

534 Front Street, Chicopee, MA 01013
Tel: (413) 592-5135 / Fax: (413) 598-0187
ststanis@saintstansschool.org

Website: saintstansschool.org
IG: @saintstanschicopee
FB: @ststanislauschicopee



Kindergarten Registration Information and Checklist 2024-2025

Thank you for considering St. Stanislaus School for your child's education. Please use the list below to help complete your application. All completed forms and documentation must be submitted before your child can be accepted.

Documentation to Complete & Turn in:

- ☐ Family Registration Fee
- ☐ Application
- ☐ Tuition Agreement
- ☐ Chromebook Leasing Program
- ☐ Transportation Request Form (Chicopee Residents Only)
- ☐ Birth Certificate
- ☐ Baptism Certificate (if applicable)
- ☐ Immunization Record
- ☐ Copy of Recent Physical Exam

St. Stanislaus School is a Roman Catholic, Franciscan, co-educational Pre-K through 8th grade school. Students are assisted in developing their potential spiritually, physically, and socially within a safe and diverse community. A foundation of academic excellence is created to prepare students to become contributing members of a global society.



FOR OFFICE USE ONLY:
REG. FEE PAID _____ CASH _____
CHECK # _____

534 FRONT ST. CHICOPEE, MA – 413-592-5135 – SAINTSTANSSCHOOL.ORG

STUDENT APPLICATION

Enrollment for Academic Year: **2024-2025**

Grade:

STUDENT INFORMATION

Last Name:	First Name:	Middle Name:	Birth Date: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth:	Child's Primary Language:	Is your child of Hispanic/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 2 or more races	Child's Race: (Please Select One) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> 2 or more races (Non-Hispanic)	
Address (P.O. Box if applicable):		City:	State:	Zip Code:
Primary Phone # (REQUIRED):	Primary Email (REQUIRED):		Student Lives With:	
This number will be used for snow days and other mass communications.	This email will be used for memos, notices, and all other mass communications.		<input type="checkbox"/> Both Parents, Same Household <input type="checkbox"/> Both Parents, Separate Households <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Other: _____	
Parishioner Status: <input type="checkbox"/> Parishioner <input type="checkbox"/> Non-Parishioner	Parish:	Religion:		
Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No		Busing Required? (Chicopee Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:	Date:			
Parish:	Parish:			
School(s) Previously Attended (Including Preschool):				
School:		Address:	Years Attended:	

FAMILY INFORMATION

PARENT 1

Last Name:	First Name:	Maiden Name:	Email Address:	Primary Phone #:
Address (or P.O. Box):		City:	State:	Zip Code:
Occupation:	Place of Employment:	City:	State:	Work Phone #:
Religion:	Parish:	City:	State:	

PARENT 2

Last Name:	First Name:	Maiden Name:	Email Address:	Primary Phone #:
Address (or P.O. Box):		City:	State:	Zip Code:
Occupation:	Place of Employment:	City:	State:	Work Phone #:
Religion:	Parish:	City:	State:	

FAMILY INFORMATION CONTINUED**LEGAL GUARDIAN OR CUSTODIAL PARENT** (If applicable, please provide a copy of the custodial order)

Last Name: First Name: Maiden Name: Relationship to Student:

Address (or P.O. Box): City: State: Zip Code:

Primary Phone #: Email:

NAME OF STUDENT'S STEPPARENT (If applicable)

Last Name: First Name: Maiden Name:

Primary Phone #: Email:

SIBLING INFORMATION (If more space is needed, please list on a separate sheet of paper and attach to this form).

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	School:	Grade:
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	School:	Grade:
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	School:	Grade:

EMERGENCY CONTACTS (OTHER THAN PARENTS OR GUARDIANS)**EMERGENCY CONTACT 1**

Last Name: First Name: Relationship to Child:

Address (P.O. Box if applicable): City: State: Zip Code:

Primary Phone #: Secondary Phone #:

EMERGENCY CONTACT 2

Last Name: First Name: Relationship to Child:

Address (P.O. Box if applicable): City: State: Zip Code:

Primary Phone #: Secondary Phone #:

EMERGENCY CONTACT 3

Last Name: First Name: Relationship to Child:

Address (P.O. Box if applicable): City: State: Zip Code:

Primary Phone #: Secondary Phone #:

STUDENT MEDICAL INFORMATION

PLEASE ATTACH A COPY OF YOUR CHILD'S MOST RECENT PHYSICAL AND IMMUNIZATION RECORD. STUDENTS CANNOT START SCHOOL WITHOUT THIS INFORMATION.

Physician's Name: Practice:

Address (P.O. Box if applicable): City: State: Zip Code:

Dentist's Name: Practice:

Address (P.O. Box if applicable): City: State: Zip Code:

STUDENT MEDICAL INFORMATION CONTINUED

Medical Insurance Policyholder:

Insurance Company:

Policy Number:

Primary Phone Number:

Secondary Phone Number:

Does your child have any food allergies? ☐ Yes ☐ No If Yes, please list:Does your child have any other allergic reactions? ☐ Yes ☐ No If Yes, please list:Does your child take medication on a daily basis? ☐ Yes ☐ No If Yes, please list:Does your child take medication that needs to be administered during school hours? ☐ Yes ☐ No
If Yes, please list:Does your child require special education services? ☐ Yes ☐ No
If Yes, please provide Education Evaluation report or IEP if applicable.Is there anything else you would like us to know about your child? ☐ Yes ☐ No If Yes, please list:**TUITION AGREEMENT**

Individual Responsible for Payment of Tuition and Fees:

Relationship:

Primary Phone #:

Primary Email Address:

Address (P.O. Box if applicable):

City:

State:

Zip Code:

Are you an active military service member? ☐ Yes ☐ NoWill you be applying for financial aid? (You must fill out a financial aid application on FACTSmgt.com) ☐ Yes ☐ No**In registering my child(ren), I agree to meet the FINANCIAL COMMITMENTS and FAMILY SERVICE COMMITMENT HOURS required by St. Stanislaus School. Further, I (we) agree to abide by the guidelines established in the school handbook and recognize that failure to do so could result in dismissal.**

Signature of Person Responsible for Payment of Tuition and Fees

Date

TECHNOLOGY AGREEMENT

Due to the evolving nature of education, we are now requiring that each family provides internet access and a functioning device for each student. All parents and legal guardians must agree to provide their student(s) with the required technology to complete assignments and/or attend remote learning.

Parent or Legal Guardian Signature

Date

PHOTOGRAPHY AGREEMENT**(USE OF IMAGES ON FACEBOOK OR OTHER PUBLICATIONS)**☐ I, the undersigned, **DO CONSENT** or grant full permission for St. Stanislaus School to use the names or likeness of my child(ren) for news releases, media and promotional activities. This request is valid for the current school year, 2024-2025☐ **I DO NOT** give consent or permission for St. Stanislaus School to use the names or likeness of my child(ren) for news releases, media and promotional activities or posting to social media. This request is valid for the current school year, 2024-2025

Parent or Legal Guardian Signature

Date

ST. STANISLAUS SCHOOL FAMILY AGREEMENT

In order to enhance the academic and extracurricular experiences of every child enrolled at St. Stanislaus School, we must work together as parents, students, and school personnel. We want your time as a student at St. Stanislaus School to be one with a clear understanding of our expectations of you and for all.

As a member of the St. Stanislaus School community, you agree to:

1. **Support and encourage the Catholic-Christian Gospel values that are central to the philosophy and mission of St. Stanislaus School;**
2. **Support the rules and regulations detailed in the Parent/Student Handbook (available on the School website)**
3. **Respect all school personnel and students;**
4. **Understand the importance of being present at school on a daily basis and arriving on time;**
5. **As a student, I will perform academically to the best of my ability and complete all assignments on time.**

With my signature, I agree to follow the terms listed above in the St. Stanislaus School Agreement. I understand that this contract is real and will be enforced. St. Stanislaus School reserves the right to amend this Student Agreement.

Student Signature

Parent or Legal Guardian Signature

Date

GENERAL INFORMATION

The following questions will help us understand how families hear about our Catholic Schools and why they choose to provide a high quality, faith-based education for their child(ren).

How did you hear about our school?

What most influenced your decision to enroll your child?

What do you hope your child will gain from this experience?

Is there any additional information that can help us in the classroom?

Please list immediate family members who are Catholic School alumni of St. Stanislaus School:

ST. STAN'S ALUMNI 1

Last Name: Maiden Name (if Applicable): First Name: Years Attended:

ST. STAN'S ALUMNI 2

Last Name: Maiden Name (if Applicable): First Name: Years Attended:

Please list immediate family members who are Catholic School alumni of the Diocese of Springfield:

ALUMNI 1

Last Name: Maiden Name (if Applicable): First Name: Yrs Attended: School:

ALUMNI 2

Last Name: Maiden Name (if Applicable): First Name: Yrs Attended: School:

The completed application should be returned along with:

- | | |
|--|---|
| <input type="checkbox"/> Non-Refundable Registration Fee | <input type="checkbox"/> Baptismal Certificate (if Catholic) |
| <input type="checkbox"/> Birth Certificate or Passport | <input type="checkbox"/> Academic and Character Reference form (Grades 4 – 8) |
| <input type="checkbox"/> Child's most recent report card, standardized test results, | <input type="checkbox"/> Copy of Most Recent Physical Exam |
| <input type="checkbox"/> Immunization Records | |

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2024-2025 EXTENDED CARE PROGRAM INFORMATION

Before School Program

The Before School Program shall operate on school days between 7:15-8:10am. Students will remain in the designated area until it is time to join their class. Electronic devices such as cellphones, tablets, or Chromebooks will not be used during this time.

Fees & Costs: Costs are determined each year by the administration. Payments are to be made on a weekly basis, unless prior arrangements have been made with the school principal. An accumulating balance will result in your child/ren being unable to use the program until the balance is paid. Checks must be made out to St. Stan's Extended Care Program.

Students coming for before school extra-help will be charged accordingly if they arrive before 7:45am.

Check-In Between 7:15am-7:29am: **\$8.00 per family/\$6.00 per child**

Check-In Between 7:30am-7:59am: **\$5.00 per family/\$4.00 per child**

Check-In After 8:00am: **\$3.00 per family/\$2.00 for per child**

After School Program

The After School Program shall operate on school days between 2:40-5:00pm. Electronic devices such as cellphones, tablets, or Chromebooks will not be used during this time.

Fees & Costs: Costs are determined each year by the administration. Payments are to be made on a weekly basis, unless prior arrangements have been made with the school principal. An accumulating balance will result in your child/ren being unable to use the program until the balance is paid. Checks must be made out to St. Stan's Extended Care Program.

2:40-3:00pm: **\$4.00 per child per day**

2:40-3:15pm: **\$5.00 per child per day**

2:40-3:30pm: **\$6.00 per child per day**

2:40-3:45pm: **\$7.00 per child per day**

2:40-4:00pm: **\$8.00 per child per day**

2:40-4:15pm: **\$8.50 per child per day**

2:40-4:30pm: **\$9.00 per child per day**

2:40-4:45pm: **\$10.00 per child per day**

2:40-5:00pm: **\$10.50 per child per day**

There will be a \$10.00 late pick-up fee after 5:00pm.

GENERAL INFORMATION

STAFFING:

Staff members are certified teachers and assistants and include the program coordinator and administration. All staff members are directly responsible to the administration and are subject to evaluation according to the standards of St. Stanislaus School and the Diocese of Springfield.

ELIGIBILITY:

Any student at St. Stanislaus School, grades pre-school through eight, is eligible to participate in the program. NON-STUDENTS or siblings will not be accepted.

REGISTRATION:

A parent who wishes to use the Extended Care Program (regularly or on occasion) must fill out the student information sheet, which provides the staff with the necessary emergency information. For more information or forms, please call the school office at 592-5135. Parents may sign a child up for the program at any time during the school year. If an emergency situation arises and you need your child to be placed in the extended care program after school please call the school office. **Any preschool child not picked up by 2:30pm, or any child grades K-8 not picked up by 2:50pm will automatically be placed in the after school program with the appropriate charge to the parent or guardian.**

Continued on back

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2024-2025 EXTENDED CARE PROGRAM REGISTRATION

GENERAL INFORMATION	
Student/Family Name:	Grade(s):
Students' Address:	Home Phone:
Parent/Legal Guardian:	Phone Number (where parent can be reached during the hours of the After School Program):
Please indicate which days your child will be attending: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> As needed	Homework <input type="checkbox"/> My child may choose whether to do homework. <input type="checkbox"/> My child must complete as much of his/her homework as possible. <input type="checkbox"/> My child should not do homework. Please note: Electronic devices such as cellphones, tablets, or Chromebooks will not be used during this time.

AUTHORIZED PICK UP PERSONS		
Name:	Relationship to Student:	Phone #:
Name:	Relationship to Student:	Phone #:

EMERGENCY MEDICAL INFORMATION		
<i>In the event of illness or injury to my child, which in the judgment of the After School Program staff requires emergency treatment, my permission is granted to call the following doctors in order named, after attempts to contact me by telephone have been unsuccessful.</i>		
Doctor:	Address:	Phone:
The hospital emergency room of my choice is:		
My Child is allergic to the following: Medications: Foods: Other:		

EMERGENCY CONTACTS	
<i>Please give the name and phone number of two people who may be contacted in case of emergency or illness when the parent or guardian is not available. These people should live in the vicinity of the school and be able to be contacted during the hours the program is in operation.</i>	
Name:	Phone:
Name:	Phone:

<i>I hereby release St. Stanislaus School from any claim arising out of the doctor's actions. All medical expenses shall be the parent responsibility.</i>	
Parent/Guardian Signature _____	

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TUITION SCHEDULES

2024-2025 SCHOOL YEAR

TUITION RATES

One Child: \$4,940.00 per year
Two Children: \$9,450.00 per year
Three Children: \$13,960.00 per year
Four or More Children: \$18,470.00 per year

FEES & IMPORTANT DATES

Non-Refundable Registration Fee: \$150.00 paid to the school with the application

Workbooks & Materials Fee: \$100.00 per child paid by September 30, 2024

Service Commitment Hours

Each family is required to provide 10 volunteer service hours per year or the monetary equivalent of \$25.00 per service hour will be added to your tuition.

TUITION PROCEDURES

- Tuition is paid through FACTS Management (please see enclosed sheet).
- These payments are to be paid by the 15th of the month.
- Late payments (after the 15th of the month) will be assessed at \$15.00 late fee per month
- There is a \$30.00 fee for checks returned for insufficient funds.
- If the entire tuition bill is paid before July 15, 2024, there will be a 2% reduction in tuition.
- No student will be admitted in August, unless tuition and fees for the prior school year, 2023-2024, have been paid.
- No transcripts, grades, or diplomas will be released to any agency, or forwarded to a new school, until all financial obligations to St. Stanislaus School have been fulfilled.

WITHDRAWAL POLICY

- Families must notify the school, in writing, if a student is withdrawn from the school.
- Registered students who withdraw between the first day of school and December 15th are responsible for ½ of the full tuition amount. Registered students who withdraw after December 15th are responsible for the full tuition amount.
- **No tuition refunds will be given after September 30th**

FINANCIAL AID

Applications for all Financial Aid opportunities are available on the FACTS website at www.online.factsmgt.com through **June 30, 2024** or until funds are depleted, whichever comes first. It is extremely important that you start the application process before you have your tax returns done. Once your tax returns are completed, you can complete your application. Please follow up on any notifications that you receive, if you are missing information on your application. Your application is not finalized until you get the verification notice. **All financial aid will be processed in March, April, May, and June 2024.** Financial Aid is awarded on a first-come-first-serve basis. St. Stanislaus School Aid requires that families participate in commitment hours on a monthly basis from July 1st through June 30th.

ALL AID IS NEED BASED and DEPENDENT UPON FILING AN APPLICATION WITH FACTS GRANT & AID ASSESSMENT. Tuition aid is not available for preschool students.

TUITION AGREEMENT 2024-2025

Parent 1:	First	Last	Address	City	Zip
	Yes / No				
	Religion	Parish	City	Parish School?	
Parent 2:	First	Last	Address	City	Zip
	Yes / No				
	Religion	Parish	City	Parish School?	
Person Responsible for Tuition:	First	Last	Address	City	Zip
	Phone	Relationship to Student(s)			
	Yes / No				
	Religion	Parish	City	Parish School?	

Student Information				
Student 1:	First & Last Name	Grade	Lives With	Religion
Student 2:	First & Last Name	Grade	Lives With	Religion
Student 3:	First & Last Name	Grade	Lives With	Religion

Payment Information	
Please Choose Your Payment Plan:	<input type="checkbox"/> Paid In Full <input type="checkbox"/> 10 Monthly Payments <input type="checkbox"/> 2 semi-annual payments
Will you be applying for Financial Aid? (FACTS Application must be filed for consideration)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you an Active military member?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Yearly Fees
Family Registration Fee: Registration Fee \$150.00 applies. Workbook & Materials Fee: \$100 per child paid by September 30. Service Commitment Hours: Each family is required to provide 10 volunteer service hours per year or the monetary equivalent of \$25 per service hour will be added to your tuition

As the parent(s) or legal guardian(s) of our child(ren), students at St. Stanislaus School, I (we) agree to pay the annual tuition cost for our child(ren) as noted above. Payment is understood and agreed to be paid, either in full prior to July 15, 2024 with a 2% discount, or in ten (10) equal monthly installments beginning July 15, 2024 and ending with the final payment due no later than April 15, 2025.

I (We) understand that there is a \$15.00 per month late charge if tuition is not paid by the 15th of the month. Further, I (we) understand that there is a \$30.00 fee charged for every check returned by the bank for insufficient funds.

I (We) acknowledge that if I (we) fail to follow the installment schedule as stated in the St. Stanislaus School Handbook, the school may refuse attendance of my child(ren).

I (We) understand that there is an annual \$100.00 per child Workbooks and Materials Fee. I (We) understand that payment of this fee must be made between July 2024 and September 30, 2024.

I (We) realize that if the entire tuition balance is not paid in full by the end of the current school year, the account will be sent to a collection agency and legal action will be taken. I (We) will be responsible for any fees or costs incurred in this process.

I (We) agree to all policies and regulations as so defined in the St. Stanislaus School Handbook.

_____ Parent/Guardian Signature	_____ Date	_____ Parent/Guardian Signature	_____ Date
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Kindergarten Entry Requirements

IMMUNIZATIONS

In order to protect our children against vaccine-preventable diseases, the Massachusetts Department of Public Health in collaboration with the Department of Elementary and Secondary Education has issued the immunization requirements for school entry.

Children entering kindergarten are required to have received:

- **Five doses of DPT/DtaP** vaccine unless the fourth dose was given after the child's fourth birthday
- **Four doses of Polio vaccine** will be required unless the third dose was given after the fourth birthday
- **Three doses of Hepatitis B** vaccine
- **Two doses of varicella** (chicken pox) vaccine or physician documentation regarding disease
- **Two doses of MMR** (measles, mumps, and rubella)
- **Flu vaccine** (while not required, the flu vaccine is strongly encouraged)

A complete list of immunizations must be provided to the schools prior to entry into kindergarten.

You may have your family physician complete the immunization requirements or you may choose to call the Health Department in the Safety Complex at 594-1600 to see if immunizations will be available. It is recommended that your child receive a physical exam from his/her pediatrician.

LEAD TEST

Massachusetts State Board of Health has mandated that all pre-school and kindergarten enterers must have had at least one lead test.

The lead test may be done by the family physician or you can call the Health Department at (413) 594-1600. **You must bring your child's immunization record in order to receive the required immunizations.**

VISION SCREENING

*It is now **mandated** in Massachusetts that all preschoolers have a vision screening with their pediatrician within 12 months prior to their entry into kindergarten. Also, all children with neurodevelopmental delays, and all children who fail the vision screening will be referred for a comprehensive eye examination by an ophthalmologist or optometrist.*



City of Chicopee
CHICOPEE PUBLIC SCHOOLS
180 Broadway • Chicopee, MA 01020

Transportation Department – 413.594.3520

School Transportation Request Form 2024-2025

If your student qualifies and needs bus transportation to and/or from school, please complete and return this form to your school.

Please select a school:

___ St. Joan of Arc School ___ St. Stanislaus School

All students living in Chicopee will be transported according to the following policy:

- Students attending St. Joan of Arc and St. Stanislaus Schools residing 1 mile or more from school

Transportation Requested: ___ AM ___ PM

AM Pick up location	
PM Drop off location	

Student's Last Name	Student's First Name	Grade

Address: _____

Phone Numbers: _____

Parent/Guardian: _____

School Department use only

___ Approved ___ Not Approved ___ Bus Stop Location

St. Stanislaus School

534 Front Street, Chicopee, MA 01013



St. Stanislaus School Chromebook Leasing Program

Computer literacy is an integral component of all student's learning plan. Therefore, all students at St. Stanislaus School are required to have access to the internet and a personal device. Providing students with the platform and resources with which to learn, not only improves student achievement by personalizing their learning; but empowers students to take charge of their education.

In an effort to improve achievement and afford all students the opportunity to utilize a Chromebook for schoolwork at home; St. Stanislaus School will be offering a **Chromebook Leasing Program**.

A Chromebook can be leased for \$10.00 a month (\$100.00 an academic year). The \$100.00 fee will be added to your FACTS Tuition Bill. The fee can be paid over ten months or in full, however, you must pay the \$100.00 lease fee by your last tuition payment. You can also take advantage of the Lease Buyout Option at the end of three (3) years, you can purchase the Chromebook for \$25.00.

Students/Parents who choose to participate in the **Chromebook Leasing Program** will be assigned a single device and charger for at home school use. The device will remain property of St. Stanislaus School while in possession of the student and its use is subject to the standards, values, and expectations implied and expressed in the student handbook. Upon conclusion of the school year, the device must be returned in working order and free of damage. The child will have the same device for every year.

Students are responsible for the care of the device. It may not be modified, defaced, or damaged. Damage that requires repair will be billed to the borrower on their school account. If replacement is necessary, the borrower on the school account will be billed the remainder of the cost of ownership.

If you would like additional information regarding the Chromebook Leasing Program, please contact:
Technology Teacher, Mrs. Dziok, kdziok@saintstansschool.org
or Business Manager, Ann Marie Nembirkow, anembirkow@saintstansschool.org

Please select from the following, sign and return.

- ☐ My child has a Chromebook or device to use at home
- ☐ My child will participate in the Chromebook Lease Program for a cost of \$100 per school year
- ☐ My child will purchase a Chromebook from St. Stanislaus School at the cost of \$299 +\$25 warranty

Student Name:		Grade:	
Parent Name:		Date:	
Parent Signature:			

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Tuition Management

FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.

To set up your FACTS agreement, visit your school's website and locate the FACTS link, or go to <https://online.factsmgt.com>.

FACTS CONFIRMATION NOTICE

Once your information is received and processed by FACTS, you will receive a confirmation notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

Frequently Asked Questions

- **Is my information secure?**
Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit [FACTSmgt.com/Security-Compliance](https://factsmgt.com/Security-Compliance).
- **When will my payments be due?**
Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.
- **What happens when my payment falls on a weekend or a holiday?**
Your payment will be processed on the next business day.
- **What happens if a payment is returned?**
Returned payments may be subject to a FACTS returned payment fee. Watch for a returned payment notice for additional information.
- **How do I make changes once my agreement is on the FACTS system?**
Changes to your address, phone number, email address, or banking information can be made at Online.FACTSmgt.com or by contacting your school or FACTS. Any changes to payment dates or amounts need to be approved by the school and the school will then need to notify FACTS. **All changes must be received by FACTS at least two business days prior to the automatic payment date in order to affect the upcoming payment.**
- **What is the cost to set up a payment plan?**
If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

FACTS CUSTOMER SERVICE

We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you. **To view your payment plan details, log in to your FACTS account at Online.FACTSmgt.com. Customer Care Representatives are also available to assist you 24/7.**

Online.FACTSmgt.com

