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 REGISTERED BY JULY 15, 2020. PLEASE PUT THE COMPLETED FORMS WITH THE $400 FEE IN THE BOX INSIDE THE SCHOOL DOOR.

THANK YOU FOR ALL YOUR COOPERATION.

SINCERELY,

Sr. Mary Elizabeth
Principal
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 #__________

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

NAME __________________________ RELATIONSHIP __________________________
HOME # ________________________ CELL # ________________________ WORK #__________

NAME __________________________ RELATIONSHIP __________________________
HOME # ________________________ CELL # ________________________ WORK #__________

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

NAME __________________________ RELATIONSHIP __________________________
HOME#( ) __________ CELL#( ) __________ WORK#( ) __________

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

IF ACTIVE: NAME OF CHURCH CHILD ATTENDS __________________________

NAME ON CHURCH ENVELOPE ____________________ # ON CHURCH ENVELOPE ______
CATHOLIC SCHOOLS in the ARCHDIOCESE of NEW YORK

APPLICATION FOR ADMISSION

PLEASE BRING THIS COMPLETED FORM TO THE PRINCIPAL OF THE SCHOOL YOU SELECTED. A MEETING WITH THE PRINCIPAL IS REQUIRED TO BEGIN THE APPLICATION PROCESS.

School Name ____________________________ Date of Application ________________
For a complete list of schools, please click FIND A SCHOOL on www.BuildBoldFutures.org Birth Certificate # __________________
Grade Applying for ______________________

Child’s Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Apt. #</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone #</td>
<td>Cell #</td>
<td>Gender</td>
<td></td>
</tr>
</tbody>
</table>

Date of Birth ________________________ Religion ______________________

Parish ______________________

Sacrament

<table>
<thead>
<tr>
<th>Date</th>
<th>Church</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baptism (certificate required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reconciliation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Holy Communion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmation</td>
<td></td>
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</tbody>
</table>

Child Resides with ______________________ Relationship ______________________

Mother’s Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Apt. #</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Religion</td>
<td>Email</td>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>

Job Title ______________________ Business Address ______________________

Father’s Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Apt. #</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Religion</td>
<td>Email</td>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>

Job Title ______________________ Business Address ______________________

Initial: ______________________

Page 1 of 2
**APPLICATION FOR ADMISSION**

- **Custody of Child (if applicable)**
- **Custodial Parent**
- **Relationship**
- **Documentation**
- **Date Provided**

- **Guardianship of Child (if applicable)**
- **Guardian**
- **Name**
- **Relationship**
- **Documentation**
- **Date Provided**

### Child's Education

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Grades Completed</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

- **Child has been evaluated by the district Committee on Special Education.**

- **Child has been evaluated by a private psychological or educational agency.**

If answer to either or both statements above is YES, applicant must complete the following:

<table>
<thead>
<tr>
<th>Type of Evaluation</th>
<th>Date of Evaluation</th>
<th>Name of Agency</th>
<th>Contact Name and Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If child has been seen by the public district Committee on Special Education, applicant must complete the following:

1. **Was an IEP ever generated?**
   - Yes [ ]
   - No [ ]
   - Copy Submitted [ ]

2. **Child has a Section 504 Accommodation Plan?**
   - Yes [ ]
   - No [ ]
   - Copy Submitted [ ]

### District Name and #

<table>
<thead>
<tr>
<th>District Name and #</th>
<th>Date of Most Recent IEP</th>
<th>Date of Last Psychological Evaluation</th>
<th>Classification and Recommended Placement</th>
</tr>
</thead>
</table>

I affirm that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process. Furthermore, should my child be accepted/admitted under false, incomplete, or negligent information, my child will be dismissed from the school. I also agree that should my child be accepted/admitted, my child and I will be bound by the terms and conditions of the school’s parent/student handbook, including those provisions referencing inoculations. Final acceptance of this application is dependent on all outstanding fees being paid in full to any previous school(s). Acceptance notices will be mailed.

**Signature of Parent or Guardian**

**Date:**

**Initial:**

Page 2 of 2
ST. JOHN CHRYSOStOM
1144 Hoe Avenue; Bronx, NY, 10459
(718) 328-7226

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: ________________________________
ST. JOHN CHRYSOSTOM  
1144 Hoe Avenue; Bronx, NY, 10459  
(718) 328-7226

SCHOOL CONTRACT 2020-2021

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.
ST. JOHN CHRYSTOSOM
1144 Hoe Avenue; Bronx, NY, 10459
(718) 328-7226

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

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

MONTHLY RATES:
1 CHILD = $190; 2 CHILDREN = $265; 3 CHILDREN = $285;
4 CHILDREN = $300

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 ______
ST. JOHN CHRYSOSTOM
1144 Hoe Avenue; Bronx, NY, 10459
(718) 328-7226

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 ____________
All School & Gym Uniforms must be purchased

at

FLYNN & O'HARA
136 Commerce Ave (at Westchester Square)
Bronx, New York

School Number 232

718 863-7561

Gym Uniform for St. John Chrysostom Students

Grades 1 to 8
Navy blue sweatpants
Navy blue sweatshirt
Navy blue t-shirt
Sneakers

Grade 8 - special sweatshirt and t-shirt

over
School Uniform for St. John Chrysostom Students

PreK-3 & PreK-4
Navy blue sweat pants
Navy blue sweat shirt
Navy blue or black sneakers with Velcro

Grades K to 3rd

Girls
Red plaid jumper
White blouse
Red plaid tie
Red knee socks/or tights
Navy blue regulation sweater with white trim
Navy blue or black leather shoe with strap or Velcro

Sept & May/June – Navy blue cotton golf shirt

Boys
White shirt
Red plaid tie
Navy dress pants
Navy blue regulation sweater with white trim
Black leather shoe with Velcro
Black belt, navy blue socks

Sept & May/June – Navy blue cotton golf shirt

Grades 4 to 8

Girls
Red plaid kilt skirt
White blouse
Red plaid tie
Navy blue regulation sweater with white trim
Black suede ankle high Hush Puppy shoes or black tie shoes
Navy blue tights or knee socks

Sept & May/June – Navy blue cotton golf shirt

Boys
Navy blue dress pants/black belt
White shirt
Red plaid tie (grade 4 to 7)
Navy blue tie (grade 8)
Regulation sweater with white trim
Black leather tie oxford shoe

Sept & May/June – Navy blue cotton golf shirt
TO BE COMPLETED BY THE PARENT OR GUARDIAN

Child's Last Name ___________________________ First Name ___________________________ Middle Name ___________________________
Sex: □ Male □ Female Date of Birth (Month/Day/Year) ____________
Hispanic/Latino? □ Yes □ No
Race (Check ALL that apply) □ American Indian □ Asian □ Black □ White
□ Native Hawaiian/Pacific Islander □ Other ____________

City/Borough ___________________________ State ___________________________ Zip Code ___________________________
School/Camp Name ___________________________ District ___________________________ Phone Numbers
Parent/Guardian Last Name ___________________________ First Name ___________________________ Email ___________________________
Health Insurance □ Yes □ No Parent/Guardian Foster Parent

TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

Birth History (age 0-6 yrs)

□ Uncomplicated □ Premature: ______ weeks gestation
□ Complicated by ___________________________
Allergies □ None □ Epi pen prescribed
□ Drugs (yes) ___________________________
□ Foods (yes) ___________________________
□ Other (yes) ___________________________

Attach MAF if in-school medications needed

Physical Exam

Date of Exam: / / 
Height: ___________ cm ( ___________ %10th)
Weight: ___________ kg ( ___________ %10th)
BMI: ___________ kg/m² ( ___________ %10th)
Head Circumference (age ≤ 2 yrs) ___________ cm ( ___________ %10th)

Blood Pressure (age ≥ 3 yrs) / / 

Developmental (age 0-6 yrs)

Validated Screening Tool Used? □ Yes □ No
Screening Results: □ WNL
□ Delay or Concern Suspected/Confirmed (specify area/subarea below):
 □ Communication/Language □ Gross Motor/Fine Motor
 □ Social-Emotional or □ Other Area of Concern: ____________

Describe Suspected Delay or Concern:

Nutrition

□ At risk < 1 year □ Breastfed □ Formula □ Both
□ 1-2 years □ Well-balanced □ Needs guidance □ Counseled □ Referred

Dietary Restrictions □ None □ Yes (list below)

Hearing

Date of Test: / / 
Results: □ 4 years: normal hearing □ 4 years: pure tone audiometry

Vision

Date of Test: / / 
Results: □ 4 years: normal hearing □ 4 years: vision screening

Screening Tests

Blood Lead Level (BLL) (required at age 1 yr and every 2 yrs for those at risk)
Date of Test: / / 
Results: ___________ μg/dL

Leads Risk Assessment (annually, age 0-5 yrs)
Date of Test: / / 
Results: □ At risk (≥ 7 μg/dL) □ Not at risk

Child Care Only

Hemoglobin or Hematocrit

□ Yes □ No

IMMUNIZATIONS – DATES

Diphtheria Td ___________ Polio ___________ Hep B ___________ Hib ___________ PCV ___________ Meningococcal
Other

ASSESSMENT

□ Well Child (200.120) □ Diagnosis/Problems (201)
ICD-10 Code ___________________________

Recommendations

□ Full physical activity □ Restrictions (specify:
Follow-up Needed □ No □ Yes, for
Referral(s): □ None □ Early Intervention □ IEP □ Dental
□ Other

Physician Confirmed History of Varicella Infection

Report only positive immunity:

IgG Titer Date

Hepatitis B Measles Mumps
Rubella Varicella Polo 1 Polo 2 Polo 3

Health Care Practitioner Signature

Date Form Completed / / 

□ Only □ PRACTITIONER

TYPE OF EXAM: □ NAE Current □ NAE Prior Year(s)
Commits:

Date Reviewed: / / 
ID NUMBER

REVIEWER:
FORM ID# ___________________________
St. John Chrysostom School  
1144 Hoe Ave  
Bronx, NY 10459

**Tuition - 2020-2021**

<table>
<thead>
<tr>
<th>PK-3 &amp; K-8th Grade</th>
<th></th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Catholic Rate</td>
<td>One Child</td>
<td>$400.00</td>
</tr>
<tr>
<td></td>
<td>Two Children</td>
<td>$665.00</td>
</tr>
<tr>
<td></td>
<td>Three Children</td>
<td>$830.00</td>
</tr>
<tr>
<td></td>
<td>Four Children</td>
<td>$890.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PK-3 &amp; K-8th Grade</th>
<th></th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Active/Non-Catholic Rate</td>
<td>One Child</td>
<td>$475.00</td>
</tr>
<tr>
<td></td>
<td>Two Children</td>
<td>$705.00</td>
</tr>
<tr>
<td></td>
<td>Three Children</td>
<td>$900.00</td>
</tr>
<tr>
<td></td>
<td>Four Children</td>
<td>$990.00</td>
</tr>
</tbody>
</table>

Once your child is accepted into our school there is a non-refundable $400.00 registration fee.

Limited scholarships are available; please contact the school if interested (718) 328-7226.