



# ASA

## All Saints Academy

Faith. Learning. Loving. Serving

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### New Family Registration Packet 2015 – 2016

*Elementary Campus*

2233 Diamond Avenue NE, Grand Rapids, MI 49505 616.364.9453 Fax 616.361.6991

*Middle School Campus*

1110 Four Mile Road NE, Grand Rapids, MI 49525 616.363.7725 Fax 616.363.3086

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[www.asagr.org](http://www.asagr.org)

 /ASAEagles

 @ASAEagles



*Faith. Learning. Loving. Serving.*

February 6, 2015

Dear Parents,

Registration is now open for the 2015-2016 school year. We have so much to look forward to as we begin to plan for next year.

- *Bishop Walkowiak announced an increase of tuition assistance for the 2015-2016 school year!*
- *Our Toddler and Preschool programs continue to grow, some even reaching capacity this year!*
- *We will be entering our third and final year for our school theme "We Are One."*
- *Completion of the "Holy Family Learning Center" at the Middle School is targeted for April 2015.*
- *ASA has developed a partnership with Kumon Learning Center to increase student learning and achievement.*

At All Saints Academy, **"We form saints to serve all!"** The staff and I are amazed by the accomplishments of our students on a daily basis. Whether it is by taking on leadership positions at one of our Catholic high schools, volunteering their time for school events, or by finally solving a problem they had struggled with, our students live our core values of faith, learning, loving, and serving. We look forward to celebrating another wonderful school year with you and your family!

A handwritten signature in black ink that reads 'Michael DeBri'.

Michael DeBri, M.Ed.  
Principal

**Elementary Campus** 2233 Diamond Avenue NE, Grand Rapids, MI 49505 616.364.9453 fax616.361.6991  
**Middle School Campus** 1110 Four Mile Road NE, Grand Rapids, MI 49525 616.363.7725 fax616.363.3086  
Website [www.asagr.org](http://www.asagr.org)

**Mission Statement**

*All Saints Academy is a Catholic School inspired by the Holy Spirit and dedicated to teaching and living as Jesus did. Our mission is to serve and partner with our families, parishes and communities as we focus on the spiritual, intellectual, moral, social, and physical development of our children.*





# NEW STUDENT 2015-2016 ENROLLMENT FORM

(Please Print)

## STUDENT INFORMATION

Student Legal Last Name		First Name		Middle	Nickname
Grade Entering	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Birth City & State	Student T-Shirt Size Youth <input type="checkbox"/> X-SM <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG <input type="checkbox"/> XL Adult <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG <input type="checkbox"/> XL <input type="checkbox"/> 2X	
Ethnic Background: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander					
Has your child ever been retained? <input type="checkbox"/> No <input type="checkbox"/> Yes What Grade?			Does your student have any of the following? <input type="checkbox"/> IEP <input type="checkbox"/> Service Plan <input type="checkbox"/> 504 <input type="checkbox"/> Student Acc Agreement		
Name of Last School Attended:			Grade	City	State Zip Code

## STUDENT HEALTH HISTORY

**Does the student have or has the student been treated for**

<input type="checkbox"/> Vision Problems	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Migraines	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Speech Problems
<input type="checkbox"/> ADHD	<input type="checkbox"/> ADD	<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Other (Please List)			

Allergies Please list type(s) of Allergies

**Does student require Medications during school hours?**  No  Yes (Please list medication names)  
 (Medications dispensed at school require a separate medication authorization forms.  
 See <http://www.asagr.org> click on Forms button for the form to print, complete and return to school with meds.)

## PHYSICIAN INFORMATION

Physician Name	Preferred Hospital
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## STUDENT'S FAITH FORMATION and SACRAMENTS

Student's Current Church/Parish Affiliation		<input type="checkbox"/> Catholic	<input type="checkbox"/> Other
Sacrament Received	Date	Parish	Parish Address Parish City, State and Zip
<input type="checkbox"/> Baptism			
<input type="checkbox"/> First Communion			
<input type="checkbox"/> Penance			
<input type="checkbox"/> Confirmation			

## EMERGENCY CONTACT (1) INFORMATION (when parent cannot be reached)

Legal Last Name	Full First Name	Release child to this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Home Phone Cell Phone
City	State Zip	Relationship to Student

## EMERGENCY CONTACT (2) INFORMATION (when parent cannot be reached)

Legal Last Name	Full First Name	Release child to this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Home Phone Cell Phone
City	State Zip	Relationship to Student

Additional contact persons can be entered on back side of this form if necessary.

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

\_\_\_\_\_  
Date

### For Office Use Only

T-Shirt Date \_\_\_\_\_ IC Entry Date \_\_\_\_\_ Registered for Grade \_\_\_\_\_



### Parish Investment Form

**After completing, please take this form directly to your Pastor or his designee. The Pastor or designee will complete this form and return it to the ASA Business Manager.**

**Family Name:** \_\_\_\_\_ **Envelope #** \_\_\_\_\_

We are parishioners in good standing at \_\_\_\_\_ Parish. We understand good standing includes **regular** participation at Sunday Mass and regular use of parish contribution envelopes.

*Note: Only students enrolled in K-8 are eligible for the multiple child discounts. (Preschool and childcare fees are separate and not eligible for multiple child parish investment.)*

I am requesting parish financial support for the following child(ren) enrolling in grades K – 8 for the 2015-2016 school year:

Child(ren)'s Name(s)	Grade Level 2015-16

I / We agree to tithe in the amount of:

\$\_\_\_\_\_ per  week  month  year, for an annual contribution of \$\_\_\_\_\_

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

\_\_\_\_\_  
Date

----- **For Parish Use ONLY** -----

Our Parish agrees to provide financial support of \$ \_\_\_\_\_ to support the enrollment of this family's children at All Saints Academy.

\_\_\_\_\_  
Pastor (or authorized designee) Signature

\_\_\_\_\_  
Date

**DIOCESE OF GRAND RAPIDS**  
**OFFICE OF CATHOLIC SCHOOLS**  
**All Saints Academy**  
[www.asagr.org](http://www.asagr.org)

**REQUEST FOR RELEASE OF RECORDS**

I authorize \_\_\_\_\_

\_\_\_\_\_  
(Previous School/District/or Agency)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, and Zip Code)

to release student records described in the Student Records Release Policy regarding:

Student's Legal Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please forward the records to:

Grades Pre-4

**All Saints Academy Elementary School**

2233 Diamond Ave NE

Grand Rapids MI 49505-4313

Phone: 616-364-9453

Fax: 616-361-6991

Grades 5-8

**All Saints Academy Middle School**

1110 Four Mile Road NE

Grand Rapids MI 49525-2653

Phone: 616-363-7725

Fax: 616-363-3086

Please send Cumulative School Records/Files, Achievement Test results, all health and Immunization records and doctors' reports, and any diagnostic test results so that the school can adequately place this/these student(s). Also, please send Confidential Files (Psychologicals, Social Work Reports, I.E.P.C. records, etc.) if applicable.

I certify that I am the (check one)  Custodial Parent  Legal Guardian of the minor child named above, and I agree to the above terms for myself and my minor child.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Kindergarten Preference and Enrollment Form

Child's Name: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: *Circle one:* Male Female

**Please select the Kindergarten Program you feel will best meet your child's needs:**

### Option #1

- 5 full days per week (all day every day)

### Option #2

- 5 mornings per week

At the start of the school year, my child will not be attending any afternoon sessions. I understand that I may change his/her enrollment status later in the school year when I feel it will best meet my child's needs.

### Option #3

- 5 mornings per week plus the following enrichment afternoons each week:  
(*Circle your choices*)

Monday      Tuesday      Wednesday      Thursday      Friday

I understand that I may add PM Sessions as the year progresses.



## *A Day in Kindergarten*

- Elementary Prayer & Pledge in the Family Center
- Waking up our Brains-Running, walking, games in the Family Center
- Hook Ups-Brain Gym
- Morning Meet and greet-Sharing the schedule of the day
- Morning Jobs-Journals, sight words, & handwriting task
- Language Arts and Math Lesson-whole group, small group or independent work-Daily 5
- Snack
- Kindergarten Recess-Indoor or Outdoor
- Science/Social Studies Lesson
- Religion Lesson
- Elementary Outdoor Recess
- Elementary Lunch
- Story/Rest time
- Calendar
- Centers-math & language skill practice and review
- Kindergarten Recess or Free Choice
- S.M.A.R.T groups, Atrium, Computers, Liturgical Music or Physical Education (alternating each day)
- Pack up
- Elementary Dismissal Prayer at the Cross

Students also attend Mass on Wednesday & visit the library once a week.



"Forming Saints to Serve All"



## HEALTH APPRAISAL

**Dear Parent or Guardian:** The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

### PERSONAL

CHILD'S NAME (Last, First, Middle)		DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI / /
PARENT/GUARDIAN (Last, First, Middle)		HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI ( )

### SECTION I - HEALTH HISTORY

<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Resolved</th> <th style="text-align: center;">#</th> <th style="text-align: center;">Is your child having any of the problems listed below?</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td>Allergies or Reactions (for example, food, medication or other)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td>Hay Fever, Asthma, or Wheezing</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">3</td> <td>Eczema or Frequent Skin Rashes</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">4</td> <td>Convulsions/Seizures</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">5</td> <td>Heart Trouble</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">6</td> <td>Diabetes</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">7</td> <td>Frequent Colds, Sore Throats, Earaches (4 or more per year)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">8</td> <td>Trouble with Passing Urine or Bowel Movements</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">9</td> <td>Shortness of Breath</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">10</td> <td>Speech Problems</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">11</td> <td>Menstrual Problems</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">12</td> <td>Dental Problems: Date of Last Exam / /</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="2">Other (please describe): _____</td> </tr> <tr> <td colspan="5" style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="3">Does your child take any medication(s) regularly?</td> </tr> <tr> <td colspan="5">Reason for Medication _____</td> </tr> <tr> <td colspan="5" style="text-align: center;"> </td> </tr> <tr> <td colspan="4" style="text-align: center;">_____ Parent/Guardian Signature</td> <td style="text-align: center;">_____ Date</td> </tr> </table>	Yes	No	Resolved	#	Is your child having any of the problems listed below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Allergies or Reactions (for example, food, medication or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Hay Fever, Asthma, or Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Eczema or Frequent Skin Rashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	Frequent Colds, Sore Throats, Earaches (4 or more per year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Trouble with Passing Urine or Bowel Movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Speech Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Dental Problems: Date of Last Exam / /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____							<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?			Reason for Medication _____										_____ Parent/Guardian Signature				_____ Date	<p><b>Birth History:</b></p> <p>Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p> <p> </p> <p> </p> <p>If yes, list medications:</p> <p> </p> <p> </p> <p>Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Examiner's Initials:</b> _____</p>
Yes	No	Resolved	#	Is your child having any of the problems listed below?																																																																																												
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Reason for Medication _____																																																																																																
_____ Parent/Guardian Signature				_____ Date																																																																																												

### SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

#### Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height				
			Muscle Imbalance							Weight				
			Other:							Other:				
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	Reading: _____				
			Other:							Type: _____				
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /	Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm				
			Albumin											
			Microscopic											
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				<b>NOTE:</b> Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.							

#### Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

<b>SECTION III - IMMUNIZATIONS</b>					
Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*					
VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (Hep B)	1	3	Hepatitis A (Hep A)	1	2
	2			2	3
DTaP/DTP/DT/Td	1	4	Influenza (TIV/LAIV)	1	3
	2	5		2	4
	3	6	Meningococcal (MCV4 / MPSV4)	1	2
Tdap	1		Human Papillomavirus (HPV4/HPV2)	1	3
Haemophilus Influenzae type b (HIB)	1	3		2	
Polio (IPV/OPV)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Pneumococcal Conjugate (PCV7/PCV13)	1	3		2	
Rotavirus (RV1/RV5)	1	3	3		
	2		Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
Measles, Mumps, Rubella (MMR)	1	2	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your child's school or local health department.		
	2				
Varicella (Chickenpox)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:					
I certify that the immunization dates are true to the best of my knowledge					
_____			_____		/ /
Health Professional's Signature			Title		Date

		<b>SECTION IV - RECOMMENDATIONS</b>			
		(Required for Child Care and Head Start/Early Head Start)			
No	Yes	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:			
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other			
Other Recommendations					

<b>SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)</b>	
I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____	
child's name	
_____	
Dentist's Signature	
_____ / /	
Date	

<b>PHYSICIAN'S SIGNATURE</b>			
_____	/ /	_____	_____
Examiner's Signature	Date	Examiner's Name (Print or Type)	Degree or License
_____	_____	MI _____	_____
Number & Street	City	ZIP Code	Telephone

Information required for:

**Early On** - Hearing and Vision Status; Diagnosis; Health Status

**Child Care Licensing** - Physical Exam, Restrictions, Immunizations

**Head Start/Early Head Start** - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

\*\*\*\*\*

Developed in Cooperation with the Departments of Human Services, Education, Community Health, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

## ONLINE ENROLLMENT INSTRUCTIONS

All Saints Academy has partnered with Smart Tuition to service your child's 2014-2015 tuition account. To enroll online, please follow the instructions below:

### 1. ONLINE ENROLLMENT

Go to: [www.EnrollWithSmart.com](http://www.EnrollWithSmart.com)

### 2. NEW REGISTRATION

Either select All Saints Academy, or if All Saints Academy is not listed, enter 11860.

### 3. SECTION 1 - ENTER FAMILY INFORMATION

Enter the parent, guardian, or bill payer's contact information. Please provide your telephone number and email address, as Smart Tuition regularly communicates important information about your account via telephone and email. Please select a security question.

### 4. SECTION 4 - ENTER STUDENT INFORMATION

Enter the name and grade of the children who will attend the school.

### 5. SECTION 2 - SELECT A PAYMENT PLAN

Review the available payment plans offered by your school and choose one. The payment plans listed are selected by your school and cannot be changed by Smart Tuition without school permission.

### 6. SECTION 3 - SELECT A PAYMENT METHOD

Tell us 'how' and 'when' you will make payments. Select your preferred method of payment and due date from the options offered by your school.

### 7. SECTION 5 - READ AND SUBMIT

Review Smart Tuition's terms and conditions, check off the I AGREE box, and click CONTINUE to submit your enrollment form.

After completing the form, you will be presented with a confirmation page and your information will be submitted. *All Saints Academy will review your application, and once complete, you will receive confirmation from Smart Tuition.*

*If you have any questions in the meantime, please contact us at 888-868-8828.*

A welcome and pin letter will be sent to you once the account has been established. Once access has been established you can view your balance, make payments, update your personal information, chat with a live representative, and more.

### ACCESSING YOUR ONLINE ACCOUNT

[www.parent.smarttuition.com](http://www.parent.smarttuition.com)

### MOBILE APP: "Smart Tuition for Parents"

You can also access your Smart Tuition account from the palm of your hand. For more convenience download our app directly from the Apple app store.

Smart Tuition manages the tuition payment program for your school and follows the policies established by your school. Please note that tuition amounts, tuition aid, scholarships and all other tuition related decisions are made by your school.

We look forward to working with you and your family this year! Our parent help center is always available to assist you. We're open 24 hours a day, 365 days a year. Call us at 1-888-868-8828.



**SMART TUITION**  
Financial Solutions for Schools and Parents™



## Tuition Investment and Financial Information

February, 2015

Dear Parents,

Tuition rates for the 2015-2016 school year are as listed below and will include all fees for curricular and instructional items including band. If you attend one of the four ASA founding parishes, you may apply for Parishioner Rate Tuition.

# of Children	Tuition	Parishioner Rate
1	\$6,000	\$3,250
2	\$12,000	\$5,250
3	\$18,000	\$6,500
Each additional		\$1,200

As required by the Diocese, All Saints Academy partners with Smart Tuition to process your tuition and childcare payments. Instructions for completing the On-line enrollment with Smart Tuition are included in this packet. If you do not have computer or internet access, please contact me and I will be happy to assist you with the enrollment process. **You will not be considered enrolled for the school year until you have a valid contract with Smart Tuition.**

We understand that Catholic education is a sacrifice you make on behalf of your children and that it can be a financial strain on your family. Your parish wants to help ease that burden and will make every effort to work with you so that your children may attend All Saints Academy. There are several ways to reduce the tuition your family pays.

1. **To receive the Parishioner rate**, complete the **Parish Investment Form** and return it to your parish contact listed below. Your parish Pastor or designee will work with you to agree on a tithe amount that will meet your financial circumstances and advise you of scholarship opportunities through your parish.

**Parish Contacts:**

<i>Blessed Sacrament</i>	Father George Darling, Pastor	361-7339	Parish code	1025
<i>St. Alphonsus</i>	Bob Thiel, Business Manager	451-3043	Parish code	1032
<i>St. Isidore</i>	Parish Office	459-4731	Parish code	1035
<i>St. Jude</i>	Linda Parks, Admin Associate	363-6885	Parish code	1038

If you attend another parish, some financial support is available. Please contact your parish office for more details.

2. **To apply for additional Financial Assistance**, complete and mail the PSAS form. The PSAS form is available on our website (*Forms page under Registration*). PSAS is used to apply for both the Bishop's Scholarship and any grants and scholarships offered by your parish. **If you do not complete the PSAS, you will not be eligible for ANY assistance beyond normal parish investment.** We want everyone to have access to these awards. PSAS will not consider your application if you enter the wrong school code or no school code at all. Be sure you fill out the School Code on *page 1 section C* and the Parish Code on *page 1, section A and/or B*. School and Parish Codes are listed on page 5 of the form. Parish codes are listed in #1 above. **The ASA School Code is 0551.** Requests for financial assistance are determined in the following order: Diocesan awards, Parish awards, and ASA tuition awards. If you do not receive an award from the Diocese or your Parish, please contact me for ASA Tuition assistance.
3. If you haven't already, **consider joining a tuition reduction SCRIP program**. SCRIP offers gift cards and certificates which are purchased at a discount and sold to families at face value. The discount from the retailers is then accumulated and rebated to your tuition. Call or email a contact below for more information. You're welcome to join either program.

**Bstrip benefitting ASA, Blessed Sacrament, St. Isidore and St Jude**

Sheryl Vierheilg ..... Email: [svierheilg@tds.net](mailto:svierheilg@tds.net)..... Phone: 363-6037

**St. Alphonsus Scrip benefitting ASA & St. Alphonsus**

Sandy Kemp & Bob Thiel ..... Phone: 451-3043

Sincerely,

*Mary Bristol*

Business Manager

Email: [mbristol@asagr.org](mailto:mbristol@asagr.org)

Phone: 616 364-9453

# ALL SAINTS ACADEMY TUITION COLLECTION POLICY

**It is the goal of All Saints Academy to work with each family to provide a Catholic education for their children.** We understand that many families are sacrificing to invest in their child(ren)'s education. It is important to recognize that parishes are also investing significant dollars into the ministry of Catholic education. Therefore, it is critical to the financial health of the school (and school families) that there is open and honest communication about timely tuition payments. We promise that family financial information will be kept confidential.

All Saints Academy works with a tuition management company and provides multiple tuition payment options outlined below. All families will be required to sign a tuition contract, and will be expected to meet their tuition obligation per the signed contract. **If at any time during the year, a family is unable to meet a tuition payment, it is the family's responsibility to contact the tuition management company to make alternate arrangements.** If there are any bank fees associated with automatic withdrawals, late fees, returned checks, NSF notices, collection fees etc., the amount of service charge/fees will be added to the family's tuition bill, and will be processed first from the next payment.

Keeping tuition costs reasonable is the responsibility of all, and the ASA budget does not include money to cover costs associated with late and delinquent tuition collection. Families who have a past due tuition balance from ASA or any Catholic School will not be allowed to start the new school year. The bottom line is that ASA has financial obligations and payroll to meet, just as families need to meet their financial obligations. We need a stable and predictable cash flow to operate the school. When tuition payments are late, it jeopardizes the solvency of the school for all.

**Families registered from Blessed Sacrament, St. Alphonsus, St. Isidore and St. Jude parishes, must have a Parish Investment Form completed and signed to receive parish investment.** Each parish has the flexibility to provide additional financial support to families through scholarships/endowment grants, so families are encouraged to contact their parish business office/pastor to discuss financial need. **Families who do not have a completed Parish Investment Form will be charged the full cost of education per child.**

## Tuition & Fees

### Payment frequency options:

- **Annual:** Total tuition due in full on July 20.
- **Semi-Annual:** Two payments in the amount of 50% total tuition. Payment Dates are July 20 and January 20.
- **10 Monthly Payments:** Tuition payments are made over a 10 month period with payments starting in July and ending in April.
- **12 Monthly Payments:** Tuition payments are made over a 12 month period with payments starting in July and ending in June.

*Families who use an automatic pay option may select one of 5 monthly due dates. Self pay options are due on the 20<sup>th</sup> of the month.*

## **Payment Methods**

The tuition management company will accept payments by any of the following methods: Payment by mail, automatic payment from a bank account, automatic payment by credit or debit card, online payment, payment by telephone. **Credit cards are accepted for payment on accounts. There will be a convenience fee added** to the payment amount at the time the credit card payment is processed.

## **Collection Procedure**

1. If you encounter financial difficulty, and will be unable to meet a payment, you must notify the Tuition Management Company no later than five (5) business days before the payment date so alternate arrangements can be made.
2. If there are insufficient funds in your account on the payment date, you will incur a missed payment fee, as well as applicable fees from your bank or credit union.
3. If your payment is late, you will incur a late payment fee.
4. If you are thirty (30) days behind with your tuition payments, you must notify the ASA Business Manager.
5. If you are sixty (60) days behind and no contact has been made with the Business Manager, a **final past due notice** will be mailed. You will then have an additional week to contact the Business Manager or make the necessary payments to bring your account current.
6. All tuition plans must remain current. When a family falls behind on their contract, it is their responsibility to meet with the Business Manager to adjust their plan so that the contract will be paid in full by June 30. All Saints Academy reserves the right to limit a student's access to class if payments are delinquent and a concern arises about collection.
7. When payment responsibility for a tuition contract is shared by two or more parties, and one party defaults on payment, the other parties will be responsible for the unpaid balance.

**The parent/guardian is completely responsible for making contact with the Tuition Management Company and the Business Manager in the event that a payment will not be made by the due date.**

Smart Tuition has been in business over 25 years serving private school families. We make paying your school tuition easy and convenient.

We offer:

- Flexible monthly payment options
- Multiple payment choices
- Online account information
- Mobile app for Apple and Android devices
- Detailed invoices
- Email & text message reminders
- 24 Hour parent help center
- English/Spanish phone support
- Live chat from your online account
- Cash payment acceptance at 7-Eleven, Family Dollar, and Ace Cash Express
- Some schools allow credit card payments via MasterCard, Discover, American Express, and Visa

Get started by enrolling and setting up your Smart Tuition account today!

## 1. Online Enrollment

Visit: [www.enrollwithsmart.com](http://www.enrollwithsmart.com)

## 2. Find Your School

Enter your school's name in the search box. Make your selection by clicking the green circle.

## 3. Section 1: Who Will Pay?

Enter the parent, guardian or bill payer's contact information. Please provide your telephone number and email address as Smart Tuition regularly communicates important information about your account via telephone and email.

## 4. Section 2: Who Will Attend?

Enter the names and grades of the children who will attend the school.

## 5. Section 3: How and When to Pay

Review the payment plans offered by your school and choose one. The plans listed are selected by your school and cannot be changed by Smart Tuition. Select your preferred payment method and due date from the options offered by your school.

## 6. Section 4: Submit

Review Smart Tuition's terms and conditions. Click **SUBMIT ENROLLMENT** to complete your online enrollment.

## 7. Confirmation

Upon online enrollment completion, a confirmation page will display and a confirmation email will be sent to you.

## 8. Account Activation

Once your school has reviewed and activated your account, you will receive an email with login instructions.

To view your balance, make payments, update your personal information, or chat with a live representative, access your Smart Tuition account at [www.parent.smarttuition.com](http://www.parent.smarttuition.com)

**PLEASE NOTE:** The Smart Tuition program manages tuition payments and follows the policies established at the school. Decisions regarding tuition amounts, tuition aid, scholarships, and all other tuition related items are made by your school.

**We look forward to working with you and your family this year!**

Our parent help center is always available to assist you. We're open 24 hours a day, 365 days a year.

# ENROLLING ONLINE IS A QUICK AND EASY PROCESS!



**SMART TUITION**  
Financial Solutions for Schools and Parents™



## Registration Check List

To complete the registration process, please check off the following items:

### RETURN to SCHOOL

- New Family Household Enrollment Form**
- New Student Enrollment Form** (One for each enrolling student)
- Registration Fee:** To confirm your enrollment, please enclose check for your registration fee. Only one deposit per family (for Childcare to 8<sup>th</sup> grade) is required.  
New Family Registration Fee .....\$200
- Request for Release of Record** (transfer students only)
- Kindergarten Preference & Enrollment Form** (Incoming Kindergarten students only)
- Current Health Appraisal w/ Immunizations** (Incoming Kindergarten students only)

### RETURN to your PARISH BUSINESS OFFICE

- Parish Investment Form:**
  - Blessed Sacrament: ..... Fr. George Darling
  - St. Alphonsus: ..... Bob Thiel
  - St Isidore: ..... Business Office
  - St. Jude: ..... Linda Parks

### ONLINE Enrollment

- Complete the online enrollment** for *SMART Tuition* at [www.enroll.smarttuition.com](http://www.enroll.smarttuition.com)  
See online enrollment instructions in this packet.

### Please KEEP for your Reference:

**Tuition Collection Policy**  
**The *SMART Tuition* Enrollment Confirmation Page**

### **Any questions??**

Please call All Saints Academy:

Elementary Campus .....616.364.9453  
Middle School .....616.363.7725  
ASA Business Office .....616.364.9453 ext. 1251





All Saints Academy

## Contact Information

### Leadership Team

**Principal:**

Michael DeBri .....[mdebri@asagr.org](mailto:mdebri@asagr.org)

**Dean of Student Learning:**

Becky Grady .....[bgrady@asagr.org](mailto:bgrady@asagr.org)

**Dean of Early Childhood Education:**

Beckie Patterson .....[bpatterson@asagr.org](mailto:bpatterson@asagr.org)

**Dean of Discipleship:**

Kim Rowland..... [krowland@asagr.org](mailto:krowland@asagr.org)

### Administrative Team

**Business Manager:**

Mary Bristol .....[mbristol@asagr.org](mailto:mbristol@asagr.org)

**Administrative Assistants:**

Tammy Aman (EL) ..... [taman@asagr.org](mailto:taman@asagr.org)

Jo McGavin (MS) ..... [jmcgavin@asagr.org](mailto:jmcgavin@asagr.org)

**Receptionists:**

Judy Hardy (EL) .....[jhardy@asagr.org](mailto:jhardy@asagr.org)

Jeanne Pitsch (MS) .....[jpitsch@asagr.org](mailto:jpitsch@asagr.org)

Angela Mitchell (MS) ..... [amitchell@asagr.org](mailto:amitchell@asagr.org)

### Mission Statement

All Saints Academy is a Catholic School inspired by the Holy Spirit and dedicated to teaching and living as Jesus did.

Our mission is to serve and partner with our families, parishes and communities as we focus on the spiritual, intellectual, moral, social and physical development of our children.

### Vision Statement

The vision of All Saints Academy is to provide a transformative education that is grounded in the Catholic faith. Guided by the Holy Spirit, this education meets the needs of individual learners, preparing them to make a positive impact on others.

[www.asagr.org](http://www.asagr.org)

 /ASAEagles

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