

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





Dear Pre-School families:

Holy Family School welcomes you!

Our pre-school program provides a nurturing and exciting first learning experience for your child. Our teachers are here to open the doors to learning not just the pre-academics but also social skills, how to play and get along with others, good manners, and create projects that foster a strong self image.

Holy Family Pre-School offers:

- *Zoo Phonics *Technology *Arts and crafts *Bible stories, songs and verses
- *Music & poems *Field trips *Cooking experiences & nutritional snacks
- *Play time, social time and stories

_____ I have read Holy Family School's Handbook. Available in the office or on-line at www.holyfamilyclarkston.com.

*Holy Family also has an Extended Care Program for those children needing childcare after pre-school along with a hot lunch program.

*We accept *WA State assistance* for the pre-school and childcare.

*Holy Family is licensed by the state of Washington. Please let us know if you need information regarding these options.

Tuition Payment Options: *(check one)*

_____ ACH Debit (Automatic checking/savings withdraw) Complete attached form

_____ I would like to pay tuition in full.

_____ I would like to pay monthly with Visa or MasterCard.

*Please send me a Credit Card Authorization Form to have my payment automatically deducted.

(The following *monthly processing fees* will apply)

up to \$200 - \$6.00 \$200.01 and over -3% of total

Class size is limited to 17 students in pre-school and 20 in pre-K. Enrollment is based on a first come basis with the registration fee paid in full to hold your child's place in the class.

Morning classes available:

2 Days/Week Class 8:00am-11:00am

Tuesday & Thursday

3 Days/Week Class 8:00am-11:00am or 11:30-2:30pm

Monday, Wednesday & Friday

5 days per week class 8:00am-11:00am or 11:30-2:30pm

Please feel free to call the school if you have any questions.

Sincerely, Mrs. Sharon Hunt, Principal

**HOLY FAMILY PRE-SCHOOL
REGISTRATION / TUITION AGREEMENT FORM**

Registration papers must be fully completed before child will be accepted

I intend to enroll the following students in Holy Family Pre-School for the 2017-2018 school year:

Name _____ Age _____ Birthdate _____

Name _____ Age _____ Birthdate _____

Father or Guardian Name

Mother or Guardian Name

Address:

Address: (If different than Father's)

Phone #: _____

Phone#: _____

Email: _____

Email: _____

Work Place & Phone _____

Work Place & Phone _____

REGISTRATION FEE \$90.00

This fee helps pay for supplies/materials used in the classroom. Fee is to be paid at the time of registration.

PRE-SCHOOL TUITION

*Yearly pre-school tuition is divided into 10 monthly payments

*Please see payment options on previous page

Two days per week **\$100.00 per month** (approx \$3.75 per hr.) **\$1,000.00 per year**

Three days per week **\$135.00 per month** (approx \$3.34 per hr.) **\$1,350.00 per year**

Five days per week **\$225.00 per month**

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 schools 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.

MY TOTAL REGISTRATION & TUITION DUE THIS YEAR IS \$ _____

Parents Signature _____ Date _____

Office use only: Official starting date _____

**** IMMUNIZATIONS MUST BE COMPLETED AND RECORDS TURNED IN BEFORE CHILDREN CAN ATTEND SCHOOL ****

****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 _____



**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)

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			
Genex \$25/\$100			
Rosauers \$25/\$100/your choice			
The Diamond Shop \$25/your choice			
<small>Other (your choice)</small>			
Grand Total:			<input style="width: 100px; height: 20px;" type="text"/>

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

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.



**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.

