

# **Registration 2020**

**2020/2021 School Year**  
**NEW STUDENTS**



# ST. PHILOMENE SCHOOL

## Registration Checklist 2020-2021

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 2020-2021 Academic School Year**

### **2020-2021 TUITION FEES**

#### **Transitional Kindergarten/Kindergarten – Eighth Grade**

	<u>Catholic</u>	<u>Non-Catholic</u>
One Child	\$4836.00	\$5204.00
Two Children	\$8937.00	\$9611.00
Three Children	\$11569.00	\$12243.00
Four Children	\$14007.00	\$14681.00

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 29, 2020.

#### **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 1<sup>st</sup> and February 28<sup>th</sup>, 2020. 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 2019-20 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 2020/21 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 2020-2021**

*Please fill out completely and submit to school office no later than May 29, 2020*

**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 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 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.
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 2020	Tuition	* 8 <sup>th</sup> grade graduation	Total:
1.		<input type="checkbox"/> Catholic: \$4836 <input type="checkbox"/> Non-Catholic: \$5204	<input type="checkbox"/> 85.00	\$
2.		<input type="checkbox"/> Catholic: \$4101 <input type="checkbox"/> Non-Catholic: \$4407	<input type="checkbox"/> 85.00	\$
3.		<input type="checkbox"/> Catholic: \$2632 <input type="checkbox"/> Non-Catholic: \$2632	<input type="checkbox"/> 85.00	\$
4.		<input type="checkbox"/> Catholic: \$2438 <input type="checkbox"/> Non-Catholic: \$2438	<input type="checkbox"/> 85.00	\$

**Total of All Children**      \$ \_\_\_\_\_

**Registration and Technology fees for 2020-21 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.**

### Family Information:

Parent 2: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Work) (Cell)

Employer/Occupation: \_\_\_\_\_

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

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

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.**

# EMERGENCY INFORMATION 2020-2021

## 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 ETHNIC BACKGROUND**

\_\_\_\_ Black \_\_\_\_ Hispanic \_\_\_\_ Asian \_\_\_\_ Pacific Islander  
\_\_\_\_ Native American \_\_\_\_ Caucasian \_\_\_\_ 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.

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FATHER'S SIGNATURE

DATE

---

MOTHER'S SIGNATURE

DATE

## Family Service Agreement 2020- 2021

### 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 26, 2021.** 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, 2021 or pay the portion not raised by May 10, 2021.** 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 Newslane. 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: \_\_\_\_\_



2320 El Camino Avenue  
Sacramento, CA 95821  
Phone: 916-489-1506  
Fax: 916-489-2642  
Email: [office@stphilomene.org](mailto: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

[www.stphilomene.org](http://www.stphilomene.org)

**NonProfit Private Schools (NPS)  
Title I Family Income Survey 2020-2021**

*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 (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.

Family Size	Weekly	Monthly	Yearly
1	\$445	\$1,926	\$23,107
2	\$602	\$2,607	\$31,284
3	\$759	\$3,289	\$39,461
4	\$917	\$3,970	\$47,638
5	\$1,074	\$4,652	\$55,815
6	\$1,231	\$5,333	\$63,992
7	\$1,388	\$6,015	\$72,169
8	\$1,546	\$6,696	\$80,346
Each additional + member, add:	+\$158	+\$682	+\$8,177

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

Does your family receive assistance under CalWorks? \_\_\_\_ 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 by:*** \_\_\_\_\_



**Parent Volunteer Sign Up Form (2020-21)**  
**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:**

- |                                                                                                                                     |                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Parent Club Lead                                                                                           | <input type="checkbox"/> Pancake Breakfast (Catholic Schools Week) |
| <input type="checkbox"/> Booster Club                                                                                               | <input type="checkbox"/> Walk-a-thon (Spring)                      |
| <input type="checkbox"/> Room Parent                                                                                                | <input type="checkbox"/> Scholastic Book Fair                      |
| <input type="checkbox"/> Picture Day                                                                                                | <input type="checkbox"/> Yard Duty (before school or lunch)        |
| <input type="checkbox"/> Science Fair (March)                                                                                       | <input type="checkbox"/> Halloween Carnival (on Halloween)         |
| <input type="checkbox"/> Campus Maintenance<br>(Yard work, painting, campus cleanup)                                                | <input type="checkbox"/> Christmas Program                         |
| <input type="checkbox"/> Scrip Coordinator                                                                                          | <input type="checkbox"/> Office Help                               |
| <input type="checkbox"/> Baked Goods for events                                                                                     | <input type="checkbox"/> Box Top Coordinator                       |
| <input type="checkbox"/> Teacher Appreciation Luncheon<br>(In the Spring)                                                           | <input type="checkbox"/> Helping in the classroom                  |
| <input type="checkbox"/> Coaching: volleyball basketball little dribblers track golf<br>(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 2020-21**

**Please Initial in Box As Acceptance of Each Item Or Requirement For 2020-21 School Year:**

- ☐ Registration fee per student shall be \$300 through May 31, 2020. Families seeking financial aid and making an application through FACTS **must do so no later than May 1, 2020; AND,** a payment plan through FACTS **must be chosen and submitted by May 31, 2020; AND,** emergency information **must be COMPLETELY submitted through School Speak by May 31, 2020,**
- ☐ 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 School Speak registration and emergency forms are not satisfied. **I/We agree and acknowledge that students will not 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/text/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(s): \_\_\_\_\_

\_\_\_\_\_

Signature(s): \_\_\_\_\_

\_\_\_\_\_

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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4540 Duckhorn Drive, Suite 100, Sacramento, CA 95834