



Holy Innocents School

*1312 E. Bristol Street
Philadelphia, PA 19124*

Phone: 215-743-5909

Fax: 215-743-0199

January, 2019

Dear Parents/Guardians,

It is with much enthusiasm that we announce the beginning of preparations for the upcoming school year. Our School has been most successful in providing the standards of a quality Catholic education to the Juniata community and beyond. Thank you to everyone who has helped us in creating a school of excellence.

Enclosed you will find the registration packet for the upcoming school year. Please take a moment to review all of the materials including the enrollment process through the TADS Enrollment System, the tuition schedule and the terms and conditions for tuition payments. We have also included several forms that need to be completed and returned to the school office as soon as possible, along with copies of important documents such as your child's birth certificate, social security card, immunization records, baptismal certificates, etc. Please use the enclosed checklist to ensure that you have all of the necessary pre-registration paperwork on-hand when you come to school.

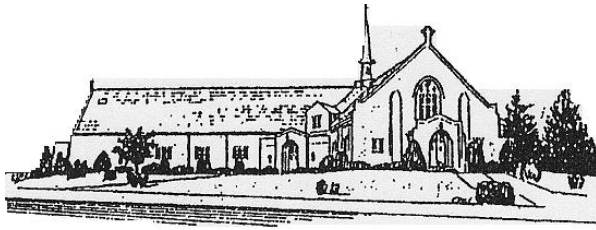
Please note that ALL registrations must be completed via TADS. This can be done either online or regular mail. Detailed information about this process is further outlined in the attached documents. All non-refundable registration fees and non-refundable tuition deposits and tuition payments must be paid to TADS. We cannot accept payments in the school office.

If you have any questions, please do not hesitate to contact us. We look forward to welcoming you and your student(s) to Holy Innocents Catholic School for the upcoming school year.

God Bless,

Sister Regina Mullen, S.N.M.

Sr. Regina Mullen, IHM
Principal



Holy Innocents Church

1337 East Hunting Park Ave.

Philadelphia, PA 19124

Phone: 215-743-2600

Fax: 215-743-8041

January, 2019

Dear Parents/Guardians,

Thank you for your interest in Holy Innocents Catholic Elementary School, and for completing an application for your student to attend. The following information explains the enrollment process. In addition, attached please see our Financial Terms and Conditions associated with your child attending our school.

Once I assign a tuition rate, you will receive a phone call from us to confirm the rate with you. Once your tuition rate is confirmed, you will receive an email message from the school through TADS Tuition Management inviting you to complete the enrollment for your student. In the email will be a link for you to click and enroll your student. You should complete the Enrollment Form and Tuition Agreement. If you have any questions regarding the email or the enrollment process you can call TADS at 1-800-477-8237.

Please note, there is a non-refundable Registration Fee of \$150.00 per child up to a maximum of two children, and a non-refundable Tuition Deposit of \$125.00 per child up to a maximum of two children. The Tuition Deposit will be deducted from the yearly Tuition Amount. You will pay these fees to TADS Tuition Management at the time you complete your enrollment with TADS. Your registration and enrollment will not be finalized without your payment.

If you did not give us an email address, TADS will send your enrollment and agreement packet by postal mail. You will need to complete the forms and return them to TADS. We highly encourage you to complete the enrollment process online in order to expedite the processing of your application.

If you need assistance completing the enrollment or if you have any questions, please call TADS at 1-800-477-8237, or you can call Nancy Witts at the tuition office at Holy Innocents at 215-743-2600.

Sincerely yours,

Rev. Thomas M. Higgins
Pastor

Registration Checklist

Below is a checklist of forms and documentation that must be completed and returned to the school office in order for us to process your student's registration. Once all of this information is collected, you will be entered into our TADS Enrollment Program, and TADS will contact you either via e-mail or regular mail to complete your registration for the school year. Please see enclosed materials for more information about registering through TADS.

If you have any questions, please feel free to contact us at 215-743-5909. We look forward to welcoming you and your student(s) into our school family.

Checklist:

- Application Form (Student & Parent Information)
- Act 90 Form
- TADS E-mail Preferences Sheet
- Photo Release Form
- Weekly Email Form
- Request for Student Records Form (for students entering K-8)
- Medical Form
- Dental Forms

Additional Documents:

- Baptismal Certificate
 - Any other Sacrament Certificates
 - Birth Certificate
 - Current Immunization Records
 - Social Security Card
 - Report Card (Most Recent for Grades 1-8 only)
-

APPLICATION FORM
20__ - 20__

STUDENT INFORMATION

Name _____
First Middle Last

Address _____

City _____ State _____ Zip Code _____
(Nine Digits)

Student's Email _____

Date of Birth ____/____/____ Gender _____
Month Day Year

Place of Birth _____
CITY/STATE/COUNTRY

Ethnicity: (Circle one) Hispanic Non-Hispanic

Race; (Circle all that apply) African American; Asian/Pacific Islander; Caucasian/White (includes Mexicans & Latinos) Native American 2 or more races

Sacraments Received (check if received and fill in date and parish):

_____ Baptism Date: _____

Parish: _____

_____ Eucharist Date: _____

Parish: _____

_____ Reconciliation Date: _____

Parish: _____

_____ Confirmation Date: _____

Parish: _____

Admitted from _____
School Name City/State

Primary Language spoken at home _____

Secondary Language spoken _____

Are there any allergies or other health issues that we need to be aware of?

Act 90 (1975)

All parents or guardians of children are required to sign the following form once while their children are enrolled in your school.

I hereby request the Secretary of Education of Pennsylvania the loan of instructional materials and textbooks in accordance with Act 90 (1975).

HOLY INNOCENTS CATHOLIC ELEMENTARY SCHOOL

In Philadelphia
(Town)

Philadelphia
(County)

Signed _____

Date _____

The school is required to keep these forms on file as long as the children are enrolled in the school.



HOLY INNOCENTS SCHOOL PHOTO RELEASE

Dear Parent/Guardian,

For our files, we are requesting your permission for the use of interviews, pictures or films of students of Holy Innocents Catholic Elementary School whenever such pictures or films are used in any form of publication or viewing approved by the school. This permission is for the length of your child's enrollment in Holy Innocents Catholic Elementary School. Please sign below. Thank you!

Interviews, pictures or films of _____
(student's name here)

may be used whenever approved by Holy Innocents Catholic Elementary School, and my child's name may be used in conjunction with the interview, pictures or films.

Name of Parent/Guardian (please print):

Signature of Parent/Guardian:

Date: _____



Holy Innocents School

*1312 E. Bristol Street
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Phone: 215-743-5909

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Request for Student Records

Student Name: _____ DOB _____

_____ School
(Former School)

Address _____

Please release my child's records to:

Holy Innocents School
1312 E. Bristol Street
Philadelphia, PA 19124
Attn: School Secretary

Please send all of the following:

- Academic Records
- Attendance Records
- Discipline Records
- Health Records
- Special Education Records (if applicable)

Parent Name: _____

Parent Signature: _____ Date: _____

Financial Terms and Conditions

1. Tuition for May, June, July, August and Registration Fees MUST BE PAID before ADMISSION CARDS are given out (Usually two weeks before the first day of school) in order to attend school in September.
2. Sunday collection contributions will have NO effect on tuition rates. However, you must attend Mass weekly and contribute something by using your envelopes to be considered for the Participating Tuition Rate.
3. ALL payments must be made directly to TADS. NO payments will be accepted at the school or parish offices.
4. Payments must be made when due or a \$35 Late Fee will be charged by Tads.
5. If tuition and fee obligations are not met before school events, i.e. trips, dances, etc., children will not be permitted to participate in the event, and they will not receive report cards.
6. Children will be kept out of school if tuition is delinquent over thirty (30) days.
7. There will be a \$35 NSF (Non-Sufficient Fund) Fee charged by TADS for bank charges.
8. Late Fees and NSF Fees are payable when assessed, and unpaid Fees will be considered in determining delinquency.
9. All financial obligations including Tuition and Registration Fees must be paid in full by April 20th of the Current School Year.
10. Unmet financial obligations from one year will not be carried over into the next school year.
11. Academic and other school records will not be released for withdrawn or transferring students until full payment for all outstanding financial obligations are met.
12. When the school is notified about a Tuition Grant/Scholarship, the amount will be deducted or credited to a family's account. The tuition bill will be reduced by the amount of the credit. However, families are responsible if the grant/scholarship is NOT ultimately paid to the school by the Grantor.
13. If you re-register for the next school year, and you subsequently become delinquent in paying tuition or other financial obligations for current school year, your child(ren) will be placed on a pending or waiting list. They will not have a guaranteed place in school for the next school year if other families, currently enrolled or new students, in good financial standing can be registered in their place.

HOLY INNOCENTS CATHOLIC SCHOOL
2019-2020 SCHOOL YEAR

Family Name _____ Phone # _____

Address _____ Zip Code _____

Name of child /children for school year 2019-2020 _____ Parish _____

Student's First Name	Student's Last Name	Current Grade
1.		
2.		
3.		
4.		
5.		

TUITION RATE: Your pastor will set the Tuition Rate for grades K to 8. NOTE: Pre-K tuition is in addition to K-8 rates.

Non-Participation Catholic or Non-Catholic – Base Tuition

- Pre-K **\$4,785** (Pre-K tuition is in addition to the K-8 rates)
- Kindergarten **\$4,785**
- One Child **\$4,785**
- Two Children **\$7,520**
- Three Children **\$9,025**
- Four or More Children **\$9,815**

Participation Catholic – Base Tuition

- Pre-K **\$3,435** (Pre-K tuition is in addition to the K-8 rates)
- Kindergarten **\$3,435**
- One Child **\$3,435**
- Two Children **\$6,155**
- Three Children **\$7,530**
- Four or More Children **\$7,990**

Please note, there is a non-refundable registration fee of \$150 per child up to a maximum of two children and a non-refundable tuition deposit of \$125 per child up to a maximum of two children. The tuition deposit will be deducted from the 2019-2020 tuition. You will pay these fees to TADS Tuition Management at the time you enroll with TADS.

Tuition for 2019-2020

Pastor Approved Family Tuition Rate:

- Non-Participating Catholic or Non-Catholic..... \$ _____
- Participating Catholic..... \$ _____

Approved by: _____
Pastor, Holy Innocents Parish

Date: _____

TADS Registration Step by Step

- STEP 1: TADS will email you a link to your online registration form **or** you will receive a hard copy of the registration form from us next week.
- STEP 2: Click on email link and follow all instructions **or** complete and mail the hard copy registration form to TADS.
- STEP 3: Pay non-refundable registration fee(s) and non-refundable tuition deposit(s). Note: fees must be paid to TADS. We will not accept payments at school.
- STEP 4: Re-registration for CURRENT families/students begins in December. Registration for NEW students begins in February. Due to limited seating, we highly encourage returning families to register quickly and before open enrollment for new students begins. Seats will be filled on a first-come, first-served basis. Once a classroom reaches capacity, registrations will be subject to a waiting list.

TADS Email Preferences

PLEASE PRINT:

Name: _____

Address: _____

Phone Number: _____

Name of person responsible for paying tuition:

List names of students and grades: _____

E-Mail address you prefer TADS to use to contact you about your tuition account (please print using all UPPER-CASE letters and use "Ø" for the number zero):

- Check this box if you prefer to register by **regular mail** instead of by e-mail.
*Note: mailed registrations take longer to process, and seats are filled on a first-come, first-served basis.

** If you need a friend or family member to have access to your tuition account information, please give them permission by listing their name here: _____

(Our policy is to only discuss tuition account information with the person who is responsible for paying tuition unless others are given permission by the payee)

Weekly Email Form



Each week, Holy Innocents sends an e-mail to all school families with important news, information and dates. To be added to our e-mail list, please fill out the form below.

PLEASE PRINT CLEARLY

Name: _____

I am: Parent/Guardian Relative/Friend/Sponsor Faculty/Staff

E-mail Address: _____

Additional E-mail Address: _____

Name for Additional E-mail Address: _____

By signing this form, I give Holy Innocents permission to add the above e-mail address(es) to the Holy Innocents ACES e-mail list.

Signature: _____

Date: _____

Students enrolled at Holy Innocents:

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES
REPORT OF PHYSICAL EXAMINATION

Name of Student	Date of Birth	Student ID #	Grade
Name of School	Room/Section/Book	Date Issued	

TO THE CARE PROVIDER (Please complete all items)

Pennsylvania law requires that students attending school in the state be immunized and receive periodic medical examinations. Payment for these examinations is the responsibility of the parent/guardian. THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE.

RECORD OF VACCINE ADMINISTRATION

Please attach complete immunization record including serology results if available.

■ Allergies _____ ■ Date of last PPD _____ Result _____ mm

Does this student have health insurance? ___ Yes ___ No Name of Insurance Provider: _____

RECORD THE FOLLOWING

1. Visual Acuity: Without Glasses: R_____ L_____ With Glasses: R_____ L_____

2. Audiometric Screening: R_____ L_____ 3. BP_____

4. Height _____ inches/cm Weight _____ lb./kg BMI percentile _____

5. Scoliosis Screening: ___ Normal ___ Abnormal ___ Referred ___ No Referral

6. Activity Recommendation: ___ Full Physical Activity ___ Restricted Physical Activity
(Must Complete Phys. Ed. Medical Exemption/Program Modification Form MEH-23)
Specify Restrictions: _____

7. List all medications currently being taken:
Medications: _____ Reason: _____

8. List ALL problems by history or examination: Circle Status of problem

1. _____	Under Care	Care Complete	Referred
2. _____	Under Care	Care Complete	Referred
3. _____	Under Care	Care Complete	Referred
_____ No Problems Identified			

Comments/follow-up treatment plan/ Special instruction to school:

Signature of Care Provider (REQUIRED)	Telephone	Care Provider office stamp (REQUIRED)
	Fax	
Address	Date of Exam	

THE SCHOOL DISTRICT OF PHILADELPHIA
REPORT OF PRIVATE DENTAL EXAMINATION

Name of School	Student ID	Date Issued	
Name of Student	Date of Birth	Room/Section/Book	Grade
<p>TO THE DENTIST <i>Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).</i></p> <p><i>These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.</i></p> <p><i>Thank you for your cooperation.</i></p>			
UNDER TREATMENT/WORK BEGUN		COMPLETION OF WORK/NO TREATMENT NECESSARY	
Date Work Begun		<input type="checkbox"/> No Treatment Required Now	
Scheduled Follow-up Appointment		<input type="checkbox"/> All Necessary Dental Work Completed	
Date of Dental Examination		Expected Completion Date	
Comments/Follow-up Treatment/ Special Instructions to School			
Name of Dentist		Telephone	
Signature of Dentist		Date Signed	
Address		Fax Number	

IMPORTANT:

Return this form To:

Certified School Nurse/Practitioner

School

School Address

Phone Number