

# Academy of St. Joseph of the Palisades

6408 Palisade Avenue

West New York, NJ 07093

Tel: 201-861-3227

Email: [registration.information@asjpalisades.org](mailto:registration.information@asjpalisades.org)

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## General Registration Information

### School Hours:

School Day: 8:00am – 3:00pm

After Care Program: 3:00pm – 6:00 pm

### Age Requirements:

Pre-Kindergarten 3: Student must be 3 years old by 9/30/25

Pre-Kindergarten 4: Student must be 4 years old by 9/30/25

Kindergarten: Student must be 5 years old by 9/30/25

1<sup>st</sup> Grade: Student must be 6 years old by 9/30/25

### Uniforms:

Uniforms are required in grades kindergarten through eight.

Play uniform is required in pre-kindergarten.

The dress uniform is optional for pre-kindergarten.

All uniforms must be purchased from **Lobel's Uniform Store**.

### Documents Required to Register:

Birth Certificate

Sacrament Certificates (if student has received any sacraments)

Immunization Records

Most recent Report Card (if applicable)

Transfer Card (if applicable)

# REGISTRATION INFORMATION-

## New Students

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### 2025-2026 PK Tuition & Fees

#### **Fees:**

Registration Fee: \$200 per student  
*The registration fee is non-refundable.*

Technology Fee: \$50 per student grades Pre-K through 8  
*The technology fee is separate from the registration fee.  
The technology fee is non-refundable.*

Fundraising Fee: \$250 per family  
The fee can be paid in full or in installments added to your monthly tuition payment.

#### **Tuition:**

##### *Pre-kindergarten*

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Full-Day	\$6,950
Half-Day	\$4,950

*Tuition may be paid in full or installments as follows:*

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Families who choose to pay their tuition in full by September 1, 2025 will receive a 5% discount.

Pre-K Full Day

11 payments from July through May (monthly payment \$632)  
10 payments from July through April (monthly payment \$695)

Pre-K Half Day

11 payments from July through May (monthly payment \$450)  
10 payments from July through April (monthly payment \$490)

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# REGISTRATION 2025 — 2026

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## *Pre-Kindergarten*

### *STUDENT INFORMATION*

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- Grade for September:  PK-3 Half-day Program  
 PK-3 Full-day Program  
 PK-4 Half-day Program  
 PK-4 Full-day Program

### *PARENT RESPONSIBLE FOR PAYMENT*

Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

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

### *PLEASE LIST THE NAMES OF ANY OTHER SONS/DAUGHTERS ATTENDING ST. JOSEPH'S*

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I understand the registration fee is non-refundable and it is not part of a tuition payment.  
I understand the technology fee is non-refundable and it is not part of a tuition payment.  
I understand that tuition payments are due on the 1<sup>st</sup>/15<sup>th</sup> of each month starting July 2025.  
I understand that a late fee will be charged for payments received after the due date of each month.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete the payment plan form and submit it along with your registration fee and technology fee.**

## PAYMENT PLAN

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Payment plans are through FACTS tuition management.

Please select one of the following payment plans for the 2025—2026 school year:

### 10 MONTH PAYMENT PLAN

- 10 payments due July 1, 2025 through April 1, 2026
- 10 payments due July 15, 2025 through April 15, 2026

### 11 MONTH PAYMENT PLAN

- 11 payments due July 1, 2025 through May 1, 2026
- 11 payments due July 15, 2025 through May 15, 2026

### PAY IN FULL

- 1 payment on or before August 1, 2025

### FUNDRAISING FEE

- 1 payment of \$250
- Payment made in installments added to monthly tuition payments.

Name of Student: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_



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**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Please have your child's doctor complete this form (including the immunization records since birth) and the attached paperwork. Promptly return it to the school nurse.

### Immunization Records

**Requirement for ALL students (\*encircle the type of vaccine given):**

DTP/DTaP* 1. _____	OPV/IPV* 1. _____	MMR 1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	<i>Titers for immunity</i>
4. _____	4. _____	Varivax 1. _____
5. _____		2. _____

### Requirements for Preschool Students:

HIB 1. _____	Pneumococcal 1. _____	Influenza 1. _____
2. _____	2. _____	<i>Required annually between</i>
3. _____	3. _____	<i>Sept. 1 and Dec. 31</i>
4. _____	4. _____	

### Requirements for Grade 6:

DTap \_\_\_\_\_ Menactra \_\_\_\_\_

### Other Vaccinations:

Hepatitis A 1. \_\_\_\_\_ 2. \_\_\_\_\_

### Physical Examination (by doctor)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_  
 Hearing: Right \_\_\_\_\_ Left \_\_\_\_\_  
 Vision: Right \_\_\_\_\_ Left \_\_\_\_\_ Corrected: Y / N, with \_\_\_\_\_

### Laboratory Findings:

HGB/Hct \_\_\_\_\_ Urinalysis \_\_\_\_\_ Lead \_\_\_\_\_ Other (Specify) \_\_\_\_\_

### General:

Medications currently being used: (if medication is being used give reason)

History of accident, serious injury or operation: (specify what and when)

**Additional Observations:** \_\_\_\_\_



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Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

## Normal Findings?

Indicators	Yes	No	Abnormal Findings/ Comments
Allergies			
Anaphylaxis			
Head / Neck			
Eyes / Ears / Nose			
Mouth – Teeth			
Glands			
Chest			
Lungs			
Asthma			
Heart			
Heart Murmur			
Abdomen			
Hernia			
Tanner Stage			
Scoliosis			
Orthopedic			
Upper Extremities			
Lower Extremities			
Neurological			
Seizures			
Speech			
Fine and Gross Motor			

Physical Education      Full Activity      \*Limited Activity      \*Restricted Activity  
 \*Specify Reason \_\_\_\_\_

**Comments:**

Attached immunization Record Completed YES/NO

\_\_\_\_\_  
 Doctor's Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Doctor's Signature

\_\_\_\_\_  
 Office Seal / Stamp



# ACADEMY OF ST. JOSEPH OF THE PALISADES

## Student Medical History Information (To Be Completed by Parent or Guardian)

Name: \_\_\_\_\_  
 Father: \_\_\_\_\_  
 Guardian: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 Mother: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_

Has student had:

	No	Yes	Age		No	Yes	Age
German Measles				"Hard" Measles			
Mumps				Chicken Pox			
Scarlet Fever				Asthma			
Encephalitis				Epilepsy			
Ear Infections				Meningitis			
Rheumatic Fever				Reyes Syndrome			

If yes to any of the above, were there any complications from the above illnesses?

\_\_\_\_\_

Has student had any other illnesses? \_\_\_\_\_

Has student had any condition which required emergency treatment or hospitalization? \_\_\_\_\_  
 If yes, state age and length of hospitalization \_\_\_\_\_

Is student presently under a physician's care? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Is student taking any medication? \_\_\_\_\_ If yes, name and dosage \_\_\_\_\_

Does student have any medical or physical problem the school should know about? (Allergies, easily tired, headaches, nosebleeds, handicaps) \_\_\_\_\_

Do any relatives or anyone in the home have tuberculosis, diabetes, or other illness? \_\_\_\_\_  
 If yes, describe \_\_\_\_\_

### DEVELOPMENTAL HISTORY

Please provide the approximate age the student:

Sat alone \_\_\_\_\_ Stood alone \_\_\_\_\_ Walked alone \_\_\_\_\_ Dressed Self \_\_\_\_\_

Spoke in Sentences \_\_\_\_\_ Was toilet trained \_\_\_\_\_







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Mrs. Lauren Lytle, Principal

## TUITION POLICY

Tuition payments must be made by the due date of each month. When a tuition account is past due, the school is required to withhold services until the tuition account is current.

I have read and understand the school's policy regarding the payment of tuition.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Student

## POLITICA DE LOS PAGOS DE MATRICULA

Los pagos de la matricula deben ser hechos en la fecha de vencimiento de cada mes. Cuando una cuenta se encuentra atrasada, la escuela esta obligada a retener los servicios hasta que la cuenta de la escuela se ponga al dia.

He leído y entendido la politica con respect al pago de la matricula.

\_\_\_\_\_  
Firma del Padre/Guardian

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre del Estudiante



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## PHOTO RELEASE FOR SCHOOL WEBSITE

Dear Parent/Guardian:

The Academy of St. Joseph of the Palisades has a website. The website is a useful information tool for all of our families. Pictures of our students are included in our website.

For as long as your child is a student of this school. He/she will be included in the school website. Please complete, sign, and return this form to indicate your full consent to this.

Sincerely,  
Lauren Lytle  
Principal

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I consent to the use of photos of my child in the St. Joseph of the Palisades Elementary School website.

Print Name of Student: \_\_\_\_\_

Print Name of Parent: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## GENERAL CONSENT FOR PRESS RELEASE

Dar Parent/Legal Guardian:

The Academy of St. Joseph of the Palisades regularly sends out press releases to newspapers and other publications such as our school brochure. The pictures are accompanied by short articles to explain the activities of the school.

For as long as your child is a student of this school, he/she will be included in the newspapers and other publications. Please complete, sign, and return this form to indicate your full consent to this.

Sincerely,  
Lauren Lytle  
Principal

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I consent to the use of photos of my child in the St. Joseph of the Palisades Elementary School newsletter and other press release.

Print Name of Student: \_\_\_\_\_

Print Name of Parent: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ACCEPTABLE USE AGREEMENT FOR TECHNOLOGY

The use of computer services at the Academy of St Joseph of the Palisades is a privilege, not a right. Students are expected to make responsible, ethical and appropriate use of computers and information services at all times. Network and computer services include but not limited to: use of personal and school computers and peripherals, the Internet, and/or e-mail and all associated software. Students should realize that these services are finite and costly and that such things as time, money and hardware are wrongfully restricted or appropriated when these services are abused.

The Academy of St. Joseph of the Palisades holds specific expectations for students at each grade level regarding their use of computers before, during, and after school in the computer lab, library and classroom. The following Rules of Conduct apply to information services. Students:

- May use only their password.
- May not reconfigure or tamper with the network system in any way, nor attempt to access or alter files without proper authority.
- May not unlawfully copy software or information.
- May not use illegal software.
- Must cite properly all information that is acquired from electronic sources and used in their assignments.
- Are held responsible for all activity conducted on his/her account or under his/her password.
- May not run non-instructional computer games on any school owned computer, server or network system.
- May not use non-school software, disk drivers, computers or other equipment unless cleared to do so by the school technology coordinator/administrator.
- Must comply with any other additional guidelines as stipulated by the school.

Failure to comply with these standards or acceptable use of the Academy of St. Joseph of the Palisades' technology will result, in the very least, in suspension or withdrawal of network privileges.

I, \_\_\_\_\_ (print student's name), have read and understand the **ACCEPTABLE USE POLICY** for the Academy of St. Joseph of the Palisades and agree to abide by its terms.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

As the parent or guardian of \_\_\_\_\_, I have read the **ACCEPTABLE USE POLICY** for computer network at the Academy of St. Joseph of the Palisades and understand that this access is designed for educational purposes. I recognize that it is impossible for the Academy of St. Joseph of the Palisades to restrict access to controversial materials, and I will not hold the school or its agents responsible for any such materials acquired on the network.

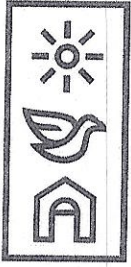
I hereby request that the Academy of St. Joseph of the Palisades issues an account for my child.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please sign and return this form within thirty days. Failure to do so will result in your child not having the right to use the computer network services.**





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## Authorization for Transfer of Pupil Records

Date: \_\_\_\_\_

I hereby give my permission to release from

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

all information (transcript of marks, test scores, health records, attendance records, psychological reports (if any), and any other pertinent data concerning my child.

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

\_\_\_\_\_  
Signature of Parent/Guardian\*

\*Parent/Guardian permission is no longer required when records are requested by authorized school personnel.  
(Family Education Rights and Privacy Act, as amended Rules on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673, N.J.A.C. 6:3-6 et esq.)

Record to be released to: Academy of St. Joseph of the Palisades  
6408 Palisade Avenue  
West New York, NJ 07093

Thank you for the courtesy of sending these records.

Sincerely,

Lauren Lytle  
Principal



## Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(Primer Nombre) (Apellido)  
Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Sexo) (Nacimiento) (Raza) (Grado)  
Place of Birth: \_\_\_\_\_ (City/State/Country)  
(Lugar donde nacio) (ciudad/estado/pais)  
Home Address: \_\_\_\_\_  
(Direccion de la casa)  
Home Telephone Number: \_\_\_\_\_  
(Numero de telefono)

## Parent Information

Father: _____ (Padre)	Occupation: _____ (Ocupacion)
Place of Business: _____ (Lugar de trabajo)	Telephone: _____ (Telefono)
Email: _____	Cellular: _____ (cellular)
Mother: _____ (Madre)	Occupation: _____ (Ocupacion)
Place of Business: _____ (Lugar de trabajo)	Telephone: _____ (Telefono)
Email: _____	Cellular: _____ (Cellular)
Legal Guardian: _____ (Tutor)	Occupation: _____ (Ocupacion)
Place of Business: _____ (Lugar de trabajo)	Telephone: _____ (Telefono)
	Cellular: _____ (Cellular)

## Emergency Contact Information

Please provide telephone numbers for two responsible people who may be contacted if your child is sick or injured.  
(Dos personas responsables en el area con las que puede contar en caso que su hijo/a enferme o si tiene un accidente)

### Person 1

Name: \_\_\_\_\_  
(Nombre)  
Relationship: \_\_\_\_\_  
(Relacion)  
Telephone: \_\_\_\_\_  
(Telefono)

### Person 2

Name: \_\_\_\_\_  
(Nombre)  
Relationship: \_\_\_\_\_  
(Relacion)  
Telephone: \_\_\_\_\_  
(Telefono)

I understand that the school will notify me in case of an emergency, but in the final disposition of an emergency case, the judgment of the school authorities will prevail. Any time my address, phone number(s), or marital status changes, I will notify the school in writing. (Yo entiendo que la escuela me notificara en caso de emergencia, pero la disposicion final en un caso de emergencia sera tomado por la autoridad de la escuela. En caso de que la direccion, el telefono, o estado marital coambie lo notificare a la escuela por escrito.)

\_\_\_\_\_  
Signature of Parent/Guardian (Firma del Padre/Tutor)

\_\_\_\_\_  
Date (Fecha)

*Please turn the page to complete side 2.  
(Favor de completar el otro lado.)*

## Confidential Parent Information

Please circle Marital Status:   **Married**   **Divorced**   **Widowed**   **Single Parent**   **Remarried**  
(Casado)   (Divorciado)   (Viudo)   (Padre o Madre Soltera)   (Casado de nuevo)

With whom does the student live? Please circle.

**Both Parents**   **Mother**   **Father**   **Legal Guardian** \_\_\_\_\_  
(Ambos)   (mama)   (papa)   (Tutor)   (Nombre del tutor)

**Sole Custody**   **Joint Custody**  
(custodia sola)   (custodia en comun)

Please indicate if there are any restrictions regarding your child that he/she may not be released to someone. (Por favor dejenos saber si hay alguna persona a la cual no podemos entregarle al nino/a. Escribe el nombre de esta persona. Los documentos de la corte tienen que enviarse a la escuela.)

Please indicate the person's name and submit court documents \_\_\_\_\_  
(Nombre de la persona)

## Religious History

Please verify that your child has received the following sacraments with a (x):

(Por favor indicar si su nino/a ha recibido los siguientes sacramentos)

**Catholic Baptism:**   \_\_\_ Yes   \_\_\_ No  
(Bautismo Catolico)

**First Reconciliation:**   \_\_\_ Yes   \_\_\_ No  
(Primera Confesion)

**First Communion:**   \_\_\_ Yes   \_\_\_ No  
(Primera Comunion)

**Confirmation:**   \_\_\_ Yes   \_\_\_ No  
(Confirmacion)

Which Church do you attend? (A que iglesia asiste?)

**Name of Church:** \_\_\_\_\_  
(Nombre de Iglesias)

**Address:** \_\_\_\_\_  
(Direccion)

Are you a registered parishioner of the above Church? Please Circle. (Estan usted registrado en la iglesia a la que usted asiste?)

Yes                      No