



St. Joseph School

123 SW 6th St.

Chehalis, WA 98532

360-748-0961 admissions@stjoeschehalis.org

2020-21 New Student Registration Information

Dear Parents/Guardians,

Attached are the final registration forms needed and required to register your child for the 2020-21 school year. Please take the time to fill out all the forms completely and thoroughly. Your child will not be enrolled until all the paperwork is in order and your complete registration fee has been received. Once finished, please bring your completed registration packet to the school office, along with the following:

- Complete “Request for Records Form”
- Copy of Birth Certificate
- Copy of Catholic Baptism Certificate
- Immunization Record

2020-21 Registration Fees

\$60.00 Registration fee for new families (one time, non-refundable) waived COVID19

\$20.00 class fee (auction) reduced due to COVID19

\$90.00 book fee (K-8 only) reduced due to COVID19

All of us at St. Joseph School are excited about the opportunity to serve your family during the 2020-21 school year. We humbly appreciate the trust which each parent/guardian bestows on us to educate their child in a safe, caring environment which infuses Catholic values. Please feel free to contact our office at any time should you have any questions. We look forward to meeting and working with each of you. Our school handbook can be found on our website www.stjoeschehalis.org

God Bless,

Carissa Talley

Student Registration Information

***All information provided by applicants in this registration packet will be visible only to school and parish administration for purposes of determining school admittance. Student and family information will be stored securely and will remain on file for a period of no less than three years.**

Family Information:

Please check home status: () Two Parents () Single Parent () Grandparents () Guardian(s)

If divorced, who has legal custody? _____ Whom does the student live with? _____

Other circumstances regarding the student's family relationships (i.e. stepmother, stepfather, guardian info. Etc.?) _____

Please submit a copy of any legal documentation that pertains to your student's education.

Religious Information (if applicable):

Baptism Info: Date _____ Church _____ City _____ State _____

Reconciliation Info: Date _____ Church _____ City _____ State _____

1st Eucharist Info: Date _____ Church _____ City _____ State _____

Guidance Information (if applicable):

Please share any information regarding special health(ALLERGIES) -or- physical needs you child might have:

Last school your registering child(ren) attended _____

School's Address _____ Phone _____

Has student applicant(s) ever skipped a grade? _____ Has applicant(s) ever repeated a grade? _____

If 'yes' which grade? _____ Has applicant(s) ever been formally diagnosed or evaluated as having any learning disabilities? _____

If 'yes' please specify _____

Do any of the applicant(s) have an Individual Education Plan (IEP) or 504 plan? _____

Has the applicant ever received counseling that the school should be aware of? _____ If 'yes' please share the relevant information about the counseling, in order to help us better understand your child's needs.

Has the applicant(s) received severe disciplinary action at school? _____

Suspended? _____ Asked to withdraw by a school? _____ Expelled from school? _____

Please share with us information regarding previous school-related discipline matters. _____

***I certify that the information I have provided to St. Joseph School via this Registration Form is truthful and accurate. Furthermore, I agree to keep St. Joseph School informed of any changes which may take place over the course of the school year.**

Parent/Guardian Signature _____ **Date** _____

Medical Information

Family Physician: _____ **Phone:** _____

Family Dentist: _____ **Phone:** _____

Medical Insurance Co: _____ **Identification #:** _____

Emergency Telephone Contact: In case of unavailability of parent, person to be called:

Name _____ **Phone** _____ **Relationship** _____

Name _____ **Phone** _____ **Relationship** _____

Emergency Release: In an emergency, I give my permission for treatment of my child(ren) by a qualified physician in the event that I can't be reached by phone via the numbers listed. _____

Parent/Guardian Signature

Date

Pick up Information

Authorization for someone to pick up children other than parent/guardian:

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

3. Name _____ Phone _____ Relationship _____

In the event where someone other than the regular pick up person will be picking up your child please call the school office and let us know so we can inform the teacher or after school care director. Please also let the pick up person know that we may require a form of identification (license, ID card, etc.) at the time of pick up.

Agreement for Wee Kids and Kids Club

Please Print

Parent's Name _____ Home # _____

Work # _____ Cell# _____

Child _____ Grade _____

Child _____ Grade _____

Child _____ Grade _____

Child _____ Grade _____

I/We, the undersigned, hereby agree to the following terms and conditions:

1. The before school care runs from 7:15 A.M. to 8:00 A.M.
2. The Preschool Wee-kids runs from 11:15 A.M. to 3:00 P.M.
3. The Kids Club(PK-8th grade) runs from 3:00 P.M. to 6:00 P.M.
4. The cost for Wee Kids is \$5.00 an hour.
5. The cost for Kids Club is \$6.00 for the 1st hour this includes a snack. \$5.00 for every hour after that.
6. ALL CHILDREN SHOULD BE PICKED UP 6 P.M. The cost of Kids Club after 6:00 P.M. is \$3.00 per minute per child.
7. Wee-Kids and Kids Club charges are billed at the end of the month and the bills are sent home in the family packet.
8. NO STUDENTS ARE ALLOWED ON THE PLAYGROUND WITHOUT STAFF SUPERVISION.
9. *If my account goes over 30 days or \$100.00, my family will not be permitted to use this service.*

In the event that I/We will not be able to pick up my children by 6:00 P.M. I/We have authorized the following individuals to pick up my child(ren):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

*****Parent or authorized person must sign out the student from Wee-Kids and Kids-Club each day*****

Please Print Name

Date

Signature

EXCELLENT SCHOOLS DON'T JUST HAPPEN-----THEY ARE CREATED

St. Joseph School's Volunteer Program strives to serve the needs of our school community.

With this in mind, there is a required amount of volunteerism that is required from each family with students in Kindergarten - 8th grade. A minimum of TWENTY (20) hours must be devoted to one or more of the fundraising activities or school programs: S.U.C.C.E.S.S., the Auction, sports team coach, School Commission member or Parent's Club officer. The remaining TWENTY (20) hours are to be devoted to other school activities. Please see below for volunteer opportunities.

****YOU WILL BE CHARGED \$40.00 FOR EVERY HOUR NOT FULFILLED BY THE END OF THE SCHOOL YEAR.****

I understand the volunteer requirements and commitment required. I also understand I will be charged \$40 an hour for every uncompleted volunteer hour within the school year.

Signature

Date

Family Name _____

Please check the volunteer opportunities you are interested in:

- | | |
|--|-------------------------------------|
| 1. ___ Auction | 13. ___ Office Aid |
| 2. ___ SUCCESS | 14. ___ Christmas Parade |
| 3. ___ Scholastic Book Fair | 15. ___ Uniform Exchange |
| 4. ___ Trunk r Treat | 16. ___ Missoula Children's Theater |
| 5. ___ Room Parent(Pk-5) | 17. ___ Sports Team Coach |
| 6. ___ Playground or Lunch duty | 18. ___ Volunteer Coordinator |
| 7. ___ Catholic Schools Week Brunch | 19. ___ New Parent Orientation |
| 8. ___ Raffle ticket organizer(Auction) | 20. ___ Eye/Hearing Screening |
| 9. ___ Maple Bars for Moms/Donuts for Dads | 21. ___ Maintenance / Construction |
| 10. ___ Picture Day Assistant | 22. ___ Santa Shop |
| 11. ___ 5 th grade Wreath Sales | 23. ___ Social Media Assistant |
| 12. ___ Teacher Appreciation Committee | |