Registration 2021

2021/2022 School Year
NEW STUDENTS

ST. PHILOMENE SCHOOL
Registration Checklist 2021-2022

New and/or Returning Family

Last Name _____ First Name _____ Grade _____

Last Name _____ First Name _____ Grade _____

Last Name _____ First Name _____ Grade _____

Last Name _____ First Name _____ Grade _____

Parent/Guardian Last Name _____

How did you hear about St. Philomene School? Internet _____

___ Banners outside of school ___ Church bulletin, if so which one? _____

___ Other, please list _____

Registration Fee _____ ($300 per child) Technology Fee _____ ($150 per child) (Grades K-8)

Tuition Contract _____

Extended Day Contract _____

Emergency Form _____

Registration Pamphlet _____

Family Service Agreement _____

Title I Survey _____

Parent Club Sign Up _____

In addition to the above, **New Families** must also submit the following:

Shot Record _____

Birth Certificate _____

Baptismal, Confirmation, First Eucharist Certificates _____ Catholic/Non-Catholic

Previous School's Name and Address _____

Enrollment / Tuition Information for the 2021-2022 Academic School Year
2021-2022 TUITION FEES
Transitional Kindergarten/Kindergarten – Eighth Grade

	Catholic	Non-Catholic
One Child	$4,981.00	$5,360.00
Two Children	$9,205.00	$9,899.00
Three Children	$11,916.00	$12,610.00
Four Children	$14,427.00	$15,121.00

Registration**; $300.00** /student (TK/K-8)**;** Technology Fees **$150**/student (K-8)

All registration payments are non-refundable

Registration for new/returning families

All families are encouraged to return their registration packets and enrollment fees by May 28, 2021.

Financial Aid

Financial Aid awards will be offered on a first come first served basis. When the allotted funds for this are gone, we will no longer be able to award funds. So, please be sure to apply early. To be considered for financial aid, family must apply online at**:** https://online.factsmgt.com/signin/3CR0G**.** Financial contracts, tuition assistance online application and all supporting tax documents must be submitted to FACTS between February 1st and February 28th, 2021. This date is especially important, as funds will be available on a first come first serve basis.

Tuition Payments

Tuition payments will be paid through FACTS. All families will be required to sign up with FACTS for their payment plans for the 2021-2022 school year. Those families who pay cash in the office will choose an "invoice" plan in FACTS, which will not require them to register a bank account. Families will not be charged a fee for use of FACTS. Families will sign up with FACTS and choose their payment plan once they have completed registration forms and paid registration fees. Tuition charges will be added to FACTS accounts following the choice of payment plans by our families. Please log on to: https://online.factsmgt.com/signin/3CR0G to set up an account for your 2021/2022 tuition payments. (A 2.85% surcharge will be added for credit card payments through FACTS.)

Parent Service Hours / Fundraising

All parents are expected to complete 30 hours of service to our school community. $300 will be charge for non-completion. Each family is responsible to raise $400 through fundraising or pay the portion not raised. Please fill out the Family Service Agreement Form.

Returned Payment Fee

FACTS will charge a $30.00 fee for each returned check or ACH withdrawal. This amount will be paid directly to FACTS. The office will not accept payments for tuition by check, but checks can be mailed to FACTS to pay for tuition.

Financial Obligation

Failure to meet the financial obligation may prevent your child/children from attending school and/or participating in graduation ceremonies.

Notification for Withdrawal

We require a 14-day written notification for withdrawal. Families understand that they are obligated to pay any current and past due fees at the time of withdrawal notification.

St. Philomene School
Registration Contract for 2021-2022

Please fill out completely and submit to school office <u>no later than May 29, 2021</u>

Family Information:

Parent 1: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone Numbers: _____/_____/_____
(Home) (Work) (Cell)

Employer/Occupation: _____

Parent 2:_____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone Numbers: _____/_____/_____
(Home) (Work) (Cell)

Employer/Occupation: _____

As a registered family of <u>St. Philomene</u> School, we agree to the following:
(Please READ and INITIAL each item)

1. _____ We understand that upon dismissal or withdrawal of the student for any reason, there will be a pro-rated refund of tuition paid in full.
2. _____ We understand that failure to make tuition payments will result in <u>St. Philomene</u> School declaring all unpaid tuition/fees due and payable. <u>St. Philomene</u> School reserves the right to turn over any unpaid accounts to collections, and continued enrollment may be terminated.
3. _____ We individually understand that we are jointly liable for payment of the entire tuition for our child/children. If one of us fails to pay his/her portion of the tuition, the other agrees to pay the entire tuition for our child/children.

Individual party responsible for our child's/children's tuition other than parents

Name: _____
(First) (Middle) (Last) (SSN)

Address: _____

City: _____State: _____ Zip: _____

Email Address: _____

Telephone Numbers: _____/_____/_____
(Home) (Work) (Cell)

Child's Full Name	Grade in Fall 2021	Tuition	* 8th grade graduation	Total:
1.		❑Catholic: $4,981 ❑Non-Catholic: $5,360	❑ 85.00	$
2.		❑ Catholic: $4,224 ❑ Non-Catholic: $4,539	❑ 85.00	$
3.		❑ Catholic: $2,711 ❑ Non-Catholic: $2,711	❑ 85.00	$
4.		❑Catholic: $2,511 ❑Non-Catholic: $2,511	❑ 85.00	$

Total of All Children $_____

Registration and Technology fees for 2021-2022 School Year will be billed upon submission of payment plan through FACTS.

I/We agree to the above terms and conditions for the tuition at St. Philomene School.

Signature: _____/_____
Parent/Responsible Party #1 Date

Signature_____/_____
Parent/Responsible Party #2 Date

Signature: _____/_____
School Principal Date

*Add (optional): I ask that the following be added to my account:
_____ Eighth Grade – Graduation Fees (Graduation Gown, etc.): $85 (per student)

St. Philomene School reserves the right to withhold student records until all financial obligations have been settled.

St. Philomene School
Extended Day Program Contract for 2021-2022

Family Information:

Parent 1: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone Numbers: _____/_____/_____
(Home) (Work) (Cell)

Employer/Occupation: _____

Parent 2:_____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone Numbers: _____/_____/_____
(Home) (Work) (Cell)

Employer/Occupation: _____

2020-2021 Extended Day Program fees (yearly rates): **Yearly fees will be added to your FACTS accounts**

Registration fee: **$40.00/ per student (Due at the time of Registration)**

Full Time (Mornings & Afternoons): $1,950 (1 student), $3,900 (2 students), $5,850 (3 students), $7,800 (4+)
Part Time (Afternoons Only): $1,580 (1 student), $3,160 (2 students), $4,740 (3 students), $6,320 (4+)
Part Time (Mornings Only): $790 (1 student), $1,580 (2 students), $2,370 (3 students), $3,160 (4+)

Drop-in use will be invoiced at the end of each month: $6.00 per hour for registered
$12.00 per hour for non-registered

Child's Name	Extended Day Registration	Extended Day Full Time (AM & PM)	Extended Day Part Time (PM only)	Extended Day Part Time (AM only)	Total:
1.	❑ $40	❑ $1,950	❑$1,580	❑$790	$
2.	❑ $40	❑ $1,950	❑$1,580	❑$790	$
3.	❑ $40	❑ $1,950	❑$1,580	❑$790	$
4.	❑ $40	❑ $1,950	❑$1,580	❑$790	$
				Extended Day Program Fee – Total:	$

Signing up for the yearly extension fees will be added to your monthly FACTS account invoice.
Drop in will be invoiced monthly

All fees including registration fees will be billed through FACTS.

STUDENT'S GRADE IN 2021/2022_____

EMERGENCY INFORMATION 2021-2022

PLEASE PRINT IN INK

_____

Child's Last Name First Name Middle

_____

Child's Address City Zip

Date of Birth _____/_____/_____ Child's Religion _____ Parish_____

Child Resides With _____ Relationship _____

IF PARENTS ARE DIVORCED OR SEPARATED, To Whom Has Physical Custody Been Granted?

_____

Are Legal Documents On File In The School Office? _____

Please Indicate Name Of Parent/Guardian To Contact First In Event Of Illness Or Emergency

_____

PARENT/GUARDIAN INFORMATION

Father/Guardian

Name _____

Natural ____ Step ____ Other _____

Home Phone Number _____

Employer_____

Work Phone Number _____ Ext._____

(Page/Cell)_____

E-mail Address _____

Mother/Guardian

Name_____

Natural ____ Step ____ Other _____

Home Phone Number _____

Employer_____

Work Phone Number _____ Ext. _____

(Page/Cell)_____

E-mail Address _____

STUDENT'S MEDICAL INFORMATION

Chronic Illnesses _____ Disabilities _____

Allergies _____ Other _____

Family Doctor _____ Phone_____

Family Dentist _____ Phone_____

Insurance Carrier_____ Phone_____

Medical Card Number _____ Hospital Preference _____

Does child have a condition that requires medication on a regular basis? _____

Is the authorization form on file in the school office? _____ Medication _____

Does child have a physical condition that limits participation in: _____Classroom _____Physical Education

Please explain: _____

EMERGENCY INFORMATION

In the event of illness or accident, when I cannot be reached, I wish one of the following be notified. They are authorized to act in my absence and may release my child from school:

(LOCAL NUMBERS ONLY)

Alternate Emergency Name_____ Phone_____

Relationship To Child_____

Alternate Emergency Name_____ Phone_____

Relationship To Child_____

Please select desired emergency care:

_____1.) In the event of an emergency when a parent or guardian cannot be reached I authorize school personnel or one of its representatives to act on my behalf and make arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician named to undertake such care and treatment as is considered necessary. In the event the physician is unavailable, I authorize such care treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.

___2.) I do not choose the above statement and desire the following action in the event of an emergency:

_____

_____

_____

_____

SIGNATURE _____ DATE_____

NEW STUDENT INFORMATION

REGISTRATION STATUS:
□ CATHOLIC
□ NON-CATHOLIC

GRADE APPLYING TO: (Circle) TK K 1 2 3 4 5 6 7 8

STUDENT INFORMATION

_____ _____
Child's Last Name First Name Middle Social Security Number

_____ _____
Child's Address City/Zip Home Phone Number

Date of Birth ____/____/____ Sex: (circle one) Male Female Child's Religion

Student's first language: _____ Language spoken at home: _____

Last school attended (New students only): _____

Address (including city/zip): _____Phone: _____

Has child ever received resource services? □ No □ Yes (please specify)

□ RSP □ Chapter 1 □ Speech & Language □ ESL or Bilingual

□ SDC (Special Day Class) □ GATE (Gifted & Talented)

Does your child have a current IEP (Individualized Educational Program)? Yes No

SIBLINGS ATTENDING ST. PHILOMENE SCHOOL

_____ _____ _____ _____
Name Grade Name Grade

_____ _____ _____ _____
Name Grade Name Grade

CHILD'S RACIAL BACKGROUND

_____ American Indian/Native Alaskan _____ Black/African American ____ Asian

_____ Native Hawaiian/Pacific Islander _____ White ____ Two or More Races

____ Unknown

CHILD'S ETHNIC BACKGROUND

_____ Hispanic or Latino _____ Non Hispanic or Latino _____ Unknown

PARENT/GUARDIAN INFORMATION

Child lives with: □ Parents (both) □ Mother □ Father □ Shared Custody

□ Other legal guardian; relationship _____
IF PARENTS ARE DIVORCED, what are the custodial arrangements?

***Any restraining orders must be on file in the school office.**

PARENT/GUARDIAN INFORMATION

Primary Relations

FATHER	MOTHER
☐ Natural ☐ Step-father ☐ Other	☐ Natural ☐ Step-mother ☐ Other
Name	Name
Social Security Number	Social Security Number
Address	Address
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
E-mail Address	E-mail Address
Employer	Employer
Occupation	Occupation
Religion	Religion
Special talent(s) you may offer to school (i.e. web design, art, construction)	Special talent(s) you may offer to school (i.e. web design, art, construction)

Child(ren) lives with: ☐ Parents (both) ☐ Mother ☐ Father
☐ Shared Custody

☐ Other legal guardian; relationship _____

IF PARENTS ARE DIVORCED, what are the custodial arrangements? _____

_____

✵ **Any restraining orders must be on file in the school office.**

Secondary Relations (If Applicable)

Name	Name
Relationship to child	Relationship to child
Social Security Number	Social Security Number
Address	Address
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
E-mail Address	E-mail Address
Employer	Employer
Occupation	Occupation
Religion	Religion
Special talent(s) you may offer to school (i.e. web design, art, construction)	Special talent(s) you may offer to school (i.e. web design, art, construction)

✵ The school provides, upon request, student addresses in the form of a birthday list. Unless indicated your address will be included.

_____ I do not wish to have my address published. I understand that my child may not receive birthday invitations, as passing them out at school is not allowed.

_____

FATHER'S SIGNATURE DATE

_____

MOTHER'S SIGNATURE DATE

Family Service Agreement 2021- 2022

Student(s)name and grade:

1)_____ **Grade** _____

2)_____ **Grade** _____

3)_____ **Grade** _____

Parent/Guardian name: _____ Phone: _____

E-mail address: _____

Parent participation is a key ingredient in the educational success of the student and of the school. Children take pride in their parent's service to the school. Parental participation is an essential example for children learning to serve their family, school and community. Each family is expected to commit themselves to volunteer time and participate in fundraising events in addition to paying their child's tuition.

Each family is required to complete <u>ALL 30 service hours</u> by February 25, 2022. Families that do not complete this requirement must pay a fee if not re-enrolling or higher registration fee if re-enrolling. If there are any hours owed, the fee is $300.00. If you have completed your 30 hours, there is **<u>no</u>** fee. For those parents who do not wish to participate in volunteering, the option of paying the amount of $450.00 is available.

Each family is also required to raise $400.00 through several qualifying school fundraising events by April 29, 2022 or pay the portion not raised by May 13, 2022. For those parents who do not wish to participate in fundraising, the option of paying the entire $400.00 is also available.

Extra curricular programs, such as sports and field trips, are not funded through the school budget. These programs are self-supporting through other fundraising events, such as the pizza and cookie dough sale. Participation through these events and programs such as Box Tops For Education do not count toward the $400 commitment.

During the school year there are numerous ways for parents to complete their service hours. Some examples are: classroom assistance, room parents, School Advisory Committee, Parent and Patron Club, event coordinators, athletics coach, referee, event coordinator, or snack bar sales, and baking. Further opportunities are listed in the school Newsline. When the following items are donated, parents may claim the hours noted.

<u>Homemade Items</u>		**<u>Items purchased for school events</u>:**
Brownies	1 hour per batch	1 hour per $20 spent on goods
Cookies	2 hours per 3 dozen	
Desserts	2 hours per dessert	

Parents are responsible for reporting their service hours. Completed forms can be placed in the drop box that is located in the school office.

_____ I/We choose **not** to participate in fundraising and pay $400.00 now.

_____ I/We choose **not** to do service hours and pay $450.00 now.

Parent/Guardian Signature:_____Date: _____

2320 El Camino Avenue
Sacramento, CA 95821

Phone: 916-489-1506
Fax: 916-489-2642
Email: office@stphilomene.org

Dear Parent/Guardian:

Title I, Part A, of the Elementary and Secondary Education Act (reauthorized by the Every Student Succeeds Act) provides supplemental educational services for eligible public and private school students. The purpose of the Act is to provide additional help for children so that they can acquire the knowledge and skills necessary to meet the challenging student performance standards that all children are expected to meet.

Please take the time to complete the enclosed Family Income Survey. This information is very important. It will help us get started with participation in Title I educational programs such as reading and math programs that help our students. All you need to do is mark YES or NO after each question. Your answer will be strictly CONFIDENTIAL.

Please return your Family Income Survey with your registration packet. Remember that this information is CONFIDENTIAL. I will be the only one to read it and will share only the data portion without last names with the public school district liaison.

If you have any questions please call me at the school office at (916) 489-1506.

Thank you for all that you do for our children and our school.

Sincerely,

Mrs. Kerri Bray Smith
Principal

Nonprofit Private Schools (NPS)
Title I Family Income Survey 2021-2022

Please provide the following information. Only your principal and the NPS Title I Liaison will see your responses and will keep all data **strictly confidential.**

Parent/Guardian and Address Information

Parent/Guardian Name_____ Phone_____

Address _____ City_____Zip_____

Public School District in which you live (San Juan, Sacramento City, etc.)_____

Neighborhood public school your student(s) would attend (if known)_____

Student Information

Only list students attending **THIS** private school.

Name of This Private School:_____

Student Name #1 _____ Grade _____

Student Name #2 _____ Grade _____

Student Name #3 _____ Grade _____

Family and Income Information

Find your family size (all adults and children in the home) on the chart. Then, compare your gross income to the figures in the corresponding row.

Family Size	Weekly	Monthly	Yearly
1	$454	$1,968	$23,606
2	$614	$2,658	$31,894
3	$773	$3,349	$40,182
4	$933	$4,040	$48,470
5	$1,092	$4,730	$56,758
6	$1,251	$5,421	$65,046
7	$1,411	$6,112	$73,334
8	$1,570	$6,802	$81,622
Each additional + member, add:	+$160	+$691	+$8,288

Is your income (for your family's size) less than the amount on the chart? **___ yes ___ no**

Does your family receive assistance under Temporary Assistance to Needy Families (TANF)? **___ yes ___ no**

Does your family participate in the Supplemental Nutrition Assistance Program (SNAP)? **___ yes ___ no**

Does your family participate in the Food Distribution Program on Indian Reservations (FDPIR)? **___ yes ___ no**

Please return this form to your principal by: _____

Parent Volunteer Sign Up Form (2021-2022)

You must sign up for at least 3 of the following events:

- ☐ St. Philomene Parish Festival (Fall - October)
- ☐ Harvest Dinner (Fall - November)
- ☐ Crab Feed Dinner Dance Auction (Spring – Jan/Feb)

You must sign up for at least 3 of the following:

- ☐ Parent Club Lead
- ☐ Booster Club
- ☐ Room Parent
- ☐ Picture Day
- ☐ Science Fair (March)
- ☐ Campus Maintenance (Yard work, painting, campus cleanup)
- ☐ Scrip Coordinator
- ☐ Baked Goods for events
- ☐ Teacher Appreciation Luncheon (In the Spring)
- ☐ Pancake Breakfast (Catholic Schools Week)
- ☐ Walk-a-thon (Spring)
- ☐ Scholastic Book Fair
- ☐ Yard Duty (before school or lunch)
- ☐ Halloween Carnival (on Halloween)
- ☐ Christmas Program
- ☐ Office Help
- ☐ Box Top Coordinator
- ☐ Helping in the classroom
- ☐ Coaching: volleyball basketball little dribblers track golf
  (Circle the sports you would like to coach)

Name of volunteer:_____ Email:_____

Phone number:_____

Please return this sign-up sheet with your registration packet.

Please Note: If you sign up for an event and or fundraiser, you will be contacted directly to participate in this event and or fundraiser at the time indicated above. It is crucial that you are available during these times if you choose to participate.

St Philomene School
Requirements of Enrollment for School Year 2021-2022

Please initial in Box as Acceptance of Each Item or Requirement For the 2021-2022 School Year:

- Registration fee per student shall be $300 through May 31, 2021. Families seeking financial aid and making an application FACTS **must do so no later than May 1, 2021 AND** a payment plan through FACTS **must be chosen and submitted by May 31, 2021 AND** emergency information **must be COMPLETELY submitted through SchoolSpeak by May 31, 2021.**

- *I/We* agree and acknowledge that **students will be sent home ten school days after the first day of the school year** if requirements for completing and submitting a FACTS payment plan and completed SchoolSpeak registration and emergency forms are not satisfied. ***I/We* agree and acknowledge that students will nto be allowed to return until these requirements are satisfied.**

- *I/We* agree and acknowledge that the technology fee per student to be paid at the time of registration fee collection shall be $150.

- *I/We* agree and acknowledge responsibility **to continually monitor SchoolSpeak for relevant communications regarding my/our student(s), including all associated emails/texts/Newsline messages that are sent during the school year.** *I/We* understand and accept that communication from the school shall be accomplished in this manner.

- *I/We* agree and acknowledge responsibility **to continually monitor FACTS and be aware of any delinquent payment status.** *I/We* agree and acknowledge responsibility **to contact the school office and make arrangements to discuss any situation causing payment delinquency as soon as any payment is 60 days or more past due.** *I/We* agree and acknowledge that **students may be disenrolled at the option of the school as soon as any payment is 90 days or more past due.**

Parent Name: _____

Parent Name: _____

Signature: _____

Signature: _____

Date: _____

MULTI-MEDIA RELEASE FORM FOR MINORS

Date: _____

I give permission to The Dominguez Dream in Memory of H. Frank Dominguez ("The Dominguez Dream"), a 501(c)3 nonprofit public benefit corporation, to use photographs, videos, images, artwork and writing of *(print child's name)* _____ for any Dominguez Dream purpose, including The Dominguez Dream website, social media, marketing and fundraising, as determined by the Dominguez Dream's sole discretion. I authorize The Dominguez Dream to make such use without any further review or approval by me.

Name of Parent/Guardian: _____
(please print)

Relationship to Child: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____

Home Phone Number: _____

Once signed, this form is valid through the duration of the child's enrollment in the school. Parent/Guardian must request a new form should any changes be necessary.

I am 18 years of age or older and have read and understand the terms of this release.

Signature: _____

dominguezdream.org

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