

Holy Rosary Regional School-Juan Diego Academy Tuition & Fees 2018-19

REGISTRATION FEE

- \$150 (1 student), \$300 (2+ Students) on/before March 25th
- \$200 (1 student), \$400 (2+ Students) after March 26th

TUITION *DIVIDED IN 10 MONTHS (AUGUST – MAY)

PreK 3 & 4 Tuition = \$7,000

KG through Grade 8

- 1 Student = \$6,050
- 2 Students = \$10,700
- 3+ Students = \$13,750

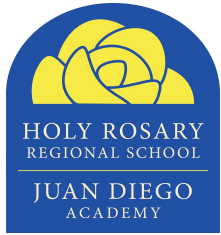
FEES

- \$50 Application Fee (New families only)
- Registration Fee (see application form)
- \$50 Extended Care Registration Fee
- \$25 Earthquake Kit Supply Fee (if earthquake kit is not supplied)
- Breakfast: \$2.50; Lunch: \$3.75; Extra Milk: \$0.75 (Free and Reduced Federal Meals prices are available)
- \$100 min. Fall Fundraiser (Equivalent of 2 chocolate boxes or 1 box + \$40)
- \$100 Auction Procurement Fee (Fee will be waived if \$100 in gift cards/gift items are procured for the auction). \$150 charge if item of \$100 is not procured by due date.
- \$100 Spring Fundraiser
- \$24 Fulcrum Scholarship Application

EXTENDED CARE

- Mornings (6:30 - 7:45): \$150 per child per month
- Afternoons: (3:00 - 6:00): \$300 per child per month
- Both sessions: \$400 per child per month
- Registered Drop-ins: \$15 per hour
- Unregistered Drop-ins: \$20 per hour per child
- Multiple child discounts are available

**Tuition assistance is available*



Student Packet Checklist 2018 – 2019

Student Name: _____

Grade Entering: _____

Step 1: **New Student Checklist**

\$50 Student Application Fee

Student's Birth Certificate

Sacramental Information (if applicable)

Student Immunization Records (Required prior to 1st day of school / updated)

Records Request Form

Step 2: **School Review of Materials – For Office Use**

Reviewed By: _____ Date: _____

Step 3: **Meeting at School with Family – For Office Use**

Parent Interview / Tour _____

Entrance Exam (if applicable)

Shadow Day for Student

Step 4: **Decision Made by School, Announcement to Family - For Office Use**

Accepted: _____ Date: _____

Step 5: **Final Materials/Fees – FOR ALL FAMILIES**

Registration Fee (for all families)

Student/Family Information

Financial Agreement Form

Tuition Payment Preference Form

Parent Commitment Form

Extended Care Contract – if applicable

Meals Program Application

Home Language Application *required for all students

Technology / Internet Use Consent Form (If applicable)

Photo, Sound, Video Consent Form

Other: _____

****Missing documents will place the enrollment process on hold*

MISSION STATEMENT

Founded to serve any family committed to Catholic education, Holy Rosary Regional School strives to educate every child in a Christ-centered environment providing both an excellent education and a strong moral foundation in a culturally diverse Catholic community. The Juan Diego Academy serves Holy Rosary’s commitment to diversity, accessibility, and excellence by providing an innovative Catholic educational initiative to serve the greater Tacoma area.

STATEMENT ON OUR SCHOOL’S CATHOLIC IDENTITY

We are a Catholic school. As part of our school program, all students study our religion curriculum, pray with the school community, attend and participate in school liturgies through prayer and song, and learn and practice Catholic values.

NON-DISCRIMINATION POLICY

HRRS/Juan Diego Academy welcomes students of all national and ethnic origins. It does not discriminate on the basis of national or ethnic origin in its admissions, educational policies, athletics, and other school activities, or in granting scholarships or financial assistance.

My signature below attests to the fact that I have read the mission statement and the statement on the school’s Catholic identity and I will support them. It also indicates that I have accurately represented my family and child(ren) on this application.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____



Holy Rosary Regional School - Juan Diego Academy Family & Student Information 2018-2019

STUDENT INFORMATION			
Last Name	First Name	Middle Name	
Home Address	City/State/Zip		
Birthdate	Birth Place	Sex	Current Age
Child resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other Arrangement Parental Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Who has legal custody? _____ Child is: <input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child <input type="checkbox"/> Other			
Ethnic Background for Reporting Purposes (optional). Please circle one: Native American Asian Black Hispanic Pacific Islander White (not Hispanic origin) Mixed Race			
Child's Last Physical Exam:	Regular Medications: Yes___ No___ If yes, specify:	Special Health Problems: Yes___ No___ If yes, specify:	
Are you aware of any learning, physical, or emotional difficulties with your child? Yes___ No___ If yes, please specify:			
Does your child have any allergies? Yes___ No___ If yes, please explain allergy, expected symptoms and method of treatment if necessary. <i>*If medication is required to be left at school, please see office for Medical Authorization Form or bring in 504/Medical Plan provided by Doctor.</i>			
Other important Information. Yes___ No___ If yes, specify:			
FATHER/GUARDIAN Catholic ___yes___ no Registered at _____ Parish			
Last Name	First Name	Cell Phone	
Home Address	City/State/Zip		
Employer/Occupation		Work Phone	
Email (required)			Other
MOTHER/GUARDIAN Catholic ___yes___ no Registered at _____ Parish			
Last Name	First Name	Cell Phone	
Home Address	City/State/Zip		
Employer/Occupation		Work Phone	
Email (required)			Other

EMERGENCY CONSENT

I give permission that my child, _____, may be given first aid/emergency treatment by qualified staff at HRRS-JDA.

Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION - Local Contacts Only Please

Persons to contact in case of an emergency (if parent/guardian cannot be reached) and who are authorized to pick up the student at school.

Emergency Contact Person 1	Cell Phone	Relationship
Emergency Contact Person 2	Cell Phone	Relationship
Emergency Contact Person 3	Cell Phone	Relationship
Emergency Contact Person 4	Cell Phone	Relationship
Emergency Contact Person 5	Cell Phone	Relationship
Babysitter/Daycare Name	Business Phone	Notes:
Child's Physician	Phone Number	Member / Policy Number
Child's Dentist	Phone Number	Member / Policy Number

STUDENT SACRAMENTAL INFORMATION:

Baptism Date	Church	City/State/zip
First Eucharist Date	Church	City/State/zip
First Reconciliation	Church	City/State/zip

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

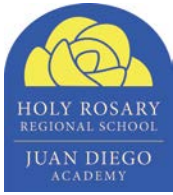
I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify under penalty of perjury under the Law of Washington that this information is true and correct.

Signature: _____ Date: _____

I understand required documents such as birth certificate, certificate of immunization or certificate of exemption, health history form must be turned in **prior** to my child's first day of school.

Signature: _____ Date: _____



Financial Agreement and Enrollment Contract 2018–2019

PARENT FULL NAME: _____

NAME OF STUDENT TO BE ENROLLED:

_____ Grade _____ _____ Grade _____
_____ Grade _____ _____ Grade _____

I. APPLICATION FEE

A non-refundable fee of \$50 per application must be submitted at the time the application is received. (For new students only)

II. REGISTRATION FEE

Registration Fee is \$150 per student (max of \$300 per family) before March 25th. After March 25th, the fee is \$200 per student (max of \$400 per family).

III. TUITION TOTALS*

- o Pre-K 3, 4 (Full-Day): \$7,000
- o KG through Grade 8:
 - One Student: \$6,050
 - Two Students: \$10,700
 - Three Students+: \$13,750

Service Hours: _____ **15 (Single Parent)**
(Annually) _____ **30 (Dual Parent)**
 _____ **115 (Single plus extra subsidy)**
 _____ **130 (Dual plus extra subsidy)**

Total Tuition: \$ _____

IV. FINANCIAL AID:

- Fulcrum Tuition Grant (y/n) _____
- Parish Subsidy (y/n) _____
- Other Assistance: _____
- Additional Financial Assistance Requested: \$ _____ (Additional service hours required)

Total Financial Assistance Granted: \$ _____

Total Tuition Due: \$ _____ (\$ _____/month). I will make the tuition payment(s) in the method selected on the Tuition Payment Options Form. **Monthly tuition payments are Aug – May.**

INABILITY TO MEET CONTRACTED FINANCIAL OBLIGATIONS:

The school does not wish to deprive any child of a Catholic education if a family has a genuine inability to meet all its financial obligations. Therefore, if circumstances arise making the family unable to meet its financial obligations, the principal must be contacted to apply for special arrangements.

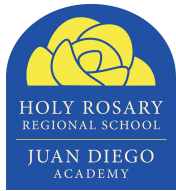
FAILURE TO MEET CONTRACTED FINANCIAL OBLIGATIONS:

Failure to make full payment of tuition, fees, fund raising commitments, or failure to complete commitment hours by May 1, 2019 may result in your account being sent to collections, denial of report cards, holding other school records, dismissal from school, and/or denial of future registration. Families withdrawing prior to the end of the school year will be charged on a prorated monthly basis for their commitment hours and fundraising commitment. Families withdrawing students prior to the first day of school shall be charged 5% of their total tuition. The registration fee is non-refundable. I/We understand that this agreement will be in effect for the 2018-19 school year. Tuition payments will be the responsibility of the party/ies whose signature(s) appear below.

PRINT NAME(s) _____ DATE _____

SIGNATURE(s) _____ DATE _____

PRINCIPAL _____ DATE _____



TUITION PAYMENT PREFERENCE FORM
2018 - 2019

Tuition for the 2018-19 school year will be paid by (select one option):

_____ **Option 1 Single payment due on or before Friday, June 29, 2018.**

Amount due: \$ _____ Pay this amount and receive a 4% discount.

*******Offer not valid after June 29TH, 2018*******

_____ **Option 2 FACTS monthly tuition & fee collection.** *All bills (tuition, extended care, fees, meals) will be debited from your account monthly starting in August.* You will receive an email from FACTS every month notifying you of upcoming charges. Receive a 2% discount on tuition by selecting this option. Payments can be made on the 10th, the 25th or both.

Amount due each payment \$ _____ 10th _____ 25th _____ Split 10th/25th (Aug - May)

_____ **Option 3 FACTS monthly payment plan (tuition only).** Payments budgeted over 10 months beginning in **August, 2018** through May 2019. Payments can be made on the 10th, the 25th, or both. Amount due each payment \$ _____ 10th _____ 25th

Amount due each payment \$ _____ 10th _____ 25th _____ Split 10th/25th (Aug - May)

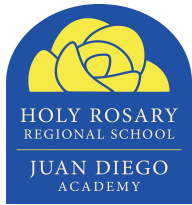
*******To register for FACTS, visit: <https://online.factsmgmt.com/signin/4CD0S>*******

_____ **Option 4- Pay through the office - 10 Monthly payments from Aug 10th thru May 10th.** *******Any family who is late 2 times during the contract year will be required to use FACTS for their payment of tuition/fees.*******

_____ **Monthly Referral:** Have you referred a new family to HRRS? Their name _____. *Referrals are eligible for a credit of up to \$250* per family for the referring family. *Restrictions Apply - See office for details.*

Important Information Regarding Late Payments:

- Tuition payments received after the due date (10th of the month, unless you are on FACTS) will be assessed a late fee of \$50.
- Any family who is late 2 times during the contract year will be required to use FACTS for their payment of tuition/fees.
- Extended Care and meal charges are due within one week of statement (emailed/sent home in the weekly envelope). Parents who are more than one month behind on either of these will lose those privileges.
- An early termination fee of \$150 will be required of all contracts that are terminated before the end of the contract.
- Families with checks returned for insufficient funds are required to pay any fees incurred by HRRS and the account will be considered late.
- Families who have an account that is past due 60 days or more will be unenrolled from the school. Written notice will be provided to the family at least 2 weeks prior to unenrolling the student(s).



PARENT COMMITMENT FORM 2018 - 2019

Parental involvement is a very important part of Holy Rosary Regional School. When parents are seen volunteering and sharing, children realize how committed their parents are to the success of Holy Rosary. Children learn to share and volunteer as well. Each family is required to give a minimum of 30 hours of service each year (15 hours for single parent families). Below is a list of possible service options. Please indicate your interest and availability. Parents who volunteer during school hours must meet all Safe Environment requirements.

During School Day:

- Parent Service Committee
- Fall Festival
- Lunchroom/Kitchen
- Office Help
- Room Parent/Classroom Liaison

After School/Weekends:

- Fall Candy Sale
- Crab Feed/Auction
- Computer/Technology Help from Home
- Advent Program
- Spring Fundraiser

I prefer volunteering: _____ **during the day or** _____ **on evenings/weekends.**

If you are not able to complete your hours of service by May 1, 2019, you will be billed \$20 per hour. Families can pre-pay their hours.

Initial Below:

___ **RULES/EXPECTATIONS:**

- The Family Handbook will be posted online. Families will not receive individual copies..
- Students need to be on time and in attendance every school day. I agree to abide by all attendance regulations.
- Parents agree to support the teachers and work with administration at the school in a supportive manner both at the school and in the greater community. Interactions must be respectful in nature so that we can have a solid partnership.

___ **COMMUNICATION:**

- The weekly newsletter will be sent via e-mail and posted online.
- Grades, progress reports, and test results will be sent home in communication folder. End of the year report cards will be sent home.

___ **FUNDRAISING EXPECTATIONS:**

- Every family is expected to donate to the Annual Fund (in an amount appropriate to the family’s circumstances). A fee of \$50 will be billed to any family who does not make a donation by Jan. 1st.
 - Every family is expected to sell \$100 of fall fundraising items (1 box of chocolates + \$40 or 2 boxes of chocolates).
 - Every family is expected to sell \$100 of spring fundraising items (i.e. walk-a-thon)
 - Every family is expected to make a \$100 auction commitment either through bringing in an item worth \$100 to the auction, donating a \$100 gift card, or donating \$100 by Dec. 15th. If deadline is not met, families will be invoiced \$150.
- ****Any family who wishes to “buy out” of the annual fundraisers must pay \$350.00 by Sept. 15th. This is optional.****

Required Family Service Hours for the Year: _____

Sign and return this form with registration contract.

Parent’s Name (Print)

Phone

E-Mail

Signature

Student Name(s)



Photograph / Video / Sound Release Form

I hereby give Holy Rosary Regional School - Juan Diego Academy permission to use the photograph/video/sound of the minor(s) or myself listed below for their publicity, promotion, news releases, videos, and web use. This may also apply to the written composition or visual art of the minor, or of me if it is published.

Holy Rosary Regional School - Juan Diego Academy agrees that the students' name, picture, art, written work, voice, photograph, video or verbal statements shall only be used for public relations, public information, publicity and/or instruction. The school further agrees that students will not be identified by personal details other than first name. These details include email or postal addresses, telephone or fax numbers.

Pictures of one to three students are permitted as long as an appropriate release form has been signed by the parent/guardian of each individual shown in the picture. Pictures of four or more students are permitted without a release form and will be printed without first and last names.

No monetary consideration shall be paid.
Consent and release have been given without coercion or duress.
The photo, video or student statements may be used in subsequent years.

If the Student and/or Parent/Guardian wish to rescind this agreement they may do so at any time with written notice.

Holy Rosary Regional School - Juan Diego Academy has no control of media use of pictures/statements which are taken without our permission.

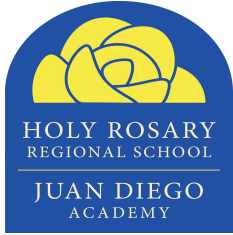
Students Name(s): _____
(Print) _____

Parent/Guardian: _____
(Print) (Signature)

Effective Date: September 2018 – June 2019

I do not give permission to publish the image or work of my child(ren) or myself.

Parent/Staff Signature: _____ Date: _____



PARENT/GUARDIAN ACCEPTABLE USE CONSENT FORM (School Year 2018-19)

Parent or Guardian:

A. I do not give permission for my child to access the Internet at HRRS / JDA school.

OR

I have read and agree to the School's regulations for the use of the school's technology resources and have discussed them with my child. In consideration of the privilege of my child using the school's electronic communications system*, and in consideration of the privilege of having access to the public networks, I hereby release the school, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the types of damage identified in the school's policy and administrative regulations.

B. I give permission for my child, _____, to participate in the school's electronic communications system, including the Internet, and certify that the information contained on this form is correct.

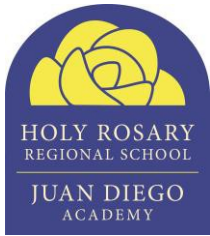
CHILDS NAME

Signature of parent or guardian _____

Home address _____

Date _____ Home phone number _____

**Including but not limited to internet access, email, and computer.*



Holy Rosary Regional School - Juan Diego Academy
Extended Care Contract
2018 - 2019

_____ Daily am only – 1 child	\$150 per month
_____ Daily pm only – 1 child	\$300 per month
_____ Daily am & pm – 1 child	\$400 per month
_____ Drop in am & pm (per day)	\$15.00 per hour/ registered \$20 per hour/per child unregistered

Multiple child discounts are available

- I, _____ agree to pay a \$40.00 registration fee prior to the first day of using this program, and the fee designated above by the 5th day of the following month.
- I agree to abide by the Extended Care regulations as outlined in the Family handbook.
- I agree to read the weekly newsletters and school calendar which indicate when Extended Care is not available (1/2 days, PD, No school etc.)
- I understand that I must sign in my child every morning (after 6:30 am) and must sign my child out by 6:00 pm.
- If for any reason I cannot fulfill the obligation of this payment, I will contact the Principal prior to the payment due date to make another arrangement.
- I understand that if I fall behind on Extended Care payments or fail to follow the rules above, my child can be denied Extended Care services.
- I understand that I will be charged \$10.00 per every 10 minutes late after 6:00pm.

Student Name(s) & Grades

Monthly Payment Amount Due: \$ _____

Signature: _____ Date: _____