



Family Registration Form
2009-2010

Office Use only: Date Received

Family Last Name: _____ New Family Returning Family
 Family Religious Affiliation: _____ Parish: _____
 Parental Status: Married Separated Divorced Remarried Single Widow/Widower Other
 Students Live With: Both Parents/Guardian Mother Father Mother/Stepfather
 Father/Stepmother Grandparents Other
 Language spoken at home: English Spanish Other: _____
 Fill in the address of person/s with whom the students live.
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ (include area code) Other Phone: _____ (include area code)
 Check if this is a Silent Number.
 Email Address _____ Exclude email from School Directory
 Exclude family from the School Directory

Student First Name	Mid. Init.	Student Last Name	Grade 09-10	Date of Birth	Male/Female
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Father
 Name: _____
 Occupation: _____
 Employer _____
 Business Phone: _____
 Cell Phone: _____
 Father Religion: _____
 SS # _____
 VIRTUS Trained Yes No

Mother
 Name: _____
 Occupation: _____
 Employer _____
 Business Phone: _____
 Cell Phone: _____
 Mother Religion: _____
 Maiden Name: _____
 SS# _____
 VIRTUS Trained Yes No

Other Adults Living at this Home

List anyone else who may pick up your students:

Emergency Contact
 List a person who can be contacted in case of an emergency if Parent/Guardian is not available.
 Name: _____ Phone: _____

Medical
 Doctor: _____ Phone: _____
 Dentist: _____ Phone: _____
 Hospital: _____

If a second family should receive information from the school, enter that information below.
 Name: _____ Relationship to Student/s: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____

NEW FAMILIES: How did you hear about Holy Cross Catholic School?
 Website Brochure Parish Bulletin Mailing to my house A friend Other _____



Kindergarten / New
Student Enrollment Form
2009-2010

Office Use only: Date Received

Grade in which to enroll: _____

First Name: _____ Mid Init: _____ Last Name: _____

Preferred First Name: _____ Family Last Name: _____

SS # _____ Birth Date: _____

___ Male ___ Female ___ Catholic ___ Non-Catholic City & State of Birth: _____

Race (Check all that apply): ___ American Indian ___ Asian ___ Black ___ Hispanic ___ Pacific Islander ___ White

Other: _____

Previous School Attended: _____

If the student is Catholic, enter the following information if you have not previously submitted it.

Baptism
Date: _____ Parish & Location: _____

First Reconciliation
Date: _____ Parish & Location: _____

First Communion
Date: _____ Parish & Location: _____

Confirmation
Date: _____ Parish & Location: _____

List any special educational or instructional needs here: _____

Comments: Enter any additional comments about this student here: _____



Office Use Only: Reg. Pd \$ _____	Full _____	Part _____
Total Tuition \$ _____	SCRIP Cr \$ _____	
TA \$ _____	Payment Amt \$ _____	
Processing Fee Pd _____	Entered in Computer _____	

2009-2010 Registration Fees

Early Bird Discount
 If Registration Forms and Fees are received in the school office on or before March 2, 2009
 \$150 Registration Fee for each elementary school student (not to exceed \$400 per family).
 The first \$150 due on or before March 2, 2009. Balance due May 1, 2009

After March 2, 2009
 \$175 Registration Fee for each elementary school student (not to exceed \$450 per family).
 Balance due May 1, 2009

All registration fees are non-refundable unless there is no available space.

TUITION PAYMENT METHOD 2009-2010 School Year

HOW & WHEN YOU WILL PAY—Choose One

_____ I want to pay by cash, check or money order directly to the school office (payment due on the 20th of the month)

_____ I want you to debit my monthly payment from my bank account (ONLY AVAILABLE FOR 10 OR 12 MONTH PAYMENT PLANS)

_____ Debit my checking account (YOU MUST ATTACHE A FOICED CHECK) or

_____ Debit my savings account _____

9 Digit Bank Routing Number Bank Account Number

For automatic payments choose monthly due date: _____ 5th of the Month _____ 20th of the Month

To complete my tuition payments I/we authorize Holy Cross School/Parish, Overland Park, Kansas to establish automatic payments from my account for the term of the payment plan indicated below. This authorization is to remain in full force and effect until Holy Cross School, Overland Park, Kansa has received written notification of a change or termination or until the last payment is made.

Signature _____ Date _____

TUITION PAYMENT PLAN 2009-2010 School Year

WHICH PAYMENT PLAN—Choose One

_____ 12 Months July 2009-June 2010 Automatic Payments Not Available for 4, 2, or 1 payment plans

_____ 10 Months Sept. 2009-June 2010 _____ 4 Payments Aug '09, Oct '09, Jan '10, Mar '10

_____ 10 Months Sept. 2009-June 2010 _____ 2 Payments Aug '09, Jan '10 _____ 1 Payment Aug '09

TUITION PROCESSING FEE: \$25
IF YOU CHOOSE 12, 10, OR 4 PAYMENT PLAN
SEND PAYMENT WITH THIS FORM

Other Fees that may apply:
 Holy Cross School may assess the following additional fees.

\$20 if your payment is not received on the due date.
 \$20 if your automatic payment fails due to insufficient funds
 \$20 if a check is returned

Primary Bill Payer Signature _____ Date _____