



SAINT ROSE OF LIMA CATHOLIC SCHOOL

2024-2025 NEW STUDENT APPLICATION

Please return the registration packet with the registration fee to the school office.

Office Use Only:			
Date Received:		Initial:	
Cash/Chk#		Reg Fee:	

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

Application Date: _____

Student #1		
Student Name: _____		
FIRST NAME	LAST NAME	PREFERRED NAME
Date of Birth _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	2023/24 Incoming Grade: _____
Religion: _____		
Baptized? <input type="checkbox"/> Y <input type="checkbox"/> N (if yes, please provide copy of certificate) Church: _____		
School Student currently attends: _____ Phone #: _____		
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian		
<input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander		

Student #2		
Student Name: _____		
FIRST NAME	LAST NAME	PREFERRED NAME
Date of Birth _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	2023/24 Incoming Grade: _____
Religion: _____		
Baptized? <input type="checkbox"/> Y <input type="checkbox"/> N (if yes, please provide copy of certificate) Church: _____		
School Student currently attends: _____ Phone #: _____		
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian		
<input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander		

Family Address: _____	Email: _____
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Street, City, State, Zip

<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian		<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian	
_____		_____	
FIRST NAME	LAST NAME	FIRST NAME	LAST NAME
Address: <input type="checkbox"/> Same as Above		Address: <input type="checkbox"/> Same as Above	
_____		_____	
STREET ADDRESS		STREET ADDRESS	
_____		_____	
CITY	STATE	CITY	STATE
_____		_____	
ZIP		ZIP	
Cell Phone: _____		Cell Phone: _____	
Home Phone: _____		Home Phone: _____	
Work Phone: _____		Work Phone: _____	
Occupation: _____		Occupation: _____	
Employer: _____		Employer: _____	
Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased		Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased	

Student(s) live with:

- Both Parents Mother Only Father Only Mother/SF Father/SM

Other: (Please specify) _____

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

Has your child received services including: 504 IEP Counseling Speech

Other: _____

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.



SAINT ROSE OF LIMA CATHOLIC SCHOOL

PROMISSORY NOTE

2024-2025

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 2024-2025 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 2024-2025 calendar school year. \$_____ (less scholarships listed below).

I AGREE TO: (Circle one): A. Pay my tuition in full by: **June 15, 2024**
 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 myself 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, golf tournament, or Coconut Crawl.

Pre-School Only Families- Fundraising is required.

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

Your help is appreciated with the following events:

- Catholic Schools Week
- Book Fair
- Wreath Sale
- 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 \$35.00 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 in 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



**SAINT ROSE OF LIMA CATHOLIC SCHOOL
LUNCH & VOLUNTEER PROGRAM
2024-2025**

Cafeteria (Hot Lunch)

Your child’s lunch account is a prepaid account and is not a charge account. Hot lunch is \$4.00 a meal. Reduced lunch price is \$.40, and milk is \$.55. Funds may be added to your account by check, cash, or withdrawal from your FACTS account. **If your child’s account goes negative, St Rose will automatically bill your FACTS account for \$25 to replenish the account.** If you would like to elect to set up a monthly withdrawal from your FACTS account to fund your child’s lunch account, please enter amount here: \$

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. (\$700 auction/\$350 miscellaneous)

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: 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:

- Registration Fee
- Signed Promissory Note
- Completed Student Health Form
- FACTS Account created/Updated
- Copy of Student Birth Certificate
- Copy of Student’s Current Immunization Record
- Copy of Baptismal Certificate (if applicable)
- I have received & read Student Handbook
- Signed Student Chromebook/Internet Use Agreement

Parent Signature: _____ Date: _____



ST ROSE OF LIMA CATHOLIC SCHOOL MEDIA/PHOTO RELEASE AUTHORIZATION 2024-2025

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 website is used as a way to share student work and school activities. At various times during the school year your child's name or picture may be captured or shared 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 pictures 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 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 my permission for my child's image/name to be shared in school related online social media.
- _____ I give my permission for my child's image/name to be shared on school brochures or hard copy media.
- _____ 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: _____



SAINT ROSE OF LIMA CATHOLIC SCHOOL

STUDENT HEALTH FORM

2024-2025

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 ****Please provide an Emergency Plan completed by physician.**
- 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: _____

Address: _____ Phone #: _____

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 2024-2025 TUITION SCHEDULE

PreK through 6 th Grade	Tuition Amount	5% Discount if prepaid in full by 6/15/24	11 Equal Monthly Payments
One Child	\$5998	\$5698	\$545.27
Each Additional Sibling	\$5698	\$5413	\$518
Preschool 4 (M, W, F)	\$1725	N/A	\$156.82
Preschool 3 (T, TH)	\$1325	N/A	\$120.45

Registration Fee Per Student	If paid PRIOR to May 1 st	If paid AFTER May 1 st :
Preschool thru 6 th	\$125	\$175
New Student	\$150	\$200

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.factsmgt.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.