



If applicable: (Custodial Parent), Please provide a copy of the court custodial document for our records.

I, _____, have full custody of the above-named children.

We, _____ and _____ share joint custody.

EMERGENCY & PICK UP CONTACTS (must be other than parents)

1. _____ Phone # _____ Rel: _____ Emergency Pick Up
2. _____ Phone # _____ Rel: _____ Emergency Pick Up
3. _____ Phone # _____ Rel: _____ Emergency Pick Up
4. _____ Phone # _____ Rel: _____ Emergency Pick Up

I give permission for any person listed above to be contacted and for my child(ren) to be released to those listed as pick up.

I give permission for my contact phone number and/or email to be shared with other St. Rose School's parent/family. Yes No

Parent/Legal Guardian Signature: _____ Date: _____

POLICY OF NON-DISCRIMINATION: ST. ROSE SCHOOL ADMITS STUDENTS OF ANY RACE, COLOR, AND NATIONALITY TO ALL RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE AT SCHOOL. ST. ROSE SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR OR NATIONALITY IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES AND SCHOOL-ADMINISTERED PROGRAMS.



PROMISSORY NOTE

2023-2024

I understand that I have a moral and legal obligation to fulfill my responsibilities under this promissory note. I further understand that failure to comply with the elected payment schedule or failure to complete my volunteer hours for 2023-2024 school year will result in:

- A. Withholding of school records and /or report card(s)
- B. Loss of eligibility for scholarship assistance resulting in full cost tuition the following school year.
- C. The student will be involuntarily released from school.

I understand that all tuition payments will be made through FACTS Management company. I agree to pay \$_____ for tuition & \$_____ registration fee for the 2023-2024 calendar school year. \$_____ (less scholarships listed below).

I AGREE TO: (Circle one): A. Pay my tuition in full by: **June 15, 2023**
B. Register & set up monthly installments on FACTS (www.factsmgt.com).

To be completed by Principal:

This family has received \$_____ in Fr. Kerr Scholarship to go towards the above tuition costs.
\$_____ in CWCF Scholarship funds to go towards the above tuition costs.

Fundraising offsets the total cost to educate a child, therefore, I have declared to be an **active participant as a volunteer in the school's fundraising programs**; Auction and any other fundraisers throughout the year which need parent/guardian volunteers. Fundraisers are subject to change without prior notice.

The following minimum requirements must be met:

K - 6 Families –Volunteer Hours Required (Preschool is not subject to volunteer hours it is optional)

- 20 hours per family for the Auction
- 10 hours of additional volunteering
- \$500 minimum per family from our wreath sale, Candy sale, or Coconut Crawl.

Pre-School Only Families- Fundraising is required.

- \$ 500 per family from our wreath sale or candy sale, or the coconut crawl.

Your help is appreciated with the following events:

- Catholic Schools Week
- Book Fair
- Wreath Sale (organize)
- Coconut Crawl (set up, clean-up)
- Candy Sales (organize, pick-up)
- Classroom (one on one reading or math facts)
- Golf Tournament (set up, clean up)

Failure to work the required hours for fundraising events is not acceptable and will result in a penalty assessment of the designated value **of \$25.00 per hour, per family**. Non-participation or returning of unsold fundraising merchandise is not acceptable. Any shortfall between activity participation and the assigned value will be collected in addition to tuition the next billing cycle. Payment of regular tuition, plus all additional fees must be up to date on all accounts before you can register your child(ren) for the following school year. Any outstanding balance is subject to collection action. These policies along with the fundraising and volunteer requirements are stated and can be found in the Student Handbook. In signing this promissory note, I am stating that I agree to all the terms and conditions. Students will not be enrolled unless this form is complete.

Mother/Guardian signature

Printed name

Date

Father/Guardian signature

Printed name

Date



ST ROSE OF LIMA SCHOOL LUNCH AND VOLUNTEER PROGRAM

Cafeteria (Hot Lunch)

Your child's lunch account is a prepaid account and IS NOT a charge account. Hot lunch is \$3.75 a meal. Reduced lunch price is \$.40, and milk is \$.55. Funds may be added to your account by check or cash. You may also opt to have funds drawn directly from your FACTS account by contacting our St Rose office. If your child's account goes negative, please provide a sack lunch from home until you can fund your account. If there is a hardship or circumstance you'd like us to consider, please do not hesitate to contact the office. We are here to help in any manner possible.

Volunteer Policy

The strength of the Catholic education centers on partnership between the teachers, students, parents, and community. The volunteer program is a way to encourage and recognize the gifts of time and talent given by our families in this partnership. These gifts build up our school community in significant ways. In the spirit of cooperation and collaboration, families are required to provide at least 30 hours of service during the school year. Specifically, 20 hours per family for the annual school Auction and 10 hours of miscellaneous volunteer hours.

Signing this enrollment contract indicates my agreement to fulfill these volunteer requirements or that I will participate in the Volunteer Hours Buyout Option.

St Rose of Lima Catholic School Volunteer Requirements

Adult Volunteer Requirements	Drivers
1) Read Diocese of Yakima Safe Environment Policies and agree to them (Yearly) 2) Complete VIRTUS Safe Environment Training Acknowledgement (one time class with online refreshers) (Yearly) 3) Oath of Confidentiality (Yearly) 4) Complete a Criminal background check (every 6 years)	In addition to the adult volunteer requirements, adult volunteers (21 & over) must also complete the following: <ol style="list-style-type: none"> 1) Driver information sheet (Yearly) 2) Adult Liability Waiver (Yearly) 3) Be Safe-Drive Safe 12 min video & questionnaire (one time) https://yakima.cmgconnect.org

I have read the Enrollment application to its entirety and I understand my responsibilities as a St. Rose Parent. I understand that my child's enrollment is not "complete" until the following documents have been provided:

- | | |
|---|---|
| <input type="radio"/> Registration Fee | <input type="radio"/> Copy of student's birth certificate |
| <input type="radio"/> Signed Promissory Note | <input type="radio"/> Copy of student immunization record |
| <input type="radio"/> Completed Student Health Form | <input type="radio"/> Copy of baptismal certificate (if applicable) |
| <input type="radio"/> FACTS Account created/updated | |

Parent Signature: _____ Date: _____



ST ROSE OF LIMA MEDIA/PHOTO RELEASE AUTHORIZATION

IMPORTANT!!! This form contains information regarding where and how your child's picture, their original work and information are shared. Please read, sign, and return to school.

St. Rose of Lima Catholic School allows our students to appear in news stories which may include pictures about our school and related topics. Also, school websites are being used as a way to share student work and activities. At various times during the school year your child might be requested to participate in these activities. If you do not wish for your child to participate in all or some of the various forms of media coverage, mark the appropriate areas and sign the bottom of this page. Regardless of your preference, please complete and return the form.

TELEVISION AND NEWSPAPER: Many programs and activities at our school or Diocese may generate media attention. Students' names and names of parents may be included in newspaper articles, school website, or social media sites. At various times the school may create brochures to include student picture with no names attached. **INTERNET – SCHOOL DISTRICT WEB SITES:** The school recognizes the value of publishing on the Internet. The school allows access to computer resources for the creation and maintenance of project-based web pages. While each classroom makes every effort to monitor student web pages, ultimately it is each student's responsibility to create pages that are accurate, reliable and contain suitable information. While some issues are left to the discretion of the parent, other practices are not negotiable:

- At no time should a student publish home addresses or phone numbers on a web page.
- Each student must display original work obeying copyright restrictions.

This contract will be in a place for the duration of your child's attendance at this school unless you contact us in writing to make changes.

By initialing in each box below you are giving permission for the following. If you do not wish to provide permission, simply leave the box blank. (Note: It is not our practice to include student names on the school website, media releases, or posts.)

- _____ I give I give my permission for my child's image to participate in school related media postings online.
- _____ I give I give my permission for my child's image to be shared on school brochures or hard copy media.
- _____ I give I give my permission for my child's schoolwork to be posted on school related media.
- _____ I give my permission for my child's first name or initials to release to press agents if requested such as in a local newspaper article.

I DO NOT GIVE PERMISSION FOR ANY OF THE ABOVE

Student's name: _____ Grade: _____

Student's name: _____ Grade: _____

Parent's Printed Name: _____ Date: _____

Parent's Signature: _____



STUDENT HEALTH FORM

2023-2024

This information is considered confidential. To ensure the health and safety of your child, it will be shared with school staff as needed while your child is enrolled at Saint Rose of Lima Catholic School, unless you request otherwise in writing.

Student Name: _____

Grade: _____ Date of Birth: _____ Male Female

Life Threatening Medical Conditions: WA State law ([per RCW.28A.210.320](#)) requires a medication/treatment order from a healthcare provider if your child's health condition will put your child in danger during the school day. Written orders must be received by the school with a care plan and medications **BEFORE YOUR CHILD CAN ATTEND SCHOOL.**

Does your child have a **LIFE-THREATENING CONDITION**? NO YES

If yes, please specify the condition: _____

- NO YES Severe allergic reaction to bee sting? Please describe reaction: _____
Anaphylactic? No Yes
- NO YES Severe allergic reaction to **food** or **nuts**? Type: _____
Anaphylactic? No Yes
- NO YES Mild allergic reaction to **food** or **nuts** or **other**? Type: _____
Please describe reaction: _____
- NO YES Asthma? Will your child require asthma management during school hours? No Yes
- NO YES Diabetes? Type: _____ Self Manage: No Yes Pump? No Yes
- NO YES Heart Condition? Diagnosis: _____
- NO YES Bleeding Disorder? Diagnosis: _____
- NO YES Seizure/Neurological Disorder? Please describe: _____
- NO YES GI/Feeding Condition? Please describe: _____
- NO YES Bowel/Bladder Condition? Please describe: _____
- NO YES Other Health Concerns: _____
- NO YES Does your child have any other condition that would affect classroom performance or PE activities?
Please describe: _____
- NO YES Behavioral/Emotional Concerns: _____
- NO YES Visual Impairment? Glasses Contacts Date of last eye exam: _____
- NO YES Hearing Impairment? Hearing Aids yes Date of last hearing exam: _____

Primary Care Provider: _____ Date of Last Exam: _____

Dentist: _____ Last Dental Exam: _____

Daily Medications

State law requires written authorization from a Health Care Provider and parent before any medication, prescription or over the counter, can be given at school. Please complete the medication administration form for any medications to be given at school.

Parent/Guardian (Printed Name): _____

Parent/Guardian (Signature): _____ Date: _____



SAINT ROSE OF LIMA CATHOLIC SCHOOL 2023-2024 TUITION SCHEDULE

PreK through 6th Grade	Tuition Amount	5% Discount if prepaid in full by 6/15/22	11 Equal Monthly Payments
One Child	\$5775	\$5486	\$525
Each Additional Sibling	\$5487	\$5213	\$499
Preschool 4 (M, W, F)	\$1650	N/A	\$150
Preschool 3 (T, TH)	\$1250	N/A	\$114

Registration Fee Per Student	If paid PRIOR to May 1st	If paid AFTER May 1st:
Preschool thru 6 th	\$100	\$125

St Rose strives to make it possible for any child to attend our school. We offer scholarship opportunities through Central Washing Catholic Foundation and Father Kerr Scholarship. If interested, you must apply at <https://online.factsmgmt.com/aid>. Please be prepared to create an account and upload tax documents.

Please take advantage of our early registration fees. Your early registration also helps our school prepare for the upcoming year as curriculum is purchased by of June. Most of our teachers work through the summer to prepare for the number of students enrolled.