

HOLY FAMILY SCHOOL



Registration information for Pre-school through Grade 6 2018 - 2019 school year.

For more information call 758-6621 or aohlson@holyfamilyclarkston.com
www.holyfamilyclarkston.com

GRADE K-6 (Gr. K-6 Scholarships available)

Student Fees (per student) Kindergarten – 6th grade

Registration Fee \$210.00 (*paid yearly*)
Band Fee - optional (Gr. 4-6 only) \$225.00 (Yearly fee) 12 student minimum to have class

TUITION (Yearly tuition breakdown is based on 10 or 12 month payment plan)

	<u>Total Cost</u>	<u>(Per month for 10 mo)</u>	<u>(Per month for 12 mo)</u>
One Child (K-6)	\$3,800	\$380	\$317
Two Children (K-6)	\$5,800	\$580	\$484
Three Children (K-6)	\$6,500	\$650	\$542
Four Children (K-6)	\$7,200	\$720	\$600

Hot Lunch \$ 2.85 (Determined by OSPI/subject to change)
Bus Service (1 Way) \$ 6.00 per month (Determined by CSD/subject to change)
Bus Service (2 Way) \$12.00 per month

Fun fact: Holy Family Schools actual yearly cost to educate one child: \$6,800

PRE-SCHOOL (3/4 yr. old class - 4/5 yr. old class)

Registration Fee \$ 90.00 (*paid yearly*)

Pre-School Tuition (Payments are based on 10 month payment plan)

3/4 yr. old class (*student must be 3 by August 31*) **4/5 yr. old class** (*student must be 4 by August 31*)

2 days per week \$ 100.00/month 8:00 a.m. – 11:00 a.m. Tues/Thurs

3 days per week \$ 135.00/month 8:00 a.m. – 11:00 a.m. or 11:30-2:30pm Mon/Wed/Fri

5 days per week \$ 225.00/month 8:00 a.m. – 11:00 a.m. or 11:30-2:30pm

EXTENDED CARE – (open school days 7:15am-7:45am & 11:00 a.m. – 5:30 p.m.)

Per hour cost \$3.75
Hot Lunch \$2.85 (Subject to change per OSPI - Free/Reduced Lunch applications available)

*WA. State assistance accepted for Pre-school & Extended Care





HOLY FAMILY CATHOLIC SCHOOL

"Educating the whole child since 1921"

Tuition and Fees Agreement 2018 - 2019 Registration Contract Kindergarten - 6th grade

Admissions:

Holy Family School adheres to the Non-Discrimination Policy of the school policies and administrative regulations, Catholic Board of Education, Diocese of Spokane, 1980. Holy Family School admits students of any race, color, gender, nationality and ethnic origin to all of the rights, privileges, programs and activities at Holy Family School. Holy Family School does not discriminate on the basis of race, color, gender, nationality and ethnic origin in the administration of educational policies, athletic and other school-administered programs.

Registration Check List: These Items are required at the time of registration

- | | |
|------------------------------------------|-------------------------------------------------|
| 1. ___ This 4 page registration contract | 4. ___ Media Release Form |
| 2. ___ ACH Form w/voided check | 5. ___ Volunteer form |
| 3. ___ Gift Card Monthly Order Form | 6. ___ Student Chromebook Expectations/Contract |
| Other: | 7. ___ Spokane Virtual Learning Packet |

- ___ Student Data Form
- ___ A copy of the child's birth certificate (new students only).
- ___ Baptismal Record (new student or students receiving sacraments).
- ___ Current immunization record (please check with your doctor or health dept. to make sure your child(ren) are up to date on their immunizations).
- ___ Complete FACTS (Nazareth Guild) Tuition Assistance if needed.
- ___ Extended Care Enrollment Form

Please complete all forms and return to the school with the necessary documents & fees

Father's First and Last Name

Mother's First and Last Name

Address: _____

Phone: _____

Email: _____

Work Name/phone # _____

I intend to enroll the following students at Holy Family School for the 2018-2019 school year.

Name _____ Grade _____ Birthdate _____

Name _____ Grade _____ Birthdate _____

Name _____ Grade _____ Birthdate _____

HOLY FAMILY CATHOLIC SCHOOL

Entrance Age:

Holy Family School abides by the same criteria as the Clarkston School District on admittance of students to our school. Children entering Kindergarten are to be 5 years of age on or before August 31st of the academic year of enrollment. Children entering the first grade are to be 6 years of age on or before the same date.

Bus Fees:

Holy Family School contracts with Clarkston School District for bus transportation for our students. Bus fees are \$12.00 per child per month to and from school. There is a \$6.00 fee for one-way transportation per child. Holy Family pays the bus fees to the district and parents are invoiced 3 times per year. Bus fees need to be paid promptly and delinquent accounts will result in the student not being able to ride the bus.

*Bus fees are determined by the Clarkston School Board and are subject to change.

Hot Lunch:

Holy Family School contracts with Clarkston School District for our hot lunch meals. Holy Family is invoiced monthly for the lunches that are served. Lunch prices will be set at the start of the school year. Free and reduced lunch applications are available throughout the year. Milk is also available for purchase. Lunch bills need to be paid in full by the end of the billing period. Students will not be able to charge for hot lunch if accounts are not kept current.

Gift Card Program -For everyday purchases (groceries, fuel, etc. or gifts).

The gift card program is one of our fundraisers. How it works: You buy gift cards for places you shop (grocery stores, gas stations, fast food restaurants and many more vendors) from Holy Family School. Holy Family School purchases these cards at a discount and keeps the profit. For example, we receive \$8 for every \$100 of Happy Day, \$5 for every \$50 of Dutch Brothers, \$3 for every \$100 of Walmart. This is a great way for us to generate funds which helps us offset tuition costs.

We would appreciate every family to participate in the program or pay an opt out fee of \$75.

Options: (Please check one)

_____ 1. I am submitting a standing order (minimum \$100) each month from September-June. I have filled out the attached order form.

_____ 2. I choose to pay a fee of \$75 instead of placing a gift card order. This fee will be billed in September.

Volunteer Hours

The cost to educate one child at Holy Family School is \$6,800 per year. I understand that it is my responsibility to help Holy Family School make up the deficit of \$3,000 per child by volunteering a **minimum** of 20 hours each year and actively participating in fundraisers.

Volunteer Opt Out (Please remember your volunteer hours give us the most value)

20 Volunteering Hours = 20 x \$11.50 (minimum wage) = \$230 (Hours not completed will be billed in July)

Fundraiser Opt Out

Cost to educate one child \$6,800- tuition cost \$3,800 = \$3,000 per student

We appreciate your continued support and dedication to your child(ren)'s Catholic education.

Holy Family School Tuition Contract

Tuition Cost Per Year/Month

Our actual cost to educate one child at Holy Family School for one year is \$6,800. Holy Family's tuition is lower and the difference is made up through Parish support and fundraising. Tuition payments are divided into 10 or 12 monthly payment options.

	<u>Total Cost</u>	<u>(Per month for 10 mo)</u>	<u>(Per month for 12 mo)</u>
One Child (K-6)	\$3,800	\$380	\$317
Two Children (K-6)	\$5,800	\$580	\$484
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Four Children (K-6)	\$7,200	\$720	\$600

Scholarship Assistance

FACTS Grant & Aid (Nazareth Guild) Tuition Assistance:

The FACTS Grant & Aid (formerly Nazareth Guild) provides tuition assistance to students throughout the Diocese of Spokane. Last year, they provided tuition assistance to 98% of applicants. Awards are \$500 per child. Any family needing tuition assistance MUST complete the FACTS Grant & Aid application before applying for additional assistance. Apply online at <https://online.factsmgt.com/signin/4CKR3>

Landkammer Endowment:

If further tuition assistance is needed please complete a Landkammer Scholarship application, *available on request in the school office*. To be considered for the Landkammer Scholarship, you must first apply for the FACTS Grant & Aid Application.

Payment Options

Please Initial One

- Monthly payments (10 month period August - May).
- Monthly payments (10 month period September - June).
- Monthly payments (12 month period July - June).
- Tuition will be paid in full.

Please Initial One

- ACH Debit (Automatic checking/savings withdraws) Complete attached form.
- Monthly payments will be automatically deducted from my Visa/MasterCard.
A Credit Card Authorization Form will be sent home to complete.
A 3% credit card processing fee will apply.

CONTINUED ON NEXT PAGE

2018-2019 HFS Registration Fee Schedule

Last Name _____ Number of Students enrolled _____

Student's Name(s) _____

Below is a list of all the fees for the school year. A non-refundable registration fee of \$200 will hold your child(ren)'s place(s) for next year and will be applied to your fee total. If you desire, you may include your full fee amount with your registration packet. Fees are due in full by August 1, 2018. Students whose fees have not been paid in full by this date will not be allowed to start school. *You are welcome to make payments on your fees throughout the summer.

	Price	Total
Registration Fee (textbooks, supplies, technology, Flocknote, Iris)	\$210 per student x _____ =	\$ _____
Optional Fees		
Fund-an-Item	any amount _____ =	\$ _____
Gift Card Opt Out	\$75	\$ _____
Volunteer Opt Out	\$230	\$ _____
Fundraiser Opt Out	\$3,000 per student x _____ =	\$ _____
Total Fees		\$ _____
Amount Paid - minimum \$200 to hold spot(s)		\$ _____

Band Sign up (grades 4-6 only) **Balance Due** \$ _____
 Student's name(s): _____
 \$225 per student x _____ = \$ _____
 Pick one: _____ 9 monthly pmts of \$25/student or _____ Pay in full
Parent Initials _____

Please initial the following agreements

_____ I understand that if tuition is thirty (30) calendar days overdue, Holy Family School may impose any or all of the following sanctions at the school's sole discretion, unless special payment arrangements have been made in writing agreed upon by the pastor or principal. Sanctioned actions include:

- A. Assess late fees
- B. Withholding academic records
- C. Use of a collection agency

_____ I understand that a \$20.00 fee is charged for every insufficient funds check that is returned to the school. If two checks are returned for insufficient funds, the school will no longer accept personal checks.

*Total tuition due is subject to change if applying for tuition assistance (Registration fee is not covered by tuition assistance).

I have read and understand the terms and conditions of the Tuition Contract and agree to fulfill the total financial obligation to Holy Family School.

Parent/Guardian signature Date



Authorization Agreement For Direct Payments (ACH DEBITS)

I (we) hereby authorize Holy Family Catholic School to initiate debit entries to my (our) _____ Checking Account / _____ Savings Account (select one) indicated below at the depository financial institution named below and to debit the same to such account.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name(s) on Bank Account: _____

Depository (Bank) Name: _____ City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until my (our) yearly contract is paid in full or Holy Family Catholic School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Holy Family Catholic School and the Depository a reasonable opportunity to act on it.

Select all that apply:

_____ Tuition _____ Lunch/Milk _____ Other _____
(Specify band, bus, yearbook, all, etc)
_____ Extended Care _____ SCRIP

Frequency: Monthly _____ Payment will be processed on the 16th (or next business day) every month.

2x/Month _____ Total monthly bill will be split in 2 equal payments (or the amount of your choice) & drawn on the 16th & last Friday of every month.

Phone _____

Signature: _____ Date: _____

INSTRUCTIONS: Fill out form and return to school. **PLEASE ATTACH A VOIDED CHECK TO THIS FORM.** For savings accounts please contact your financial institution for routing and account numbers.



Gift Card Monthly Order Form (Sept. - June)

Other Popular Businesses:

- Applebee's \$25/\$50
- Bath & Body Works \$10/\$25
- Dairy Queen \$10
- Domino's \$10
- Famous Footwear \$25
- Great Clips \$25
- Home Depot \$25/\$100
- JCPenney \$25
- Macy's \$25
- Papa Murphy's \$10
- Pier 1 Imports \$25
- Pizza Hut \$10
- Red Lobster \$25
- Ross \$25
- Shopko \$25/\$100
- Staples \$25
- Subway \$10
- Taco Bell \$10
- TJ Maxx \$25
- Wendy's \$10
-and many more!

**Check out our full
vendor list in the office or online at
www.holyfamilyclarkston.com**

Product	Qty	Denomination	Total
Albertsons \$25/\$100			
Starbucks \$10/\$25			
Walmart \$25/\$100			
Dutch Bros. \$5/\$10/\$25			
Happy Day \$10/\$25/\$50/\$100/your choice			
Amazon \$25/\$100			
Roosters \$25/\$50			
McDonald's \$10/\$25/\$50			
Rick's Family Foods \$25/\$50			
Walgreen's \$25			
Cenex \$25/\$100			
Rosauers \$25/\$100/your choice			
The Diamond Shop \$25/your choice			
<small>Other (your choice)</small>			
Grand Total:			

Your gift cards will be sent home in your family folder once a month.
Your total amount will be added to your monthly bill and deducted from your checking account on or around the 16th of every month.



**Holy Family Catholic School
1002 Chestnut St.
Clarkston, WA. 99403**

Media Release Form

Holy Family Catholic School requests that each parent or guardian sign and return this permission slip if you agree or disagree to have your child's name or image published in any school-related media, including a recognizable image, still or video, original work created by your child, or use of your child's name in connection with said image, in a local newspaper, news broadcast or on school web site in connection with any event, award, or activity related to Holy Family School.

Do you wish to allow your child's image to be published?

YES _____

NO _____

Please fill in your child's information, sign, date and return.

Student Name: _____ **Grade:** _____

School: Holy Family Catholic School **Teacher:** _____

Parent/Guardian name: _____

Print clearly

Parent/Guardian signature: _____

Date: _____

***NOTE: If you chose no and your child's image or name accidentally appears on a school publication, please call the school office at 758-6621 immediately and it will be removed. Thank you.**



Holy Family School

2018/2019 Volunteer Form (20 Hours Required)

Parent /Guardian Name _____ e-mail _____

Our family will volunteer for the following:

In the classroom:

- ___ Classroom coordinator (parties, events, snacks, etc.)
- ___ Student assistance (reading, flashcards, etc.)
- ___ Classroom auction project coordinator
- ___ Cinderella chores (once a week wipe down tables, counters, and desktops)
- ___ Chaperone field trips
- ___ Bulletin boards outside classroom

Building wide:

- ___ Lunch server (11:00-12:30) (The best day for me is _____)
- ___ Lunch recess duty (11:55-12:30) (The best day for me is _____)
- ___ Lunch chess club (12:15-12:30) (The best day for me is _____)
- ___ Recycle ink cartridges/cell phones (Box up / Pick up at businesses / deliver to UPS)
- ___ Before school recess duty (7:40-8:00am) (The best day for me is _____)
- ___ Crossing guard before school (7:40-8:00am) (The best day for me is _____)
- ___ Morning recess duty (9:45-10:00) (The best day for me is _____)
- ___ Yard work (pull weeds, trim, edge, etc.)
- ___ Box Tops (cut, count, mail)
- ___ Attend school mass with students and service of prayer
- ___ Make copies (once a week make copies for teachers)
- ___ PE equipment/storage (blow up balls, organize equipment, etc.)
- ___ Coordinate teacher luncheons (3-4 per year)
- ___ Handy helper (building maintenance projects)
- ___ Making food (baking for special events, etc.)
- ___ Other (specify _____)

CONTINUED ON BACK

Please also select two major fundraisers your family will volunteer for:

___ Magazine/Gift Sale (September/October)

___ Winter Raffle

___ Poinsettia Sale (November)

___ Wine / Brew Tasting (January/February)

___ Scholastic Book Fair (January)

___ Fun Run (May)

___ Parish "Wall of Money" Fundraiser (Summer)

XXX Auction (December-May)

ALL FAMILIES ARE NEEDED TO HELP WITH OUR AUCTION

Student Chromebook Expectations/Contract

- ❖ Each student is assigned a specific Chromebook which stays at school
- ❖ Only use your Chromebook in the classroom when instructed to use it
- ❖ Know your goal/objective when using the Chromebook
- ❖ “Lower the lid” when the teacher/presenter is talking
- ❖ Only use as instructed
 - o Only use your Chromebook in the classroom, at your own desk
 - o Do not change settings or download anything unless instructed to do so
 - o Comments/chat conversations must be school appropriate and connected to the lesson
 - o No emailing
 - o Only play school approved games when given permission to play
- ❖ Take care of your Chromebook
 - o Wash hands before using your Chromebook
 - o Always have a clean/clear desk-top
 - o Water bottles must stay on the floor
 - o No food or drinks (besides water) allowed in the classroom
 - o Do not close objects inside Chromebook
- ❖ Transition responsibly with your Chromebook
 - o ALWAYS carry your Chromebook with TWO hands
 - o When carrying your Chromebook, WALK to and from the cart
 - o Chromebook must be kept flat on your own desk at all times once taken out
 - o Do not crowd around Chromebook carts – wait for your turn
 - o Plug in your Chromebook when you return it to the cart

Continued on back

❖ **Behavior Consequences**

- o **1st Offense: parent/guardian call & one day without Chromebook**
- o **2nd Offense: parent/guardian call & one week without Chromebook**
- o **3rd Offense or any offense that is serious: parent/guardian call & no more use of Chromebook**

❖ **Chromebook Damage**

- o **The student is responsible for their assigned Chromebook and any damage will be the responsibility of the student**

Student Name: _____

Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

****If you think you may need our Extended Care program anytime during the school year please complete the following information.**

**HOLY FAMILY SCHOOL
EXTENDED CARE
ENROLLMENT FORM**

Date of Enrollment _____ **Childs Age or Grade** _____

Child's Name _____ **Date of Birth** _____ **Sex** _____

Child lives with (please circle) **Both Parents** **Mother** **Father** **Guardians (complete below)**

Father's Name _____ **cell #** _____

Home Address _____ **Home email** _____

Work Place _____ **Work Phone #** _____

Mother's Name _____ **cell #** _____

Home Address _____ **Home email** _____

Work Place _____ **Work Phone #** _____

Guardian's Name _____ **Relationship to child** _____

Home Address _____ **Home Phone #** _____

Work Place _____ **Work Phone #** _____

Names of Siblings and ages

Marital Status of Parents (Circle One Please) **Married** **Divorced** **Single**

Other Adults in Home _____ **Relationship** _____

_____ **Relationship** _____

Holy Family Pre-School / Extended Care
EMERGENCY RELEASE FORM
Consent for Emergency Treatment

**Please
complete all
questions**

I hereby give permission for my child:

(Name) _____ (D.O.B.) _____ (Sex) M F

to be given emergency treatment by a qualified staff member if needed while attending Holy Family Pre-School. I also give my permission for my child to be transported by ambulance or car to an emergency center for treatment if necessary.

In the event that I cannot be contacted, I further consent to medical, surgical and/or hospital care, treatment and procedures to be preformed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard by child's health.

Child's Physician _____
Address _____
Phone _____

Child's Dentist _____
Address _____
Phone _____

Preferred Hospital (Circle One) Tri-State Memorial Hospital
Clarkston 758-4665

St. Joseph Regional Med Center
Lewiston 743-2511

Date last seen by a physician _____

Date last seen by a dentist _____

Allergies? YES NO If yes please list the type of Allergy and the necessary instructions for care _____

Special Diet Requirements? _____

Other Special Instructions _____

In case of emergency and the parent cannot be reached please notify the following:

1. Name _____ Phone _____

2. Name _____ Phone _____

**Other than the parents, the following people are allowed to pick up my child from school:
(Please make sure they have picture I.D. available)**

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

Parent / Guardian Signature _____ Today's date _____