



## **Application for Registration in the 2010-2011 School Year**

Thank you for applying to Northside Catholic Academy. We are delighted that you have chosen NCA for the education of your child!

To register your child(ren), we require the following:

- One completed registration form for each child
- One signed enrollment agreement per family
- One completed Parish Verification Form
- One completed and signed Tuition Management System Automatic Withdrawal Form
- The non-refundable \$500 registration fee of which \$250 will be credited toward your final tuition payment.
- A copy of each child's birth certificate
- A copy of the most recent report card for grades 1-8

Please mail or deliver the above to NCA Admissions at 6216 N. Glenwood Ave., Chicago, IL 60660. You will receive an acceptance letter and confirmation of your registration by mail when your application is processed and accepted. This typically takes two weeks.

We encourage you to get your application forms into the office as soon as possible. Any application submitted without the non-refundable fee or missing information will be returned to you without consideration.

Due to our commitment to ensure a quality education, we maintain class size limits. Some classes fill up quickly and run a waiting list. You will be notified if you are on a waiting list. We will hold onto your application and check. We will contact you once space becomes available. If the offer of an available space is declined, your application will be removed from the waiting list.

The School Board and its Finance Committee work hard to keep the tuition rate as manageable as possible. We hope that any family in need of a scholarship will apply. You should complete your Scholarship Form at the same time you apply. It takes at least 4 weeks to process the application. Our first wave of school awards will be determined in early May. We are committed to working with every family to the best of our ability. We do not want money to be the reason a child does not receive the quality Catholic education available here at NCA.

If you have any questions about registration, please contact Kristi Erickson at 773-271-4310 or [kerickson@ncaweb.org](mailto:kerickson@ncaweb.org). We look forward to your family being part of the NCA community!



**REGISTRATION FOR 2010-2011 SCHOOL YEAR**

Please PRINT All Information – 1 Registration Form Per Student

Indicate the grade your child will attend for the 2010-2011 school year.

Circle one in each appropriate section

Grade: K 1 2 3 4 5 6 7 8

Preschool Program: 3 year old - 5 full days 5 half days 3 half days\*

4 year old - 5 full days 5 half days

**Non-refundable registration fee per family:**

\$500 of which \$250 will be credited to your final tuition payment. Checks or Money Orders should be made payable to Northside Catholic Academy. (NSF check will result in registration being cancelled)

Student Information: Currently a member of St. \_\_\_\_\_ Parish \_\_\_\_\_ Non-Parishioner

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

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

Telephone # \_\_\_\_\_ Parent/Guardian Cell Phone# \_\_\_\_\_

# of years student has lived in the U.S. \_\_\_\_\_ Birth Cert. # \_\_\_\_\_

Current Grade \_\_\_\_\_ Child's Religion \_\_\_\_\_

Baptismal Date \_\_\_\_\_ Church \_\_\_\_\_ City/County \_\_\_\_\_

1st Communion Date \_\_\_\_\_ Church \_\_\_\_\_ City/County \_\_\_\_\_

Confirmation Date \_\_\_\_\_ Church \_\_\_\_\_ City/County \_\_\_\_\_

Child currently lives with:

Ms./Mrs. \_\_\_\_\_ Mother \_\_\_\_ Stepmother \_\_\_\_ Guardian \_\_\_\_

Mr. \_\_\_\_\_ Father \_\_\_\_ Stepfather \_\_\_\_ Guardian \_\_\_\_

Are there court ordered custody restrictions on this child? Yes \_\_\_\_ No \_\_\_\_

If yes, a copy of court document must be on file in the school office.

School last attended \_\_\_\_\_ City \_\_\_\_\_

What is the name of your neighborhood public elementary school? \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_ List any other languages spoken \_\_\_\_\_

Racial background of student: \_\_\_\_\_ Native American \_\_\_\_ Asian \_\_\_\_ Black Non-Hispanic  
\_\_\_\_ White Non-Hispanic \_\_\_\_ Bi-Racial \_\_\_\_ Hispanic

Child lives more than 1.5 miles from school \_\_\_ Yes \_\_\_ No

Child will get to school by: \_\_\_ CTA \_\_\_ NCA School Bus \_\_\_ Car \_\_\_ Walk \_\_\_ Bicycle

Child will ride NCA School Bus on a regular basis: \_\_\_ No \_\_\_ Yes, If yes, \_\_\_ AM \_\_\_ PM \_\_\_ Both From

Preference for Middle School PM Bus: \_\_\_ 1<sup>st</sup> Bus 2:35pm only stops at St. Gertrude's \_\_\_ 2<sup>nd</sup> Bus 3:00pm

**(Assigned on a first come first reserved basis)**

List any chronic conditions such as allergies, asthma, etc. of which we should be aware:

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Will your child need medication during the school day? \_\_\_ Yes \_\_\_ No

If yes, medicine must be kept in the school office and a signed doctor's notice must be on file.

Does your child have any major physical disabilities? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

**Mother/Guardian Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Birthplace \_\_\_\_\_ Occupation \_\_\_\_\_

e-mail address \_\_\_\_\_

Name of Company \_\_\_\_\_ Work Phone \_\_\_\_\_

Business Address \_\_\_\_\_

**Father/Guardian Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Birthplace \_\_\_\_\_ Occupation \_\_\_\_\_

Email address \_\_\_\_\_

Name of Company \_\_\_\_\_ Work Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Person responsible for financial obligation: Mr./Mrs./Ms. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Sibling Information:**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Age: \_\_\_\_\_

How did you hear about NCA: \_\_\_\_\_

\*Due to scheduling conflicts, 3 day programs are not guaranteed renaissance classes nor participation in assemblies



**Northside Catholic Academy**

## PARISH VERIFICATION FORM 2010-2011 School Year

**Top portion to be completed by applicant parent and returned to NCA.  
NCA will then forward form to the appropriate parish.**

Name of Student(s): \_\_\_\_\_

Applying to grade(s) \_\_\_\_\_

Parent's first and last Names: \_\_\_\_\_

\_\_\_\_\_

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

Phone: \_\_\_\_\_

Please circle the parish at which you are registered:

St. Gertrude   St. Gregory   St. Henry   St. Ignatius   St. Ita   St. Jerome

### **TO BE FILLED OUT BY PARISH PERSONNEL:**

The above listed parishioner has applied for admission to Northside Catholic Academy. To assist in the candidate review process, we look to the parish to confirm parent/family registration to qualify for parishioner status.

\_\_\_\_\_ Yes, the family is registered in our parish. Date of registration: \_\_\_\_\_

\_\_\_\_\_ Yes, this family is registered in our parish, but is NOT eligible for the parishioner reduced rate.

\_\_\_\_\_ No, this family is not registered in our parish.

Name of person completing form: \_\_\_\_\_ Title: \_\_\_\_\_

Pastor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**1 Family Contact Information** Account Number (if previously enrolled with TMS): \_\_\_\_\_

Student 1: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student 2: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student 3: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student 4: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_

Payer's Name: \_\_\_\_\_ Mr. Mrs. Ms. \_\_\_\_\_

Payer's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Payer Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Mr. Mrs. Ms. \_\_\_\_\_

Payer Street Address: \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ Apt: \_\_\_\_\_

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

Payer Email: \_\_\_\_\_

**2 Plan Options:**

**10 Installments:** Due 8/1/2010 to 5/1/2011

**10 Installments:** Due 8/15/2010 to 5/15/2011

**2 Installments:** Due 8/15/2010 and 1/15/2011

**1 Installment:** Due 9/1/2010

**IF ENROLLING IN THE PAYMENT PLAN, YOU MUST COMPLETE SECTION 4.**

**PLEASE NOTE: EACH YEAR, YOU WILL BE AUTOMATICALLY REENROLLED IN THIS PLAN UNTIL GRADUATION OR CANCELLATION.**

**3 Authorization Agreement for Automatic Payments**

I hereby authorize Tuition Management Systems, a division of KeyBank National Association ("TMS"), to initiate debit entries to my account at the financial institution indicated below for the amount due on my Monthly Payment Plan on the date the payment is due. All transfers will be made on the due date of the payment or on the next processing day if the transfer date is a non-processing day for TMS.

TMS may, at its option, discontinue automatic funds transfers from the account if I fail to maintain sufficient funds in the account to cover the payments required. This authority shall remain in full force and effect until TMS is notified by me by telephone or in writing to cancel it in such time as to afford TMS and the Financial Institution a reasonable opportunity to act on it.

Checking/Statement Savings (circle account type) Account #: \_\_\_\_\_

Financial Institution Routing #: \_\_\_\_\_ Financial Institution Name: \_\_\_\_\_

I will be notified by mail of the date the automatic payments will begin. Until that time, I will make payments by check or contact TMS for alternative arrangements. I understand that it is my responsibility to ensure that there are sufficient funds in the account to cover any debit authorized and to ensure that payments are made on time. **PLEASE NOTE: EACH YEAR, YOU WILL BE AUTOMATICALLY REENROLLED AND INCUR THE APPLICABLE BANK WITHDRAWALS FOR THIS PLAN UNTIL GRADUATION OR CANCELLATION.**

**4 Payer Signature:** I hereby agree to any \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_

and all information and agreements noted above: \_\_\_\_\_ Payer Signature

**SCHOOL USE ONLY**

1. Tuition	\$ _____	<b>9. Installments Paid At School (if any):</b> \$ _____
2. + Fees/Other	\$ _____	
<b>3. = Total Expenses</b>	\$ _____	<b>Notes:</b> _____ _____ _____ _____
4. - Grants/Financial Aid	\$ _____	
5. - Scholarships	\$ _____	
<b>6. = Total Plan Amount:</b>	<b>\$ _____</b>	
7. ÷ 10, 2 or 1	_____	
<b>8. = Installment Amount</b>	<b>\$ _____</b>	_____ Date ____ / ____ /20 ____

Administrator Signature



## ENROLLMENT AGREEMENT 2010-2011

Please initial next to each statement to verify your understanding of the policy.

1. \_\_\_\_\_ In order to receive the Parishioner discounted tuition rate, a completed Parishioner's Verification Form must be submitted.
2. \_\_\_\_\_ The registration fee is non-refundable.
3. \_\_\_\_\_ Tuition payments may only be made by automatic withdrawal through Tuition Management Systems. Tuition payments are to be paid August 2010-May 2011
4. \_\_\_\_\_ I understand I am expected to participate in the major fundraisers at NCA and sell at least one raffle ticket each year.
5. \_\_\_\_\_ Service Hours: Each family is required to contribute 10 service hours annually to the school or pay \$25 per hour not served. Service hours must be completed or scheduled by May 11, 2011.
  - a. Service hours can be completed by volunteering at school or parish activities. Please contact either campus office for more details.
  - b. In order to volunteer with children, adults must have all of the following requirements on file: (once completed, these steps do not need to be repeated)
    - i. Fill out a 7703 form
    - ii. Sign a Code of Conduct form
    - iii. Complete a CANTS form
    - iv. Complete a background check through the eApps database
    - v. Submit a certificate of completion for the Virtus training
  - c. Families are encouraged to exceed their minimum service hour requirement; however this "extra" service time may not be allocated to another family's service requirement. Each family must complete their own service requirement. If there is a problem, the family needs to contact the principal by March 1, 2011 to discuss the situation.
  - d. I am interested in the following Committees:  
\_\_\_ Athletics \_\_\_ Social \_\_\_ Finance \_\_\_ School Board  
\_\_\_ A Taste for NCA \_\_\_ Technology \_\_\_ Golf Outing
6. \_\_\_\_\_ Preschool classes are guaranteed art and music within the classroom. Due to scheduling conflicts, preschool programs are not guaranteed renaissance classes outside of the classroom (such as art, music, etc.) nor participation in every assembly.
7. \_\_\_\_\_ Extended Care: Families that participate in the Extended Care Program are expected to make payments for their usage on a weekly basis. Families with accounts exceeding \$150 will no longer be eligible for participation in the program. I understand a late pick up fee will be charged after 6:05PM.
8. \_\_\_\_\_ The school must be notified IN WRITING by September 1, 2010 if you do NOT want either of the following:
  - a. to be included in the school directory
  - b. your child's photograph to be used for any advertising/publicity purposes (including on the school's website)

Print Name \_\_\_\_\_ Signature & Date \_\_\_\_\_

