

**APPLICATION PACKET FOR
HOLY NAME CATHOLIC SCHOOL
2011-2012**

All of the required items of this checklist must be in complete order for the application to be accepted by the school office.

REQUIRED FORMS AND INFORMATION

- Registration Form
- Tuition Agreement
- Share Hours Agreement
- Volunteer Code of Conduct
- Permission to Publish Form
- Private School Enrollment Reporting Form
- Immunization Record (Most Current)
*Only needed for new enrollments.
- Birth Certificate
*Only needed for new enrollments.
- Cash or Check for payment of Registration

REQUIRED FOR CATHOLICS

- Baptismal Certificate (Student or Parent)
*Only needed for new enrollments.

Holy Name Catholic School

TUITION – REGISTRATION – BOOKS

*In the chart below the rows, in order, represent one child, two and three children.

TUITION 2011 – 2012

YEARLY RATES

Parishioner	Non – Parishioner
1 child @ 3,285.00	1 child @ 3,915.00
2 children @ 5,130.00	2 children @ 6,120.00
3 children @ 6,975.00	3 children @ 8,325.00

Billed monthly over 10 months.

(Billing starts on Aug. 15th due Sept. 1 and last one billed out on May 15th due June 1st)

Parishioner	Non – Parishioner
1 child @ 328.50	1 child @ 391.50
2 children @ 513.00	2 children @ 612.00
3 children @ 697.50	3 children @ 832.50

Registration Fees:

One Child: \$250.00

Two Children: \$450.00

Three Children: \$600.00

There are late charges if Registration is not paid for by July 1st.

1 Child: \$275.00 2 Children: \$490.00 3 Children: \$610.00

Preschool Tuition Rates:

Registration Fee \$160.00 per child

Bumblebee Class: (3 Years Old)

8:30 to 11:30am Tuesday, Wednesday, Thursday \$175.00 per month

Ladybug Class (Pre-K) 12:15-3:15pm

Monday thru Thursday \$225.00 per month

HOLY NAME CATHOLIC SCHOOL
2011-2012 REGISTRATION FORM

Student Information:

NAME: _____ DOB: _____ Sex: ___ Grade: _____

Religion: _____ If Catholic, Baptized: _____ 1st Communion: _____ Reconciliation: _____

Ethnicity: Alaskan Native (10) American Indian (20) Asian (30) Black (40) Caucasian (50) Hispanic (60)

Mailing Address: _____ Physical Add: _____

Home Phone: _____ Email Address: _____

Work Email Addresses: _____
(Mom & Dad)

Cell Phone Numbers: Mom _____ & Dad _____

Living With:

Mother: _____ ___ Natural ___ Step ___ Foster ___ Other

Religion: _____ Employer: _____ Work # _____

Father: _____ ___ Natural ___ Step ___ Foster ___ Other

Religion: _____ Employer: _____ Work # _____

Are you a registered, active member of Holy Name Catholic Church? YES NO

Has your child been registered in special education classes? YES NO

Last school attended by child: _____

Before school my child will:

___ Attend Extended Day ___ Ride Bus # ___ ___ Walk ___ Arrive by private vehicle

After school my child will:

___ Attend Extended Day ___ Ride Bus # ___ ___ Walk ___ Depart by private vehicle

Please list names and phone numbers of all persons authorized to pick up your child other than yourself:

In case of emergency, contact (Please list at least 2 contacts)

Name: _____ Phone # _____ Relation _____

Name: _____ Phone # _____ Relation _____

Name: _____ Phone # _____ Relation _____

Family Physician: _____ Phone # _____

Regular Medications: _____

Allergies: _____

Other Health History: _____

Please check those that apply to your child:

- | | | |
|--|--|--|
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Epilepsy or convulsions | <input type="checkbox"/> Bladder problems |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Chickenpox |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hearing Defects | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Tubes in ears | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Wax plugs in ears | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Stomachaches | <input type="checkbox"/> Eye Surgery | <input type="checkbox"/> Clinical Depression |

If other please list: _____

List any conditions that would limit student participation in school physical education, swimming or other programs.

Alaska State Statute 4 AAC 06-055 and Regulations require that all students be immunized appropriate to age. Ketchikan schools must have the most up to date immunizations records on your child.

_____ Please have the school volunteer nurse give a tuberculin test while attending Holy Name School. Permission slips will be send home prior to this skin test.

_____ Please have my child participate in the necessary vision and hearing screenings conducted each year at Holy Name School.

Parent/Guardian Signature

Date

**HOLY NAME CATHOLIC SCHOOL
TUITION AND POLICY AGREEMENT FORM 2011 – 2012.**

I, the undersigned, do hereby agree to comply with the educational policies and regulations of the Diocese of Juneau and Holy Name School Handbook.

I, agree to pay the registration fee, tuition and other fees for the 2011 – 2012 school year. The registration fee is due at time of student registration and is **not refundable**.

I realize that bills are sent around the 15th of the month and due on the 1st of the following month. A late fee of \$10.00 will be added monthly if tuition payment is late. Tuition that is 30 days past due is reason for dismissal and/or refusal for acceptance for the following school year.

I realized that checks returned due to insufficient funds will be billed an additional \$20.00. After one check of this nature, the school will require future payments in cash. If there is sufficient reason for a late payment and a call has been made to the Principal, the above policy may not apply. However the Principal must be contacted in order to receive a grant of extension.

Families are billed in **ten** monthly installments for the 2011 – 2012 school year. If a student has enrolled 5 weeks after the start of school, the tuition will be prorated to the higher 9 month tuition schedule. If a student withdraws during the school year, all the previous enrolled months tuition will need to be prorated to the higher 9 month tuition schedule.

PRORATED SCHEDULE: The prorated difference per month for each student level is as follows:

Parishioner Rate:	1 child \$36.50	-	2 children \$57.00	-	3 children \$77.00
Non-Parishioner Rate:	1 child \$43.50	-	2 children \$68.00	-	3 children \$92.50

REFUND POLICY:

Please see the Business Manager if refund situation is needed.

I understand that no credits are to be given for absences. Arrangements for leave of absence no longer than two weeks may be made with the teacher-in charge prior to the absence. Credits for holidays and vacations are not given if the days are regularly scheduled school holidays.

I realize that a two-week notice and a meeting with principal are requested should I withdraw my child/ren from the school.

I pledge to support the administration and the faculty of Holy Name School and will keep the lines of communication open by following the guidelines of Communication in the Holy Name School Handbook.

I realize that failure to meet the above requirements can prohibit my child/ren from acceptance to the school the following year.

Acceptance of students into a Catholic School means that the family of the student is also accepted into the school community. Students and their families are expected to contribute to the up building of the Christian community at the school.

Holy Name School admits students of any race, color, sex, nationality and ethnic origin to all the rights and privileges, programs and activities generally accorded or made available to the students at the school. It does not discriminate on the basis of race, color, sex nationality and ethnic origin in administration of its educational policies, scholarship and loan, and athletic and other school programs.

Parent/Guardian Signature

Date

If someone other than parents are responsible for paying tuition please fill this out.

Name _____ Relationship to student: _____

Billing address: _____ Phone number: _____

Holy Name Catholic School

Share Hours Agreement 2011-2012

The parents of each family whose children attend Holy Name School are to perform twenty (20) hours of service (per family) to the school (10 hours for single parent families.) These service hours need to be in activities that directly affect the school and are approved by the School Board. It will be the responsibility of the families to submit the proper paper work to the school office that documents the completion of service hours. This paperwork should be turned in by May 10.

**At the end of the year there will be a charge
of \$10.00 per hour for service hours not completed.**

This charge will be added to the final statement for the last billing cycle.

Please fill in the following:

*I understand that there is a requirement of twenty (20) Share Hours per family,
5 hours of which need to be devoted to the auction fundraiser.*

(10 hours for a single parent family.) I agree to fill these hours of service and that I will be charged \$10.00 per hour, for uncompleted hours at the end of the school year on the final billing statement. I understand that it is my responsibility to complete the forms that document the completion of hours and to give the forms to the school office.

By submitting my forms I will receive credit for hours completed.

By my signature I am agreeing to the above policy of Holy Name School.

Signature

Date

Name (Please Print)

My Child's Name (Children's)

Holy Name Catholic School

VOLUNTEER'S CODE OF CONDUCT FORM 2011-2012

Our children are the most important gifts God has entrusted to us. As a volunteer I promise to strictly follow the rules and guidelines in this Volunteer's Code of Conduct as a condition of my providing services to the children and youth of our (parish, school, facility, diocese, etc.)

Volunteers shall:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Avoid situations where they are alone with children and youth at Church activities.
- Use positive reinforcement with children and youth rather than criticism, competition, or comparison.
- Refuse to accept expensive gifts from children and youth or parents without previous written approval of the pastor or administrator.
- Refrain from giving expensive gifts to children or youth without prior approval of the parents or guardian and the pastor or administrator.
- Report to the pastor, administrator, or appropriate supervisor and (the local Child Protection Services Agency) of any suspected abuse. Failure to report suspected abuse to civil authorities is, according to the law, a misdemeanor.
- Cooperate fully in any investigation of abuse of children or youth.

Volunteers must not:

- Smoke or use tobacco products in the presence of children or youth.
- Use, possess, or be under the influence of illegal drugs or alcohol at any time while volunteering.
- Pose any health risk to children and youth. (i.e., no fevers or other contagious situations.)
- Strike, spank, shake, or slap children and youth.
- Humiliate, ridicule, threaten, or degrade children and youth.
- Touch a child in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children and youth.
- Use profanity in the presence of children and youth.

I understand that as a volunteer working with children and youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with children and youth.

Volunteer's Signature

Date

Printed Name

**HOLY NAME CATHOLIC SCHOOL
PERMISSION TO PUBLISH FORM 2011-2012**

We are seeking permission to publish your child's picture and/or work on the Internet or in other published forms. These items may be used on our web site, in brochures, or other published documents. Please check the options we may use in handling your child's photograph, work, and/or name.

Holy Name Catholic School may use the following to post and/or publish:

My child's candid photo, individually

My child's candid photo, as part of a group

My child's work

My child's first name only

My child's first and last name

Please DO NOT publish my child's photo

Please DO NOT publish my child's name

Child's name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Private School Enrollment Reporting Form For the 2011-2012 School Year

Alaska statute 14.45.110 requires parents or guardians to send this form to the local public school superintendent. Submit a separate form for each child. You may duplicate this form.

Student's Name: _____

Address: _____
Street City Zip Code

Age: _____

Grade: _____

School student will be attending: _____

Signature of Parent or Guardian: _____

ALASKA STATUTE 14.45.110 REQUIREMENTS OF EXEMPT SCHOOLS.

(a1) The parent or guardian of the child of compulsory school age enrolled in a religious or other private school that complies with AS 14.45.130 shall file an annual notice of enrollment in the school for the child with the local public school superintendent for the area in which the child resides on a form provided by the Department of Education & Early Development. The form shall be signed by the parent or guardian and the chief administrative officer of the school and returned to the local public school superintendent by the parent or guardian. The school shall notify the local public school superintendent within a reasonable time if the child is no longer enrolled in or attending the school.