

**ACADEMY OF ST. JAMES OF THE MARCHES**

**Is a Licensed Childcare provider by the State of N. J.**

400 TOTOWA ROAD  
TOTOWA, NJ 07512  
(973) 956-8824



Grade entering in September: \_\_\_\_\_

Date: \_\_\_\_\_

Paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

\_\_\_\_\_  
Family Name Child's Last Name Child's First Name

Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Address of School: \_\_\_\_\_ City & State: \_\_\_\_\_

**(Circle one in each category)**

Sex: Male or Female Child's Religion: Catholic or Non Catholic

Ethnic Background: \_\_\_\_\_

U.S Citizen: Yes or No Green Card: Yes or No

Sacraments Received By Your Child:

Baptism: Date \_\_\_\_\_ Church \_\_\_\_\_ City & State \_\_\_\_\_

Penance: Date \_\_\_\_\_ Church \_\_\_\_\_ City & State \_\_\_\_\_

First Communion: Date \_\_\_\_\_ Church \_\_\_\_\_ City & State \_\_\_\_\_

Family Mailing Address: Mr. / Mrs. Ms.: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Name of Church Family Attends: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**New families only:**How did you hear about our school? \_\_\_\_\_

## Brothers and Sisters already in our school

**Name:Grade for Upcoming Year:**

- 1.- \_\_\_\_\_
- 2.- \_\_\_\_\_
- 3.- \_\_\_\_\_

**Parents:**

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Fathers Last Name	First Name	Place of Birth
<b><u>Religion:</u></b> Catholic or Non Catholic	<b><u>Marital Status:</u></b> Single Married Divorced Remarried	
U. S. Citizen: Yes or No	Social Security # _____-____-_____	
Occupation: _____	Place of Employment: _____	
Work Address: _____		
Telephone #: Home (____) _____	Work (____) _____	Cell (____) _____
Email: _____@_____		

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Mothers Last Name	First Name	Place of Birth
<b><u>Religion:</u></b> Catholic or Non Catholic	<b><u>Marital Status:</u></b> Single Married Divorced Remarried	
U. S. Citizen: Yes or No	Social Security # _____-____-_____	
Occupation: _____	Place of Employment: _____	
Work Address: _____		
Telephone #: Home (____) _____	Work (____) _____	Cell (____) _____
Email: _____@_____		

**ALL REGISTRATION FEES ARE NON REFUNDABLE. ALL APPLICATIONS MUST BE FULLY COMPLETED AND RETURNED TO THE OFFICE.**

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**PARENT CONTRACT 2020 - 2021**

**ALL FORMS IN THE REGISTRATION PACKET MUST BE FULLY COMPLETED FOR EACH CHILD.**

Read and sign **one** contract, **one** service contract, and **one** SMART Tuition form **per family**.

1. All forms and fees must be current in order for registration to be complete. All students' Health Records and Immunizations records must be updated **before** school begins. Students will be excluded from school until these records are updated and returned to the office.
2. All Tuition is to be paid to SMART; school fees are paid directly to school. The school follows specific guidelines for unpaid tuition and school fees as outlined in the Parent Handbook. Delinquent payments will result in discontinuation of educational services.
3. All parents are responsible to update all information for the Alert System through Rediker. Emergency calls and important announcements are made through the Alert system.
4. Registration Fee, Before/After Care Fees, Academic/Technology Fee, Class Dues, and Cafeteria Fees are paid directly to the school. **REGISTRATION FEES ARE NON-REFUNDABLE.**
5. Each family is expected to cooperate fully in the total moral, religious, and academic development of their children. All families/students are expected to participate in uniform at the Opening of School Mass (date in September), Catholic Schools Week Mass (last Sunday in January) and the closing of school Mass in June. Families are also encouraged to attend 10:15 Mass as a family at St. James on the first and 3<sup>rd</sup> Sunday of the Month. Each class makes a presentation at a 10:15 Mass during the school year. It is expected that a child will participate in that presentation at Mass too. Non parishioners are expected to attend a minimum of 4 children's Sunday 10:15 AM Masses (those indicated above) at St. James Church during the school year.
6. Each family is expected to attend Academy Parent Association (APA) activities and meetings as well as Parent/Teacher conferences.
7. By registering your child/children at the school, parents/guardians are endorsing the School's policies and agree to comply with them, including, but not limited to, all policies outlined in the Parent/Student Handbook.

Parent Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

**SERVICE CONTRACT2020 - 2021**

In order to keep tuition to reasonable, each family must participate in school fundraising activities. This is a contractual requirement. **EACH FAMILY IS REQUIRED TO:**

- Complete **at least 12 hours of volunteer service** at school or fundraising event.
- Sell \$100.00 worth of fall calendar raffle tickets.
- Sell \$100.00 worth of spring calendar raffles tickets.
- Sell at least one box of World’s Finest Chocolate.
- Sell at least five boxes of Krispy Kreme doughnuts.
- Purchase **two** tickets to **TWO** fundraisers during the school year

Below are the events planned for the 2020 – 2021 school year. Please select a **first and second and third choice by numbering 1-3** for the events you will work this year. Please check the event you are willing to co-chair if any. Jobs will be assigned by the APA. You will be contacted by the chairperson of the event to fulfill your volunteer hours via phone or email. If you are not contacted, you must contact the office prior to the event to avoid charges for not fulfilling volunteer hours.

**EVENTS (Select three (3) to work Willing to Co-Chair**

_____	<b>Christmas Candy/Wrap</b>	_____
_____	<b>Spring Genevieve’s (frozen)</b>	_____
_____	<b>Christmas Boutique</b>	_____
_____	<b>Tricky Tray</b>	_____
_____	<b>Scholastic Book Fair</b>	_____
_____	<b>Fall Fundraiser</b>	_____
_____	<b>May Fundraiser</b>	_____
_____	<b>\$75 cash donation for Tricky Tray</b>	_____

\_\_\_\_\_ **I cannot commit to volunteer hours. I choose to make a \$120.00 cash donation to the Tricky Tray instead.**

\*\*\*\*\*

\_\_\_\_\_ I do not wish to participate in any of the fundraisers, I will pay the amount of **\$500.00**.  
If I donot fulfill my fundraising commitment including volunteer hours, I understand that I will be assessed a total of **\$500**.

**I have read and understand both the Parent Contract and the Service Contract. My signature signifies that I hold myself responsible to comply with all of the requirements outlined for the 2020 -2021 school year.**

**Student Name / Grade** (please print): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_ @ \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EMERGENCY INFORMATION FORM

Dear Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Kindly fill in the following information for each of your children. This form will be kept on file in the school office. Please list only relatives or neighbors who are willing to pick up your child in case of illness or accident or are willing to take responsibility for your child in the rare instances of unscheduled dismissals. Student should be picked up within 30 minutes.

Family Name: \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Child's First Name & Grade: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(If different than Family Name)

\_\_\_\_\_  
\_\_\_\_\_

Where can parents be reached if not at home?

**Father:** \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_

**Mother:** \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_

In the event that either father or mother can be reached, please list three relatives or neighbors.

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks – any special conditions: \_\_\_\_\_

Allergies to food, stings, medication, etc. \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Preferred Hospital were child should be taken: \_\_\_\_\_

(Name and address) \_\_\_\_\_

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**BEFORE CARE & AFTER CARE**

Extended Care (before school and after school) is offered to help working parents. Before Care begins at 7:00 am and ends at 7:45 am. Teachers and Staff provide a safe environment; they help students with homework and organize games. See the reasonable rates on the reverse of this form and keep for future reference.

**AFTER CARE POLICIES AND PROCEDURES**

Students are given a snack every day. They have an hour, **minimum**, to do homework. Most will take advantage of working longer with adult help and supervision. Activities, games, and movies are provided.

1. Pack a snack IF your child does not like the snack provided and an extra drink.
2. Send in a reading book each day with your child for the days that they may complete their homework early before Activity Time.
3. **NO ONE is allowed upstairs once they are at After-Care.** Everything must be brought downstairs at dismissal.
4. **After care ends at 6:00. Late fees will be imposed - \$5.00 for each 15 minutes after closing time.**
5. If you prefer that your child completes homework at home, please send a note.
6. **All** parents need to check homework with children.
7. All this school policies as outlined in Parent/Student handbook apply to before and aftercare.

**Return the bottom portions and keep this form reference**

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**After-Care Policies and Procedures**

Student (s) Name & Grade (s) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I read and will abide by the After-Care Policies and Procedures

Student (s) Signature \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_

## INDIVIDUAL PUPIL REQUEST FOR LOAN OF TEXTBOOKS

Date: \_\_\_\_\_

Public School District: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Pupil: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request the \_\_\_\_\_  
(Public School District) to loan textbooks to the \_\_\_\_\_ (Nonpublic  
School) in which my child is enrolled. I certify that my above named child and I are residents of  
the State of New Jersey. I understand that the public school district in which the nonpublic  
school is located has oversight of the State funds designated for providing the loan of textbooks  
to nonpublic school students pursuant to law and regulations.

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



*Academy of St. James of The Marches*

400 Totowa Road  
Totowa, NJ 07512  
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**Website-Newspaper  
Photo Release**

\_\_\_\_\_ I give my permission for my son/daughter: \_\_\_\_\_ in  
Grade \_\_\_\_\_ to be included in photos for the school website or articles in local publications  
regarding recent school activities.

\_\_\_\_\_ I do not wish for my son/daughter: \_\_\_\_\_ in  
Grade \_\_\_\_\_ to be included in photos for the school website or articles in local publications  
regarding recent school activities.

Parent's Name (please print) \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **REGISTRATION REQUIREMENTS**

#### **(Only for new students)**

1. Copy of Birth Certificate
2. Baptism Certificate (If Catholic)
3. Immunization Record
4. Report Card & Test Records (Only for new students from Gr. 1 – Gr. 8 )

If you have any questions, please do not hesitate to call the office.