

Holy Family School

Pre-School Registration

2019/2020



Welcome!



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.

Tuition Payments:

All families are required to create an account on our FACTS tuition management website at <https://online.factsmgt.com/signin/4CKR3>. Once signed up, your tuition charges will be submitted and you will be able to choose a tuition payment plan and enter your payment methods.

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 & Afternoon classes available:

2 Days/Week Class	8:00am-11:00am
3 Days/Week Class	8:00am-11:00am
3 Days/Week Class	11:30-2:30pm
5 days per week class	8:00am-11:00am

Tuesday & Thursday
Monday, Wednesday & Friday
Tuesday, Wednesday, & Thursday

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 2019-2020 school year:

Name _____ Age _____ Birthdate _____

Name _____ Age _____ Birthdate _____

Father or Guardian Name

Mother or Guardian Name

Address:

Address: (If different than Father's)

City, State, Zip

City, State, Zip

Phone #:

Phone#:

Email:

Email:

Work Place & Phone

Work Place & Phone

REGISTRATION FEE \$100.00

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

Two days per week **\$110.00 per month** (approx \$3.75 per hr.) **\$1,100.00 per year**

Three days per week **\$150.00 per month** (approx \$3.34 per hr.) **\$1,500.00 per year**

Five days per week **\$250.00 per month**

Please Initial:

_____ **All families are encouraged to participate in Holy Family School Fundraisers throughout the year.**

_____ **All families are encouraged to complete at least 5 volunteer hours during the school year.**

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

Parents Signature _____ Date _____

****Immunizations must be completed & records turned in before children
can attend school****

Date of Enrollment: _____

Holy Family School / Extended Care
EMERGENCY RELEASE FORM

Consent for Emergency Treatment

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 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 performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Child's Physician _____ Phone _____ Date last seen by a physician _____

Child's Dentist _____ Phone _____ Date last seen by a dentist _____

Preferred Hospital (Circle One) Tri-State Memorial Hospital St. Joseph Regional Med Center
Clarkston 758-5511 Lewiston 743-2511

Allergies? **YES** **NO** If yes please list the type of Allergy and the necessary instructions for care. For allergies requiring medication, a medication form must be filled out in the school office.

Special Diet Requirements? _____

Other Special Instructions _____

Mom/Guardian Cell: _____ **Work Name & Ph#** _____

Dad/Guardian Cell: _____ **Work Name & Ph#** _____

Child Lives With (Please Circle) **Both Parents** **Mother** **Father** **Guardians**

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

Other Adult(s) in Home _____ **Relationship** _____

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

1. Name _____ Ph# _____ 2. Name _____ Ph# _____

Other than the parents & in case of emergency contacts, the following people are allowed to pick up my child from school:
(Picture I.D. is required)

1. Name _____ Ph# _____ 2. Name _____ Ph# _____

3. Name _____ Ph# _____ 4. Name _____ Ph# _____

Parent / Guardian Signature _____ **Today's date** _____

CATHOLIC DIOCESE OF SPOKANE

CODE OF CONDUCT

(for training Age 18 and over)

This **CODE OF CONDUCT** applies to all of the following Church personnel in parishes, schools and institutions of the Catholic Bishop of Spokane:

- Bishops
- Clergy
- Seminarians
- Employees
- Volunteers
- Women Religious
- Independent contractors

(Hereafter referred to as "Church Personnel" or a "Church Person")

This **CODE OF CONDUCT** is intended to protect all:

- Minors
- Legally Vulnerable Adults
- Young Adults age 18-21
- Adults

who participate in ministries and activities with Church Personnel.

RELATIONSHIPS BETWEEN CHURCH PERSONNEL AND THOSE THEY SERVE

Church Personnel act in the Church's name and have special influence in the lives of the people to whom they minister and serve. Because of the respect and even reverence with which many people regard Church Personnel, an imbalance of power exists that makes any sexual activity between Church Personnel and those they serve always inappropriate. Church Personnel are at all times responsible to maintain appropriate emotional and sexual boundaries since the other person in the relationship can never give meaningful consent.

Dual relationships are those in which personal friendship is intermingled with the ministerial relationship. Boundary violations, including grooming behavior, can occur in a dual relationship when a Church Person seeks to satisfy her/his own needs rather than the other person's needs.

As in other helping professions such as physicians and therapists, the special nature of the relationship between Church Personnel and the people they serve requires a higher ethical standard of behavior. Behavior is judged not by the Church Person's intentions, but by its impact upon the other person. The Diocese expects all Church Personnel to comply with Catholic moral standards and professional ethics. Not only must the actual behavior be appropriate, but Church Personnel are expected to act in ways that do not give the appearance of impropriety.

SUMMARY OF RELATIONSHIP STANDARDS

Critical standards for Church Personnel to maintain appropriate behavior in all relationships with those they serve are summarized here:

1. Church Personnel assume the full burden for setting and maintaining clear, appropriate physical and emotional boundaries in all ministerial relationships.
2. In situations where an inappropriate emotional or physical attraction develops between a Church Person and any adult or young adult, the Church Person is responsible to maintain clear professional boundaries.
3. The relationship between caregivers and those who seek their help is not a two-way relationship in which the caregiver also gains from the interaction. The responsibility to maintain an appropriate ministerial/professional relationship lies entirely with Church Personnel, not the other person.

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4. The appearance or reality of concealing or asking individuals to conceal the fact and nature of a relationship violates these boundaries.
5. A Church Person must be accompanied by at least one other adult when hosting any non-ministerial activity for minors with whom she/he has become acquainted through ministry.
6. Church employees and volunteers acting in their parental role must apply these guidelines in situations involving minors other than their own.

REPORTING VIOLATIONS

1. Reporting Abuse of a Minor or Legally Vulnerable Adult (including child pornography):

Any person who suspects sexual abuse of a minor or legally vulnerable adult by any Church Person must report this information first to local law enforcement and Child or Adult Protective Services (CPS or APS), then to the Victim Assistance Coordinator or Bishop and Vicars.

2. Reporting Code of Conduct violations:

Any person who suspects or observes grooming behavior or boundary violations that are not sexual abuse but violate this Code of Conduct must report this information first to the Church Person's supervisor, then to the Victim Assistance Coordinator.

Aiding, abetting, ignoring and/ or not reporting abusive behavior or Code of Conduct violations is the same as facilitating this behavior.

See diocesan policy 7.01.02 Administrative Policies/Procedures Regarding Abuse, and/or Violations of the Code of Conduct

SPECIFIC STANDARDS FOR CONDUCT WITH MINORS, YOUNG ADULTS, AND LEGALLY VULNERABLE ADULTS

TRANSPORTATION AND OUTINGS

When taking minors on field trips, conferences, or tours, follow these rules:

- One staff member or adult volunteer may never transport only one minor unless the child is his/her own child.
- One person may transport a group of minors. However, upon arrival, two staff members or adult volunteers must accompany minor children during all activities, events, and/or outings outside of parish, school or agency grounds.
- When sleeping in a room, hotel room, or tent with minors, an adult must always be accompanied by another adult.
- Each adult and each minor shall sleep in his/her own bed or sleeping bag.
- When using one's own home for youth work, more than one child and at least two adults must always be present. This policy assumes that Church Personnel participating in transportation or outings have fulfilled the Sexual Abuse Education Requirements in 7.01.02 Administrative Policy/Procedure Regarding Abuse and/or Violations of the Code of Conduct.
- Clergy, except for immediate family, must not provide overnight accommodation for individual minors, including but not limited to, accommodations in any church-owned facility, private residence, hotel room or any place where no other adult supervision is present
- Young adults under 21 may never be taken on personal trips or vacations without other adults or appropriate chaperones.
- Adults must not appear in front of minors or young people when not appropriately clothed, and may not change clothes, bathe, or shower in view of a minor or young person.

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See Part II Sexual Abuse Education Requirements in 7.01.02 Administrative Policy/Procedure Regarding Abuse and/or Violations of the Code of Conduct.

DRUGS AND ALCOHOL

The following are unacceptable at youth events and during school hours:

- Using, possessing or distributing illegal drugs or marijuana
- Smoking
- Alcoholic beverages
- Smokeless tobacco
- E-Cigarettes

ENVIRONMENT

Church Personnel cannot always avoid situations where they are alone with a minor or legally vulnerable adult. If a one-on-one meeting is necessary, the following actions are recommended:

- Avoid meeting in isolated environments
- Meet in as public a place as possible
- Schedule meetings at times when others are around
- Limit session time
- Leave door ajar
- Choose a room with a window when available
- Avoid all physical contact with the minor or vulnerable adult
- Make appropriate referrals

TOUCHING

Touching must be age-appropriate and based on the need of the minor person or legally vulnerable adult and not on the need of the Church Person. Adults must avoid physical contact when alone with a minor or legally vulnerable adult. Touches and embraces experienced or perceived as uncomfortable to an individual -- minor or adult -- are forbidden. Church Personnel should avoid any physical touching that may be reasonably perceived as sexual in nature. Examples of touching behaviors that can be construed as sexual in nature include but are not limited to:

- Inappropriate or lengthy embraces
- Kissing
- Touching bottoms, chests, legs or genital areas
- Spanking or slapping
- Showing affection while in an isolated location
- Wrestling or tickling
- Piggy-back rides
- Massages

PORNOGRAPHY

Church Personnel are forbidden from acquiring, possessing or distributing any pornographic images while at work or in the course of ministry. Acquiring, possessing or distributing pornographic images of minors under the age of 18 by whatever means or any form of technology is considered child sexual abuse.

Church Personnel are prohibited from using workplace computers or other means of communications inappropriately as outlined in the Diocesan policy on technology use.

CATHOLIC DIOCESE OF SPOKANE
CODE OF CONDUCT

(for training Age 18 and over)

See Section C. Administrative Policies/Procedures Regarding Allegations and/or Violations of the Code of Conduct

CRIMINAL HISTORY

A Church Person may not serve with minors, young adults 18-21, or legally vulnerable adults if he or she: 1) has ever been convicted of any of the criminal offenses listed below, or 2) has ever received deferred adjudication for any of these criminal offenses, or 3) has a pending criminal charge for any offense until a determination of not guilty is made. These felonies are:

- offenses against a person or family, including but not limited to: murder, assault, sexual assault, abandoning or endangering a child, bigamy or incest
- offenses against public order or indecency, including but not limited to, promoting prostitution possessing or promoting child pornography
- violations within the last five years of any law intended to prevent the possession or distribution of any substance considered a controlled substance in the Washington State Uniform Controlled Substances Act.

SPECIFIC STANDARDS FOR CONDUCT WITH ALL INDIVIDUALS SERVED BY CHURCH PERSONNEL

Church Personnel should not engage in any inappropriate speech or actions with those whom they serve, including but not limited to:

1. SEXUAL HARASSMENT

Sexual harassment is *unwelcome* sexual advances, requests for sexual favors, and/or other verbal or physical conduct based on gender that either 1) is made a term or condition of an individual's employment, education, living environment, or participation in a church or school community, OR 2) creates an intimidating or hostile environment. Reports of sexual harassment will be investigated and appropriate action taken. A sexual harassment finding could lead to discharge from the work or volunteer position and result in the victim filing a civil claim against the offender.

2. VERBAL AND NON-VERBAL COMMUNICATION

- Comments about physique or body development
- Humiliating, ridiculing, bullying, or degrading another person
- Discussions, vocabulary, recordings, films, games, computer software, internet sites or any other form of personal interaction or entertainment that could be reasonably construed as inappropriate
- Sexually explicit or pornographic material
- Singling out persons, especially children or legally vulnerable adults, for special personal attention or gifts

I have read this Code of Conduct and sign with full knowledge of its terms and conditions:

FULL NAME
SIGNATURE
PARISH/SCHOOL/MINISTRY
DATE



**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.**

STUDENT DATA FORM
Spokane Diocese

Name _____ Boy _____ Girl _____
First Middle Last

Address _____

City State Zip

Parent Phone _____ Cell# _____

Birthdate _____ Birth Place _____
City State

Student lives with: Both Parents Mother Father Legal Guardian

ETHNIC BACKGROUND OF CHILD (Check appropriate space)

Black American _____ Asian American _____ American Indian _____
 Hispanic American _____ Caucasian American _____ Multi Racial _____ Other _____

Father's name _____ Religion _____
First Middle Last

Occupation _____ Business Address _____ Phone _____

Mother's name _____ Religion _____
First Middle Last

Occupation _____ Business Address _____ Phone _____

Father: Married Separated Divorced Deceased
 Mother: Married Separated Divorced Deceased

Legal guardian's name _____ Religion _____
 (If different than parent) First Middle Last

Occupation _____ Business Address _____ Phone _____

Relationship to student _____

Married Separated Divorced Re-Married

Sacraments Received	Date	Parish	City, State
Baptism			
First Communion			
Confirmation			

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.
#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.

If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

#4 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. You must provide lab reports with this CIS.

Reference guide for vaccine abbreviations in alphabetical order For updated list, visit <https://fortress.wa.gov/doh/cpir/web/homepage/completelistofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine
Flu (IV)	Influenza	HPV (2VHPV / 4VHPV / 9VHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria

Reference guide for vaccine trade names in alphabetical order For updated list, visit <https://fortress.wa.gov/doh/cpir/web/homepage/completelistofvaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Fluceivax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	Rotateq®	Rotavirus (RV5)
Afluna®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Baxsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twintrix®	Hep A + Hep B
Cervarix®	2VHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	Hep A
Daptacel®	DTaP	Gardasil®	4VHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engerix-B®	Hep B	Gardasil® 9	9VHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only: Reviewed by: _____ Date: _____
 Signed Cert. of Exemption on file? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YY): _____ Sex: _____

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ Date _____ Parent/Guardian Signature Required _____ Date _____

- ◆ Required for School and Child Care/Preschool
- Required Only for Child Care/Preschool

	Date	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
◆ DTaP / DT (Diphtheria, Tetanus, Pertussis)						
◆ Tdap (Tetanus, Diphtheria, Pertussis)						
◆ Td (Tetanus, Diphtheria)						
◆ Hepatitis B						
□ 2-dose schedule used between ages 11-15						
● Hib (Haemophilus influenzae type b)						
◆ IPV / OPV (Polio)						
◆ MMR (Measles, Mumps, Rubella)						
● PCV / PPSV (Pneumococcal)						
◆ Varicella (Chickenpox)						
□ History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity
Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

a verified history of Varicella (Chickenpox).

laboratory evidence of immunity (titer) to disease(s) marked below. Lab report(s) for titers MUST also be attached.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	_____
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	_____
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	_____

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name _____