

ST. PATRICK CATHOLIC SCHOOL
2018-2019 Admission Contract for Kindergarten – Grade 8
*(Contract & Registration Fee is due back by **March 23, 2018** for Returning Students)*

Date Rec'd _____
Amt. Rec'd _____
Cash Ck# _____

Student Name(s) _____	_____	_____	_____
Last	First	MI	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent(s)/Guardian(s) Information

Name: _____	Name: _____
Address: _____	Address: _____
City/ZIP: _____	City/ZIP: _____
Occupation: _____	Occupation: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell/Pager No.: _____	Cell/Pager No.: _____
Email _____	Email _____

Catholic Parish of Registration: *St. Patrick* _____ *St. Joseph* _____ *St. Paul* _____ *Other* _____

What is the name of the public elementary/secondary school that your child(ren) would attend if not enrolling at St. Patrick Catholic School? _____

I/We, the undersigned parent(s) or legal guardian(s), request enrollment of the above listed child(ren) into St. Patrick Catholic School for the 2018-2019 academic year. In consideration of such enrollment, I/we agree to abide by the following conditions of enrollment:

_____ I/We have received, read and understand the 2018-2019 Registration Policies for St. Patrick Catholic School.
 (initials)

_____ I/We agree to pay a **\$300.00 per student Registration Fee by March 23, 2018 for Returning students.**
Registration fee is \$400.00 per student after March 23, 2018 for returning students.
Registration will open to new students after March 23. New student Registration Fee is \$300.00
 (initials)

TUITION & PAYMENT OPTIONS – Please initial **one** choice

- _____ 1. I/We choose to pay the **actual cost** of \$7112.00 to educate a child. **I/We understand that \$1732.00 will go for tuition assistance for other families, and the \$1732.00 is tax deductible.**
 (initials)
- _____ 2. We choose to pay the entire tuition for the Academic Year, 2018-2019, by August 24, 2018 in the form of a check, money order, cashier's check or cash to the school office.
 (initials)
- _____ 3. Quarterly or Bi-annual payments, using the form that is available from the school office, and approved by the Principal.
 (initials)
- _____ 4. I/We choose installment payments electronically transferred through Rabobank's ACH Program, as indicated on the Electronic Debit form. (You do not have to have an account with Rabobank).
 (initials)
- _____ 5. Alternative payment plan in writing to the Principal for approval.
 (initials)

Tuition rates for 2018-2019: 1 Student = \$5380.00 / 2 Students = \$ 9954.00 / 3 Students = \$ 14146.00

(initials) I/We agree to fulfill my/our financial requirements to St. Patrick Catholic School. If my/our family is unable to honor our financial commitments on time, I/we will contact the Principal **immediately, in writing**, to work out a mutually agreeable and reasonable solution. I/We understand that the failure to honor financial commitments to St. Patrick Catholic School may result in the school terminating attendance privileges and/or student's participation in finals and/or graduation ceremony. **All accounts (tuition fees, extended care, fundraising, bus fees, etc.) must be closed prior to your child(ren)'s admission for the 2019-2020 academic year.**

SERVICE HOUR PROGRAM OPTIONS – Please initial one choice

I/We understand that to keep school costs to a minimum, each family is required to participate in the school's Family Service Program. I/We agree to participate in the Family Service Program in accordance with the 2018-2019 Registration Policies.

Select one of the following:

(initials) I/We agree to work the 35 required hours of family service and that all hours must be completed by **April 30, 2019**.

(initials) I/We choose not to participate in the Family Service Program and agree to pay \$1,225.00 in-lieu of working the required hours, payable:

- in full by August 24, 2018 to the office by check, money order, cashiers' check or cash
- \$122.50 debited monthly over 10 months, or \$102.08 debited monthly over 12 months, through ACH, as indicated on the Electronic Debit Form.

(initials) I/We understand that I/We will need to complete a Live Scan and Shield the Vulnerable online program in order to be able to work Service Hours whenever students are present.

SCRIP PROGRAM OPTIONS – Please initial one choice

I/We understand that each family is required to participate in the school's Scrip Program. I/We agree to participate in the Scrip Program in accordance with the 2018-2019 Registration Policies.

Select one of the following:

(initials) I/We choose to participate in the Scrip Profit Program. I/We agree to generate \$210.00 in Scrip profit if I/we have one child, \$235.00 in Scrip profit for two or more children in our family. (See guidelines for Scrip Profit Program) I/We further understand that if the required amount is not met by April 30, 2019, I/we will agree to pay the balance.

(initials) I/We choose to opt out of the Scrip Profit Program. Select one of the following:

- I/We choose to pay in full \$210.00 for one child or \$235.00 for 2 or more children by August 24, 2018.
- I/We choose to pay monthly as indicated on our Electronic Debit Form.

(initials) I/We agree that my child(ren) will abide by the School's Christian Code of Conduct, Sexual Harassment Policy, and classroom rules, including uniform and dress code regulations. I/We understand that any breach of school policies by my child(ren) will result in disciplinary action. More serious cases may require expulsion from the school. I/We agree to accept liability for any serious actions resulting from vandalism or misuse of school property.

(initials) I/We agree to honor the school's Catholic philosophy, goals, and objectives. I/We agree to cooperate with the policies, standards, and administrative operations stated in the St. Patrick Catholic School Family Handbook and yearly supplements or other amendments to the Handbook, found the school's website, www.stpatschoolag.com. I/We understand that my family's continual enrollment will depend upon the fulfillment of our responsibilities and adherence to the policies stated in this Handbook.

I/We understand that by signing this contract, I/we agree to pay all tuition and fees for the full academic year. After registration is completed, outstanding tuition cannot be adjusted if the student(s) does not attend for the full school year, without prior consent of the principal. In view of this obligation, I/we understand that no portion of tuition and fees paid or outstanding will be refunded or canceled in the event of absence, voluntary or involuntary withdrawal or dismissal from the school of the registered student(s). **Please Note: Contracts will not be accepted and registration will be denied, unless all required forms are completely filled out, including initials on all items above.**

This contract is executed on (date) _____, in Arroyo Grande, California, by:

_____ and/or _____
(Signature of Parent/Guardian) (Signature of Parent/Guardian)

This contract is accepted by St. Patrick Catholic School on this _____ day of _____,

by _____, Principal

Every person, as a child of God, has equal dignity and an inalienable right to an education. Therefore, no qualified student will be denied admission to St. Patrick Catholic School on the basis of gender, race, color or national origin.

**ST. PATRICK SCHOOL – 2018-2019
ELECTRONIC DEBIT FOR TUITION/SERVICE HOURS/SCRIP/OTHER**

Child's Last Name:	First Name:	Grade:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Tuition Per	1 Child	2 Children	3 Children
Annually	\$5380.00	\$9954.00	\$14,146.00
Monthly (10)	\$ 538.00	\$ 995.40	\$ 1414.60
Monthly (12)	\$ 448.33	\$ 829.50	\$ 1178.83

I hereby authorize St. Patrick's School to direct debit my account for the following fees for my above child/ren. My authorization will remain in effect until revoked in writing to St. Patrick School.

Monthly Tuition Fee: _____

Service Hr. Buyout: _____ (\$122.50, 10 mo./\$102.08, 12 mo.)

Scrip Buyout: _____ (\$21.00 for one child; \$23.50 for 2 or more children /10 mo.)
(\$17.50 for one child; \$19.58 for 2 or more children / 12 mo.)

Circle of Mercy Family/
Memory Tile: _____ (\$25.00 per mo., 10 mo., Aug. – May)

Annual Fund Gift _____ per mo. for _____ mo.

Total Payment: _____ Initial: _____

PLEASE ATTACH VOIDED CHECK

CIRCLE ONE DEBIT CHOICE

10 Payment Plan
20th of the Month
(Aug-May-10 mo.)

12 Payment Plan (Gr. K-7 ONLY)
20th of the Month
(June-May -12mo.)

CUSTOMER SIGNATURE

Date

Phone #: _____

FAMILY EMERGENCY & EVACUATION SHEET

ACADEMIC YEAR 2018-2019

FAMILY/HOUSEHOLD NAME _____ HOME PHONE _____

Name of Student _____ Birthdate _____ Grade _____

Name of Student _____ Birthdate _____ Grade _____

Name of Student _____ Birthdate _____ Grade _____

Name of Student _____ Birthdate _____ Grade _____

Please provide complete parent/guardian information (circle parent or guardian):

Father/Guardian _____ Home Phone _____ Cell/Pager # _____

Home Address (street, city, zip) _____ Work Phone# _____

Mother/Guardian _____ Home Phone _____ Cell/Pager # _____

Home Address (street, city, zip) _____ Work Phone# _____

I/We hereby authorize St. Patrick Catholic School to procure medical, hospital, or dental care for my minor child(ren) in the event of an emergency while in the care of the above in accordance with the California Civil Code Section 25.8. I/We understand that I/We am/are financially responsible for any care so procured. **To wit:** Either parent, if both parents have legal custody, or the parent or person having legal custody or the legal guardian of a minor may authorize in writing any adult person whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician, surgeon, or dentist, licensed under the provisions of the Medical Practice Act or the Dental Practice Act.

If I/We, the parent(s)/guardian(s), cannot be reached in an emergency, I/We give permission to the school to contact the person below (circle relative or friend):

Relative/Friend _____ Phone _____ Work _____

Relative/Friend _____ Phone _____ Work _____

Relative/Friend _____ Phone _____ Work _____

Family physician/dentist information:

Physician _____ Phone _____

Dentist _____ Phone _____

If the school is unable to reach me/us or our family physician/dentist in the event of an emergency requiring medical/ dental treatment, (check one):

_____ I/We give the school permission to call another physician/dentist or emergency service of the school's choice.

_____ I/We do not give the school permission to choose another physician/dentist or emergency service. I/We provide the following alternates to be contacted:

Alternate Physician _____ Phone _____

Alternate Dentist _____ Phone _____

Special medical (including allergies), physical or other conditions exist for:

Name of Student _____ Grade _____

Special Conditions _____

Name of Student _____ Grade _____

Special Conditions _____

Name of Student _____ Grade _____

Special Conditions _____

Name of Student _____ Grade _____

Special Conditions _____

EVACUATION RELEASE

As you are aware, it is possible that during a school year we might experience an earthquake or other emergency situation. We have been mandated by the State of California and the Diocese of Monterey to establish specific procedures under which to deal with such an occasion. We have done this and feel that the preparations, procedures, and the trained staff available afford maximum safety for our students. In keeping with these emergency plans, we ask that should any emergency occur, you do **not** call the school or drive to the school immediately. Your cooperation with both of these requests will enable us to deal with the situation most efficiently and with the utmost care for the welfare of everyone on campus. We hope that such an emergency will never occur; however, we feel confident in the knowledge that our plan for the campus is a well-organized, well practiced and effective one and that your son/daughter will be well cared for under any circumstances. Your careful completion of this **Family Evacuation Release Card** will enable us to see that, if your son/daughter should leave the campus, he/she will be dismissed carefully, safely and only to those of your designation.

In the event of an earthquake or other emergency, my son/daughter may be released in compliance with St. Patrick Catholic School's emergency dismissal plan to the following individuals. **(AT LEAST ONE NAME IS REQUIRED)**

Relative/Friend _____ Phone/Cell _____ Work _____

Relative/Friend _____ Phone _____ Work _____

Relative/Friend _____ Phone _____ Work _____

Relative/Friend _____ Phone _____ Work _____

Father/Guardian Signature and Date

PLEASE SIGN AND DATE

Mother/Guardian Signature and Date

PLEASE SIGN AND DATE



Computer Access Release Form 2018-2019

FAMILY NAME _____

There are multiple computers in the computer lab and the classrooms available to students.

I/we understand that the staff/teachers cannot monitor all of the information my/our child is able to access or download at these computers.

Both my/our child(ren) and I/we understand that both the accessing and saving of inappropriate materials will not be tolerated. Furthermore, the accessing of such material will result in loss of privilege of having access to computers and may result in other penalties such as detention or suspension.

I/We also understand that it is impossible for the staff and teachers of St. Patrick School to completely restrict access to controversial materials. Even using Internet filters cannot guarantee content as some material may bypass these safety measures.

I/We will not hold the teachers or staff members of St. Patrick, or the Diocese of Monterey, responsible for materials distributed to or acquired from network or online services.

Please sign and return this form to St. Patrick by **March 23, 2018**. By doing so, you and your child indicate that you agree to abide by any restrictions regarding access to inappropriate/controversial materials as determined by you, St. Patrick, and/or the Diocese of Monterey; and further that you hold the school and the Diocese of Monterey blameless if your child accesses and/or saves inappropriate/controversial materials.

Parent's/Guardian's Printed Name	Parent's/Guardian's Signature	Date
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Parent's/Guardian's Printed Name	Parent's/Guardian's Signature	Date
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Student's Printed Name	Student's Signature	Grade
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Student's Printed Name	Student's Signature	Grade
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Student's Printed Name	Student's Signature	Grade
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Student's Printed Name	Student's Signature	Grade
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Photo/Video/Media Release Form & Release to Feature Student's Work

The Diocese of Monterey Education and Welfare Corporation, also known as and referred to as "Diocese of Monterey," and the Diocese of Monterey Catholic Schools are making a concentrated effort to promote the positive activities, honors, and work of our students. This effort includes working with the local media (newspapers, radio and television stations) and also developing our own publications. These publications include information, likenesses, and images, which may appear on websites of the Diocese of Monterey and its schools, as well as in other publications.

During the time your child is a student at St. Patrick Catholic_School, a school of the Diocese of Monterey and herein referred to as "School," there may be opportunities for various students to be interviewed and/or photographed and identified by full name and grade/classroom or School. We understand that some parents may request that we do not identify their child. **Please complete the form below to inform School of your wishes regarding publicity (complete a separate form for each child).** Please note, however, that your child's image or likeness may appear in occasional candid or group activity photos/videos without any type of name identification and the use of these types of photos/videos of your child is permissible.

Student Name (print): _____
Last First Middle

Student Grade: _____

Parent/Guardian Name (print): _____
Last First Middle

1. Please check (√) box below:

Yes I give permission for my child to be interviewed, identified, photographed or filmed for use in the Diocese of Monterey and School publications, including, but not limited to, publication via website or other technological publications, videos, newspapers, radio, television, or development and fundraising materials.

No

2. Please check (√) box below:

Yes I give permission for the Diocese of Monterey and School to feature my child's school work, including but not limited to art, essays and other writing, and science or other projects. I give permission for the Diocese of Monterey and School to identify my child's work.

No

By signing this release, I acknowledge that I hereby release and forever discharge the Diocese of Monterey and its officers, agents, and employees from and against any and claims, damages or suits which may arise from the use of the Diocese of Monterey and/or School publications, press/media releases, or website, including, but not limited to, the activities and publicity mentioned above. I understand this form will be kept on file at School. If a situation arises that may change my child's status regarding publicity, it is my responsibility to notify School in writing as soon as possible. New release forms will be required each school year.

Parent/Guardian Signature

Date