

OLV Elementary School

A Father Baker Legacy

Registration for 2026-27 School Year

Family Name: _____ Date: _____

Public School District: _____

Religion: _____ Parish: _____

Primary residence of your child/children: Mother & Father Mother Father Guardian

Name: _____ 2026-27 Grade: _____

Sex: M F Date of Birth: _____ Baptism* Date/Parish: _____

Penance Date/Parish: _____ Communion Date/Parish: _____

Name: _____ 2026-27 Grade: _____

Sex: M F Date of Birth: _____ Baptism* Date/Parish: _____

Penance Date/Parish: _____ Communion Date/Parish: _____

Name: _____ 2026-27 Grade: _____

Sex: M F Date of Birth: _____ Baptism* Date/Parish: _____

Penance Date/Parish: _____ Communion Date/Parish: _____

Name: _____ 2026-27 Grade: _____

Sex: M F Date of Birth: _____ Baptism* Date/Parish: _____

Penance Date/Parish: _____ Communion Date/Parish: _____

* Please provide a copy of your child's baptismal certificate

Father's Name: _____

Marital Status: _____

Street Address: _____

Home Phone: _____

City/State/Zip: _____

Employer: _____

Email: _____

Cell Phone: _____

Mother's (Maiden) Name: _____

Marital Status: _____

Street Address: _____

Home Phone: _____

City/State/Zip: _____

Employer: _____

Email: _____

Cell Phone: _____

Photo Release Permission: Unless you check below, we understand that you've given us permission to use your child's photo.

I DO NOT give permission to use my child's picture and/or name.

Ethnicity: This information is used for mandatory NYS reporting. Please select from the following:

<input type="checkbox"/> American Indian /Native Alaskan	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Black or African American (not Hispanic origin)	<input type="checkbox"/> White (not Hispanic origin)
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino
	<input type="checkbox"/> Multi-Racial (not Hispanic origin): _____

Other information you'd like us to have (*custody, duplicate forms, court documents etc.*): _____

Parent Signature: _____ Date: _____

2026-27 Tuition Rates

Choosing a Catholic education is an investment in your child's future. OLV Elementary School offers two tuition rates — **PARISHIONER** and **NON-PARISHIONER** — to reflect the support of our diocesan faith community. The parishioner rate applies to families who are registered and active members of any parish within the Diocese of Buffalo (not only OLV Parish). We are grateful for the shared commitment of our parishes to make Catholic education accessible to families across Western New York.

The table below outlines three key figures.

- “2026-27 Tuition” is the most important as it reflects the amount a family is responsible for before financial aid is applied.
- “Father Baker Scholarships” are awarded to every OLV School family in honor of our founder and is applied toward tuition.
- “Total Cost of an OLV Education” represents the full, unsubsidized cost to educate a student at OLV before scholarships and financial assistance. It’s displayed only to inform and highlight the value of the Father Baker Scholarship.

2026-27 Tuition Rate Schedule: PARISHIONER*

**To qualify for the “Parishioner” rate, families can be registered at ANY PARISH within the Diocese of Buffalo. Families wishing to enroll do not have to belong to OLV Parish to receive the “Parishioner” rate.*

	2026-27 Tuition	Father Baker Scholarship	Total Cost of an OLV Education
One Child	\$ 5,400	< \$ 4,791 >	\$ 10,191
Two Children	\$ 7,800 (\$ 3,900/child)	< \$ 12,583 >	\$ 20,383
Three Children	\$ 10,600 (\$ 3,533/child)	< \$ 19,974 >	\$ 30,574
Four Children	\$ 11,900 (\$ 2,975/child)	< \$ 28,865 >	\$ 40,765

2026-27 Tuition Rate Schedule: NON-PARISHIONER

	2026-27 Tuition	Father Baker Scholarship	Total Cost of an OLV Education
One Child	\$ 8,000	< \$ 2,191 >	\$ 10,191
Two Children	\$ 10,600 (\$ 5,300/child)	< \$ 9,783 >	\$ 20,383
Three Children	\$ 14,900 (\$ 4,966/child)	< \$ 15,674 >	\$ 30,574
Four Children	\$ 17,800 (\$ 4,450/child)	< \$ 22,965 >	\$ 40,765

2026-27 Pre-Kindergarten Tuition

PK3 (for children who turn three years old by December 1, 2026) - 5 FULL DAYS \$6,800

PK4 (for children who turn four years old by December 1, 2026) - 5 FULL DAYS \$6,300

* \$150 sibling discount

Financial Aid Information

We recognize a Catholic elementary education represents a significant investment on the part of many. The OLV Basilica Parish family also provides significant support, as do various community benefactors, friends and partners who appreciate what an OLV education means for the future of your child. *Our family supports yours!*

- **Father Baker Scholarship (OLV Charities)** – The actual cost to educate your child is substantially higher than what families are asked to pay. Every family — whether they are parishioners or non-parishioners — automatically receives substantial financial assistance made possible by OLV Charities and its generous donors. This award amount varies based on the number of children a family enrolls, and if the family is a members of a Catholic parish or not. (*See Tuition Rate Schedule*)



- **Catholic Parishioner Grant** – If a family is not a member of OLV Basilica Parish, but is registered and an active at another parish with the Diocese of Buffalo, they are eligible for the *Parishioner Tuition Rate*. “Active” means families that participate in various parish life ministries and give witness to their faith through regular attendance at weekend Mass.

- **BISON Fund Scholarship** – Even after the above award is applied, we recognize that the net tuition cost can still stretch beyond the financial means of many families. In other words, they can have additional “unmet need.” BISON is a WNY donor-supported tuition-assistance program for income-eligible children and families. Please visit the BISON Fund website at www.bisonfund.com for application deadlines and income eligibility. You may apply on the BISON Fund website at www.bisonfund.com/apply.html. We highly encourage all eligible families to apply for Bison Fund Assistance.



- **Sr. Ellen O’Keefe, SSJ, Angel Fund Award** – Finally, recognizing that additional “unmet need” may still exist, we encourage families to apply for tuition assistance through this benefactor-supported fund named in honor of our cherished former principal, Sr. Ellen O’Keefe, SSJ. In order to be eligible for this assistance, families must first apply to the BISON Fund. Also, we recognize that life circumstances can change and financial difficulties can arise during the course of the year. Application for this assistance is done through the FACTS Grant & Aid web portal at online.factsmgt.com/signin/3MFPV

ADDITIONAL INFORMATION:

- All families are expected to use FACTS Tuition Management to receive any scholarship award, discount, or payment installment options — otherwise full tuition is expected.
- Families will be charged full tuition (with no discounts) until notifications have been received from BISON and/or from OLV for the Sr. Ellen O’Keefe, SSJ, Angel Fund.
- All tuition account adjustments will be made after financial aid determinations are made.
- If refunds are necessary, adjustments will be made as BISON Fund deposits are made 2x year.
- *All families are encouraged to apply for aid.*

IMPORTANT APPLICATION DUE DATES:

BISON Award (New Family).....March 31st
BISON Award.....April 1st
Sr. Ellen O’Keefe, SSJ, Angel Fund.....June 30th

Early Payment Discount (\$150) July 15th
FACTS Tuition Enrollment July 15th

Tuition Payment Options

There is a \$200 per student administrative fee that must be returned with this completed form. If registering after March 16, 2026, the fee is \$250. All fees are non-refundable. All families are provided the following payment options for tuition and fees. You may either choose one of the payment plans through FACTS Tuition Management System or pay in full by July 15th.

1. Full Payment. For students in grades K-8, there is a \$150 discount per family that will be deducted if tuition is paid in full by July 15th.

2. Payment Plans. All families must register with FACTS, which provides the opportunity for payment through different plan options. This program is independent of the school. Based on the plan you choose, a charge ranging between \$0 and \$45 will be included in your fees that are paid directly to FACTS. (*Full payment = \$0, two payments = \$10 fee, three or more payments = \$45 fee*)



Monthly payments begin in August and end in May (10 months). If you currently have a FACTS account, your signature below will authorize your payment continuation for the new school year.

Payments through FACTS Tuition Management can be made in two ways:

- Automatic Bank Payment (ACH) from your checking or savings account
- Credit card (we no longer accept American Express)

The FACTS enrollment fee will automatically be deducted from your account within 14 days of the date your agreement is posted to within the FACTS system.

I agree to make tuition payments for the 2026-27 School Year according to one of the options listed above. I have read the school policy regarding tuition and agree to abide by it.

Responsible Party Signature (*person authorizing payments*): _____ Date: _____

Administrative Fee Paid

Date: _____

Check #: _____

Cash: _____

*** This form must have authorized signature & the administrative fee attached to be accepted ***



A Father Baker Legacy

OLV ELEMENTARY SCHOOL
2760 South Park Avenue, Lackawanna, NY 14218
(716) 828-9434

Pre-K Confidential Profile Sample

Child's Name: _____

Pre-School: _____

of other children: _____

Their ages: _____

HEALTH:

1. Does your child have any allergies? Food: _____
Other: _____

2. Sleeping habits: Number of hours: _____
Night: _____ Nap: _____

3. Is your child toilet-trained and able to use the bathroom independently? Daytime: Y / N Nighttime: Y / N

SPEECH DEVELOPMENT:

1. Does your child "get along" with other children? _____
2. Is he/she "high strung?" _____
3. Is he/she "easy going?" _____
4. Is he/she fearful? _____
5. Is he/she shy? _____
6. Is he/she easily managed at home or stubborn? _____
7. Does he/she suck the thumb? _____
8. Does he/she have temper tantrums? _____ Why? _____
9. If "yes" to above, how do you handle them? _____
10. How is he/she usually disciplined? _____
11. Does he/she appear nervous? _____
12. Does your child appear insecure? _____
13. Is your child jealous of his/her siblings? _____

LATERALITY & MOTOR DEVELOPMENT:

1. Is he/she right or left handed? _____
2. Did anyone try to influence his/her handedness? _____
3. Is he/she usually awkward or well-coordinated? _____

SOCIAL DEVELOPMENT:

1. Is this his/her first contact with other children? _____
2. Is this his/her first group contact? _____
3. Are his/her playmates his/her own age? _____
4. Does he/she play well with other children? _____
5. Is he/she responsive to adults? _____ To children? _____
6. Is he/she dominating? _____ Especially _____
7. Is he/she a leader? _____ Especially _____
8. Is he/she a follower? _____ Especially _____
9. Does he/she like to share? _____
10. Does he/she have any special likes? _____

Please describe any specific challenges/needs your child may have or require (ex. *speech, motor coordination, eyes, hearing, diet, etc.*)

We are always interested in knowing when your child will not be in school. We would appreciate your calling when he/she will not be present. Will you cooperate?

New Student Academic Information

The purpose of this form is to gain insight into your child's educational needs and to assist us in developing appropriate programs to support academic achievement for all students.

Name: _____

Entering from (school): _____

Grade as of September: _____

- Is student on an IEP (Individual Education Plan)? Yes
If yes, please provide a copy of the IEP
- Has the student ever been retained? Yes
If yes, what grade level? _____
- Has the student ever been recommended for retention, but not retained? Yes
If yes, at what grade level? _____
- Has the student ever received AIS/RTI services in math? Yes
Grade level(s) _____
- Has the student ever received AIS/RTI services in reading? Yes
Grade Level(s) _____
- Has the student ever been referred for intervention or academic assistance? Yes
No
- Has the student ever been on a Behavior Assistance Plan? Yes
No
- Describe the student's historical academic performance level in:

Reading:	<input type="checkbox"/> Strong	<input type="checkbox"/> Competent	<input type="checkbox"/> Needs Support
Writing:	<input type="checkbox"/> Strong	<input type="checkbox"/> Competent	<input type="checkbox"/> Needs Support
Mathematics:	<input type="checkbox"/> Strong	<input type="checkbox"/> Competent	<input type="checkbox"/> Needs Support
- Has student ever been in one of the following non-traditional school programs? Yes
 Community School Virtual School
 Alternate School Home Schooling
 Other (Describe): _____
- Did the student pass the most recent State Assessment (Grades 3-8)? Yes
 Reading Writing Math

Other information that could impact your student's transition to Our Lady of Victory School: _____

Permission Affidavit Release of/ Access to Student Record Information

TO: _____

I. The undersigned (VI) authorizes (*check as appropriate*):

Release of Copies of Access to

II. The records of:

Name of Student

Date of Birth

III. Records Involved:

Academic Psychological Standardized Test Attendance
 Health Other: _____

IV. Reason for Request:

Transcript to new school/institution Employment considerations
 Other: _____

V. Diocesan Schools

_____ Please transfer student from eSchool Data

VI. To be released to/seen by:

Our Lady of Victory School
2760 South Park Ave.
Lackawanna, NY 14218

VII. Signed: _____

Parent/Guardian

Date: _____ Witnessed by: _____

Secretary

New York State Textbook Loan Program

Textbook Request Form TB-1

Student Name: _____
Last _____ First _____ Middle Initial _____

Student Address: _____
Street _____
City _____ State _____ Zip Code _____

Residing in School District: _____

Non-Public School Name: _____

LOAN OF TEXTBOOKS

I hereby request the loan of textbooks in the name of: _____
Student's Name _____

I authorize _____ to act on behalf of this Non-Public
Public School District _____

School student in identifying and ordering books for this student's use. I understand that all books loaned to this student
by _____ are to be maintained in good condition and
Public School District _____ that said the student must pay for the loss of or excessive damage to said books.

Signature of Parent or Guardian: _____ Date: _____

This form is to be kept on file in the individual Non-Public School for the duration of enrollment

Emergency Contact Form

Family Name: _____

Mother's Cell #: _____ Father's Cell #: _____

STUDENTS

Name: _____ Grade: _____ Date of Birth: _____

PEOPLE AUTHORIZED TO PICK UP YOUR CHILD/CHILDREN

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

HEALTH INSURANCE INFORMATION

Insurance Provider: _____

Primary Insurance Carrier: _____ Policy/Group #: _____

EMERGENCY MEDICAL AUTHORIZATION

In the event a reasonable attempt has been made to contact you but we have been unsuccessful we will need your permission to transport your child to any reasonably accessible hospital facility and/or to allow administration of emergency medical treatment by any licensed physician or dentist.

I give my consent

I do not consent and wish you to: _____

Parent Signature: _____ Date: _____

After-School Care Program

The After-School Care Program provides competent care, supervision, recreation, and enrichment activities. It serves working families who desire both Parochial school education and supplementary day care in a Christian environment for children enrolled at OLV School.

The program will be staffed by school personnel. These care givers will work to help each child grow in maturity and self-respect, as well as to maintain an atmosphere where respect and understanding of others is realized. Children can receive homework help. Games, puzzles, art activities etc., will also be available for student use.

Our After School Program will be held only on regular school days.

- Monday-Friday 2:30-5:30 p.m. except for scheduled early dismissal days.
- The program will not be in session on days of early dismissal.
- If the school is closed for emergency reasons, the After-School program is cancelled.

This program is not subsidized by the School or the Parish. The fees are as follows:

- 1st child — \$13.00 per hour
- 2nd child — \$8.50 per hour
- 3rd child (or more) — \$7.00 per hour

Late pick-up fees will be assessed in 10-minute increments. If you are 1-10 minutes late picking up your child, you will be charged \$10; 11-20 minutes late is a \$20 charge, 21-30 minutes late is a \$30 fee, if you arrive after 6 p.m., you will be charged \$50.

You will be charged through the FACTS system.

Be sure the Application and Emergency Information documents are completed prior to your child's first day of participation. Your child can not begin the program if we do not have both documents.

Registration is due by June 2, 2026. Thank you!

Sincerely,



Mary D. Szlosek
Principal



After-School Care Program

CHILD(REN) NAMES

Male Female

DATE OF BIRTH
Month Date Year

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Address: _____

Telephone Number(s): _____

Parent/Guardian: _____

Address: _____

MY CHILD/CHILDREN WILL BE PICKED UP BY:

MY CHILD/CHILDREN MAY NOT BE PICKED UP BY:

In case of a medical emergency or accident when I cannot be reached I wish one of the following to be notified. They are authorized to act in my absence to make decisions regarding the treatment of my child/children.

NAME: _____

TELEPHONE:

NAME: _____

TELEPHONE:

If one of the above cannot be reached, I wish my child to be taken to the nearest hospital. I wish the following doctor to be notified:

NAME: _____

TELEPHONE:

I give my permission for emergency care to be given.

Signature: _____

Date: _____

Parishioner Rate Tuition Verification

OLV Elementary School and _____ Parish have been entrusted with the responsibility of raising our children in the practice of their faith. Together we can meet the challenge by providing a strong Catholic school education within a vibrant faith community in which our children mature in faith and knowledge.

To qualify for Parishioner Rate tuition, families must maintain active parishioner status by meeting the following criteria established by the Diocese of Buffalo. This criterion is also applied to those families registered at a parish without a school but wish to send their child(ren) to OLV Elementary School.

The following criterion must be met/verified for families to be considered active parishioners and to qualify for the Parishioner Rate:

- 1. Parish Registration & Mass Attendance:** The family must be registered at _____ Parish (or another parish without a school) and must attend Mass on a weekly basis with their children. Children should worship at their parish on Sundays in order to understand that they are nourished in faith at the parish celebration of the Eucharist.
- 2. Active Parish Participation and Ministry:** In order for _____ Parish to carry out its ministry, it is essential that all members participate within the parish. In order to qualify for Parishioner Rate tuition, parents must take part in the ministry of the parish and/or school, for example as a lector, eucharistic minister, choir member, pastoral council member, or other parish or school committee. Children are encouraged to be altar servers or involved in other age appropriate opportunities. This provides another opportunity for our young people to see the close connection between faith and service.
- 3. Stewardship & Financial Contribution:** The financial support of the _____ Parish is crucial for its overall growth and ministry, including the school. It is expected that a family receiving the Parishioner Rate tuition contribute weekly to the parish offertory using offertory envelopes according to their names or through electronic giving.

This criterion will be monitored throughout the year. Failure to maintain all three will disqualify the family from the Parishioner Rate.

Parishioner Verification

Parent/Guardian Name: _____

Address: _____

Town/ZIP: _____

Phone Number: _____

Email: _____

Student Name(s)

Grade:

Pastor/Canonical Administrator Verification: _____

Date: _____

OLV Elementary School

A Father Baker Legacy

TO: OLV School Parents

FROM: Msgr. David LiPuma
Mary Szlosek, Principal

RE: INCENTIVE FOR OLV PARENTS TO ENCOURAGE NEW REGISTRATIONS

As an incentive to encourage families to become part of the OLV School family, we offer a \$500 savings to the tuition of any registered family that recommends a new family to enroll at Our Lady of Victory Elementary School.

Please note that this is not an automatic discount. The recommending family must be up-to-date on tuition payments AND the new family must...

- Pay the \$200/student administrative fee
- Enroll in FACTs or pay in full
- Complete two trimesters at OLV

After verification of the above criteria, \$500 will be applied to the tuition of the family who makes the recommendation. *Thank you in advance to those who spread the word about our vibrant school community!*

Name of family making the recommendation: _____

Address: _____

Name of new family registering: _____

Address: _____

Please return this completed form to: OLV Rectory or School Main Office - Attn: School Registration

For Office Use Only

Date Received: _____

Administrative Fees Paid: Y/N

Two Trimesters Completed: Y/N

FACTS Enrollment: Y/N

Tuition Credit to Recommending Family: Y/N