

****PRE-K, KINDERGARTEN & NEW REGISTRATIONS****
REQUIRED DOCUMENTS

When returning this application, please submit the following items.

1. Birth Certificate Photocopy
2. Immunizations - most current record from Doctor
3. Photocopy of Custody Papers (if applicable)
4. Baptismal Certificate if applicable) and other Sacrament Certificates (if applicable)
5. Physical Exam & Dental Exam Forms
6. Signed Release for academic records transfer (applicable only to Grades 1-8)
7. \$125.00 Non-Refundable Application Fee
8. Signed Tuition/Enrollment Contract
9. Enroll on STS (Tuition Management System) –
<https://app.simpletuitionsolutions.org/register?sc=20394>
Our school code is 20394

FOR OFFICE USE ONLY

1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
8. _____

9. _____



APPLICATION FOR ADMISSION OF STUDENT

****A NON-REFUNDABLE REGISTRATION FEE OF \$125.00 PER FAMILY IS REQUIRED AT REGISTRATION FOR PRE-K & GRADES K - 8**

Office Use Only

Reg. Paid: _____

Date: _____

Check#: _____

Grade Entering _____ Kindergarten _____ Pre-K: Circle One - 3 Days OR 5 Days

Child's Full Name _____ Gender _____

Address _____

Home Phone _____ Cell Phone _____ School District _____

City & State of Birth _____ Date of Birth _____

School Last Attended: _____

Address: _____

PARENT INFORMATION: Married/Separated/Divorced (Circle One)

Father's Name _____ Living _____ Deceased _____

Address _____

Place of Birth _____ Religion _____

Place of Employment _____ Phone _____

E-Mail Address _____ Cell Phone _____

Mother's Name _____ Living _____ Deceased _____

Address _____

Place of Birth _____ Religion _____

Place of Employment _____ Phone _____

E-Mail Address _____ Cell Phone _____

IF CHILD DOES NOT LIVE WITH FATHER OR MOTHER, GIVE NAME OF GUARDIAN:

Name _____ Phone _____

Address _____ Email _____

Parish _____ Non-Parishioner _____

Baptism Date _____ Church _____ City/State _____

Communion Date _____ Church _____ City/State _____

Confirmation Date _____ Church _____ City/State _____

By registering my child/children, I agree to abide by all the rules & regulations contained in the Student Handbook.

Parent(s) Signature: _____ Date _____ *Over* →→



St. John Neumann Regional School

Tuition Contract 2024-2025

Office Use Only

Reg. Paid: _____

Date: _____

Check#: _____

Child Name: _____ DOB: _____

Program: _____ Start Date: _____

Tuition Amount: \$ _____ Payment Option (Circle): #1 #2 #3 #4

Anticipated Schedule – Choose One: 3 Days OR 5 Days

Attendance Days: M T W Th F Start Time: 8:00am / End Time: 2:30pm

SERVICES PROVIDED: 10 Month, Full Day Child Care provided including the following:

Daily Care, supervision and engagement in academic, social/emotional, physical and Independent activities.

Preparation, assistance and supervision during meals and snacks.

Regular communication with parent regarding health and welfare of the child during their care.

Child Service Report, describing child's growth and development within the context of our facility, will be performed at a minimum of every 6 months. Conferences with your child's teacher also available.

****Circle**** Tuition Option and Payment Option below: ↓

<u>Circle Tuition Option:</u>		<u>Payment Options:</u>	<u>Payment Options:</u>
	TOTAL	#1	#3
1 child	5 Day Schedule \$5,500	10 Monthly Payments via STS beginning August 15th , \$40 fee applies.	Semi-Annual Payments via STS beginning August 15th , \$10 fee applies.
	3 Day Schedule \$3,500		
2 children	5 Day Schedule \$9,500	#2	#4
(\$4,000)	3 Day Schedule \$5,500	Quarterly Payments via STS beginning August 15th , \$25 fee applies.	Payment in FULL via STS by August 1st , (Receive 1% discount)
(\$2,000)			
3 children	5 Day Schedule \$12,500		
(\$3,000)	3 Day Schedule \$6,500		
(\$1,000)			

TUITION POLICY

All custodial parents are required to sign a Tuition Agreement prior to enrollment of their child in St. John Neumann Pre School.

A \$125.00 fee is required to register your child for Pre School.

Tuition must be paid through STS on a monthly or twice monthly basis in advance. The STS management system is the only acceptable form of payment.

TUITION POLICY (cont.)

There is no credit given for vacations, scheduled child care holidays, child illness or closings due to emergency situations, inclement weather, or acts of God.

Nonpayment of tuition is grounds for immediate dismissal from the program. Timely payments are essential for continued enrollment at St. John Neumann Pre School, however if you anticipate difficulty with paying on time, please discuss the matter with the principal immediately. If alternative arrangements for payment can be made, you will be notified by the principal accordingly.

There will be a \$35 fee charged for tuition that cannot be pulled on its scheduled day.

I/we, the undersigned, being the parents or guardians of:

_____, have enrolled my/our child/ren in the **Pre School** of St. John Neumann Regional School, Palmerton-Slatington, PA.

We recognize that we have an obligation to pay tuition. Tuition payments will be paid according to my/our selected plan as set out by SJNRS authorities.

We agree, if at any time, we are unable to meet the terms of this agreement and cannot remain current with our payments, we will immediately make an appointment with the Principal to discuss our financial status and abide by their decision regarding our circumstances.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Dear Parent or Guardian,

St John Neumann Regional School has partnered with Simple Tuition Solutions (STS) to Determine Eligibility for Tuition Assistance.

To complete the STS Financial Aid Application, please follow these 6 simple steps:

- 1.) Click on the unique link specific to St John Neumann: <https://app.simpletuitionsolutions.org/register?sc=20394>
 - a. If you happen to land on a page that asks you to enter a School or Scholarship Organization Code, you want to enter code: **20394**
- 2.) If you do not already have an account with STS, you want to click on the Orange Button "Create a new account".
*** If you already have an account with STS, click "Sign in", and enter your previously created login and password. ***
- 3.) Create your account
- 4.) Upon creation of your account you will be sent to a page that will allow you to "Start a new Application". Be sure you are selecting the proper School year you are seeking assistance for.
*** Note: You may include ALL of your students on one application, even if they attend other private schools ***
- 5.) The Application Process is 8 Steps counting the payment step, each step will save as you advance to the next step. You are able to use the 8-step tool bar across the top of the page to toggle back to a previous step and make any necessary edits. However, please note, once you complete the process of uploading your required financial documents it will lock the application from all editing. At this point, if any changes would need to be made to the submitting application, you can gladly email STS at support@simpletuitionsolutions.org or call at 717.599.7611 option 1.
- 6.) After completion of the payment process you will be advised as to which financial documents you need to provide STS. You will also be sent an email that outlines what you need to provide as well as introduce you to the application processor that will be handling the review of your application. **Please Note:** You can simply scan or take a photo of your financial documents and upload them into STS's system using STS's convenient upload feature. This is the fastest way to provide STS with your required financial documentation. However, you can also mail the signed copies of your financial documents to STS to the following P.O. Box address: **Simple Tuition Solutions, LLC, P.O. Box 779 Camp Hill, PA 17001**. Once your financial documents are loaded the system will lock the application from all editing. At this point, if any changes would need to be made to the submitting application, you can gladly email STS at support@simpletuitionsolutions.org or call at 717.599.7611 option 1.

Finally, once STS has received all of the required financial documentation from you, STS's application processors will verify the data and review your entire application per Pennsylvania State Law to determine your eligibility for any state programs. You will be notified directly via email upon the completion of this verification/review process. In addition, the results will also be available to your School or any Scholarship Organization associated with the scholarship. **It is important to note that STS is only contracted to handle the verification and eligibility determination, therefore, DOES NOT have any input, control, or insight into scholarship amounts or when they may be awarded.**

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PLEASE DO NOT REPLY TO THIS MESSAGE.

Simple Tuition Solutions, LLC • 3909 Hartzdale Dr. Suite 907 • Camp Hill, PA 17011



Dear Parent or Guardian,

St. John Neumann Regional School has partnered with Simple Tuition Solutions (STS) to manage tuition and billing beginning the 2022-2023 school year.

To complete the setup of your STS tuition payment plan, please follow these 4 simple steps:

- 1.) Click on the unique link specific to St. John Neumann: <https://app.simpletuitionsolutions.org/register?sc=20394>
 - a. If you happen to land on a page that asks you to enter a School or Scholarship Organization Code, you want to enter code: **20394**
- 2.) If you do not already have an account with STS, you want to click "Create a new account".
*** If you already have an account with STS, click "Sign in", and enter your previously created login and password. ***
- 3.) Upon creation of your account, you will be sent to a page that will allow you to "Start a new Payment Plan". Be sure you are selecting the proper school year you are creating the payment plan for.
- 4.) The payment plan creation process is 5 easy steps counting the review/authorize page, each step will save as you advance to the next step. You are able to use the 5-step tool bar across the top of the page to toggle back to a previous step and make any necessary edits. However, please note, once you submit the payment plan and it enters "Pending" status any changes would need to be made by reaching out to your school's administrator.

To view your balance, update your information, or to make payments, you can access your STS account anytime at: <https://app.simpletuitionsolutions.org> and login using your previously created account information.

***STS simply manages tuition and billing payments for your school and follows policies established by your school. tuition amounts, financial aid amounts, scholarships and all other tuition and billing related decisions are made by your school. ***

If you have any questions regarding this setup process or software functionality, please contact STS support using the following contact information: (Please be sure to have your Payment Plan ID readily accessible)

STS Customer Support

support@simpletuitionsolutions.org

717-599-7611 Option 1

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EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE



Palmerton Campus: 259 Lafayette Avenue, Palmerton, PA 18071
Slatington Campus: 641 West Washington Street, Slatington, PA 18080

Tel: (610) 826-2354
Tel: (610) 767-2935

TO PARENTS/GUARDIANS:

The school law requires medical examinations for children upon original entry into school and in grades 6 and 11 and also dental examinations for those in grades 1, 3, and 7.

This district also requires these examinations for children transferring from other schools if school records were not received from the previous school.

These examinations may be completed by your family physician and dentist at your expense or by the school physician and dentist without charge. We recommend that these examinations be done by your family physician and dentist since they can best evaluate your child's health and assist you in obtaining necessary treatments and corrections. School authorities will provide you with the proper form for completion by your family doctor/dentist.

Please indicate your choice below, sign and return this form to school immediately.

TO THE SCHOOL NURSE:

I prefer having my child examined by:

** FAMILY PHYSICIAN

SCHOOL PHYSICIAN

** FAMILY DENTIST

SCHOOL DENTIST

Name of Student _____ Grade _____

Date _____

SIGNATURE OF PARENT/GUARDIAN

****PLEASE USE ATTACHED FORMS IF YOU HAVE CHOSEN FAMILY PHYSICIAN AND OR DENTIST.
If not, please return entire package.**

SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
 - 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
 - 2 doses of measles, mumps, rubella***
 - 3 doses of hepatitis B
 - 2 doses of varicella (chickenpox) or evidence of immunity
- *Usually given as DTP or DTaP or if medically advisable, DT or Td*
*** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose*
****Usually given as MMR*



ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- The medical plan must be followed or risk exclusion.

FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.



pennsylvania
DEPARTMENT OF HEALTH

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

NOTE: BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

YES NO

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

