



# Holy Family School—Enter to learn, go forth to serve.

2606 Carpenter Rd SE • Lacey, WA 98503 • 360-491-7060 • holyfamilylacey.com

## **2018-2019 Registration Packet**

Dear Parents and Guardians,

Attached are the application forms required to register your child for the 2018-2019 school year. Please take the time to fill out all forms completely and thoroughly. In order to insure that everything necessary is received it is useful to keep this packet stapled together. Your child will be enrolled into Holy Family School once all registration paperwork is complete and registration fees are received. Please also include the following items:

- Completed and signed request for records (for all new K-8 students)
- Immunization Records (for new students, or students whose records have been updated)
- Birth Certificate

Preschool - 3 year olds, Tuesday, Wednesday, Thursday 8:10a.m. -11:00a.m.

Pre-Kindergarten - 4 year olds, Monday-Friday, 8:10a.m. -11:30a.m.

Kindergarten-8<sup>th</sup> Grade, Monday-Friday, 8:10a.m. -3:15p.m

**Registration Fees (Per Student) Fees cover all textbooks, school supplies and other classroom needs throughout the school year. Note: All registration fees are non-refundable.**

Grade	Fee for 10 monthly tuition payments	Discounted fee when tuition payments in 1 or 2 installments	Amount
Preschool	\$ 225	\$195	
Pre-K	\$300	\$270	
K-8	\$475	\$445	
Maximum Registration Fees Per Family: \$900 or \$870 for 1 or 2 payment installments			
TOTAL			

All of us at Holy Family School are excited about the opportunity to serve your family during the 2018-2019 school year. We appreciate the trust each family bestows on us to educate their child in a safe, caring environment, which infuses Catholic values throughout a challenging curriculum. Please feel free to contact our office at any time if you have questions. We look forward to meeting and working with each of you personally.

Note: Our Parent-Student Handbook can be found online on our school website. Please take time to read through it and initial below.

I have read through the Parent-Student Handbook \_\_\_\_\_ Date \_\_\_\_\_



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## 2018-2019 Registration Form

STUDENT’S PERSONAL INFORMATION (Additional Siblings Listed On Next Page):

1.First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ (Family Name)

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place–City & State \_\_\_\_\_ Grade Entering \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Name Child Wishes To Be Called \_\_\_\_\_

Has student received 1<sup>st</sup> Eucharist? \_\_\_\_\_

Please Check Home Status: ( ) 2 Parents ( ) Single Parent ( ) Grandparents ( ) Guardian(s)

If divorced, who has legal custody? \_\_\_\_\_ whom does the student live with? \_\_\_\_\_

Other circumstances regarding the student’s family relationships (i.e. stepmother, stepfather, guardian info, etc.?)

Ethnicity: \_\_\_\_\_ Parish/Church of Registry: \_\_\_\_\_

**Father’s Name** \_\_\_\_\_

Address (if different) \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Mother’s Name** \_\_\_\_\_

Address (if different) \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

It is our regular practice to publish your child’s name, birthday, the family address, phone numbers and parent email in our school directory. Please indicate any information you wish us **NOT** to share, or **initial here as OK for all.** \_\_\_\_\_

**Please do not share the following information:**

Birthday: \_\_\_\_\_ Address: \_\_\_\_\_ Home Phone number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Please list information of brothers and/or sisters who are also registering.**

2. First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ (Name preferred)

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place–City & State \_\_\_\_\_ Grade Entering \_\_\_\_\_

Has the student received 1<sup>st</sup> Eucharist? \_\_\_\_\_

3. First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ (Name preferred)

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place–City & State \_\_\_\_\_ Grade Entering \_\_\_\_\_

Has the student received 1<sup>st</sup> Eucharist? \_\_\_\_\_

Last School Your Registering Child Attended \_\_\_\_\_

**Guidance Information:**

Please share any information regarding any special health or physical needs your child might have.

\_\_\_\_\_

Have student applicant(s) ever skipped a grade? \_\_\_\_\_ Have student applicant(s) ever repeated a grade? \_\_\_\_\_

If 'yes' to either of the above, which grade? \_\_\_\_\_

Have applicant(s) ever been diagnosed or evaluated as having any learning disabilities? \_\_\_\_\_

If 'yes' please specify. \_\_\_\_\_

\_\_\_\_\_

**Do any of the applicant(s) have an Individual Education Plan (IEP or 504)?** \_\_\_\_\_

Has the applicant ever received counseling that the school should be aware of? \_\_\_\_\_ If 'yes' please share relevant information about the counseling, in order to help us better understand your child's needs.

\_\_\_\_\_

**Have any of the applicant(s) received severe disciplinary action at school?** \_\_\_\_\_ Suspension? \_\_\_\_\_

Asked to withdraw by a school? \_\_\_\_\_ Expelled from a school/district? \_\_\_\_\_ Please share with us information regarding previous school-related discipline matters. \_\_\_\_\_

\_\_\_\_\_

**\*I certify that the information I have provided Holy Family School via this Registration Form is truthful and accurate. Furthermore, I agree to keep Holy Family School informed of any changes, which may take place over the course of the school year.**

Parent/Guardians: \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_



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## 2018-2019 Student Tuition Fee Agreement

Preschool (3's):	<b>\$1,890/year</b> (\$189.00/month – 10 months – Sept.-June)
Pre-Kindergarten (4's):	<b>\$3,200/year</b> (\$320.00/month – 10 months – Sept.-June)
Grades K-8: 1 child:	<b>\$6,400/year</b> (\$640/month – 10 months – Sept.-June)
2 children:	<b>\$11,530/year</b> (\$1,153/month – 10 months – Sept.-June)
3 children:	<b>\$16,360/year</b> /(1,636/month – 10 months – Sept.-June)

### Tuition Reduction Options:

- A. **5%** reduction in tuition if the year is paid in full by August 5, 2018.
- B. **\$1,000** Discount – New Sacred Heart Parish K-8 Family – Registered and supportive of the Parish – for the first year.
- C. **\$1000** Discount – New K-8 Military Family – for the first year.
- D. **\$500** Discount – New K-8 Government Employees (State or Federal) - for the first year.
- E. **25%** reduction in tuition if a family with a currently registered student successfully recruits a new K-8 family/student to enroll for the 2018/2019 school year. The 25% tuition reduction applies only so long as the newly recruited student(s) remain enrolled, and only for the first year.

The 25% 'E' tuition reduction applies each time a currently registered family recruits a new family/student. For example, if the currently registered family recruits a second new family to Holy Family School, a 50% total tuition discount would apply for the recruiting family.

### \*Please Note:

The Sacred Heart Parishioner Discount, Military Family Discount, Government Employee, and Recruitment Discount incentives listed above are limited to one per family. In the event that more than one of these three is simultaneously applicable the school will apply the one highest discount involved.



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## 2018-2019 Tuition Agreement Contract

Name(s) of Child / Children:

Grade in 2018-2019

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We agree to all of the following for the 2018-2019 school year:

1. To pay the full non-refundable registration fee (per child/family) prior to the start of school.
2. **To be responsible for a full semester’s tuition upon the student having begun the term, with the exception of military transfers or extreme life/financial circumstances as approved by the school (Intl\_\_\_\_) principal.** (Note: First Semester = September thru January; Second Semester = February thru June).
3. To pay the tuition for my student(s) prior to the 15<sup>th</sup> of each month, beginning with Sept. 15<sup>th</sup>, 2018. Payment may be made by cash/check/credit card/debit card. Recurring monthly credit/debit card charges may be set up at the family's request.
4. To enroll in the FACTS Management payment plan.

Tuition:

Registration:

Milk Fee:

2018-2019 \$ \_\_\_\_\_ (Sept.-June) 2018-2019 \$ \_\_\_\_\_/year \$25/year \_\_\_\_\_

I/We understand that my/our student(s) cannot be assured enrollment unless any outstanding 2017-2018 tuition, fees and all registration fees for the 2018-2019 school year are paid in full by July 31<sup>st</sup>, 2018. I/We understand and agree to comply in full with the provisions of this tuition agreement contract.

\_\_\_\_\_  
Guardian / Father’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian / Mother’s Signature

\_\_\_\_\_  
Date

**Person Responsible For Payment:** \_\_\_\_\_

Name

Relationship

Information of person, other than parent, who may assume responsibility for payment:

Name

\_\_\_\_\_  
Address

City

State

Zip

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Day/Work Phone Number



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## Fundraising and Volunteer Obligations and Opportunities

### **Auction:** Minimum \$100 Value Procurement Item – **Required from all Pre-K (4's) thru 8<sup>th</sup> Grade Families**

- The school auction is our largest yearly parent facilitated fundraiser. Each Pre-K-8<sup>th</sup> grade family will be *required* to procure one suitable item (no used items) with a \$100 or greater value for the school auction. Items are due into the school by the 1<sup>st</sup> of the month of the auction. These items can be something purchased by your family OR something you have encouraged a business to donate on your behalf, giving the business recognition in our auction catalog. The auction committee has a list of businesses available that can be used to assist in procuring items.

Please initial below.

\_\_\_\_\_ I understand I will need to provide a suitable \$100 donation to the Auction by the 1<sup>st</sup> of the month the Auction occurs. Providing a \$100 item donated by a business I have contacted is acceptable.

\_\_\_\_\_ I understand that if I don't provide a \$100 item to the auction, by purchasing or procuring, there will be a \$100 charge to my account in lieu of a donation.

### **Commitment Hours:** Hours are per family, per year. See the office for ideas on how best to fulfill these hours.

Preschool = 10 Hours

Pre-Kindergarten = 20 Hours

Kindergarten-8<sup>th</sup> grade = 30 Hours

Holy Family School recognizes and values the importance of working together with school families. Each family is required to do volunteer commitment hours on behalf of the school, as represented by your child's grade level (or oldest child if a family has multiple children enrolled). Families are responsible for documenting their commitment hours (e.g. filling out the time sheets and turning them in to the main office). Families with unfulfilled commitment hours as of June 1<sup>st</sup> will be charged \$35 per hour not fulfilled

Please initial below.

\_\_\_\_\_ I plan on fulfilling my family volunteer commitment hour obligation.

\_\_\_\_\_ I understand my account will be billed \$35 for each commitment hour not fulfilled during the 2018-2019 school year.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Other Fundraising Opportunities**

There are many opportunities throughout the school year to help Holy Family School. All help is greatly appreciated! Some of the events here at Holy Family School will be:

- \*Halloween Carnival
- \*Limeberry events
- \*Evergreen Wreaths

- \*Christmas Ornament Sale
- \*Jog-a-thon
- \*Scrip Orders

- \*Applebee's Breakfast
- \*Raffle Tickets
- \*Fred Meyer Gift Cards



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## STUDENT EMERGENCY CARE INFORMATION

**Family Names:** \_\_\_\_\_

**Best number for parents to be reached during the day:** \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other information: (injuries, etc.) \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other information: (injuries, etc.) \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other information: (injuries, etc.) \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Medical Insurance Co.:** \_\_\_\_\_ **Identification #** \_\_\_\_\_

**Emergency Telephone Contact:** In case of unavailability of parent, person to be called: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Release:** In an emergency, I give my permission for treatment of my child by a qualified physician in the event that I can't be reached by phone via the numbers listed. \_\_\_\_\_/\_\_\_\_\_

Parent or Guardian Signature

Date

**Persons (other than yourself) authorized to pick up your child: Can this person be called in case of an emergency?**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_



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## AGREEMENT FOR EXTENDED CARE

### Please Print

Parent's Name \_\_\_\_\_ Home# \_\_\_\_\_

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

Child \_\_\_\_\_ Grade \_\_\_\_\_

Child \_\_\_\_\_ Grade \_\_\_\_\_

Child \_\_\_\_\_ Grade \_\_\_\_\_

I/We, the undersigned, hereby agree to the following terms and conditions:

1. The morning extended care period runs from 6:30 A.M. to 7:45 A.M.
2. The afternoon extended care period runs from 3:35 P.M. to 6:00 P.M.
3. Parents who pick up their children between 3:15 P.M. and 3:35 P.M. will not be charged for extended care.
4. The cost of extended care is \$5.00 per hour, per child with a minimum charge of a quarter-hour per use.
5. All children should be picked up by 6:00 P.M.

**The cost of extended care after 6:00 P.M. is \$1.00 per minute.**

**Said charge will be on a per family basis.**

6. Extended care charges for each month are billed at the end of the month.

**Note: Parent or authorized person must sign in/out student from Extended Care at drop off and/or when they pick up each day.**

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature





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# Photo Release

Dear Parent / Guardian of a Holy Family School Student,

There are times when a photo of a student may be needed for school publicity purposes. For example, the local newspaper may visit, school newsletters, brochures, the school's Facebook page, etc. Please indicate below if Holy Family School has your permission to include your student in various publicity features that may occur throughout the school year.

When possible, if known in advance, the school will give you notification regarding a particular project, which may incorporate picture(s) of our students. However, there may be times that are more 'spur of the moment' and your student may then be selected for a particular event or picture for publicity purposes.

Permission for Holy Family School to use photos of my child for publicity projects, articles, events, school web page, etc. Please fill out and sign:

Name of Student	Grade	Y / N	Parent Signature
			_____
			_____
			_____

Thank you for your cooperation in responding to our Photo Release request.





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## **Milk Program**

Milk will be available to students on a daily basis. Half pints of 1% white milk will be served on Monday-Thursday and half pints of 1% chocolate milk will be available on Fridays.

**There is a \$25.00 per child fee for milk for the school year.**

If you would like your child (ren) to receive milk please fill out the information below and return this slip, with payment, to the school office.

STUDENTS NAME

GRADE

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## HOME LANGUAGE SURVEY

<b>Student Name:</b> _____		<b>Date:</b> _____
<b>School:</b> _____		
<b>Birth Date:</b> _____	<b>Gender:</b> _____	<b>Grade:</b> _____
<b>Form Completed by:</b> Parent/Guardian Name _____ Relationship to Student _____ Parent/Guardian Signature _____		
In what language(s) would you prefer to receive communication from the school? _____		

1. In what country was your child born?	_____
2. What language did your child first learn to speak?	_____
3. What language does <u>YOUR CHILD</u> use the most at home?	_____
4. What is the primary language used in the home, regardless of the language spoken by your child?	_____
5. Has your child received English language development support in a previous school?	Yes _____ No _____ Don't Know _____
6. Has your child ever received formal education outside of the United States? (Kindergarten – 12 <sup>th</sup> grade)  _____ Yes    _____ No	If yes, in what language(s) was instruction given? _____ For how many months? _____
7. When did your child first attend a school in the United States? (Kindergarten – 12 <sup>th</sup> grade)	_____ Month            Day            Year

*This form has been adapted from the OSPI Home Language Survey. If an answer other than English is recorded for question 2 or question 3, the child should receive English language proficiency placement testing for Title III services to Catholic schools. This form is available in multiple languages at <http://k12.wa.us/MigrantBilingual/HomeLanguage.aspx>.*

1. Indicate the option that describes your family income.

\_\_\_\_\_ A. My family income is less than the amount in column A.

\_\_\_\_\_ B. My family income is less than the amount in column B, but more than the amount in column A. \_\_\_\_\_

C. My family income is more than the amounts in columns A and B.

Household Size	A			B		
	Annual	Monthly	Weekly	Annual	Monthly	Weekly
1	\$15,678	\$1,307	\$302	\$22,311	\$1,860	\$430
2	\$21,112	\$1,760	\$406	\$30,044	\$2,504	\$578
3	\$26,546	\$2,213	\$511	\$37,777	\$3,149	\$727
4	\$31,980	\$2,665	\$615	\$45,510	\$3,793	\$876
5	\$37,414	\$3,118	\$720	\$53,243	\$4,437	\$1,024
6	\$42,848	\$3,571	\$824	\$60,976	\$5,082	\$1,173
7	\$48,282	\$4,024	\$929	\$68,709	\$5,726	\$1,322
8	\$53,716	\$4,477	\$1,033	\$76,442	\$6,371	\$1,471
For each additional family member add . .	\$5,434	\$453	\$105	\$7,733	\$645	\$149

2. Are you receiving assistance under the Temporary Assistance to Needy Families (TANF) program?

3. Are any of your children eligible to receive medical assistance under the Medicaid program?

4. What is the name of the public school your child would attend if he/she attended public school?

5. What is the name of your town's public school district?

6. Home Address (required, please do not indicate a P.O. Box):

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. List the full names of all of the children in your family that attend our school in the spaces provided below.

8. List the grade levels of all of the children in your family that attend our school in the spaces provided below.

**ALL QUESTIONS MUST BE ANSWERED COMPLETELY**

To protect your privacy, the student names below will be detached from this form once the school records that a family has returned the form.

-----  
Student Name:

Grade: