



# Holy Family School

## Learning for today, preparing for tomorrow.

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2606 Carpenter Rd SE • Lacey, WA 98503 • 360-491-7060 • holyfamilylacey.com  
Mailing address: PO Box 3700 Lacey, WA 98509

### 2020-2021 Registration Packet

Dear Parents and Guardians,

Attached are the application forms required to register your child into Holy Family School for the 2020-2021 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 considered enrolled 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.**

**Preschool: \$250**

**Pre-Kindergarten: \$350**

**K-8 Grade: \$500**

**Maximum registration for 2 or more students: \$950**

All of us at Holy Family School are excited about the opportunity to serve your family during the 2020-2021 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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### 2020-2021 Registration Form

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

\_\_\_\_\_  
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.**

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

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

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

\_\_\_\_\_  
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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### 2020-2021 Student Tuition Fee Agreement

Preschool (3's):	<b>\$2,050</b> /year (\$205.00/month – 10 months – Sept.-June)
Pre-Kindergarten (4's):	<b>\$3,460</b> /year (\$346.00/month – 10 months – Sept.-June)
Grades K-8: 1 child:	<b>\$6,920</b> /year (\$692.00/month – 10 months – Sept.-June)
2 children:	<b>\$12,470</b> /year (\$1,247.00/month – 10 months – Sept.-June)
3 children:	<b>\$17,690</b> /year (1,769.00/month – 10 months – Sept.-June)

#### Tuition Reduction Options:

**\$500** Discount – New K-8 Military Family – for the first enrollment year.

Financial assistance is available. See Mrs. Davis for a private consultation. Parents must submit financial information through FACTS.



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### 2020-2021 Tuition Agreement Contract

Name(s) of Child / Children:

Grade in 2020-2021

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We agree to all of the following for the 2020-2021 school year: Initial each section.

- \_\_\_\_\_ To pay the full non-refundable registration fee (per child/family) prior to the start of school.
- \_\_\_\_\_ **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 principal.**  
(Note: First Semester = September thru January; Second Semester = February thru June).
- \_\_\_\_\_ 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>, 2020.  
Payment may be made by cash/check. Debit or credit card payments will add 2.95% fee.
- \_\_\_\_\_ To enroll in the FACTS Management payment plan.

Tuition:  
2020-2021 \$ \_\_\_\_\_ (Sept.-June)

Registration:  
2020-2021 \$ \_\_\_\_\_/year

I/We understand that my/our student(s) cannot be assured enrollment unless any outstanding 2019-2020 tuition, fees and all registration fees for the 2020-2021 school year are paid in full by July 31<sup>st</sup>, 2020. 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

- **At least 5 of the commitment hours must be done helping with the auction. This could be done as procurement, planning/helping, or day of the auction.**

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 2020-2021 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



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### STUDENT EMERGENCY CARE INFORMATION

**Family Name:** \_\_\_\_\_  
**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 emergency?**

Name _____	Phone _____	Relationship _____	Yes/No _____
Name _____	Phone _____	Relationship _____	Yes/No _____
Name _____	Phone _____	Relationship _____	Yes/No _____



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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 \$10.00 per hour for the first child, \$8.00 per hour for additional children, 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	Yes -or- No	Parent Signature
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### **REQUEST FOR SCHOOL RECORDS**

#### **Parent/Guardian of the Student:**

The upper portion of this form is to be completed by the parent/guardian of the applicant.

Name of Student \_\_\_\_\_

Present Grade \_\_\_\_\_ School now attending/last attended \_\_\_\_\_

---

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax Number \_\_\_\_\_

I hereby give permission to the school I have listed above to give information to Holy Family School, as my signature attests to below.

---

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

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#### **Office of Registrar/Admissions**

The student named above, who is currently enrolled in your school (or your school represents his/her most recent enrollment), has applied for admission to Holy Family School. We would appreciate you please sending us copies of the respective student's report cards, standardized test scores, teacher comments, any other pertinent information which will help us determine his/her placement.

Please send and return this form along with the materials we have requested. Thank you.

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Holy Family School Administrative Secretary \_\_\_\_\_ Date \_\_\_\_\_

Note: Please mail copies of all requested records to the following address:

**Holy Family School, P.O. Box 3700, Lacey, WA 98509 Questions? = (360) 491-7060**

## 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>.*

**FAMILY INCOME FORM**

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? Yes \_\_\_\_\_  
No \_\_\_\_\_

3. Are any of your children eligible to receive medical assistance under the Medicaid program? Yes \_\_\_\_\_ No \_\_\_\_\_

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):  
\_\_\_\_\_

\_\_\_\_\_ 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: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Name: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_ Student Name: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_ Student Name: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_ Student Name: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_