REGISTRATION INFORMATION FOR 2019-2020

Each child, regardless of race, color, sex, national or ethnic background, will be considered for acceptance into Our Lady of the Snows Catholic Academy.

THE FOLLOWING GUIDELINES WILL ASSIST YOU IN REGISTERING YOUR CHILD IN OUR ACADEMY. PLEASE READ THEM CAREFULLY AND FOLLOW THROUGH ON ALL ITEMS PERTAINING TO THE GRADE YOUR CHILD WILL ENTER IN SEPTEMBER.

1. DOCUMENTS, FORMS, AND RECORDS

   PLEASE NOTE: **No child will be registered** unless the required items listed below are presented in the school office at the time of the registration interview:

   A. Original Birth Certificate showing imprint of the official seal.
   B. Original Baptismal Certificate (for those children who have been baptized) showing imprint of the church's seal, even if the child was baptized in Our Lady of the Snows Church or into another faith.
   C. Original Penance Certificate and Communion Certificate
   D. Registration Forms (two attached) completed by parent with all required information.
   E. Immunization History and Physical (forms attached - we cannot accept doctor's card) completed and signed by your doctor or health clinic based on your child's records. Registration and enrollment is not complete without these forms. Physicals must be dated within 1 year of September 4, 2019.
   F. Parent Service Form (attached) for students registering in Grades Nursery to 8. Each family in Grades Nursery-Full Day to 8 must volunteer time in school or with fund-raisers during the year or pay an additional $500 per year. Please see attached information from the Parent Service Committee of the Home-Academy Association.
   G. Progress report and letter from present teacher for a child registering in Grades K or 1.
   H. Report cards, progress reports, and test scores (current and previous two years of school and Grades 3 and up NY State ELA and Math results, if applicable), and a letter from present teacher for any student registering in Grades 2 through 8 to verify his/her scholastic standing. We do not accept students who have marks below 80 or a mark less than 3 (on a public school report card). Students must have an S or better in conduct.
   I. **Registration Interview (by appointment only)** - One or both parents and child(ren) being registered will be interviewed at the time of registration. All required documents, forms, and records as indicated above must be presented at this interview.

2. OTHER REQUIREMENTS

   A. **Age and Appropriate Behavior** -
   - Nursery - child must turn 3 years old in 2019
   - Pre-K - child must turn 4 years old in 2019
   - Kindergarten - child must turn 5 years old in 2019

   Our school will follow the Nassau County cut-off date of December 1 for Nassau County residents. Children must be fully toilet trained (no pull ups) and off the bottle and pacifier for at least three months before beginning school.

   B. **Registration Interview Dates** - (call 718-343-1346 for an appointment once you have the Immunization History completed by your physician)

   Registration interviews will be by appointment only. If you will be registering more than one child, please notify the school office when you make your appointment. Registration will be held on the following dates:

   - Nursery & Pre-K - February 6, 2019 - 9 a.m. to 12 p.m.
   - Grades K to 8 - February 7, 2019 - 9 a.m. to 12 p.m.
   - Grades Nursery to 8 - February 11 and 26, 2019 - 9 a.m. to 12 p.m.

   If you cannot register on the above dates, please call the school office on or after February 27 for future dates that will be set aside for registration of new students.

   - over -

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79-33 258th Street, Floral Park NY 11004
Phone: 718-343-1346 – Fax: 718-343-7303
www.osccafp.org
Accredited by Advanced Northeast USA/Canada
Our Lady of the Snows Catholic Academy
"Turning today's learners into tomorrow's leaders"

C. Registration Fee - (non-refundable) must be **paid at the time of interview**, as follows:
   Grades Nursery Full Day - $275 per child    Nursery AM - $175 per child    PK to 8 - $275 per child

Please pay this fee by check or money order when you register and make it out to Our Lady of the Snows Catholic Academy. We **cannot** accept cash for registration or tuition payments.

D. Medical Examination and Form - Every child entering Nursery, PreK, or Kindergarten, or a child transferring into Grades 1 to 8 must have a complete medical examination before s/he can be admitted to our school. A child transferring into Grades 1 to 8 from another school located in New York City must request the school send his/her original medical records to us in June. We will give you further information and the appropriate medical forms during the registration interview. No child can start in OLS without a completed medical exam.

3. INFORMATION ABOUT OUR LADY OF THE SNOWS CATHOLIC ACADEMY
   A. Principal – Joseph Venticinque
   B. Enrollment - Approximately 490 students
   C. Grades and Class Size -
      Nursery: 25 to 30 per day (with two aides)
      Pre-K: 18 to 20 children (with an aide)
      Kindergarten: 24 children - no more than (with an a.m. aide)
      Grades 1 to 8: Class size varies
   D. School Hours -
      Nursery - Full Day: M to F - 8:20 a.m. to 2:55 p.m.
      Nursery - AM Half Day: M to F - 8:20 a.m. to 11:20 a.m.
      Pre-K – OLS: M to F - 8:20 a.m. to 2:55 p.m.
      Pre-K for All: M to F - 8:20 a.m. to 2:40 p.m.
      Grades Kgn and 1: M to F - 8:10 a.m. to 2:55 p.m.
      Grades 2 to 8: M to F - 8:10 a.m. to 3:00 p.m.

E. School Curriculum - Our academy strives to develop in our students a firm foundation in Christian doctrine and values. We follow the New York State Common Core and Diocese of Brooklyn and Queens guidelines for curriculum development in all grades. In addition to the regular curriculum, Grades Pre-K to 8 attend classes in art, computer, and physical education. Grades 3 to 8 study Spanish, and Grades 3 to 8 learn library science. We also have the services of a reading specialist for Grades K to 8 three days a week and a guidance counselor three days a week. Non-Catholic students are expected to study and pass religion as they would any subject. All students in grades PK-8 receive weekly STEM classes in our state-of-the-art STEM lab.

F. Tuition - The attached Tuition/Fees/Payment Schedule will give you the information you need to determine costs for your family for the 2019-2020 school year.

G. Morning Care Program - is available for students in all grades starting at 7:15 a.m. each morning. Information will be available the first day of school. Grades Nursery to Kindergarten will receive the information at orientation.

H. Extended Care Program - is available for our students in Grades Nursery-Full Day to 8 from dismissal to 6 p.m. Information will be available the first day of school. Grades Nursery to Kindergarten will receive the information at orientation.

I. School Uniform, Shoes and Gym Uniform are required for students in Grades Nursery to 8. Information will be available at the registration interview. All students must purchase uniforms from our uniform store.

J. Transportation - Students in Grades K to 2 may be eligible for transportation on the NYC yellow school bus if they live a half-mile or more from school. Students in Grades 3 to 6 may be eligible for transportation on the NYC yellow school bus if they live a mile or more from school. MetroCards can be requested for students to use on the NYC public bus system. The NYC Office of Pupil Transportation decides on the locations of the school bus stops and determines who is eligible for the school bus or the MetroCard through an application sent in by the school office. Information will be available at the registration interview. Students in Nassau County should go to their Town Hall to request service before April 1, 2019.

4. PARISH MEMBERSHIP
   We encourage Catholic families in our parish boundaries to register in Our Lady of the Snows Parish, worship regularly, and contribute weekly in support of our parish through the use of the parish envelopes. We are deeply interested in you and want your family to be members of our parish family. Registration forms can be obtained at the parish office on 259th Street. The parish office telephone number is 718-347-6070.
2019 – 2020 Tuition Contract

A non-refundable fee is due upon registration as follows:
$275 Registration Fee for one child Nursery Full Day to 8th Grade / $100 each additional child
Nursery ½ DAY - $175 – for one child / $100 each additional child

<table>
<thead>
<tr>
<th>Tuition Grades K – 8</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Number of Children</td>
<td>Tuition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Catholic</td>
<td>NonCatholic</td>
</tr>
<tr>
<td>One</td>
<td>$4400</td>
<td>$5200</td>
</tr>
<tr>
<td>Two</td>
<td>$6000</td>
<td>$7900</td>
</tr>
<tr>
<td>Three</td>
<td>$7100</td>
<td>$9700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tuition Early Childhood</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade</td>
<td>Tuition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>One Child</td>
<td>2nd Child</td>
</tr>
<tr>
<td>Pre-K</td>
<td>$4500</td>
<td>$4250</td>
</tr>
<tr>
<td>Nursery Full Day</td>
<td>$4500</td>
<td>$4250</td>
</tr>
<tr>
<td>Nursery Half Day</td>
<td>$3800</td>
<td>$3400</td>
</tr>
</tbody>
</table>

Extended Care Rates

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning Care (Starts at 7:15am)</td>
<td>$4 per day/ $30 per month</td>
<td>$8 per day/ $45 per month</td>
<td>$12 per day/ $45 per month</td>
</tr>
<tr>
<td>AfterCare Program (Ends at 6pm)</td>
<td>Registration Fee $30 $8 per hour</td>
<td>Registration Fee $45 $11.00 per hour</td>
<td>Registration Fee $55 $13.00 per hour</td>
</tr>
</tbody>
</table>

In addition to tuition, each family is responsible for a Parent Service Fee of $500. (Please see the Parent Service Commitment Form for more information regarding this fee.)

TUITION PAYMENT SCHEDULE FOR 2019-2020

The yearly tuition fee is broken down into ten (10) monthly payments beginning June 1st. The monthly payment for your child(ren) can be determined by dividing your total tuition by ten. You will receive a billing statement in May with the monthly breakdown of your yearly tuition. Payments can be made by check, money order, or credit card (a processing fee will be assessed on all credit card payments). Cash will not be accepted. Each month you remit payment in an envelope with the child’s name and class. YOUR CHILD’S NAME AND GRADE MUST BE NOTED ON ALL CHECKS OR MONEY ORDERS. The cancelled check will be your receipt. Credit card payments can be made in person at the school office. (No credit card payments can be accepted over the phone.)

The First Tuition payment, due June 1, 2019, can be sent in with your child or made at the School Office. The Second Tuition payment is due the first day of school in September. The Third through Tenth Tuition payments are due the first of every month, October through May. If tuition is not received by the 15th of the month, a $25 late fee will be charged.

All tuition and fees must be paid in full by May 1, 2020.
Any Returned Check will have to be reissued by money order along with a bank fee of $25 (subject to change) whenever a check is returned to us for insufficient funds or any other reason. We do not redeposit these checks. After two checks have been returned by the bank, only money orders will be accepted for future payments.

A 3 percent discount will be given to each family who pays their tuition in full by June 28, 2019. This only applies to tuition not any other school fees, and the discount does not apply to tuition received after June 28th. There are no exceptions. If you will be away, you may send the payment in advance to the school address.

Financial Aid – There are various scholarships that are awarded each year. Information and guidelines for these scholarships will be made available to you as we receive them. We recommend that all families apply for the available scholarships. Please see the school office for more information.

$200 Referral Incentive – Our Lady of the Snows Catholic Academy is offering an incentive program to each family so they can invite family and friends to learn more about Our Lady of the Snows Catholic Academy. Please make sure that the prospective family mentions your family as the one that recommended them. If that new family registers and remains at Our Lady of the Snows Catholic Academy in good financial standing, you and the new family will receive a one time credit of $200 on the May 1, 2020 payment for the 2019-2020 school year. This credit is given only the first year the family attends Our Lady of the Snows Catholic Academy and is limited to one referral credit per family.

$200 Public School Incentive – Our Lady of the Snows Catholic Academy is offering an incentive program to all new families registering from public school. This credit is given only the first year the family attends Our Lady of the Snows Catholic Academy. The family must remain in good financial standing and will receive the one time $200 credit on their final tuition payment of their first year.

Registering your child is a full school year commitment. The ten payment plan is for your convenience and is not meant to suggest that payments correspond to a month by month enrollment. The cost of each child’s education is a full academic year’s expense. Withdrawing a child before the end of the school year does not materially decrease that expense, therefore no refunds will be given and the parent is still responsible for the tuition and fees for the entire school year.

Arrears – Failure to pay tuition in a timely manner jeopardizes the fiscal health and stability of the Academy. If circumstances arise that a tuition payment will be late, please notify the school office in writing. If an account is delinquent, report cards, transcripts, and diplomas will not be released until all financial responsibilities are met. (No personal checks will be accepted on past due accounts.) Current enrollment and re-registration may be affected by accounts that are severely overdue.

I/We have carefully read and agree to the terms and conditions of the Our Lady of the Snows Catholic Academy Tuition Contract for the 2019-2020 school year.

Please print: Student’s Name ___________________________ Grade ______
Student’s Name ___________________________ Grade ______
Student’s Name ___________________________ Grade ______

Parent/Guardian’s
Name ___________________________ Signature ______ Date ______
Name ___________________________ Signature ______ Date ______
2019-2020
Tuition Assistance Available
Financial aid is available for eligible students in grades K to 8, who attend a Brooklyn or Queens Catholic School or Academy.
Families must meet financial eligibility requirements and be registered/enrolled for 2019/20 in order to be considered.
No consideration will be given to a family who has not completed the enrollment process. Only completed financial aid applications will be considered.

TO APPLY
Starting January 14, 2019 go to www.futuresineducation.org
From the main menu, click SCHOLARSHIPS and then APPLY

SCHOLARSHIP DEADLINE
March 29, 2019 – Families who received an award last academic year
April 29, 2019 – New families

FOR MORE INFORMATION
Please visit www.futuresineducation.org

SUPPORT AND HELP
- FACTS has been selected by Futures in Education to conduct fair and confidential financial need assessments for families that may need assistance paying tuition.
- FACTS Applicant Support: Phone 866-441-4637
- M-Th 8:30am- 8pm Est / Fri 8:30am-6pm Est
- info@factstuitionaid.com
- Live chat M-F 9am-6pm est

Note: There is a non-refundable $35 application processing fee payable by credit card. Applications are available online in English and Spanish.

Futures in Education
Children's Scholarship Fund
2019-2020
Ayuda Financiera Disponible
La ayuda financiera está disponible para estudiantes elegibles en los grados K a 8, que asisten a una escuela o academia católica de Brooklyn o Queens. Las familias deben cumplir con los requisitos de elegibilidad financiera y estar registradas / inscritas para 2019/20 para ser consideradas. No se dará consideración a una familia que no haya completado el proceso de inscripción. Sólo se considerarán las solicitudes de ayuda financiera completadas.

PARA APLICAR
A partir del **14 de enero de 2019** diríjase a www.futuresineducation.org
En el menú principal, seleccione SCHOLARSHIPS (becas) y luego APPLY (aplicar)

FECHA LÍMITE
29 de marzo, 2019 – Para las familias que recibieron una beca el año anterior
29 de abril, 2019 – Para las familias nuevas

PARA MAYOR INFORMACIÓN
Por favor, visite www.futuresineducation.org

ASISTENCIA TECNICA Y AYUDA
La compañía FACTS ha sido seleccionada por Futures in Education para llevar a cabo de manera justa y confidencial la evaluación de necesidad financiera para las familias que necesiten ayuda para pagar la colegiatura anual.
- **Ayuda al solicitante de FACTS:** Teléfono 866-441-4637
- Lun-Jue 8:30am- 8pm EST / Vier 8:30am-6pm EST
- info@factstuitionaid.com
- Chat en vivo Lun-Vier 9am-6pm EST

Nota: El cargo por el proceso de aplicación es de $35 pagadero por tarjeta de crédito. Las aplicaciones estarán disponibles en línea en inglés y español.

Futures in Education
FOR BROOKLYN AND QUEENS
Charging Lives Through the Gift of Education

Children’s Scholarship Fund
Our Lady of the Snows Catholic Academy

APPLICATION FORM 2019-20 ACADEMIC YEAR
(Please Print Clearly)

Grade Entering __________________ If Nursery, □ Full or □ Half Day Date of Registration __________________

Previously Attended School

Name of School __________________ Address of School __________________ Dates Attended __________________

Grades __________________

STUDENT INFORMATION: STUDENT’S NAME MUST MATCH BIRTH CERTIFICATE

First Name: __________________ Middle: __________________ Last: __________________

Check One: □ Male □ Female Birth Date: ______ mm/dd/yyyy

Student’s Home Address:
Street Address: __________________ Apt. ______

City: __________________ Zip Code: ______

Home Phone: (______)_________ Preferred E-Mail: __________________

What is the city, state, and country where this student was born?

What is the primary language spoken at home?

Other languages spoken at home are:

How many children are in your family?

List sibling’s names, school attending, and grade:

<table>
<thead>
<tr>
<th>Names</th>
<th>School Attending</th>
<th>Grade</th>
</tr>
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</tbody>
</table>

Religious Affiliation: □ Catholic Parish Affiliation: __________________

Parish Address: __________________

□ Non-Catholic Student’s Religion: __________________

(If Christian, please be specific. I.e., Lutheran, Methodist, etc.)

Please indicate if the student received the sacrament of Baptism in a Roman Catholic Church. □ Yes □ No

Baptism Date: __________________ Church Name & Address: __________________

Penance Date: __________________ Church Name & Address: __________________

Communion Date: __________________ Church Name & Address: __________________

Confirmation Date: __________________ Church Name & Address: __________________

Ethnic Background: Is the student Hispanic, Latino, or Spanish Origin (regardless of race): □ Yes □ No

Race: Please check one. (For NYS Statistical Studies)

□ American Indian/Alaskan Native □ Asian □ Black □ Native Hawaiian or other Pacific Islander □ White

Does the student have an I.E.P. (Individualized Education Plan) or Special Services: □ Yes □ No

If yes, please provide copy of I.E.P.

Medical Information:

Does the student have a medical 504 form: □ Yes □ No

Allergies: □ Yes □ No __________________

Food Allergies: □ Yes □ No __________________

History of Asthma: □ Yes □ No Does the child require an inhaler or nebulizer: □ Yes □ No

History of Serious Illness or Hospitalization:

Doctor’s Name: __________________ Phone: __________________

Address: __________________
Father:
Title: ___________________ (Mr., Dr., etc.)  First Name: ___________________
Last Name: ___________________  Work Phone: ___________________
Home Phone: (______)  Cell Phone: (______)  Email: ___________________
Occupation: ___________________  Employer: ___________________
Birthplace (Country): ___________________  Religion: ___________________
(If Christian, Please be specific. I.e., Lutheran, Methodist, etc.)

Mother:
Title: ___________________ (Mrs., Dr., Ms., etc.)  First Name: ___________________
Last Name: ___________________  Work Phone: (______)  Email: ___________________
Home Phone: (______)  Cell Phone: (______)  Maiden Name: ___________________
Occupation: ___________________  Employer: ___________________
Birthplace (Country): ___________________  Religion: ___________________
(If Christian, Please be specific. I.e., Lutheran, Methodist, etc.)

Guardian/Caretaker: (resides at the same address as student)
Title: ___________________ (Mrs., Dr., Ms., etc.)  First Name: ___________________
Last Name: ___________________  Work Phone: (______)  Email: ___________________
Home Phone: (______)  Cell Phone: (______)  Occupation: ___________________  Employer: ___________________

Are parents married, divorced or separated? □ Married □ Divorced □ Separated
If divorced or separated:
Does father have right to information? □ Yes □ No  Can father visit/pick-up? □ Yes □ No
Does mother have right to information? □ Yes □ No  Can mother visit/pick-up? □ Yes □ No
Are any custodial papers needed to be on file with the school? □ Yes □ No
If yes, please provide copy to school office.

Is there anyone that should not be picking up your child? __________________________________________

Please list any information about your child you feel the school should know: __________________________________________

Transportation Requested:

NYC Students Grades K through 6 □ Yes, Yellow School Bus □ No
NYC Students Grades 7 and 8 □ Yes, MetroCard □ No

Nassau County Students –
Parents must apply through their individual town hall for bus transportation. Please check for application deadlines.
Town coming from __________________________________________
Or Private Bus Service __________________________________________

Referred to OLSCA by __________________________________________

I certify that all of the information provided is accurate, and I will immediately inform the school office of any changes.

Parent Signature: ___________________  Parent Printed Name: ___________________
Our Lady of the Snows Catholic Academy
"Turning today’s learners into tomorrow’s leaders"

<table>
<thead>
<tr>
<th>Name ___________________________</th>
<th>Date of Birth __________</th>
<th>Class in September __________</th>
</tr>
</thead>
</table>

**IMMUNIZATION HISTORY**
(To be completed by physician or health clinic representative)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP or DT or TD</td>
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<td></td>
</tr>
<tr>
<td>Tdap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*Last dose on or after 4 years of age. (applies to all entering 6th &amp; 7th grades - ages 11 &amp; up)</td>
</tr>
<tr>
<td>Meningococcal (MenACWY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*Last dose on or after 4 years of age. (applies to all entering 7th &amp; 8th grade)</td>
</tr>
<tr>
<td>POLIO</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>MMR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(on or after first birthday) (on or after 15 months of age)</td>
</tr>
<tr>
<td>HIB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PNEUMOCOCCAL (PCV)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>VARICELLA (CHICKENPOX)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(on or after 1st birthday)</td>
</tr>
<tr>
<td>*HEP B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(3 doses for children entering Nursery - 8th)</td>
</tr>
</tbody>
</table>

*HEP B Minimum age for dose 1: Birth
Dose 1 to dose 2: 4 weeks
Dose 2 to dose 3: 8 weeks and at least 16 weeks after first dose; minimum age for the final dose is 24 weeks.

Signature of physician or health clinic representative ___________________________ Date __________

Print name of physician or health clinic representative ___________________________ (Area Code) Telephone Number ___________________________

Address ________________________________________ Town __________ Zip __________

Do not write below this line (for school use only).

Date of Registration __________ Admitted __________
### Child & Adolescent Health Examination Form

**NYC Department of Health & Mental Hygiene — Department of Education**

**To Be Completed by the Parent or Guardian**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Last Name</td>
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</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino?</td>
<td>Yes</td>
</tr>
<tr>
<td>Race</td>
<td>American Indian</td>
</tr>
<tr>
<td>City/Borough</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>School/Camp Name</td>
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</tr>
<tr>
<td>District</td>
<td></td>
</tr>
<tr>
<td>Phone Numbers</td>
<td></td>
</tr>
<tr>
<td>Health insurance</td>
<td>Yes</td>
</tr>
<tr>
<td>Parent/Guardian</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

**To Be Completed by the Health Care Practitioner**

**Birth History**

- Uncomplicated
- Premature gestation: __ weeks
- Complicated by:
  - Anemia
  - Respiratory
  - Congenital or acquired heart disease
  - Developmental/learning problem
  - Diabetes (attach MAF)
  - Orthopedic injury/disability
  - Explain all checked items above.

**Physical Exam**

- Date of Exam: __/__/__
- Height: __ cm
- Weight: __ kg
- BMI: __ kg/m²
- Head Circumference: __ cm

**Blood Pressure**

- Age: __ yrs
- Uncontrolled
- Poorly Controlled or Not Controlled

**Phys ed Developmental**

- Age: __ yrs
- Validated Screening Tool Used:
  - Date Screened: __/__/__
- Screening Results: WNL
  - Delay or Concern Suspected/Confirmed (specify area(s) below):
    - Cognitive/Problem Solving
    - Communication/Language
    - Other Areas of Concern

Describe Suspected Delay or Concern:

- Child Receives EI/CPSE/DD services: Yes

- OR Number: __

**Immunizations**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date im</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Assessment**

- Well Child (200 120)
- Diagnoses/Problems (specify)
- ICD-10 Code

**Recommendations**

- Full physical activity
- Restrictions: (specify)

Follow-up Needed: Yes, for: __

Referral(s): None

Other:

**Health Care Practitioner Signature**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Form Completed</td>
<td><strong>/</strong>/__</td>
</tr>
<tr>
<td>Practitioner ID:</td>
<td></td>
</tr>
<tr>
<td>Type of Exam:</td>
<td>NAE Current</td>
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<tr>
<td>Comments:</td>
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<tr>
<td>Date Reviewed:</td>
<td><strong>/</strong>/__</td>
</tr>
<tr>
<td>ID Number:</td>
<td></td>
</tr>
</tbody>
</table>

**Physician's Report**

- Physician Confirmed History of Varicella Infection

- Report only positive immunity:
  - IgG Titer
  - Hepatitis B
  - Measles
  - Mumps
  - Rubella
  - Varicella
  - Polio
  - Other

**Facility Name**

- National Provider Identifier (NPI)

**Address**

- City: __
- State: __
- Zip: __

**Telephone**

- Fax: 
- Email: 

[CH205 Health Exam 2016_r4_16_FINAL2.indd]
# 2018-19 School Year
New York State Immunization Requirements
for School Entrance/Attendance

**NOTES:**  
Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades pre-k through 10, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. (Exception: intervals between doses of polio vaccine DO NOT need to be reviewed for grades 5, 11 and 12.) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grades 11 and 12. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule.

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Prekindergarten (Day Care, Head Start, Nursery or Pre-k)</th>
<th>Kindergarten and Grades 1, 2, 3 and 4</th>
<th>Grade 5</th>
<th>Grades 6, 7, 8, 9 and 10</th>
<th>Grades 11 and 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTP/DTP/Td/Td)</td>
<td>4 doses</td>
<td>5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older</td>
<td>3 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap)</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>1 dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio vaccine (IPV/OPV)</td>
<td>3 doses</td>
<td>4 doses or 3 doses if the 3rd dose was received at 4 years or older</td>
<td>3 doses</td>
<td>3 doses</td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps and Rubella vaccine (MMR)</td>
<td>1 dose</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B vaccine</td>
<td>3 doses</td>
<td>3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox) vaccine</td>
<td>1 dose</td>
<td>2 doses</td>
<td>1 dose</td>
<td>2 doses</td>
<td>1 dose</td>
</tr>
<tr>
<td>Meningococcal conjugate vaccine (MenACWY)</td>
<td>Not applicable</td>
<td>Grades 7, 8 and 9: 1 dose</td>
<td>Grade 12: 2 doses or 1 dose if the dose was received at 16 years or older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza type b conjugate vaccine (Hib)</td>
<td>1 to 4 doses</td>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Conjugate vaccine (PCV)</td>
<td>1 to 4 doses</td>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Demonstrated serologic evidence of measles, mumps, rubella, hepatitis B, varicella, or polo (for all three serotypes) antibodies is acceptable proof of immunity to these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child had varicella disease is acceptable proof of immunity to varicella.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
   a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months; provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday.
   b. If the fourth dose of DTaP was administered at 4 years or older, the fifth (booster) dose of DTaP vaccine is not required.
   c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
   d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older. A Tdap vaccine (or incorrectly administered DTaP vaccine) received at 7 years or older will meet the 6th grade Tdap requirement.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)
   a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap. A dose received at 7 years or older will meet this requirement.
   b. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.

4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
   a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
   b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
   c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
   d. Intervals between the doses of polio vaccine do not need to be reviewed for grades 5, 11 and 12 in the 2018-19 school year.
   e. If both OPV and IPV were administered as part of a series, the total number of doses and intervals between doses is the same as that recommended for the U.S. IPV schedule. If only OPV was administered, and all doses were given before age 4 years, 1 dose of IPV should be given at 4 years or older and at least 6 months after the last OPV dose.

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
   a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
   c. Mumps: One dose is required for prekindergarten and grades 11 and 12. Two doses are required for grades kindergarten through 10.
   d. Rubella: At least one dose is required for all grades (prekindergarten through 12).

6. Hepatitis B vaccine
   a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks.
   b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.

7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
   a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid) for persons 13 years and older, the minimum interval between doses is 4 weeks.

8. Meningococcal conjugate ACWY vaccine. (Minimum age: 6 weeks)
   a. One dose of meningococcal conjugate vaccine (Menactra or Menveo) is required for students entering grades 7, 8 and 9.
   b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
   c. The second dose must have been received at 16 years or older. The minimum interval between doses is 5 weeks.

9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
   a. Children starting the series on time should receive 4 doses vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
   c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
   d. If dose 1 was received at 15 months or older, only 1 dose is required.
   e. Hib vaccine is not required for children 5 years or older.

10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
    a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
    b. Unvaccinated children ages 7 through 11 months of age are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
    c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
    d. If one dose of vaccine was received at 24 months or older, no further doses are required.
    e. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

For further information, contact:
New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433
Dear Parents,

We would like to thank our volunteers for their dedication to their Parent Service Commitment this past year. We would also like to remind you that it is important to take your service seriously for the benefit and safety of your children. We cannot do it without your help.

As part of your school responsibility, each registered family is required to fulfill a specific service by giving time to the academy. When you register your child, you MUST choose a service which will be assigned, as always, on a first come, first served basis. After the scheduling is completed, we will be able to determine when and where additional help is needed.

If you have any questions concerning the services, please contact the school. Records will be kept of those who volunteer and will be reviewed periodically. Those families who fail to fulfill their commitment will be billed, pro-rated on the $500.00 annual service fee. If you have consistently missed your service, we may not be able to schedule you for a service next year. You will be required to pay the $500.00 parent service fee.

Because our academy needs volunteers, we are unable to accept parish activities as an alternative service. We are aware that there are many parents who devote a good deal of time to parish activities. Please consider each option carefully before making your selection because we may not be able to accommodate changes once the schedule has been made.

**VARIOUS FUNDRAISERS** – selling raffles in November, for the December drawing and March/April, for the Spring Raffle in the equivalent amount of the parent service fee. More information to follow.

**LUNCH DUTY** – from 11:45AM until 1:05PM once each week, to maintain order and discipline. As always, this is where we need the most help. All volunteers must complete and show proof of Virtus Training from the Diocese. (See Virtus Training flyer for more information.)

**259th STREET STOP & DROP/SUPPLIES** – one day per week, to stay at the drop off area from 7:50AM until 8:10AM to make sure traffic flows smoothly. After stop and drop, you will come to the school office to assist us until 8:30AM.

We understand that many families must work two jobs; however, we are short-handed. We hope that you will be patient with us as we try to work out a system that will best benefit all our children. Thank you for your cooperation and understanding.

Sincerely,

Joseph Venticinque
Principal
Our Lady of the Snows Catholic Academy
“Turning today’s learners into tomorrow’s leaders”

PARENT SERVICE COMMITMENT

PLEASE PRINT ALL INFORMATION CLEARLY

DATE: ______________________

FATHER’S NAME: ____________________________________________

MOTHER’S NAME: ____________________________________________

ADDRESS: ____________________________________________ TOWN________ Zip Code ________

PHONE: (____) ______-_________ CELL PHONE: (____) ______-_________

EMAIL ADDRESS____________________________________________

NAME(S) OF CHILD OR CHILDREN

Last Name First Name Grade in Sept. 2019 Current Homeroom

______________________________________ ____________________________ ______

______________________________________ ____________________________ ______

______________________________________ ____________________________ ______

Please Indicate Your Choice of Service Activity Below

Use 1 for first choice and 2 for alternate selections. You must indicate at least two choices or a second choice may be selected for you.

LUNCH DUTY (from 11:45 till 1:05 once each week on the day selected) * Volunteers Must be Virtus Trained

MON TUES WED THURS FRI

259th STREET STOP & DROP/SUPPLIES (from 7:50 to 8:30 AM one day per week for entire school year)

MON TUES WED THURS FRI

VARIOUS FUNDRAISERS

Selling raffles in November, for the December drawing and March/April, for the Spring Raffle in the equivalent of the parent service fee. Details to follow.

I am unable to provide any commitment to the Parent Service team for the academy. I agree that I will include a $50.00 service fee each month along with my child’s tuition payment totaling $500.00 for the school year.

I am available to provide one extra day of service each week. I understand I will be paid $10.00 for each week. When need is determined, the parent service committee will contact you to arrange scheduling. Thank you for your help and cooperation.

PARENT SIGNATURE __________________________

This form must be returned with your child’s registration material. Registration is NOT complete without this form.

IMPORTANT – ALL ADULT VOLUNTEERS MUST HAVE TAKEN VIRTUS TRAINING. PLEASE VISIT WWW.VIRTUSONLINE.ORG FOR INFORMATION ON CLASSES.
Instructions for Registering on-line for Virtus

GO TO: Virtusonline.org
CLICK: Green box labeled “FIRST-TIME REGISTRANT”
CHOOSE: Brooklyn, NY (Diocese) THEN: SELECT
(Many people chose Archdiocese of New York - this is incorrect)
CREATE: A User ID and password you can easily remember.
(If you do not pre-register an ID and password, one will be created for you.)
CLICK: CONTINUE
ENTER: All requested personal information
CLICK: CONTINUE
SELECT: Pick your Primary Location (the parish where you volunteer/work) from the drop down menu
CLICK: CONTINUE = THEN: CLICK: NO or YES
SELECT: Choose the role that applies to your ministry
(Catechist and Coaches - Select Volunteer and add title in box)
SELECT: Additional Roles
ANSWER: Questions = THEN CLICK: CONTINUE
CLICK: Code of Conduct – Read and then check that you have read and understand.

If you are pre-registering:
CLICK: NO
SELECT: From the list of upcoming sessions - choose the session you want to attend by clicking on the circle.

You will receive a message thanking you for completing the registration process.
CLICK: Begin Background Check
You will be directed to the Fastrax website
Follow the directions to complete.

PLEASE NOTE WELL – CHILDREN ARE NOT PERMITTED due to the course content. Please make arrangements for child care if necessary. Your name will appear on the sign-in sheet and on your certificate exactly as you have entered it when you registered on-line.
2018 NYS ELA and Math Test Results  
Grades 4, 6 and 8  
Comparative Chart

Percentage of Students Scoring at Levels 3 and 4 (Students who met or exceeded the proficiency standards for their grade):

<table>
<thead>
<tr>
<th>2018 NYS Testing Program</th>
<th>New York State (includes all Public and Charter Schools in NY State - no Nonpublic Schools data)</th>
<th>New York City (only NY City Public Schools – no Charter Schools, no Non-public Schools data)</th>
<th>Diocese of Brooklyn (Academies and Schools within the Diocese with appropriate grade levels tested)</th>
<th>OUR LADY OF THE SNOWS CATHOLIC ACADEMY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 4-ELA</td>
<td>47.4%</td>
<td>49.4%</td>
<td>55.6%</td>
<td>74.3%</td>
</tr>
<tr>
<td>Grade 6-ELA</td>
<td>49.0%</td>
<td>48.9%</td>
<td>61.9%</td>
<td>70.4%</td>
</tr>
<tr>
<td>Grade 8-ELA</td>
<td>47.6%</td>
<td>50.7 %</td>
<td>60.4%</td>
<td>85.7%</td>
</tr>
<tr>
<td>Grade 4-Math</td>
<td>48.2%</td>
<td>46.4%</td>
<td>43.7%</td>
<td>82.8%</td>
</tr>
<tr>
<td>Grade 6-Math</td>
<td>44.2%</td>
<td>39.8%</td>
<td>38.6%</td>
<td>52.2%</td>
</tr>
<tr>
<td>Grade 8-Math</td>
<td>30.0%</td>
<td>33.2%</td>
<td>40.8%</td>
<td>61.9%</td>
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</tbody>
</table>

2018 NYS ELA Grade 4 Test Results

<table>
<thead>
<tr>
<th>Level 1</th>
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<th>Level 3</th>
<th>Level 4</th>
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<tbody>
<tr>
<td>New York State</td>
<td>19.5%</td>
<td>33.1%</td>
<td>29.4%</td>
</tr>
<tr>
<td>New York City</td>
<td>19.3%</td>
<td>31.4%</td>
<td>27.5%</td>
</tr>
<tr>
<td>Diocese of Brooklyn</td>
<td>9.8%</td>
<td>34.6%</td>
<td>35.3%</td>
</tr>
<tr>
<td>Academy/School</td>
<td>0.0%</td>
<td>25.7%</td>
<td>25.7%</td>
</tr>
</tbody>
</table>

2018 NYS ELA Grade 6 Test Results

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
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</thead>
<tbody>
<tr>
<td>New York State</td>
<td>27.8%</td>
<td>23.1%</td>
<td>22.1%</td>
</tr>
<tr>
<td>New York City</td>
<td>27.9%</td>
<td>23.1%</td>
<td>20.2%</td>
</tr>
<tr>
<td>Diocese of Brooklyn</td>
<td>14.4%</td>
<td>23.7%</td>
<td>27.9%</td>
</tr>
<tr>
<td>Academy/School</td>
<td>13.6%</td>
<td>15.9%</td>
<td>13.6%</td>
</tr>
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</table>

2018 NYS ELA Grade 8 Test Results

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York State</td>
<td>18.9%</td>
<td>33.5%</td>
<td>27.0%</td>
</tr>
<tr>
<td>New York City</td>
<td>16.4%</td>
<td>32.8%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Diocese of Brooklyn</td>
<td>7.6%</td>
<td>32.0%</td>
<td>34.0%</td>
</tr>
<tr>
<td>Academy/School</td>
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<td>14.2%</td>
<td>28.5%</td>
</tr>
</tbody>
</table>

2018 NYS Math Grade 4 Test Results

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York State</td>
<td>25.8%</td>
<td>26.0 %</td>
<td>23.0%</td>
</tr>
<tr>
<td>New York City</td>
<td>27.7%</td>
<td>26.0%</td>
<td>20.6%</td>
</tr>
<tr>
<td>Diocese of Brooklyn</td>
<td>22.3%</td>
<td>34.0%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Academy/School</td>
<td>2.9%</td>
<td>14.2%</td>
<td>37.1%</td>
</tr>
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</table>

2018 NYS Math Grade 6 Test Results

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York State</td>
<td>31.1%</td>
<td>24.7%</td>
<td>22.7%</td>
</tr>
<tr>
<td>New York City</td>
<td>35.3%</td>
<td>24.9%</td>
<td>19.3%</td>
</tr>
<tr>
<td>Diocese of Brooklyn</td>
<td>26.6%</td>
<td>34.8%</td>
<td>24.7%</td>
</tr>
<tr>
<td>Academy/School</td>
<td>13.6%</td>
<td>22.7%</td>
<td>31.8%</td>
</tr>
</tbody>
</table>

2018 NYS Math Grade 8 Test Results

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York State</td>
<td>38.6%</td>
<td>31.4%</td>
<td>17.9%</td>
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<td>New York City</td>
<td>37.3%</td>
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<td>17.1%</td>
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<tr>
<td>Diocese of Brooklyn</td>
<td>24.6%</td>
<td>34.6%</td>
<td>24.2%</td>
</tr>
<tr>
<td>Academy/School</td>
<td>4.7%</td>
<td>33.3%</td>
<td>40.4%</td>
</tr>
</tbody>
</table>
If you would like to become a member of the parish at Our Lady of the Snows, please complete the above form, return with your registration papers. We will forward to the Parish Office.