

**ST. JOSEPH SCHOOL 2021-2022
APPLICATION FOR NEW & RETURNING FAMILIES**

Please Mark One: Returning Family New Family

Enrollment Instructions

1. Complete and return the Enrollment and Tuition Commitment form to the school along with your non-refundable Enrollment Fee. Make checks payable to St. Joseph Catholic School.
2. Online registration begins for those families who have paid their enrollment fees before 3/12/21. An email will be sent to you with step by step instructions to complete the online process.
3. Families who have not enrolled by March 12, 2021 will not be able to access their Educonnect account after 3/12/21. If you are unable to pay your registration fee by March 12, 2021, please contact Vicky Cole in our Business Office (vcole@stjoeshawnee.org).
4. If you have a student entering Kindergarten, add them to your enrollment form.
5. Please note: enrollment is not guaranteed until the enrollment fee is paid, parish support is verified, and you are current on tuition obligations for this year.

Student's Name: _____ DOB ____ / ____ / ____ M / F Grade ('21-'22) ____

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Student's Name: _____ DOB ____ / ____ / ____ M / F Grade ('21-'22) ____

Last First Middle

Enrollment FEES (non-refundable):

Early Bird Discount: \$175 per student if enrollment complete and fee paid on or before March 12, 2021

Enrollment Fee: \$200 per student if enrollment complete and paid after March 12, 2021

On or Before March 12th

\$ 175 (1 child)
\$ 350 (2 children)
\$ 525 (3 children)
\$ 700 (4 children)

After March 12th

\$ 200.00
\$ 400.00
\$ 600.00
\$ 800.00

TOTAL ENROLLMENT FEE: \$ _____

All students will require an additional technology fee for the 2021-2022 school year.
The technology fee will be collected at the time your device is issued to your student.

| | | | |
|-----------------------------|--|--------------------|---------------|
| FOR OFFICE USE ONLY: | | | |
| Total Students : _____ | | | |
| Payment made by : | | Cash _____ | Check # _____ |
| Total Fees Paid: _____ | | Received by: _____ | Date: _____ |

Family and Student Information

Student Last Name: _____ **Parent Last Name:** _____
(if different from student)

Student Information

1.) First: _____ Middle _____ Birthdate: _____ Grade 21-22: _____

2.) First: _____ Middle _____ Birthdate: _____ Grade 21-22: _____

3.) First: _____ Middle _____ Birthdate: _____ Grade 21-22: _____

4.) First: _____ Middle _____ Birthdate: _____ Grade 21-22: _____

Student's Primary Address

Address: _____ City: _____ State: _____ Zip: _____

Primary (Home) phone: _____ Primary (Family) Email: _____

Father/Guardian

Name: _____

Cell Phone: _____

Occupation: _____

Employer: _____

Work Phone: _____

Email: _____

Step-Mother name: _____

Home Address (if different from student):

City: _____ State: _____ Zip: _____

Phone: _____

Mother/Guardian

Name: _____

Cell Phone: _____

Occupation: _____

Employer: _____

Work Phone: _____

Email: _____

Step-Father Name: _____

Home Address (if different from student):

City: _____ State: _____ Zip: _____

Phone: _____

Transportation List anyone else, living in town, who may pick up your children from school.

| <u>Name</u> | <u>Relationship</u> | <u>Phone</u> |
|-------------|---------------------|--------------|
| | | |
| | | |
| | | |

Family and Student Information

Parental Status, please circle one: Married Separated Divorced Remarried Single Widow/Widower

Student Lives With:

____ Both Parents ____ Mother Only ____ Father Only ____ Mth/Stepfather ____ Fr/Stepmother ____ Grandparents ____ Guardian

PARENT / GUARDIAN INFORMATION

Last Name _____ First Name _____ Title (Mr., Mrs., Ms., Dr.) _____

Relationship (circle) Father Mother Stepfather Stepmother Guardian

Employer _____ Work Address _____

Occupation _____ Work Phone _____ Cell Phone _____

Last Name _____ First Name _____ Title (Mr., Mrs., Ms., Dr.) _____

Relationship (circle) Father Mother Stepfather Stepmother Guardian

Employer _____ Work Address _____

Occupation _____ Work Phone _____ Cell Phone _____

Preferred E-mail address

Family email address: _____

(Father) _____ (Mother) _____

We speak a second language in our home. Yes _____ No _____

Second Parent/Guardian – SHARING CUSTODY – Student does not live with

Last Name _____ First Name _____ Title (Mr., Mrs., Ms., Dr.) _____

Relationship (circle) Father Mother Stepfather Stepmother Guardian

Home Address _____

Home Phone _____ Cell Phone _____

Spouse Name _____ Cell Phone _____

Emergency Contact Information

Emergency Contact: _____ Relation: _____ Phone #: _____

Emergency Contact: _____ Relation: _____ Phone #: _____

Physician: _____
NAME ADDRESS PHONE

Dentist: _____
NAME ADDRESS PHONE

Orthodontist: _____
NAME ADDRESS PHONE

Hospital Preference: _____

Medical Information

Child's First Name:

Child's First Name:

Child's First Name:

Date of last physical exam:

Date of last physical exam:

Date of last physical exam:

Date of last dental exam:

Date of last dental exam:

Date of last dental exam:

Circle any health needs/concerns:

Circle any health needs/concerns:

Circle any health needs/concerns:

Vision Impaired Hearing Impaired
Allergy Physical Handicap
Asthma Learning Disability
Heart Diabetes
ADHD Emotional Behavior
 Problems

Vision Impaired Hearing Impaired
Allergy Physical Handicap
Asthma Learning Disability
Heart Diabetes
ADHD Emotional Behavior
 Problems

Vision Impaired Hearing Impaired
Allergy Physical Handicap
Asthma Learning Disability
Heart Diabetes
ADHD Emotional Behavior
 Problems

Other: _____

Other: _____

Other: _____

Explain items circled above and
indicate medication, if prescribed for
condition:

Explain items circled above and
indicate medication, if prescribed for
condition:

Explain items circled above and
indicate medication, if prescribed for
condition:

List any known allergies (food,
seasonal,
medicinal) and reactions:

List any known allergies (food,
seasonal,
medicinal) and reactions:

List any known allergies (food,
seasonal,
medicinal) and reactions:

List all prescription medicine to be
administered at school, including
inhaler or Epi-pen:

List all prescription medicine to be
administered at school, including
inhaler or Epi-pen:

List all prescription medicine to be
administered at school, including
inhaler or Epi-pen:

Medication or dose:

Medication or dose:

Medication or dose:

Time of day:

Time of day:

Time of day:

Frequency:

Frequency:

Frequency:

Please indicate what meds can be given
at school: (Check all that apply)

Please indicate what meds can be given
at school: (Check all that apply)

Please indicate what meds can be given
at school: (Check all that apply)

Acetaminophen (Tylenol) pain
reliever

Acetaminophen (Tylenol) pain
reliever

Acetaminophen (Tylenol) pain
reliever

Ibuprofen (Advil/Motrin) pain
reliever

Ibuprofen (Advil/Motrin) pain
reliever

Ibuprofen (Advil/Motrin) pain
reliever

Chewable Antacids (TUMS) upset
stomach

Chewable Antacids (TUMS) upset
stomach

Chewable Antacids (TUMS) upset
stomach

Over the counter cold meds
(Sudafed)

Over the counter cold meds
(Sudafed)

Over the counter cold meds
(Sudafed)

Allergy medications (Benadryl)

Allergy medications (Benadryl)

Allergy medications (Benadryl)

I do NOT want my child taking
medications at school

I do NOT want my child taking
medications at school

I do NOT want my child taking
medications at school

CONSENT TO ADMINISTER MEDICATION

School personnel must have parental consent for all "over-the-counter" medications, and a physician's order for all prescription medication. All medication MUST be brought in their original container. All medications will be maintained in the nurse's office and administered according to label instructions and at the discretion of the school nurse. If it is necessary for the student to retain possession of medications (i.e. inhalers), this must be discussed with the school nurse, requested in writing via this form and approved by your child's physician.

I further understand that any school employee who administers any prescription or "over-the-counter" medication in accordance with written instructions from a physician, dentist, or parent shall NOT be liable for damages as a result of an adverse drug reaction suffered by a student because of administering such a drug.

Signature of Parent or Guardian

Date

PARISH SUPPORT VERIFICATION

Parish – St. Joseph _____ Other (please specify) _____

To qualify for the In-Parish Tuition Rate, a family must meet the following criteria:

1. Be registered members of St. Joseph Catholic Church.
2. Attend Mass on a weekly basis.
3. Be committed to raising your children in the Catholic Faith.
4. Be an active volunteer, sharing your time and talents in Parish and School activities.
5. Contribute to the financial support of the Parish through Sunday envelopes.

As part of the verification process, we are asking each family how they participate in the Parish and School community. If you are currently not involved, please identify how you intend to participate this year by identifying your particular area of interest.

We participate in the following School activities:

Our participation in the Parish includes:

Ministries

Volunteer Activities

We would like to participate in the Parish in one or more of the following ways

Signature _____

FOR OFFICE USE ONLY: # _____ VER. BY _____

ST. JOSEPH CHURCH

2021-2022 TUITION COMMITMENT

Family

Name: _____

Party responsible for tuition payment: _____

(If more than one party, identify all parties and their agreed upon allocation of tuition. All responsible parties must sign the tuition commitment.)

TUITION SCHEDULE

| <u>In-Parish Tuition:</u> | Annual* | Semi-annual** | Monthly (11 Pmts.) |
|----------------------------------|----------------|----------------------|---------------------------|
| 1 child | \$4,000.00 | \$2,000.00 | \$363.64 |
| 2 children | \$6,740.00 | \$3,370.00 | \$612.73 |
| 3+ children | \$9,000.00 | \$4,500.00 | \$818.18 |

Out-of Parish Tuition:

| | | | |
|-----------|------------|------------|----------|
| Per child | \$6,795.00 | \$3,398.00 | \$617.73 |
|-----------|------------|------------|----------|

I wish to pay tuition:

_____ Annually (due July 1, 2021)

*\$30 discount if paid by July 1st

_____ Semi-annually (due July 1, 2021 and January 3, 2022)

**\$15 discount on each payment if paid by July 1st and January 3rd

_____ Monthly payment via ACH Debit

Payments are due on the 5th or 15th day of each month – July, 2021 to May, 2022.

ACH agreement on next page must be completed.

A \$15 late payment fee will be assessed if payment is not received within 10 days of the due date. Annual tuition not paid by July 10 will revert to the monthly tuition schedule.

I understand that all tuition account balances must be paid in full by May 15, 2022.

Signature of Parent or Guardian

Date

ST. JOSEPH SCHOOL TUITION POLICIES

LATE FEES

- A late fee of \$15.00 will be assessed on all annual and semi-annual tuition accounts if payment is not received ten days after the due date noted on page one. An additional late fee of \$15.00 will be assessed for each month that tuition remains unpaid.

- A late fee of \$15.00 will be assessed on all monthly tuition accounts in the event of ACH failure if the payment is not replaced within one week of the notice. An additional late fee of \$15.00 will be assessed for each month that the tuition remains unpaid.

RETURNED CHECK/FAILED ACH FEES

- A returned check/failed ACH fee of \$15.00 will be assessed on all returned checks and ACH failures. Replacement of the returned/failed payment must be received by the Accounting Office within one week of the notice to the family to avoid a \$15.00 late payment fee.

- In the event of two ACH failures, you will be required to make payment arrangements directly with the Accounting Office.

ACH Tuition Payment Schedule

ACH withdrawals will be made on the 5th or 15th of each month. If the 5th or 15th falls on a weekend, the withdrawal will be made the following Monday.

The Accounting Office must be notified in advance at least 5 business days if you wish to hold a monthly ACH. Replacement must be received in the Accounting Office no later than 5 days after the anticipated withdrawal date.

St. Joseph School continues throughout the school year to be good stewards of the monies allotted to the education of your children. In order for us to provide this education, it is imperative that you meet the obligations of your tuition commitment. If circumstances arise that prevent you from meeting this obligation, please contact the Accounting Office immediately. The status of your enrollment at St. Joseph Catholic School will be reviewed each semester if arrangements are not made to address accounts in arrears in a timely manner. Tuition Assistance may be available for families that have been supporting members of St. Joseph Parish for at least one year.

All tuition account balances must be paid in full by May 15, 2022.

**ELECTRONIC FUNDING (ACH DEBIT) AGREEMENT
ST. JOSEPH EDUCATION CENTER, SHAWNEE, KANSAS
TUITION ONLY**

I/we authorize St. Joseph Education Center, Shawnee, Kansas, to process a debit to the account listed below. This debit is for tuition for the 2021-2022 school year. This authority will remain in effect until May 15, 2022 or I/we notify St. Joseph Education Center to cancel. Said cancellation should be received in the accounting office at least 5 business days prior to the withdrawal date.

| | |
|--|------------|
| <u>BANK ACCOUNT INFORMATION FOR AUTOMATIC TRANSFER OF MONTHLY TUITION PAYMENTS</u> | |
| Name on Bank Account _____ (Please Print) | |
| Second Name If Joint Account _____ (Please Print) | |
| Account Type: _____ Checking (Must Attach Voided Check) _____ Savings (Must Attach Savings Deposit Slip) | |
| Amount: _____ | |
| Monthly Payment Date: _____ 5 th _____ 15 th | |
| Account Holder Signature _____ | Date _____ |
| Signature _____ | Date _____ |
| <small>(Second Signature Required if Joint Account)</small> | |

Attach voided check here

Or

Same account as 2020-2021 payments: _____