

**St. Mary Catholic School & Preschool**  
**310 N 2nd St.**  
**Paragould, AR 72450**  
**(870) 236-3681**

**2023-2024 SCHOOL YEAR**  
**TUITION RATES**

**K-6 Grades**

**CATHOLIC:**

1<sup>st</sup> Child- \$325.00/month

\*Each additional child will cost \$300.00/month

**NON-CATHOLIC:**

Each Child- \$400.00/month

- Tuition assistance is available for K-6 students based on need and application for assistance.

**Registration Fee:** \$125.00 (non-refundable): This fee covers the cost of technology, workbooks, testing materials, Diocesan Registration Fee, etc.

**Preschool**

Full Day Program (5 days a week) at \$25/day	\$125.00/week
3 Day Program (Monday/Wednesday/Friday) at \$30/day	\$90.00/week
2 Day Program (Tuesday/Thursday) at \$35/day	\$70.00/week

- **Part-Time Program is not available for 4-year-old program. Part-time program is only open to 3-year-olds.**
- **Tuition is due and payable on each MONDAY.**

**Registration fee:** \$125.00 (non-refundable): This fee covers the cost of technology, lesson materials, testing materials, Diocesan Registration Fee, etc.

**Before & Aftercare**

Before School Care Time/Rates 7:00-7:30am \$4.00 per child (payable weekly)

After School Care Time/Rates 3:30pm-5:30pm \$6.00 **per hour**/child (payable weekly)

\*\*Charges begin at 3:31 for the first hour and 4:31 for the second hour.

- Children not picked up by 5:30 will be charged \$10 on the half hour/each half hour.



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Is your child receiving any educational assistance or support services at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Has your child previously applied or been enrolled at \_\_\_\_\_ Catholic School? Yes \_\_\_ No \_\_\_

Did your child attend a Catholic School or Religious Ed. Program last year? No \_\_\_ Yes \_\_\_ at \_\_\_\_\_

- **A BIRTH CERTIFICATE AND IMMUNIZATION RECORD MUST BE SUBMITTED FOR ALL NEW STUDENTS.**
- **ALL RETURNING STUDENTS MUST HAVE UP-TO-DATE IMMUIZATION RECORDS.**

**FAMILY INFORMATION**

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Place of Business \_\_\_\_\_

Place of Business \_\_\_\_\_

Hours at Work \_\_\_\_\_

Hours at Work \_\_\_\_\_

Business Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

**Father's email address** \_\_\_\_\_

**Mother's email address** \_\_\_\_\_

Alumni of our school Yes \_\_\_ No \_\_\_ Year \_\_\_\_\_

Alumni of our school Yes \_\_\_ No \_\_\_ Year \_\_\_\_\_

**GUARDIAN OR STEPPARENT INFORMATION**

Stepfather's Full Name \_\_\_\_\_

Stepmother's Full Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Business \_\_\_\_\_

Place of Business \_\_\_\_\_

Business Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

**Stepfather's email address** \_\_\_\_\_

**Stepmother's email address** \_\_\_\_\_

Alumni Yes \_\_\_ No \_\_\_ Year \_\_\_\_\_

Alumni Yes \_\_\_ No \_\_\_ Year \_\_\_\_\_

Check all applicable \_\_\_\_\_ Lives w/Both Parents \_\_\_\_\_ Lives w/Mother \_\_\_\_\_ Lives w/Father

\_\_\_\_\_ Lives w/Guardians \_\_\_\_\_ Parents divorced \_\_\_\_\_ Parents separated

\_\_\_\_\_ Mother deceased \_\_\_\_\_ Father deceased \_\_\_\_\_ Mother remarried \_\_\_\_\_ Father remarried

Other \_\_\_\_\_

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UNLESS WE HAVE COURT RECORDS ON FILE THAT STATE OTHERWISE, BOTH PARENTS HAVE ACCESS TO THE STUDENT AND ALL OF HIS/HER EDUCATION RECORDS.

SIBLINGS	AGE\GRADE	SCHOOL ATTENDING
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Paternal Grandparents \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

No.	Street	Apt. #	City	State	ZIP
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Maternal Grandparents \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

No.	Street	Apt. #	City	State	ZIP
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Name of Present School \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Address \_\_\_\_\_

No.	Street	Apt. #	City	State	ZIP
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I attest that all information included on this application form is true and accurate. I understand that any willful omission or untrue statement could result in my child losing his/her seat in St. Mary Catholic School.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please fill out the following form. Only the people listed on this form will be allowed to pick your child/children up from St. Mary in an emergency and daily. Anyone other than those listed on this form, you must notify the school. Those picking up children must have picture ID except for those who are personally known to the staff member releasing the student. This information is required to ensure your child/children's safety.

Child's Name: \_\_\_\_\_

Person's authorized to pick up child:

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NAME	RELATION	PHONE NUMBER
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NAME	RELATION	PHONE NUMBER
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NAME	RELATION	PHONE NUMBER
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NAME	RELATION	PHONE NUMBER
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NAME	RELATION	PHONE NUMBER
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**PLEASE NOTE IT IS YOUR RESPONSIBILITY TO KEEP THIS INFORMATION CURRENT. REPORT ANY CHANGES TO THE SCHOOL OFFICE.**

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## **HANDBOOK AGREEMENT**

My family has received a copy the St. Mary Catholic School handbook or review the copy posted on the school website: [www.stmaryparagould.org](http://www.stmaryparagould.org). I have read and I understand the written policies and procedures in this handbook. I have also discussed the stated policies with my child/children.

St. Mary Catholic School and Preschool reserves the right to amend its policies and procedures as necessary to help achieve education goals and/or for the benefit and well being of the students and staff.

I understand that tuition is payable the first of each month.

Parent/Guardian Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

\_\_\_\_\_ I do not have access to the internet. Please send me a paper copy of the student handbook.

If you are requesting a copy of the student handbook to be sent home, please do not sign this paper until you have received the handbook the read it.

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**Policies & Procedures for Reporting of  
Child Abuse &/or Neglect**

According to the Child Abuse Prevention and Treatment Act, child abuse and neglect are defined as the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen (18) by a person who is responsible for the child's welfare under circumstances which indicate that the child health or welfare is harmed or threatened thereby.

The staff and volunteers at St. Mary School and Preschool are required by law to report all suspected cases of child abuse and/or neglect. All staff and volunteers are mandated reporters under the child abuse law. Suspected cases will then be reported to the Hotline (1-800-482-5964) and to the Child Care Licensing Unit. Also any suspected licensing violations will be reported to Child Care Licensing Unit.

Children may be subjected to interviews by licensing staff; child maltreatment investigators and/or law enforcement officials for the purpose of determining licensing compliance or for investigative purposes. (child interviews do not require parental notice or consent.)

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Signature

Date

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## **MEDIA AGREEMENT**

Student and Parent/Guardian release to St. Mary School the students name, picture, art, written work, voice, verbal statements, portraits (video or still), and consent to their use by St. Mary School.

St. Mary School agrees that the student's name, picture, art, written work, voice, verbal statements, and/or portraits (video or still) shall only be used for public relations, public information, school promotion, publicity, and instruction.

Student and Parent/Guardian understand and agree that:

- No monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives;
- The photo, video, or student statements may be used in subsequent years;
- If the student and Parent/Guardian wish to rescind this agreement, they may do so at any time with written notice.

Date of agreement: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
(Print Name)

Parent Name: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Parent/Guardian's Signature

St. Mary School has NO control of media use of pictures or statements that are taken without permission.

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**CHILD'S MEDICAL DATA SHEET**

Child's Physician or Emergency treatment facility, address, and phone number:

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(If you do NOT choose to authorize emergency medical treatment, please do NOT fill out the section below.)

I \_\_\_\_\_ (parent/guardian) of

\_\_\_\_\_, do hereby give my consent to the Principal/Director of St. Mary School or Preschool or her duly authorized representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parent(s) cannot be reached. Consent is also given for the Principal/Director or her duly appointed representative to transport said child for emergency medical treatment if the parents cannot be reached.

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Signed

Date

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Witness

Date

**MEDICAL INFORMATION:**

Allergies: \_\_\_\_\_

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Any medical problems we should be aware of:

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I, the parent/guardian of this child, understand that I may ask for a conference with the teachers as needed.

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Signed

Date