

Academy of St. Joseph of the Palisades

6408 Palisade Avenue

West New York, NJ 07093

Tel: 201-861-3227

Email: registration.information@asjpalisades.org

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

1st 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

K-8th Tuition & Fees 2025-2026

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.

8th Grade Fee: \$300

The 8th grade fee can be paid in full or in installments added to your monthly tuition payment.

Tuition K-8

One Student: \$6,650

Two Students: \$11,800

Three Students: \$16,950

Tuition may be paid in full or installments as follows:

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

One Student K-8

11 payments from July through May (monthly payment \$605)

10 payments from July through April (monthly payment \$665)

Two Students K-8

11 payments from July through May (monthly payment \$1073)

10 payments from July through April (monthly payment \$1180)

Three Students K-8

11 payments from July through May (monthly payment \$1,541)

10 payments from July through April (monthly payment \$1,695)

REGISTRATION 2025 — 2026

Kindergarten through Eight

STUDENT INFORMATION

Name: _____ Sex: _____

Date of Birth: _____ Grade for September: _____

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 1st/15th 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

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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www.stjosephpalisadeselem.com

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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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Mrs. Lauren Lytle, Principal

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

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

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: _____

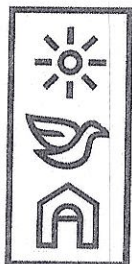
As the parent or guardian of _____, I have read the **ACCEPTABLE USE POLICY** for computer network at the Academy of St. Joseph of the Palisades and understand that this access is designed for educational purposes. I recognize that it is impossible for the Academy of St. Joseph of the Palisades to restrict 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.



Learning Academy of St Joseph of the Palisades

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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 (Casado) Divorced (Divorciado) Widowed (Viudo) Single Parent (Padre o Madre Soltera) Remarried (Casado de nuevo)

With whom does the student live? Please circle.

Both Parents (Ambos) Mother (mama) Father (papa) Legal Guardian (Tutor) _____
Sole Custody (custodia sola) Joint Custody (custodia en comun) (Nombre del tutor)

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