-parish sponsored to parish-sponsored due to receipt of a parish commitment form after the registration is received, tuition will be modified in FACTS to reflect the changes.
- If this is a re-registration, it is understood that final validation for registration and grade placement for the next school year is dependent upon completion of all financial responsibilities for the current/past school year.

***Cannot be more than 30 days past due in current year's tuition to register and to qualify for early discounts. All 20-21 tuition must be paid in full by 6/30/21 to retain discounts.**

Tuition Payment Plan Options

Annual Payment	First Payment Due on August 1 st or 15 th
Semi-Annual Equal Payments	First Payment Due on August 1 st or 15 th , and balance due January 1 st or 15 th
Ten Monthly Equal Payments	First Payment Due on August 1 st or 15 th

Tuition Collection Policies

- A \$20 late fee will be assessed on late payments.
- A \$30 fee will be charged on returned items.
- Delinquent accounts are referred to a collection agency when all other attempts to obtain payment have failed. In this event, all costs related to the collection and/or legal process could be passed on to the person financially responsible for tuition.
- All tuition must be paid through FACTS Management on-line system.
- Extended Care payments will be charged to and must be paid through a family's FACTS account.

Delinquent Accounts

- Families with one payment in arrears will be notified by FACTS, St. Ambrose Academy and/or Peace of Christ Parish Finance Office as being PAST DUE.
- Families with an outstanding tuition balance of two payments in arrears will be notified by St. Ambrose Academy and/or Peace of Christ Parish Finance Office as being SERIOUSLY DELINQUENT. A written notification will be provided to the families. The Principal, Pastor, or



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Business Office (as appropriate) will be notified of the seriously delinquent status. The notification will alert the family that the student will not be allowed to attend classes.

- Delinquent accounts are referred to a collection agency when all other attempts to obtain payment have failed. Any additional costs related to the collection and/or legal process could be passed on to the person financially responsible for tuition. School records will be withheld until the account is paid in full.



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Registration 2021-2022

Dear Parents and Guardians:

St. Ambrose Academy will continue to use **FACTS Management** for both our **tuition collection and financial aid application** processes. **FACTS Grant & Aid Assessment** will once again conduct the financial need analysis for St. Ambrose Academy for the upcoming 2021-2022 school year.

Once registered at our school office, new families are required to create an account at <https://online.factsmgt.com/signin/3G3KS> to set up their tuition payment plan. When adding your child to your FACTS account you may be asked for a student ID number. It is not needed to proceed with completing the set up. **Registration is not complete until your account is set up.** Returning 20-21 school year families will automatically renew with the same payment plan for the upcoming 21-22 school year. Those whose payment methods are no longer valid or who wish to change their payment type will need to update their existing FACTS account.

If you are applying for financial aid, you can also do so on this site. The cost is \$35 payable on-line. **Note**, the financial aid application and all necessary supporting documentation must be to **FACTS Grant & Aid Assessment** by **April 1, 2021** in order for a timely allocation of aid. **Funds are limited and may not be available after the application deadline.** Once an online aid application has been completed, the following will need to be sent to **FACTS** to complete the application process:

- Copies of your most recent Federal tax forms including all supporting tax schedules
- Copies of your W-2 forms for both you and your spouse
- Copies of supporting documentation for Social Security income, welfare, child support, food stamps, workers compensation and TANF

All supporting documentation can be faxed to 1-866-315-9264 or mailed to the address below:

FACTS Grant & Aid Assessment
P.O. Box 82524
Lincoln, NE 68501-2524

If you have questions or concerns about the application process, please call a FACTS Customer Care Representative at **1-866-441-4637**.

Sincerely,
St. Ambrose Academy
Finance Office

The Family Ambassador Program

OVERVIEW

The Family Ambassador Program encourages families to provide referrals to any one of the 18 Diocese of Rochester Catholic Schools. It is an opportunity for more of our community to discover the difference of a transformative, faith-based education.

Both the referral family and newly enrolled family will receive a \$500 tuition credit when the brand-new family joins any of the 18 Diocese of Rochester Catholic Schools. The credit will be distributed throughout the remaining months of the 2019-2020 academic year.

HOW IT WORKS

A current Diocese of Rochester Catholic School family refers a brand-new family to his/her school or one of the other Diocese of Rochester Catholic Schools. To be eligible for the referral credit, the new family cannot be a former or currently registered family at a Diocese of Rochester Catholic School. If the new family registers, *and remains* at a Diocese of Rochester Catholic School, the referring family receives a \$500 tuition credit.

The credit is distributed to the referring family's account over the remaining months of the 2019-2020 school year. The disbursement is contingent on the new family remaining at a Diocese of Rochester Catholic School and is funded by the school that welcomes the new family. In addition to a \$500 tuition credit to the referring family, the newly enrolled family will also receive a \$500 tuition credit.

FAMILY AMBASSADOR PROGRAM POLICIES

Only one current family may receive the tuition credit for a newly registered family. The referral will be verified by the receiving school office and issued on a first-received basis. The Family Ambassador Program form must be submitted to the receiving school principal for authorization. The program applies to students in Pre-K 3-year-old through 8th grade. The current family receives credit for a family, not on a per-student-basis.

Additionally, the tuition credits cannot exceed a family's tuition balance. Please note that the tuition credit will cease if the new family withdraws before the entirety of the tuition credit is disbursed.

For more information, please contact the Department of Catholic Schools at schools@dor.org.



Referral Form

Date of Referral: _____

Referring Parent/Guardian Name: _____
(Print Current Family Name)

(Signature)

Referring Parent/Guardian School: _____
(Print Current School Name)

Referred Family Name: _____ who is registering
(Print Referred Family Name)

at _____ in _____ grade.
(School Name) (Grade – PreK-8)

(Signature of Principal)

(Date)

☐ Referring Family:
W-9 Received

☐ Newly Enrolled Family:
W-9 Received

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	Social security number <table border="1"><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table> or Employer identification number <table border="1"><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>					-			-									-							
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Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Church/Parish _____

School Year _____

FAMILY/CHURCH COMMITMENT FORM

CATHOLIC SCHOOLS

Catholic education recognizes parents as the primary educators of their children. When parents make the choice of a Catholic school, they enter into a partnership in the education and formation of their children. This partnership becomes most effective when the formal education that takes place in the school is reinforced and witnessed in the home. This is particularly true in regard to the faith formation of children, where it is reasonable to expect that the Gospel values espoused in the Catholic school are actively lived out in the home.

The **Family/Church Commitment Form** represents the formal expression of the intent of parents and parishes to join in active partnership in the formation of their children. Parents, as primary educators commit to:

1. Formal registration in a parish or church
2. Regular church attendance; and
3. Spiritual, personal and financial support of the parish or church.

Catholic parishes, in turn, commit to the spiritual support of member families in the education/formation of their children, as well as support of Catholic Schools. Non-Catholic churches are asked to make a moral commitment of support of the family's efforts to educate their children.

It is understood that the vast majority of parents with children in Catholic schools are already meeting and/or exceeding the above expectations. The completion of this form for these families serves as an affirmation of that commitment and participation in parish life.

Parent Name(s) _____ Phone _____
(as registered in Parish/Church)

Address _____ City _____ Zip _____

Child(ren)'s Name(s)	School (as of next September)	Grade (as of next September)
----------------------	----------------------------------	---------------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Commitment:

I/we understand that our role as primary educator calls us to be active in the life of our parish and school. This involves formal registration in the parish, regular attendance, and financial support to the extent that family circumstances allow.

Parent or Guardian _____ **Date** _____

Signature(s) _____

Church Commitment:

This family is recognized as members of our faith community, and will be supported in their desire for a Catholic school education.

Pastor or Delegate Signature _____ **Date** _____

O:\Registration\Fam Church Commit form.doc

Revised 1/13



ST. AMBROSE ACADEMY 2021 - 2022 BEFORE AND AFTER SCHOOL CARE PROGRAM KINDERGARTEN – GRADE 5

ENROLLMENT AND PAYMENT POLICY

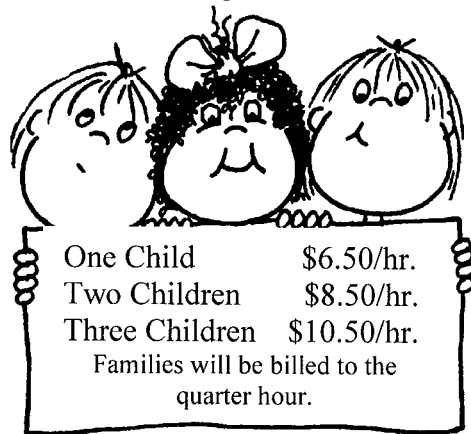
Registration is completed when the following items have been received.

- Registration for St. Ambrose Academy school program is complete.
- Registration form for the Before and After Care Program is completed and signed
- Registration fee of \$40.00 is paid - please make checks payable to **St. Ambrose Academy**. This registration fee is **non-refundable**.

Note: payment is due in advance, i.e. the first month's payment for Before and After Care is due in August or upon registering for the program if registering after August 31st

- There is no financial aid available for Before and After Care

Payment is charged at the following rates for Kindergarten – Grade 5:



HOURS OF OPERATION

Before School Care	7:00 AM – 8:15 AM
After School Care	3:00 PM – 5:30 PM

Before and After Care is available only days when St. Ambrose Academy is in session. The program will NOT be open for school vacations, or weather-related delays or closings.

BILLING AND PAYMENT PROCEDURE

To guarantee adequate staffing, the financially responsible party will be required to pay for the days and hours enrolled in the BASC program, even if absent. Charges for Before and After School Care for kindergarten through grade 5 will be calculated monthly and payable ***in advance*** on the ***1st of the month***. Any additional time used will be billed the following month. Failure to pay by the 5th of the month will result in a \$20.00 late fee. If the bill is left unpaid by the 15th of the following month, the family **will no longer be able to attend the Before and After Care Program** until the bill is up to date. St. Ambrose Academy reserves the right to charge a \$2.00 per minute late fee for pick up after 5:30 pm. Checks returned for insufficient funds will incur a service charge of \$30. All unpaid bills at the end of the school year will be turned over to a collection agency for collection. Families are responsible for any additional collection fees.

Please Note: Due to New York State Student/Teacher regulations we need to assure proper staffing schedules, therefore we are not be able to accept families who do not commit to a regular schedule. No exceptions will be made. Please contact the Program Director for any scheduling changes.



ST. AMBROSE ACADEMY
Before and after School Program
Registration Form 2021 – 2022

Please list the name(s) of students(s) that will participate in the before/after care program:

Student Name _____ DOB _____ Grade _____
Student Name _____ DOB _____ Grade _____
Student Name _____ DOB _____ Grade _____

To guaranty that we have sufficient supervision, please indicate which days care will be needed and the approximate time of drop off/pickup. Sign up for times you actually plan on using as you will be billed for these. Any additional time used will be billed in the following month. **We cannot accept forms without committed dates and times.**

Before Care: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

After Care: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday
_____ Morning arrival time _____ Evening pick up time

Note: BASC will be billed monthly, in advance, for all times committed to above. Please let us know in advance, for any changes to times committed in order to ensure adequate staffing. No credits will be issued retroactively.

Failure to pay by the 5th of the month will result in a \$20.00 late fee. If the bill is left unpaid by the 15th of the following month, children will not be able to attend the program until payment is made in full. St. Ambrose Academy reserves the right to charge a late fee of \$2 per minute for pick up after 5:30 pm.

The following people are authorized to drop off/pick up my child(ren):

Name _____ Home Phone _____ Cell _____
Name _____ Home Phone _____ Cell _____
Name _____ Home Phone _____ Cell _____
Name _____ Home Phone _____ Cell _____

I have read and agree to the Enrollment and Payment Policy of the St. Ambrose Academy Before and After School Care Program and the Tuition Collection Policies. I understand that if arrangements change, I will send written notification to the BASC Director. I have also enclosed the \$40.00, non-refundable, registration fee with a check or money order made payable to: St. Ambrose Academy.

Parent /Guardian Signature & Financially Responsible Party

For Office Use Only: Registration fee information

Date paid _____ Amount _____ Cash _____ Check # _____



ST. AMBROSE ACADEMY
At Peace of Christ Parish
31 EMPIRE BLVD.
ROCHESTER, NY 14609
Phone 585-288-0580 Fax 585-288-2612



Student Health Release Form

Your healthcare provider will require the release of information form below to share Protected Medical Information with the school district. Please sign and give the form to your healthcare provider and/or to your school nurse to avoid delays.

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, _____ authorize my child's healthcare provider(s) listed below to release my child _____'s medical records to the district's medical officer and/or school nurse:

Name _____	Phone _____	FAX _____
Name _____	Phone _____	FAX _____
Name _____	Phone _____	FAX _____
Name _____	Phone _____	FAX _____

The healthcare provider may disclose the following protected health information: (check all that apply)

- ☐ Immunizations
- ☐ Health Appraisals
- ☐ Past/current medical condition and its impact on attendance or school programming
- ☐ Other _____

The Protected Health Information may be used, disclosed or received for the following purpose(s): (check all that apply)

- ☐ To develop care plans for routine and emergent school management
- ☐ To design appropriate educational programs
- ☐ To assess the impact of the medical condition(s) on school programming and/or attendance
- ☐ To share school observations/concerns surrounding behavior
- ☐ To assess a medical basis for modification of transportation and/or home tutoring
- ☐ Medication delivery
- ☐ At patient's request with no specified purpose
- ☐ Other _____

Please select one:

- ☐ This authorization is valid throughout my child's enrollment in the school district
- ☐ This authorization is valid for the entire academic school year 20____ - 20____
- ☐ This authorization shall expire on ____/____/____ (MO/DD/YR)

I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the Privacy Officer at my healthcare provider's office and to the District Administration Building.

I understand that the revocation of this authorization is not effective if the Healthcare Provider or District has used the authorization for disclosure of the Protected Health Information before receiving my written revocation notice.

I understand that any Protected Health Information disclosed as a result of this Authorization to anyone not covered by the state and federal privacy laws and regulations may be subject to re-disclosure and may no longer be protected by federal or state law.

I understand that my child's treatment is not dependent on my agreement to release or withhold information.

Date _____

Signature of Patient (Over 18), Parent, or Guardian _____

Relationship _____

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION

A signed copy of this authorization must be given to the adult patient or parent of the minor child



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VIDEO/RECORDED VOICE/PHOTOGRAPHY MODEL RELEASE

I hereby give and grant to the Diocese of Rochester/St. Ambrose Academy the absolute and unconditional right to use, publish display, and/or reproduce in any manner, video/recorded voice/photographs, in which my son/daughter appears. This permission includes the right to edit or use a portion of such video/recorded voice/photographs that positively promotes the image and benefits of Catholic school education through educational, public-relations materials and/or the Diocese of Rochester/St. Ambrose Academy web site. I hereby waive any right, to inspect or approve the finished video/recorded voice/photographs, or any finished materials, copy or other matter, which may be used in conjunction with, or the manner, in which any of the same are used, reproduced, published, or displayed. I further release the Diocese of Rochester/St. Ambrose Academy from any liability whatever that may occur or be produced in the taking, reproducing, publishing, showing, or displaying of said video/recorded voice/photographs, and agree that the Diocese of Rochester/St. Ambrose Academy shall by the owner of the photographs and all rights to them, may copyright the video/recorded voice/photographs in its own name, and may grant to others permission to use them. I further understand that my family will not receive payment for said video/recorded voice/photographs and that these video/recorded voice/photographs will not discredit or distort my child's person in any way.

☐ I GIVE consent

☐ I DO NOT give consent

Student Name

Print Parent Name

Date

Parent/Guardian Signature acknowledging model release