

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



SAINT ROSE OF LIMA CATHOLIC SCHOOL

REENROLLMENT APPLICATION FOR ADMISSION

2026-2027

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

To be completed by parent or legal guardian.

Application Date: _____

Students:

Student Name: _____	DOB: _____	M/F	Grade: _____	Ethnicity: _____
Student Name: _____	DOB: _____	M/F	Grade: _____	Ethnicity: _____
Student Name: _____	DOB: _____	M/F	Grade: _____	Ethnicity: _____
Student Name: _____	DOB: _____	M/F	Grade: _____	Ethnicity: _____

Mailing Address:			Religion:	
Primary Phone #		Primary Email:		

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

Other: (Please specify) _____



SAINT ROSE OF LIMA CATHOLIC SCHOOL

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Do you have a legally filed parenting plan in place? ☐ Yes ☐ No

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

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

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, SEX, COLOR OR NATIONALITY IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES AND SCHOOL-ADMINISTERED PROGRAMS. BECAUSE ST ROSE OF LIMA STUDENTS ARE MADE IN THE IMAGE AND LIKENESS OF GOD, WE WILL ENSURE ALL STUDENTS ARE TREATED WITH INHERENT DIGNITY AS CHILDREN OF GOD.



SAINT ROSE OF LIMA CATHOLIC SCHOOL

PROMISSORY NOTE

2026-2027

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 2026-2027 school year will result in:

- Withholding of school records and /or report card(s)
- Loss of eligibility for scholarship assistance resulting in full cost tuition the following school year.
- 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 2026-2027 calendar school year. \$_____ (less scholarships listed below).

I AGREE TO: (Circle one): A. Pay my tuition in full by: **May 29, 2026**

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, or the coconut crawl.

Your help is appreciated with the following events:

- | | | |
|-------------------------|------------------------------------|--------------------------------------|
| • Catholic Schools Week | • Coconut Crawl (set up, clean-up) | • Golf Tournament (set up, clean up) |
| • Book Fair | • Spring Sales (organize, pick-up) | • Uniform Swap/Organization |
| • Fall Sale (organize) | • Classroom Volunteer | |

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



ST ROSE OF LIMA CATHOLIC SCHOOL

LUNCH & VOLUNTEER PROGRAM

2026-2027

Cafeteria (Hot Lunch)

Your child's lunch account is a prepaid account and is not a charge account. Hot lunch is \$4.60 a meal. Reduced lunch price is \$.40, and milk is \$.55. Funds may be added to your account by check, cash, or using your pre-paid account from FACTS. You may also opt to set up a automatic monthly withdrawal from your FACTS account. Contact the office for this.

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
<ol style="list-style-type: none">1) Read Diocese of Yakima Safe Environment Policies and agree to them (Yearly)2) Complete VIRTUS Safe Environment Training Acknowledgement (renewing with new version release)3) Oath of Confidentiality (Yearly)4) Complete a Criminal background check (every 6 years)	<p>In addition to the adult volunteer requirements, adult volunteers (21 & over) must also complete the following:</p> <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) <p>https://yakima.cmgconnect.org</p>

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"/> Pay registration fee | <input type="radio"/> Copy of Student's Current Immunization Record |
| <input type="radio"/> Signed Promissory Note | <input type="radio"/> Copy of Baptismal Certificate (if applicable) |
| <input type="radio"/> Completed Student Health Form | <input type="radio"/> I have received & read Student Handbook |
| <input type="radio"/> FACTS Account created/Updated | <input type="radio"/> Signed Student Chromebook/Internet Use Agreement |

Parent Signature: _____ Date: _____



ST ROSE OF LIMA CATHOLIC SCHOOL

MEDIA/PHOTO RELEASE AUTHORIZATION

2026-2027

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, our 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.

SOCIAL MEDIA & 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 initializing each box below, you are giving permission for the following. If you do not wish to provide permission, simply leave the box blank.

- _____ 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/initials to be shared on school brochures or hard copy media (newspaper, magazine, book, or print out from computer or document)
- _____ I give my permission for my child's schoolwork to be posted on school related media.

☐ **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

2026-2027

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 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 TUITION SCHEDULE 2026-2027

PreK through 6 th Grade	Tuition Amount	5% Discount if prepaid in full by 05/29/26	11 Equal Monthly Payments
One Child	\$6298	\$5983	\$572.54
Each Additional Sibling	\$5983	\$5684	\$543.91
Preschool 4 (M, W, F)	\$1750	N/A	\$159.09
Preschool 3 (T, TH)	\$1350	N/A	\$122.73

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

***Tuition can also be paid over a 12-month period. Please call the school to make arrangements.*

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 June. Most of our teachers work through the summer to prepare for the number of students enrolled.



SAINT ROSE OF LIMA CATHOLIC SCHOOL

ANTI-BULLYING POLICY

2026-2027

All students, staff, parents and volunteers are required to read and sign our St Rose Catholic School Bullying/Harassment Policy. We are committed to making our school a safe and caring environment for all students. We will treat each other with respect and refuse to tolerate bullying of any kind.

Definition :

Any student or adult behavior that threatens the safety or well-being of any member of the school community will be taken seriously. Incidents of physical assault, such as bullying, verbal abuse (threats, extortion or violence), cyber-bullying (threats, extortion or violence through any form of media) or harassment, are not acceptable at our school or at school-sponsored activities. Disciplinary action up to and including expulsion or dismissal may be taken as a result of such behavior.

Student and Adult Commitment:

Students and adults at St Rose Catholic School will do the following to prevent bullying:

- Treat each other respectfully
- Refuse to bully others
- Refuse to let others be bullied
- Refuse to watch, laugh or join in when someone is being bullied
- Try to include everyone in play, especially those who are often left out
- Report any bullying to an adult

Teacher and Staff Commitment:

Teachers and staff at Saint Rose Catholic School will prevent bullying and help children feel safe at school by:

- Closely supervising students in all areas of the school and playground
- Watching for signs of bullying and stopping it when it happens
- Respond quickly and sensitively to bullying reports using the Four-A-Response Process; (Affirm Feelings, Ask Questions, Assess Safety and Act by coaching children on what to do in the future)
- Look into all reported bullying incidents

Consequences of Violation of Anti-Bullying Policy:

Depending on the severity and nature of the incident, St. Rose staff will take one or more of the following steps when bullying occurs:

1. Intervention, Warning and Redirection: A teacher, principal or staff member will ensure that the immediate behavior stops and will reinforce to the student that bullying will not be tolerated. During this meeting with the student/adult, the staff member will redirect the student/adult and come up with a plan for success in the event they find themselves in a similar situation in the future. Adults will follow the procedures set out in the faculty handbook.
2. Recovery/Notification of Parents: School staff will notify the parents of involved students. The parents might be asked to meet with the principal or other members of the school staff, including the student's teacher. Depending on the severity, the student will be asked to fill out a Recovery Form where they can't and create a plan to correct the behavior.

3. Resolution with the Target of Bullying: The student may be required to write a letter of apology to the student that was bullied. Depending on the nature of the incident, the students involved may meet to help resolve the problem and ensure it does not happen again.
4. In-school Suspension: The student will be in-school suspension for the day and will create a plan to correct their behavior. The student, teacher, principal and parents will sign this plan. Adults will be asked to create a plan with the principal and/or the parish priest to ensure that the behavior is changed.
5. Suspension: In cases of severe or repeated bullying, the student may be suspended under diocesan policies. Diocesan policy 4.8 (C) states: When ordinary forms of discipline are unsuccessful, it may be necessary to have recourse to probation, suspension or expulsion. The principal reserves the right in all cases to apply the disciplinary measure he or she decides is appropriate.
6. Expulsion/Dismissal: Student/adults who seriously violate school discipline code may be subject to expulsion or dismissal. Expulsion takes place in accordance with the written Diocesan policy for discipline and after the principal has met with the parents of the student. Diocesan policy 4.8 (C)

Dismissal can take place in accordance with the written Diocesan policy that expressly prohibits any and all acts or threats of violence by any Diocesan employee, parishioner, vendor or other visitor to the Diocese's facilities. Diocesan policy 3.69 (A), 4.7 (A).

Anti-Bullying Adult/Student Contract:

Each family should sign and return this agreement to the school.

We, _____ the family, promise to do our best to keep our school a safe and caring place. This means we will:

1. Treat everyone with kindness and respect
2. Resolve disagreements with other students peacefully
3. Never tease, hurt, name-call or bully another student
4. Refuse to join in if we see someone else being bullied
5. Ask for help from an adult if I am bullied or see someone else being bullied

Date : _____

_____ Student Signature	_____ Student Signature	_____ Student Signature
_____ Printed Name	_____ Printed Name	_____ Printed Name
_____ Parent Signature	_____ Primary Parent Phone #	_____ Parent Signature
_____ Printed Name		_____ Printed Name



SAINT ROSE OF LIMA CATHOLIC SCHOOL

CHROMEBOOK POLICY

2026-2027

STUDENT CHROMEBOOK CHECK OUT PROGRAM

ACCEPTANCE OF RESPONSIBILITY and HOME USE AGREEMENT

I, _____ agree to allow _____
Name of Parent/Guardian Name of Student

to participate in our school's Chromebook Check Out program. I understand that the student named above will be loaned a computer/device for use at school and home.

PARENT/GUARDIAN AND STUDENT AGREE TO THE FOLLOWING CONDITIONS:

1. The device will be used responsibly at school and at home, in accordance to the Student Electronic Use Policy outlined in the St. Rose Student Handbook (pg. 10).
2. The device will be designated for use by the undersigned student.
3. The device will be used for instructional purposes and not for recreational or employment activities.
4. St Rose has the right to recall and review the contents of the device named above at any time including any personal information that may be stored on or accessible by the device.
5. Uses unrelated to St. Rose School educational program (including but not limited to, downloading of personal games or music and installing additional applications) are prohibited.
6. Once the device is returned, data the student may have stored on the device will no longer be accessible.
7. The device listed above has an Internet content filtering application configured to limit student access to harmful and inappropriate Internet sites. Parents and guardians are still responsible for monitoring their students' use of the St. Rose School device.
8. The device is loaned to the student temporarily. The device and accessories will be returned to school immediately upon request of the instructor or other school official.
9. Parent/Guardian and/or student accept full responsibility for the device listed above. Parent/Guardian agrees to reimburse the school for any damage caused as a result of student negligence or misconduct regardless of where the damage occurs.
10. Parent /Guardian will **reimburse St. Rose School for the cost of replacement** should the device be lost, stolen or damaged. The costs incurred will not exceed the original cost of the device and its accessories. In the event of lost, stolen or damaged equipment, parent/students agree to contact the school within five business days so that appropriate procedures can be put into action to ensure replacement.

RESPONSIBLE USE GUIDELINES

The guidelines below should be reviewed with your student.

1. St. Rose School borrowed Chromebook should be used only in conjunction with projects relating to the educational programs of St. Rose. It may not be used as a personal or social device for the student.
2. A Chromebook is valuable, treat it appropriately. It should not be thrown, dropped, or hit. It should never be placed on the roof or hood of a car, on the sidewalk or street, or treated in any way that may cause it to be crushed, dropped, or damaged.
3. The Chromebook is for your use only. Your friends, other students, siblings, cousins, or other people should not use it. Keep away from pets at all times.
4. A Chromebook should never be left unattended in the classroom, on the bus, in the hallway, in the lunchroom, in the gym, or any other public place.
5. A Chromebook should not be used near water, household chemicals, food or drink, or other liquids that could damage its electronic components.
6. When carried outside, the Chromebook should be protected in such a way that rain, snow, ice, excessive heat and or cold will not damage it.
7. When using a Chromebook, it is essential to practice responsible internet usage, as directed by St. Rose School policy.
8. When the student returns the Chromebook to St Rose School, it must be fully charged, so immediate analysis of device can be performed.
9. Technical support for the checked-out Chromebook is available from your school, during school hours only.

I have read and agree to the above conditions and guidelines, and I give my permission for my student to be issued St. Rose School Chromebook.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____