



Registration 2017



2017/2018 School Year

NEW STUDENTS



ST. PHILOMENE SCHOOL Registration Checklist 2017-2018

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? ___ Magazine, if so which one? _____

___ 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 _____

Counselor Permission Form _____

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 2017-2018 Academic School Year
2017-2018 TUITION FEES
Transitional Kindergarten/Kindergarten – Eighth Grade

	<u>Catholic</u>	<u>Non-Catholic</u>
One Child	\$3950.00	\$4250.00
Two Children	\$7300.00	\$7850.00
Three Children	\$9450.00	\$10000.00

Registration; **\$300.00** /student (TK/K-8); Technology Fees **\$150.00**/student (K-8)

All registration payments are non-refundable

Registration for new/returning families

All families are required to return their registration packets and enrollment fees by June 1, 2017.

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 by April 28, 2017. This date is especially important, as funds will be available on the first come first serve basis.

Please contact the school office if you need online assistance or a paper application.

Tuition Payments

Tuition payments will be paid through FACTS. Please log on to: <https://online.factsmgt.com/signin/3CR0G> to set up an account for your 2017-2018 tuition payments. *Please contact the school office for online assistance.* Prepayment may be accepted in cash or check if done by July 15, 2017. Please see school principal for financial hardship. A 3.0% 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.

Finance Fee

There is a \$25.00 fee for each returned check that will be charged to your tuition account. Cash or money order is required for NSF check and fee.

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 in at the time of withdrawal and it becomes due at the time of notification.



St. Philomene School Tuition and Registration Contract for 2017-2018

Please fill out completely and submit to school office no later than June 1, 2017.

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 St. Philomene School, we agree to the following:
(Please READ and INITIAL each item)

1. _____ We understand that a non-refundable registration fee of \$450 (first child), \$450 (additional children) is due at the time of registration. Children will not be re-enrolled if all accounts are not current or if the registration fee is not paid in full.
2. _____ 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.
3. _____ We understand that failure to make tuition payments will result in St. Philomene School declaring all unpaid tuition/fees due and payable. St. Philomene School reserves the right to turn over any unpaid accounts to collections, and continued enrollment may be terminated.
4. _____ 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 2017	Tuition	* 8 th grade graduation	Total:
1.		<input type="checkbox"/> Catholic: \$3950 <input type="checkbox"/> Non-Catholic: \$4250	<input type="checkbox"/> 85.00	\$
2.		<input type="checkbox"/> Catholic: \$3350 <input type="checkbox"/> Non-Catholic: \$3600	<input type="checkbox"/> 85.00	\$
3.		<input type="checkbox"/> Catholic: \$2150 <input type="checkbox"/> Non-Catholic: \$2150	<input type="checkbox"/> 85.00	\$

Total of All Children \$

Registration for 17-18 School Year is paid in full at the time this registration form is accepted at the school office. The cost of registration is:

Child's Name	Registration Fee	Total Due	
1.	\$450		
2.	\$450		
3.	\$450		
Total Registration Paid			
Date Paid	Paid with	Cash Receipt #	Check #

We prefer the payment schedule checked below for this year's tuition:

- a. _____ One annual payment due at TIME OF REGISTRATION (4% discount).
- b. _____ Bi-annual payments. First installment at TIME OF REGISTRATION, second installment due upon January 20, 2018.
- c. _____ Ten monthly payments through FACTS Tuition Management. Note: 8th Grade Parents must use the 5th of the month payment option.)
- d. _____ **(for late registration only):**
 - Date Student Entered: _____
 - Number of Monthly Payments: _____
 - Payment Dates: _____

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 #12 Date

Signature: _____ / _____
School Principal Date

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



St. Philomene School Extended Day Program Contract for 2017-2018

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: _____

2017-2018 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): \$1,850 (1 student), \$3,700 (2 students), \$5,550 (3 students), \$7,400 (4+)

Part Time (Afternoons Only): \$1,500 (1 student), \$3,000 (2 students), \$4,500 (3 students), \$6,000 (4+)

Part Time (Mornings Only): \$750 (1 student), \$1,500 (2 students), \$2,250 (3 students), \$3,000 (4+)

Drop-in use will be invoiced at the end of each month: \$5.00 per hour for registered
\$10.00 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.	<input type="checkbox"/> \$40	<input type="checkbox"/> \$1,850	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$750	\$
2.	<input type="checkbox"/> \$40	<input type="checkbox"/> \$1,850	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$750	\$
3.	<input type="checkbox"/> \$40	<input type="checkbox"/> \$1,850	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$750	\$
4.	<input type="checkbox"/> \$40	<input type="checkbox"/> \$1,850	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$750	\$
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



STUDENT'S GRADE IN 2017/2018 _____

EMERGENCY INFORMATION 2017-2018
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
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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)

<input type="checkbox"/> RSP	<input type="checkbox"/> Chapter 1	<input type="checkbox"/> Speech & Language	<input type="checkbox"/> ESL or Bilingual
<input type="checkbox"/> SDC (Special Day Class)	<input type="checkbox"/> 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 ETHNIC BACKGROUND

<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Mixed Ethnicity	

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
<input type="checkbox"/> Natural <input type="checkbox"/> Step-father <input type="checkbox"/> Other	<input type="checkbox"/> Natural <input type="checkbox"/> Step-mother <input type="checkbox"/> 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 – 2017-2018

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 ALL 30 service hours by February 1, 2018. 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 no 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 30, 2018 or pay the portion not raised by May 30, 2018. 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 Newslines. When the following items are donated, parents may claim the hours noted.

Homemade Items

- Brownies 1 hour per batch
Cookies 2 hours per 3 dozen
Desserts 2 hours per dessert

Items purchased for school events:

1 hour per \$20 spent on goods

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: _____



Dear Parent/Guardian:

The US congress passed the No Child Left Behind Act of 2001 (NCLB), which took effect January 8, 2002. Title I, Part A, of the NCLB 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 Survey. This information is very important. It will help us continue our 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 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 names with the public school district liaison.

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

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

Sincerely,

Mrs. Ann Marie Faires
Principal



Parent Volunteer Sign Up Form (2017-18)
You must sign up for at least 2 of the following events:

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

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

- | | |
|---|--|
| <input type="checkbox"/> Parent Club | <input type="checkbox"/> Z Best Coupon Book |
| <input type="checkbox"/> Booster Club | <input type="checkbox"/> Worlds Finest Chocolate Bar |
| <input type="checkbox"/> Mixed Bags | <input type="checkbox"/> Scholastic Book Fair |
| <input type="checkbox"/> Picture Day | <input type="checkbox"/> Yard Duty |
| <input type="checkbox"/> Science Fair (March) | <input type="checkbox"/> Halloween Carnival (on Halloween) |
| <input type="checkbox"/> See's Candy (December) | <input type="checkbox"/> Christmas Program |
| <input type="checkbox"/> Hearing & Eye Screening | <input type="checkbox"/> May Crowning |
| <input type="checkbox"/> Teacher Appreciation Lunch
(In the Spring) | <input type="checkbox"/> Teacher Appreciation Breakfast
(Catholic Schools Week) |
| <input type="checkbox"/> 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.



Non-Public Schools (NPS) Title I Family Survey
2017-18

Please provide the following information. Only your principal and the NPS Title I Coordinator 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 (Sacramento City, San Juan, 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.

Table with 4 columns: Family Size, Weekly, Monthly, Yearly. Rows for family sizes 1-8 and an additional row for 'Each additional member, add:' with values +\$148, +\$642, +\$7,696.

- Is your income (for your family's size) less than the amount on the chart? ___ yes ___ no
Does your family receive assistance under Cal Works? ___ yes ___ no
Are any of your children eligible for Medicaid? ___ yes ___ no
Does your family participate in the food stamp program? ___ yes ___ no

Please return this form to your principal with your registration packet.