



All Saints Catholic School
2700 N. Kentucky, Roswell, N.M. 88201
575- 627-5744 www.allsaintsroswell.com

2025-2026 Registration Form

Start date: _____

Student Name: _____ Nickname: _____ Birth Date: _____

Mailing Address: _____ Zip Code: _____

Physical Address (if different): _____

Home Phone Number: _____ EMAIL: _____

With whom does student live? Both Parents Mother Only Father Only

Grandparents Father & Step-Mother Mother & Step-Father Other _____

Father's Name: _____ Mother's Name: _____

Legal Guardian: _____ Legal Guardian: _____

Employer: _____ Employer: _____

Business Address: _____ Business Address: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

Check one grade level:

Pre-K 3's _____ Part-time _____ Full-time _____ Pre-K 4's _____ Part-time _____ Full-time _____

Kindergarten _____ First Grade _____ Second Grade _____ Third Grade _____

Fourth Grade _____ Fifth Grade _____ Sixth Grade _____ Seventh Grade _____ Eighth Grade _____

* **Extended Care** is available for all classes. Please indicate if your child will be attending:

Circle one: Yes or No

* **Are you interested in Tuition Assistance (K-8)?** Yes No. If Yes, a Tuition Assistance Application **MUST** be completed by going to www.allsaintsroswell.com and clicking on the school tuition link no later than May 1st.

Registration fee is due with registration form in order to reserve your child's space.
Registration fees are not refundable unless application is not accepted.

Parent or Guardian Signature

Date

Referred By: _____

Referral Award Date Paid: _____

Office Use Only:

Registration Fee Paid: _____

Immunization Records: _____

Sacraments: _____

Other: _____

Birth Cert. _____



All Saints Catholic School

Tuition Payment Plan Agreement – 2025/2026 Academic Year

All Saints Catholic School ("ASCS") offers a variety of tuition payment options. Please complete the form below to indicate your preferred tuition payment option.

Responsible Party

Parent/Guardian Name(s): _____

Student (s) Name: _____

Preferred Billing Email: _____

Note: Tuition statements will only be delivered via email, please indicate your preferred email address and notify the school immediately should you change your email address during the school year.

Tuition Payment Schedule

Please select one option below.

- ☐ Pay in Full – Must be received by the end of the first week of school to receive a 2 percent discount.
- ☐ Semester Pay – First payment due by the end of the first week of school in August and January.
- ☐ Monthly Installments – Pay in 10 monthly installments (September – June).

Tuition Payment Method

Please select one option below.

- ☐ Mail-In/Drop Off – I plan to mail-in or drop off a check at the school when my payment is due.
- ☐ Online – I plan on making my payments online when I receive my monthly invoice via email.
- ☐ Auto ACH – Please auto-draft my monthly tuition payment on the 2nd of each month for the monthly installment amount, my account information is below. Note a \$30 annual fee will be added to your account for this service. My monthly installment will be \$_____ per month.

Bank Information

Please attach a canceled check or deposit slip for corresponding account.

Choose one: ☐ Checking or ☐ Savings Bank Name: _____

Routing Number: _____ Account Number: _____

ACH Authorization Signature

As the Responsible Party, I authorize ASCS and the financial institution named above to initiate withdrawals from my checking/savings account listed or any subsequent account provided. I can stop payment of any entry by notifying ASCS at least 5 business days before my account is to be charged. I understand and agree that in the event I have a returned payment, the NSF payment and the NSF \$25.00 fee will be either be due by check or cash or will be withdrawn from my checking/savings account within 5 business days.

Responsible Party Signature: _____ Date: _____



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Student Health Form 2025-2026

Student's Name: _____

If your child has any allergies or other medical conditions, please list. If none, state none.

Emergency Contacts: Two family relatives or friends who can be contacted.

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Telephone #: _____ Telephone #: _____

Name of family doctor or medical facility to call in emergency:

Doctor or Facility: _____ Address: _____ Phone: _____

I give my permission for emergency medical transportation or treatment: Yes _____ No _____

Hospital Preference: _____

Parent's Signature: _____ Date: _____

***MUST PROVIDE CURRENT IMMUNIZATION RECORDS
BY FIRST DAY OF SCHOOL***



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Authorization to Release Students

It is important and necessary that All Saints Catholic School releases students to authorized persons only. Please list persons authorized to pick up your child from school. The list should include parents or guardians, relatives, or care givers.

Students will be released **only** to person listed below unless written notification is made in advance. Persons not known to All Saints Catholic School staff members will be asked to present identification. Please notify persons on your list of this procedure. Notify the school office of any changes made to the list.

	Name	Phone #	Relationship to Student
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Parent/Legal Guardian Signature: _____

Student's Name: _____

Grade: _____

Date: _____

*If addition names need to be added, please use back of this page.



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Parish Form 2025-2026
THIS FORM SHOULD BE COMPLETED FOR EVERY STUDENT.

Student's Name: _____

Grade: _____

Registered Member of:

_____ Assumption Catholic Church

_____ St. John Catholic Church

_____ St. Peter Catholic Church

_____ Other _____

Parent Signature

Date

If you are a member of one of Roswell's Catholic Churches, you may qualify for a stipend from your church. If you are interested in receiving a stipend, you will need to have the section below signed by your Parish Office and returned as a part of the registration packet.

Parish Office Representative (Please Print Name)

Date

Parish Office Representative Signature



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Questionnaire/Acknowledgment & Internet Indemnification Form

Student's Name: _____ Grade _____

Ethnicity:

☐ American Indian ☐ Asian ☐ Black ☐ Caucasian ☐ Hispanic ☐ Multi-Racial ☐ Other

Indicate below if your child has received the following sacraments and/or if you are interested in your child receiving the sacraments:

<input type="checkbox"/> Y <input type="checkbox"/> N	Baptism	If no, are you interested?	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Y <input type="checkbox"/> N	Reconciliation	If no, are you interested?(<i>2nd Grade & up</i>)	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Y <input type="checkbox"/> N	First Holy Communion	If no, are you interested?(<i>2nd Grade & up</i>)	<input type="checkbox"/> Y <input type="checkbox"/> N

Photos Published

Initial

_____ All Saints Catholic School has my permission to publish my child's picture in the school newsletter, the newspaper, brochure, school website.

Parent's signature: _____ Date: _____

Notice Regarding use of Internet-Enabled Devices

Indemnification and Consent to Use

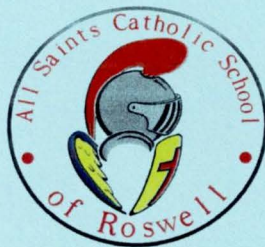
I/we, the parent(s) or guardian(s) of _____ hereby acknowledge that I/we have been informed of the risk that a child using internet-enabled devices on school property may view inappropriate material. I give consent for such child to use internet-enabled devices owned by All Saints School and indemnify its teachers and staff from all liability for any loss, damage or injury that arise from such child's suffering due to exposure to inappropriate material on any internet-enabled devices within the school.

Student Name (**Please Print**)

Parent/Legal Guardian (**Please Print**)

Parent/Legal Guardian SIGNATURE

Date



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Roswell, NM 88201

phone 575-627-5744

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"Building Saints Forever"

Field Trip Permission Form

Student's Name _____
Last First Middle

Student's Address _____
Street/Road P.O. Box Apt # City Zip Code

Mother's Full Name _____ Daytime Phone _____

Father's Full Name _____ Daytime Phone _____

Alternate Emergency Contacts (Local people to contact if parents cannot be reached)

1. Name _____ Phone _____

2. Name _____ Phone _____

INSURANCE INFORMATION

Students Insurance _____ Subscriber's Name _____ ID Number _____

In case of an emergency involving my child and I cannot be reached, I hereby give consent to transport my child to the following medical care providers and hospital, and authorize these providers and hospital to give any reasonable and customary medical and health care deemed necessary.

Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital _____ Phone _____

If, for any reason, the above listed medical care providers or hospital cannot be reached, I authorize appropriate transport and medical care of my child to any appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concurs to the need. I give permission to administer basic first aid to my child following school protocol.

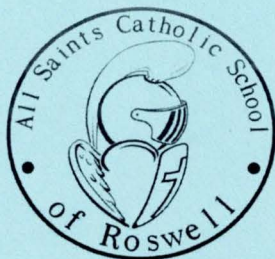
Hold Harmless Agreement

I agree to protect, indemnify, save and keep harmless Assumption Catholic Church / All Saints Catholic School, and the Catholic Diocese of Las Cruces against and from any and all loss, cost, damage, or expense, arising out of or from any accident or other occurrence on or about said premises, causing injury to any person or property whomsoever and whatsoever and will protect, indemnify and save and keep harmless, the above mentioned parties from any and all such claims occurring on this date.

I hereby consent to participation by my child in the event described above. I further consent to the conditions stated above on the participation in this event, including the method of transportation.

Parent / Guardian Name (please print) _____

Parent / Guardian Signature _____ Date _____



SERVICE HOURS POLICY AND PARENT PARTICIPATION GUIDELINES

All Saints Catholic School is a private parochial school. As with other private schools, the cost to educate each student far exceeds the cost of tuition. Parental support and fundraising at All Saints Catholic School helps close the gap between the cost of education and tuition. Additionally, and more importantly, research has demonstrated that children who achieve high academic success have parents who participate in their school's activities. In essence, "Service Hours" and "Parent Participation" are volunteer time spent by parents helping the school in various ways. To provide a quality education as well as to maintain and develop new programs at All Saints Catholic School, the following Service Hours Policy and Parent Participation Guidelines has been implemented and applies to every family with children enrolled at All Saints. As a parent of an All Saints student(s) you are expected to show your support by being involved in our school and its activities. Any family member over 18 is eligible to volunteer and complete hours for the family.

IMPORTANT POINTS:

1. As the parent(s) of an All Saints Catholic School student, you are expected to serve a minimum number of service hours per year. Families who only have children in preschool must complete at least twenty four (24) service hours per school year or pay a tuition supplement of \$20 per incomplete hour. Families with students in K-8 must complete a minimum of forty (40) service hours per school year or pay a tuition supplement of \$20 per incomplete hour.
2. Completed Service Hours must be logged and submitted to the school office no later than May 1st or you will receive a bill for the incomplete hours.
3. It is your responsibility to actively participate in the education of your child(ren) at All Saints Catholic School. Your signature(s) below is/are indicative of your receipt and understanding of the Service Hours Policy and Parent Participation Guidelines.

Signature(s):

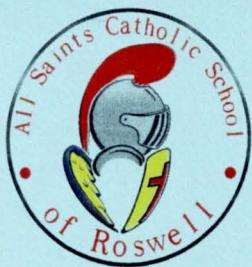
Mother/Guardian _____ Date _____

Father/Guardian _____ Date _____

Name of Student(s) _____

Grade(s): _____

This form must be submitted with your completed registration application.



Dress Code Policy

One of the goals of All Saints Catholic School is to display to the public at all times a high standard of moral conduct, dress, courtesy, and friendliness: therefore, in keeping with the goals of our school, the students at ASCS are expected to dress appropriately in their uniform. Uniforms are to be worn with Christian modesty in mind.

I have read the dress code policy for All Saints Catholic School and understand it. I agree to insure that my child adheres to the policy in its entirety. I understand that if my child does not comply with this policy, I will be notified and expected to remedy the situation. If my child does not follow the policy after being notified of noncompliance then disciplinary action may be taken.

Date: _____

Parent Name (PRINTED): _____

Parent Signature: _____

Student Name: _____

Grade: _____