

2023 - 2024

**New Student
Registration Forms
Pre-School**



**Diocese of Rochester
Catholic Schools**
Faith. Academics. Community.

1150 Buffalo Road, Rochester, NY 14624 | dorschools.org

January 2023

Dear Families,

We are excited to welcome your family to a Diocese of Rochester Catholic School for the 2023-2024 school year! Whether you are returning or new to our system of Catholic Schools, we hope you are looking forward to another year of growing in faith, academics, and community.

In appreciation for the dedication of our current families, and to welcome more new families to our community, we are pleased to continue the Family Ambassador Program for the upcoming school year. Additional information can be found at www.dorschools.org/ambassador. In continuing the Ambassador Program, we recognize the role that our current families serve in promoting our outstanding Catholic schools and value that support.

Together, our 16 diocesan schools welcome students in a variety of high-quality programs for students in Pre-Kindergarten through Grade 8. For more information about school locations and financial aid, please visit our website at www.dorschools.org or contact the following schools directly:

Holy Cross School, Charlotte
Holy Family School, Elmira
Seton Catholic School, Brighton
St. Ambrose Academy, Rochester
St. Agnes School, Avon
St. Francis – St. Stephen School, Geneva
St. Joseph School, Penfield
St. Kateri School, Irondequoit

St. Lawrence School, Greece
St. Louis School, Pittsford
St. Mary's School, Canandaigua
St. Mary Our Mother School, Horseheads
St. Michael School, Penn Yan
St. Patrick's Preschool, Victor
St. Pius Tenth School, Chili
St. Rita School, Webster

The academic progress made in our Catholic Schools has been outstanding. In Spring 2022, our schools demonstrated 61% and 54% proficiency in ELA and Mathematics respectively on NYS Grades 3-8 exams. This outscored New York State by 14% in ELA and 15% in Math. Our skilled and certified faculty and principals continue to go above and beyond to offer students a transformative Catholic School education. We look forward to continuing our initiatives in teacher collaboration and personalized learning in the coming year, all while continuing to instill a Catholic worldview in our learners.

I firmly believe that a Catholic education is a gift that lasts a lifetime and wish to recognize our families who sacrifice to prioritize this gift for their children. We are grateful for your continued faithfulness and dedication.

May God bless you and your families,

James Tauzel
Superintendent of Schools



Accredited by Middle States Association

NEW STUDENT REGISTRATION RECORD -HOLY CROSS SCHOOL

DIOCESE OF ROCHESTER

ELEMENTARY SCHOOLS

Registration for: Holy Cross School

Date of registration: _____

Date of entrance into new school: _____

Grade level entering: _____

Please print

Name: _____ Male _____ Female _____
Last name First name Middle

Address: _____ Phone () _____ Unlisted Yes ___ No ___
Street

_____ Public school district where student resides: _____
City / State / Zip

E-Mail: _____ E-Mail: _____

Birthdate: _____ City/State of Birth: _____ **Birth certificate attached:**

Please check all that apply

American Indian or Black (not Asian/
 Alaskan Native _____ Hispanic origin) _____ Pacific _____ Hispanic _____ White (not
 Hispanic Origin) _____

Last school attended: _____ Grade: _____

Street _____ City / Town _____ State _____ Zip _____

Child lives with: _____ Relationship to student: _____

Parent/Guardian (as you wish your name to appear on official communication)

Circle one

M/M Mr. Mrs. Miss Ms. _____
Last name First Mi

Mailing address: _____ Phone _____
Street City/Town State Zip

Medical insurance company: _____ Policy # _____

Person to be contacted in case of an emergency if parent/guardian cannot be reached:

Name: _____ Relationship: _____

Address: _____ Phone _____

Student's religion: _____ Family registered in _____ Parish/Church

Other children in the family: (Please print)

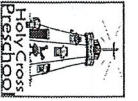
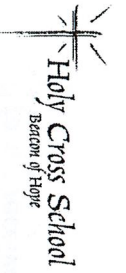
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____

FAMILY INFORMATION

	Father	Mother <i>Maiden Name:</i>	Parent Substitute <i>Relationship:</i>
First			
Last			
MI			
Street			
City/Town			
State			
Zip			
Birthplace			
Year of birth			
Religion			
Citizenship (Country)			
Last grade of school completed			
Cell Phone Number			
E-Mail Address			
Occupation			
Company			
Business address			
Business phone			
Other language(s) Spoken in the home			
<u>Check any that apply</u>			
a. Married			
b. Deceased (give date)			
c. Divorced			
d. Separated			
e. Remarried			
f. Single			

Baptism	Date:	Church:	Location:
1 st Communion	Date:	Church:	Location:
1 st Penance Program	Date:	Church:	Location:
Confirmation:	Date:	Church:	Location:

FOR OFFICE USE ONLY:	
VALIDATION OF RECORDS	
Birth certificate: _____	
Baptismal record: _____	
Immunization record: _____	



Holy Cross School

Pre-K Registration—2023-2024

Parent/Guardian 1 (Please print clearly)

Parent/Guardian 2 (Please print clearly)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Street Address: _____ Apt #: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Cell _____ Home: _____ Work: _____

Phone Numbers: Cell _____ Home: _____ Work: _____

E-Mail Address: _____

E-Mail Address: _____

Last Name First Name

Full Days (Please check) Half Days (Please check)

8:00am—2:30pm

8:00 am-11:15 pm

Male Female 3 Year Old

5 Full Days 5 Half Days

☐☐☐☐☐

Date of Birth (Birth Certificate required)

3 Full Days (M,W,F) 3 Half Days (M,W,F)

☐☐☐

* Race ** H/NH

2 Full Days (T, R)

☐

2 Half Days (T, R)

☐

Last Name First Name

Full Days (Please check) Half Days (Please check)

8:00am—2:30pm

8:00 am-11:15 pm

Male Female 3 Year Old

5 Full Days

☐

5 Half Days

☐☐☐

Date of Birth (Birth Certificate required)

3 Full Days (M,W,F) 3 Half Days (M,W,F)

☐☐☐

* Race ** H/NH

2 Full Days (T, R)

☐

2 Half Days (T, R)

☐

* Race: AI-African-American, AI-American Indian/NA Native Alaskan, A-Asian, C-Caucasian, H-Hispanic, MR-Multi-Racial, NH-Native Hawaiian/Pi Pacific Islander, Other (Specify above) ** H/NH Hispanic/Non-Hispanic

☐ Yes ☐ No Need Before and After school care? (If yes, a separate registration form will be provided)

Public School District you reside: Brockport _____, E. Irondequoit _____, Gates _____, Greece _____, Hilton _____,
Kendall, _____ Penfield _____, Rochester _____, Rush Henrietta, _____ Spencerport _____, Webster _____, W. Irondequoit _____

Important

I understand it is the policy of Holy Cross School that family accounts must be kept current and paid by the appropriate dates agreed upon in the FACTS Management Program.

I agree to abide by the rules, policy and regulations adopted by Holy Cross School and set forth in various catalogs, publications, and mailings. I understand the above named student(s) disregard or violation of the rules and regulations of the school may be deemed cause for suspension or dismissal.

Responsible Party (Please print): _____ Responsible Party Signature: _____ Date: _____

Responsible Party (Please print): _____ Responsible Party Signature: _____ Date: _____

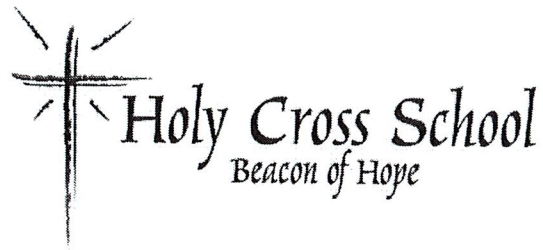
Holy Cross School Principal's Approval

Principal Thomas J. Verzillo: _____ Date: _____ Business Manager: _____ Date: _____

Office use only!

Date: _____ Amount Paid: _____ Check #: _____ On-Line payment verified: _____

All forms received: _____ District code: _____ Start Date: _____



FINANCIAL AID PROCESS

1. Make sure that you have completed your registration and paid all applicable fees associated with registration. Any financial aid application submitted to FACTS in which a completed registration has not been submitted will not be processed until the registration has been completed and all applicable fees are paid.
2. Complete your financial aid application on FACTS by going to <https://www.factsmgt.com> Please note that there is a \$30.00 application fee that you will have to pay in order to fill out an application for financial assistance on FACTS.
3. Once all financial aid documentation above has been obtained your financial aid application will be processed in accordance with the below financial aid table.

Income Level	Number of Children * Percentage on table refers to the amount in which your tuition amount would be reduced.						
	1 Child	2 Children	3 Children	4 Children	5 Children	6 Children	7 Children
\$0 to \$15,000	50%	55%	60%	65%	70%	75%	80%
\$15,000 to \$30,000	40%	45%	50%	55%	60%	65%	70 %
\$30,001 to \$45,000	30%	35%	40%	45%	50%	55%	60%
\$45,001 to \$60,000	20%	25%	30%	35%	40%	45%	50%
\$60,001 to \$75,000	10%	15%	20%	25%	30%	35%	40%
\$75,001 to \$100,000	5%	10%	15%	20%	25%	30%	35%
\$100,001 to \$125,000	0%	0%	5%	10%	15%	20%	25%
\$125,001 to over	0%	0%	0%	5%	10%	15%	20%

4. Once your financial aid application has been finalized you will receive a letter in the mail or via e-mail with the determination amount of your financial aid.

Questions: Please direct any questions regarding the finalized aid process to Christopher Frontale by e-mail at Christopher.Frontale@dor.org or TJ Verzillo at 585-663-6533 x 101 or email at tj.verzillo@dor.org

Note: Anyone that receives financial assistance cannot also get the early payment discount. Additionally, all financial aid documentation must be obtained by the Holy Cross business office prior to the start of the school year in order to be eligible for all potential aid. Lastly, all financial aid is subject to final approval by the Pastor .

4488 Lake Avenue, Rochester, NY 14612

(585) 663-6533/Fax (585) 434-3972 /<https://hcrochester.org/> email: hcdcs@dor.org



2023-2024 Billing and Collection Policies & Procedures for Holy Cross School

Tuition Billing & Collection:

Facts Payment Plan Options:

1. Payment in Full (due July 1st or August 15) – in FACTS).
2. Semi-annual Payments (due August 15 and January 15)
3. Ten Monthly Payments (due the 1st or 15th of each month)

***All FACTS start up fees are included in the registration fee.

***Choose payment plan (either 1st or 15th of the month) to be billed via email or mailed paper invoice for the semi-annual or monthly payment plan.

***The bill will be transmitted 15 days before payment due date.

***Payments begin August 15, 2023

• FACTS Payment methods: (to set up your billing plan)

1. No payments will be accepted at Holy Cross for the 2023-2024 school year. All payments must be made to FACTS.
2. If you registered for the FACTS payment plan in the past, you will automatically be renewed into the same payment plan for the upcoming school year.
3. If you registered for the FACTS payment plan in the past but wish to change your payment method, you need to go to: online.factsmgt.com. You will need to put in your username and password from last year.
4. If you are new to FACTS and have never registered for a payment plan, go to: <https://online.factsmgt.com/Tmg/public/AgreementSignup.aspx?t=3KCXL>. This link is also posted to our website for your convenience.
 - A. Monthly automatic bank debit (ACH)
 - B. Credit Card
 - C. Check or money order mailed directly to FACTS

****FACTS will charge a \$35 fee to an account for a “missed” payment (e.g. the return of a check, direct debit or credit card declined.**

Delinquency

- Families **30 days past due** will be notified by FACTS and the Holy Cross Parish Finance Office as being delinquent.
- Report cards will not be distributed to students whose accounts are delinquent
- Families with an outstanding tuition and/or extended care balance **60 days past due** will be notified that the **student will not be allowed to attend classes** beginning the first of the following month.
- Holy Cross Parish will pursue every avenue to obtain tuition and extended care payment, including collection agencies and legal options. School records will not be released until the outstanding balance is paid in full, as well as any collection fees incurred.

Parishioner Status

- New families are granted parishioner status by pastor authorization **ONLY**. This is only for Kindergarten through Grade 6. We must have a signed Parish Commitment Form on file no later than August 15th.
- It is the responsibility of the parent to resolve a discrepancy with the pastor.

Refunds

- Registration fee is non-refundable
- If an account has a credit balance at the time of withdrawal, a refund check will be issued.

NOTIFICATION OF FINANCIAL AID AWARDS WILL BE AVAILABLE IN JUNE.

Dear Parents/Guardians:

The school office will no longer be accepting payments. Please see below on how you can make payments online. If you have any questions please call Gina Hill, in the parish office at 585-663-2244 ext 103.

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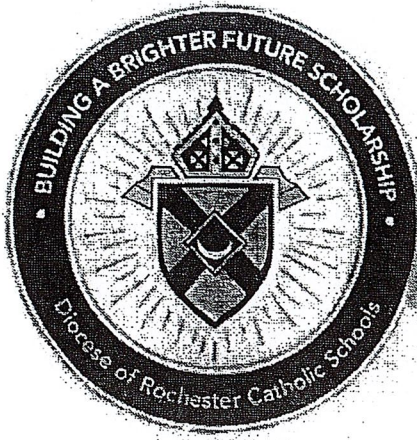
Make a Credit Card Payment Online

You can go to <http://holycrossrochester.org> click Online Giving & <https://giving.parishsoft.com/g3/> or just go directly to <https://giving.parishsoft.com/g3/>

You will see the below when you click the link to create your account. You can set up payments to come from either a bank account or credit card. Once you are logged in please choose the correct fund: school support, school extended care, school extended care registration, school tuition registration, etc. Please call the parish office 663-2244 if you are unsure of the fund.

Tuition payments need to be made through FACTS - 1-866-441-4637 or online at <https://online.factsmgt.com/signin/3GC84>

The screenshot shows the 'Holy Cross Parish' online giving interface. At the top, it says 'Holy Cross Parish' and 'Login to Online Giving!'. On the right, there is a 'Log Out' link with a lock icon. The left sidebar contains three main sections: 'Give Now' with a sub-link 'One Time Donations', 'Scheduled Giving' with a sub-link 'Automatic Recurring Donations', and 'My Account' with a sub-link 'My Info, Pledge & History'. The main content area has a message: 'Existing users, please login below. If this is your first time donating online, please click the "First Time" link on your left.' Below this are input fields for 'User Email' and 'Password'. To the right of the password field is a 'Forgot Password?' link. There is a 'Remember Me' checkbox and a 'Login' button. At the bottom right, there is a 'PCI Level 1 - Security Certified Provider' logo.



BUILDING A BRIGHTER FUTURE SCHOLARSHIP

dorcatholic.org/scholarship

Application Instructions

1. Go to online.factsmgt.com/aid.
2. If *new parent* to the Diocese of Rochester Catholic Schools network, create an account by setting up a username and password with your information. If *existing parent* at one of our 16 Diocesan schools, use your current FACTS credentials.
3. Select the *2022-2023 term*.
4. Review the FACTS platform information. Please note, the \$35 application fee for the Building A Brighter Future Scholarship will be waived upon emailing scholarship@dor.org near the end of the application process.
5. Select *Begin Application*.
6. Click *Add School / Organization*.
7. Type in the search box *Building a Brighter Future Scholarship*. Select the checkbox and click *Add*.
8. Click *Save & Continue* to proceed with completing the application.

Under the STUDENT section of the application:

- Enter students grade level for 2022/2023 School Year
 - Enter \$1 in the box for: Tuition
 - Enter \$1 in the box for: How much of this child's tuition can you and/or the co-applicant pay?
 - Enter \$1 in the box for: Annual tuition support required from this child's non-custodial parent as a result of legal separation, etc.
9. Continue completing all application sections.

10. The **ADDITIONAL QUESTIONS** section will prompt you to email scholarship@dor.org with a short message to request the application fee to be waived. Copy and paste the email messaging provided in the application to get your email request started.
11. Await a return email regarding the waiving of your application fee. Expect a response within 1-business day of your initial email.
12. Upon receipt of a return email, continue finalizing the application by uploading your tax documents and reviewing your submission.
13. A Department of Catholic Schools representative will be in contact with you regarding your Building A Brighter Future Scholarship application and next steps with the school at which your current student(s) is enrolled at, or new student(s) may be enrolled.



Referral Form

Date of Referral: _____

Referring Parent/Guardian Name: _____
(Print Current Family Name)

(Signature)

Referring Parent/Guardian School: _____
(Print Current School Name)

Referred Family Name: _____ who is registering
(Print Referred Family Name)

at _____ in _____ grade.
(School Name) (Grade – PreK-8)

(Signature of Principal)

(Date)

☐ Referring Family:
W-9 Received

☐ Newly Enrolled Family:
W-9 Received

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	
	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____	
	<input type="checkbox"/> Other (see Instructions) ► _____	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):		
Exempt payee code (if any) _____		
Exemption from FATCA reporting code (if any) _____		
(Applies to accounts maintained outside the U.S.)		
5 Address (number, street, and apt. or suite no.) See instructions.		
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.