



## 2023-2024 TUITION AND FEES RATE SHEET

*Tuition does not include extended care, transportation, school lunch or uniforms*

- Application Fee- \$50/family (new students only, non-refundable, wait list fee)
- Registration Fee- \$100/child (annual, non-refundable, reserves seat)
- Graduation Fee- \$150/student (8<sup>th</sup> grade students only, non-refundable)
- Supply Fee- \$200/preschool student (non-refundable)
- Book Fee (K-8)- \$300/year, per student
- Book Fee (PK4)- \$150/year, per student
  
- 1-3 year old classes- \$740/month Full Time (Monday – Friday)
- 4 year old class- \$535/month with VPK voucher  
\$740/month *without* VPK voucher

*\*VPK voucher is valid only during the school year (August through May)  
Cost during June and July is \$740/month*

- Kindergarten through 8<sup>th</sup> grade annual tuition is \$8,022  
St. John Catholic Academy charges by the quarter. If your child attends any part of a quarter of the school year, you are responsible for payment of that entire quarter. All tuition payments for the school year must be made in full by May 31, 2024.
- **Extended care** is available for every school aged child at a rate of \$6/hour or any part of an hour. Parents may sign in children to early care between 7:30am-7:40am. After care is open from 3:00pm-5:30pm daily. Extended care will be billed monthly, in arrears, based on attendance.
- **Preschool** regular hours of operation are Monday through Friday from 7:30am-5:30pm St. John Catholic Academy charges tuition by the month. If parents wish to pay on a more frequent (weekly) basis, they may, as long as the monthly payment due is remitted by the due date.

***Preschool is a 12 month program that is billed from August to July.***

### FINANCIAL COMMITMENT AGREEMENT

I understand my signature represents my family's financial agreement to ensure payment in full during the listed school year for my children enrolled at St. John Catholic Academy. I further agree to abide by the rules and policies set forth by the Parent-Student Handbook and do waive the right to the receipt of final exams, report card(s) and/or the forwarding of transcripts in the event of a tuition or fee delinquency. I understand that non-payment can result in being referred to debt collection.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

*St. John Catholic Academy prepares and educates students for academic success and forms disciples of Christ for life.*



## 2023-2024 PRESCHOOL STUDENT REGISTRATION INSTRUCTIONS

- Fees:
- \$50 Application fee (per family)**
  - \$100 Registration fee per child (Annual, non-refundable)**
  - \$200 Supply Fee (Annual, non-refundable)**
  - \$150 Book Fee (Pre-K4 only, non-refundable)**
- School office must have current health forms: **Florida Immunization Form (DH 680)** *(religious exemption not accepted)*  
**Florida Physical Examination Form (DH 3040)**
- Student files must contain: **Copy of Birth Certificate, Social Security Card, & If Catholic: Baptismal Certificate & 1st Holy Communion Certificate**
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This Registration Packet includes the following: Welcome Letter, Registration Instructions, Registration Card (including Authorized Contacts Card), Rate Sheet with Financial Commitment Agreement, Financial Aid Acknowledgment, Summer Camp Information, Extended Day Information, and School Calendar

- 1. COMPLETE & SUBMIT THE 2023-2024 REGISTRATION CARD**
  - Complete one Registration Card per student
  - Complete one Authorized Contacts form per family
  - Every area of the registration card must be complete in order for our school to be compliant with National Catholic Educational Association
- 2. REVIEW RATE SHEET & SIGN FINANCIAL COMMITMENT AGREEMENT**
  - All guardians should sign the Financial Commitment Agreement box
  - The Tuition Rate Form will be completed by school staff
- 3. REVIEW GRANTS & SCHOLARSHIPS LIST**
  - VPK students qualify for the Voluntary Pre-Kindergarten Voucher - age based, Florida residency required. Family Empowerment Unique Abilities (Formerly Gardiner) Scholarship Program for Students with Disabilities is available for qualified students 3 years old and up.
- 4. COMPLETE FINANCIAL AID ACKNOWLEDGEMENT**
  - This document is required, even if your family is not seeking financial aid
- 5. ATTACH REGISTRATION FEE**
  - The non-refundable registration fee is \$100 per student
  - Registration payments are required for all students, even those with scholarship  
If there is a credit balance on your account after the scholarship pays, you will be refunded
  - Payments can be made by cash or check (payable to SJCA)

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**PK3 and PK4 must submit an application in PowerSchool using the following link:**  
[Create PowerSchool Enrollment Account](#)

### **FACTS Account Set Up Instructions (New Families Only)**

St. John Catholic Academy currently uses FACTS Tuition Management System for the collection of all tuition payments. As a parent, you may choose a variety of payment methods and payment dates. The first and most important step is that you must create an account with FACTS by going online to: <https://online.factsmgt.com/signin/3T1Z8>. It is imperative to use our school specific link. Once you have signed up, you will receive a confirmation from FACTS of the plan you have selected.

Please be mindful that FACTS also manages all deposit accounts and extra fees. If you intend on utilizing our Extended Care or Summer Camp, you will be invoiced through your registered FACTS account. Creating a FACTS account is not optional. It is a requirement for your child to be enrolled at St. John Catholic Academy.

All active FACTS accounts (and payment plans/payment options) will roll over to the new school year upon registration.

If you need additional assistance, you can contact the school office for help or call FACTS at 866-441-4637.

#### ***INSTRUCTIONS on setting up a new account:***

1. From your computer, go to <https://online.factsmgt.com/signin/3T1Z8>
2. Create a user name and password (keep this in a safe place, we cannot reset for you!)
3. Enter parent's personal contact information
4. On the home screen, select "Set up a Payment Plan" for the school year in which you are enrolling your child(ren)
5. Add student name and grade for the school year in which you are enrolling your child(ren)
6. Select the payment plan option of your choice
  - a. Pay close attention to the payment start dates and end dates and choose the one that is best for your family. (Note: if applying for financial aid, we recommend selecting 10-month payment plan, ending in May). If you are starting our program after the beginning of the school year, the 10-month payment plan will be reduced by the number of months left remaining in the school year. All tuition payments end in May at the latest.
  - b. If you prefer auto withdrawal, you need to have your bank account or credit card information ready in order to proceed. If you prefer to be invoiced, you will need to toggle the "invoice" box under the payment plan of your choice.
  - c. Please note that if you use a debit or credit card (either in auto pay or when paying an invoice) you will be charged a small processing fee by FACTS
  - d. There will be a \$50 late fee for payments processed after the due date. In order to avoid late fee, we recommend auto withdrawal. FACTS does not accept personal check payments nor internet banking check payments.
7. Your account is not complete until you review and authorize the payment plan you have selected
8. Once you have accepted the terms and conditions, choose to have the e-mail confirmation sent to your email account. Forward that email or email the Agreement Number provided at the end of the process to [office@siseagles.org](mailto:office@siseagles.org)

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**ST. JOHN CATHOLIC ACADEMY  
PRESCHOOL REGISTRATION  
CARD 2023-2024**

Date of Registration \_\_\_/\_\_\_/\_\_\_

Student Entering Class \_\_\_\_\_

Date Student will begin classes \_\_\_/\_\_\_/\_\_\_

Application Fee, Received \$ \_\_\_\_\_

Registration Fee, Received \$ \_\_\_\_\_

Supply Fee, Received \$ \_\_\_\_\_

Student # \_\_\_\_\_

**STUDENT INFORMATION**

Student's Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Nickname/Name Student Goes By \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number Birthdate Male / Female Gender Place of Birth City / State / Country

Street Address (Child's Primary Residence) \_\_\_\_\_ Primary Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Primary Email Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Primary Hours of Care: From \_\_\_\_\_ am To \_\_\_\_\_ pm  
Hours of operation are 7:30am-5:30pm, Car Line is open 7:30-8:30am

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please respond to both the race and the ethnicity (Hispanic or not) question, so that we may accurately complete required reports.**

Is student Hispanic or Latino? Yes ( ) No ( ) Race (Check one) \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ White  
\_\_\_\_\_ American Indian / Native Alaskan  
\_\_\_\_\_ Native Hawaiian / Pacific Islander  
\_\_\_\_\_ Two or more races

Primary Language spoken at home: \_\_\_\_\_ Other language: \_\_\_\_\_

\_\_\_\_\_ English Only \_\_\_\_\_ Chinese \_\_\_\_\_ Spanish or Spanish Creole \_\_\_\_\_ Korean \_\_\_\_\_ French \_\_\_\_\_ Tagalog \_\_\_\_\_ Vietnamese

If Catholic, has student been Baptized: \_\_\_\_\_

Student's Religion: \_\_\_\_\_

Public School for your residence: \_\_\_\_\_

Student's Parish (if Catholic)  
or place of worship (if not Catholic): \_\_\_\_\_

Prior Childcare Centers Attended: \_\_\_\_\_

**FAMILY INFORMATION**

Student primarily lives with: (check one) \_\_\_\_\_ Mother and Father \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Grandparent / Guardian  
\_\_\_\_\_ Mother / Stepfather \_\_\_\_\_ Father / Stepmother \_\_\_\_\_ Other \_\_\_\_\_

If there are custody, visitation, or other legal agreements or orders concerning the student or access to the student's records, please present the paperwork at the time of registration so that a copy may be placed in the records.

Names and ages of siblings: \_\_\_\_\_

**Information below is for parents, adoptive parents or those with legal guardianship over a child.  
Please include step-parent information on Authorized Contacts Form**

Parent Information:	Legal Female Guardian	Legal Male Guardian
Name:		
Address (if different from above)		
Email:		
Relationship:		
Military:	_____ No _____ Active Duty _____ Retired _____ Veteran	_____ No _____ Active Duty _____ Retired _____ Veteran
Occupation:		
Employer:		
Home Phone:		
Cell Phone:		
Work Address		
Work Phone:		
Marital Status:		
Religion:	Alumna: Yes ( ) No ( )	Alumnus: Yes ( ) No ( )

Permission to publish student photo in brochures, on web site, or in the newspaper or similar publications? Yes ( ) No ( )

How did you hear about our school? \_\_\_\_\_ Parent Referral (if so, please let us know who, so that we can thank them: \_\_\_\_\_  
\_\_\_\_\_ Newspaper Advertisement \_\_\_\_\_ Billboard \_\_\_\_\_ Radio Advertisement \_\_\_\_\_ Internet Search  
\_\_\_\_\_ Church Bulletin \_\_\_\_\_ Feeder School \_\_\_\_\_ Television Advertisement \_\_\_\_\_ Social Media

Do you have any special gifts or talents that you would like to share with our school? \_\_\_\_\_

### HELPFUL INFORMATION ABOUT MY CHILD

### EMERGENCY / HEALTH INFORMATION AND CONSENT

\_\_\_\_\_ Preferred Doctor

\_\_\_\_\_ Phone #

\_\_\_\_\_ Preferred Hospital

\_\_\_\_\_ Preferred Dentist

\_\_\_\_\_ Phone #

I give my permission for my child to receive emergency medical treatment, including calling 911. Yes( ) No ( )

List any medical considerations of which the school should be aware, as well as any medication which the student must take at any time. If the student must take medication during school hours as prescribed by a doctor you must turn in a form: Authorization for Administration of Medication #9400-HES-005. This form must be signed by the doctor. (Forms are available from the doctor.)

Medical Issues: \_\_\_\_\_

Daily Medication: \_\_\_\_\_

Allergies (food, medicine, environmental): \_\_\_\_\_

### STATEMENT OF COOPERATION

In making application for my child, it is my desire to have him/her complete the school year 2023-2024. It is also my understanding that the policy of the school is to make no refunds on fees. I understand the policy that my child's attendance at your school may be terminated if tuition is one (1) months in arrears, unless a payment plan has been approved by the Administration. If a student withdraws from school once classes have begun, tuition up to and including the month in which the student withdraws is non-refundable. At any time during the school year, if a family is delinquent in tuition payments by one monthly payment, the student may not attend school until payments are made current. I understand I am responsible for all tuition and fees incurred by my child up to the last day of the month of withdrawal.

I hereby agree that my child and guardian(s) shall abide by the policies, rules and regulations of your school at all times. I give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises (including school supervised trips across the street to Oakland Terrace Park), and I absolve the school from liability to me or my child because of loss of property or because of any injury to my child at school or during any school activity.

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ Date

### REQUIRED BROCHURE & HANDBOOK DOCUMENTATION

Our initials below and signatures above verifies receipt of the following brochures and handbooks (also available online at the school's website)

\_\_\_\_\_ Influenza Virus: "The Flu" A Guide for Parents

\_\_\_\_\_ St. John Catholic Academy Student/Parent Handbook

\_\_\_\_\_ Know your Child Care Facility Brochure

\_\_\_\_\_ St. John Catholic Academy Preschool Handbook

\_\_\_\_\_ Distracted Adult Brochure

\_\_\_\_\_ Florida VPK Handbook

### GRANDPARENT INFORMATION

Paternal Grandparents \_\_\_\_\_

Maternal Grandparents \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Alumni?: Yes( ) No ( ) Year: \_\_\_\_\_

Alumni?: Yes( ) No ( ) Year: \_\_\_\_\_

### FINANCE INFORMATION

Name & address of person responsible for \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_  
tuition & other financial obligations (if different

from parent or guardians listed above) \_\_\_\_\_ Address \_\_\_\_\_

### VERIFICATION INFORMATION (FOR OFFICE USE ONLY)

Pastor Verification: Yes( ) No ( ) Date: \_\_\_\_\_ Immunization Record (up to date?): Yes( ) No ( ) Date: \_\_\_\_\_

Baptism Certificate (If Catholic - Elementary School Only): Yes( ) No ( ) Date: \_\_\_\_\_

Physical Examination by FL Physician/Clinic (For all Elementary Students & High School Athletes: Yes( ) No ( ) Date: \_\_\_\_\_

Birth Certificate (must be original birth certificate w/ seal or certified copy): Yes( ) No ( ) Date: \_\_\_\_\_

## **AUTHORIZED CONTACTS (EMERGENCY CONTACTS & AUTHORIZED PICKUPS)**

Please use this form to list authorized contacts for your child/children. **EVERYONE LISTED ON THIS FORM WILL BE ELIGIBLE TO PICK UP YOUR STUDENT(S).** Please instruct emergency contacts and authorized pickups to bring identification (driver's license or other government issued identification) with them when picking up a child.

Please indicate whether the person should be an emergency contact. We will always attempt to contact parents first in case of an emergency.

If there are custody, visitation, or other legal agreements or orders concerning the student or access to the student's records, please present the paperwork at the time of registration so that a copy may be placed in the records. Unless appropriate custody paperwork is received, both parents will have equal rights to access student records, and to provide emergency contacts and authorized pickups.

If you want to apply this list of contacts to all students in the family, please indicate by listing your childrens' names and grades below:

Student Name: _____	Student's Grade: _____
Student Name: _____	Student's Grade: _____
Student Name: _____	Student's Grade: _____
Student Name: _____	Student's Grade: _____
Student Name: _____	Student's Grade: _____
Student Name: _____	Student's Grade: _____

_____	_____ Emergency Contact	_____ Lives With
<b>Name</b>		
Phone: [ ] Mobile [ ] Home [ ] Daytime [ ] Work	Phone: [ ] Mobile [ ] Home [ ] Daytime [ ] Work	Phone: [ ] Mobile [ ] Home [ ] Daytime [ ] Work
<b>Relationship:</b>		
_____ Stepmother	_____ Aunt	_____ Friend
_____ Stepfather	_____ Uncle	_____ Sibling
		_____ Coach
		_____ Sitter
		_____ Grandparent
		_____ Other _____

_____	_____ Emergency Contact	_____ Lives With
<b>Name</b>		
Phone: [ ] Mobile [ ] Home [ ] Daytime [ ] Work	Phone: [ ] Mobile [ ] Home [ ] Daytime [ ] Work	Phone: [ ] Mobile [ ] Home [ ] Daytime [ ] Work
<b>Relationship:</b>		
_____ Stepmother	_____ Aunt	_____ Friend
_____ Stepfather	_____ Uncle	_____ Sibling
		_____ Coach
		_____ Sitter
		_____ Grandparent
		_____ Other _____

_____	_____ Emergency Contact	_____ Lives With
<b>Name</b>		
Phone: [ ] Mobile [ ] Home [ ] Daytime [ ] Work	Phone: [ ] Mobile [ ] Home [ ] Daytime [ ] Work	Phone: [ ] Mobile [ ] Home [ ] Daytime [ ] Work
<b>Relationship:</b>		
_____ Stepmother	_____ Aunt	_____ Friend
_____ Stepfather	_____ Uncle	_____ Sibling
		_____ Coach
		_____ Sitter
		_____ Grandparent
		_____ Other _____

_____	_____ Emergency Contact	_____ Lives With
<b>Name</b>		
Phone: [ ] Mobile [ ] Home [ ] Daytime [ ] Work	Phone: [ ] Mobile [ ] Home [ ] Daytime [ ] Work	Phone: [ ] Mobile [ ] Home [ ] Daytime [ ] Work
<b>Relationship:</b>		
_____ Stepmother	_____ Aunt	_____ Friend
_____ Stepfather	_____ Uncle	_____ Sibling
		_____ Coach
		_____ Sitter
		_____ Grandparent
		_____ Other _____

_____	_____ Emergency Contact	_____ Lives With
<b>Name</b>		
Phone: [ ] Mobile [ ] Home [ ] Daytime [ ] Work	Phone: [ ] Mobile [ ] Home [ ] Daytime [ ] Work	Phone: [ ] Mobile [ ] Home [ ] Daytime [ ] Work
<b>Relationship:</b>		
_____ Stepmother	_____ Aunt	_____ Friend
_____ Stepfather	_____ Uncle	_____ Sibling
		_____ Coach
		_____ Sitter
		_____ Grandparent
		_____ Other _____

**PLEASE SEE OTHER SIDE FOR INSTRUCTIONS**

\_\_\_\_\_ Emergency Contact \_\_\_\_\_ Lives With

**Name**

\_\_\_\_\_

**Phone:**  Mobile  Home  Daytime  Work **Phone:**  Mobile  Home  Daytime  Work **Phone:**  Mobile  Home  Daytime  Work

**Relationship:**

Stepmother  Aunt  Friend  Coach  Grandparent  
 Stepfather  Uncle  Sibling  Sitter  Other \_\_\_\_\_

\_\_\_\_\_ Emergency Contact \_\_\_\_\_ Lives With

**Name**

\_\_\_\_\_

**Phone:**  Mobile  Home  Daytime  Work **Phone:**  Mobile  Home  Daytime  Work **Phone:**  Mobile  Home  Daytime  Work

**Relationship:**

Stepmother  Aunt  Friend  Coach  Grandparent  
 Stepfather  Uncle  Sibling  Sitter  Other \_\_\_\_\_

\_\_\_\_\_ Emergency Contact \_\_\_\_\_ Lives With

**Name**

\_\_\_\_\_

**Phone:**  Mobile  Home  Daytime  Work **Phone:**  Mobile  Home  Daytime  Work **Phone:**  Mobile  Home  Daytime  Work

**Relationship:**

Stepmother  Aunt  Friend  Coach  Grandparent  
 Stepfather  Uncle  Sibling  Sitter  Other \_\_\_\_\_

\_\_\_\_\_ Emergency Contact \_\_\_\_\_ Lives With

**Name**

\_\_\_\_\_

**Phone:**  Mobile  Home  Daytime  Work **Phone:**  Mobile  Home  Daytime  Work **Phone:**  Mobile  Home  Daytime  Work

**Relationship:**

Stepmother  Aunt  Friend  Coach  Grandparent  
 Stepfather  Uncle  Sibling  Sitter  Other \_\_\_\_\_

\_\_\_\_\_ Emergency Contact \_\_\_\_\_ Lives With

**Name**

\_\_\_\_\_

**Phone:**  Mobile  Home  Daytime  Work **Phone:**  Mobile  Home  Daytime  Work **Phone:**  Mobile  Home  Daytime  Work

**Relationship:**

Stepmother  Aunt  Friend  Coach  Grandparent  
 Stepfather  Uncle  Sibling  Sitter  Other \_\_\_\_\_

\_\_\_\_\_ Emergency Contact \_\_\_\_\_ Lives With

**Name**

\_\_\_\_\_

**Phone:**  Mobile  Home  Daytime  Work **Phone:**  Mobile  Home  Daytime  Work **Phone:**  Mobile  Home  Daytime  Work

**Relationship:**

Stepmother  Aunt  Friend  Coach  Grandparent  
 Stepfather  Uncle  Sibling  Sitter  Other \_\_\_\_\_

\_\_\_\_\_ Emergency Contact \_\_\_\_\_ Lives With

**Name**

\_\_\_\_\_

**Phone:**  Mobile  Home  Daytime  Work **Phone:**  Mobile  Home  Daytime  Work **Phone:**  Mobile  Home  Daytime  Work

**Relationship:**

Stepmother  Aunt  Friend  Coach  Grandparent  
 Stepfather  Uncle  Sibling  Sitter  Other \_\_\_\_\_



# GET STARTED



## simple steps to a hot lunch

### Welcome to My Hot Lunchbox!

We love making lunch easy and bringing fresh, hot lunches to your students! Below are the instructions to get you started.

1

#### GO TO

<https://ordernow.myhotlunchbox.com>

2

#### CLICK

create an account

3

#### CREATE

follow screens to set up your account

### Questions?

For technical problems or questions regarding food, policies, missed or late orders, credits, and cancellations, please email [info@myhotlunchbox.com](mailto:info@myhotlunchbox.com) or call (888) 894-8295.