**Registration Checklist K-8th Grade**

**2021-2022**

*Please return this Registration Checklist with all completed forms.*

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|  | Tuition Agreement |
|  | Registration Form |
|  | Emergency Contact Form |
|  | Transportation Form |
|  | Witness Statement Form |
|  | Cafeteria Health Form |
|  | Student Internet Usage Contract |
|  | Media Authorization Form |
|  | Educational Needs Form |
|  | Before & Aftercare (BAC) Registration |
| Please circle payment type:  Cash Check  Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Please make checks payable to ICOM) | **Registration Fees**  \_\_\_\_\_\_\_\_\_\_ Total School Registration Fee  \_\_\_\_\_\_\_\_\_\_ Total BAC Fee  **\_\_\_\_\_\_\_\_\_\_ *Grand Total of Fees*** |

***Please complete the enclosed registration packet and return to all items to the school office by Friday, February 5th, 2021.***

**Tuition Agreement 2021-2022**

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| **Family Information** |
| Family/Responsible Party Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Student Information** |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Payment Plan Options** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Indicate Selection:** *Check a box below* | **# of Payments** | **Payment Date(s)** | **Invoice Type** | **FACTS Fee** | |  | 1 | One payment due August | Office | None | |  | 2 | Semi-Annual 2 payments: August and January | FACTS | $10 | |  | 10 | 10 Monthly Payments: August through May | FACTS | $45 | |  | 12 | 12 Monthly Payments:  July through June  **(This plan is NOT available to families with Preschool only students)** | FACTS | $45 | |
| **Tuition Assistance Programs** |
| **Please check all that apply:**   1. **\_\_\_\_\_\_\_\_\_\_ I am employed by the Archdiocese of St. Louis full time or working over 1,000 hour annually. I will be applying for employee tuition assistance along with the payment plan selected above.** 2. **\_\_\_\_\_\_\_\_\_\_ I am a teacher for the Archdiocese of St. Louis and will complete the tuition-reimbursement form handed out in April with my contract.** 3. **\_\_\_\_\_\_\_\_\_\_ I have applied for a grant through the Today & Tomorrow Educational Foundation (TTEF).** 4. **\_\_\_\_\_\_\_\_\_\_ I am not a registered parishioner but would like information about joining the parish.** 5. **\_\_\_\_\_\_\_\_\_\_ I am a registered parishioner of Immaculate Conception Old Monroe.** |
| **Tuition Agreement** |
| **I agree to make tuition payments for the 2021-2022 school year according to the option indicated above. I have read the school policy regarding payment and agree to abide by this policy.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent/Responsible Party Signature Date** |

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| **Registration/Book Fees** |
| All fees are due with registration by February 5, 2021. Registration/Books Fees are non-refundable.   |  |  | | --- | --- | | Per Child | $180.00 | |

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| **Tuition Rates: Kindergarten through Grade 8 2021-2022** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **# of Students** | **Parishioner Tuition Rate** | **Non- Parishioner Tuition Rate** | **Semi-Annual Payments:**  **August & January** | **10 Monthly Payments: August-May** | **12 Monthly Payments July-June** | | **1** | **$4,200\*** | **$4,900\*** | **Parishioner:$2,100**  **Non-Parishioner: $2,450** | **Parishioner: $420**  **Non-Parishioner: $490** | **Parishioner: $350**  **Non-Parishioner: $408.34** | | **2** | **$6,350\*** | **$7,050\*** | **Parishioner:$3,175**  **Non-Parishioner: $3,525** | **Parishioner: $635**  **Non-Parishioner: $705** | **Parishioner: $529.17**  **Non-Parishioner: $587.50** | | **3+** | **$7,300\*** | **$8,000\*** | **Parishioner:$3,650**  **Non-Parishioner: $4,000** | **Parishioner: $730**  **Non-Parishioner: $800** | **Parishioner: $608.34**  **Non-Parishioner: $666.67** |   **\*Please note, this rate does not include the one time $45 FACTS processing fee required for each agreement. These payments are approximate and may be adjusted for rounding. If you receive an Archdiocesan grand from Beyond Sunday, Alive in Christ, Catholic Family Tuition Assistance, or Employee Tuition Assistance, you will receive a credit and your tuition balance and payments will be adjusted as soon as the parish office is notified.** |

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| **FACTS** |
| * Immaculate Conception Old Monroe School uses the FACTS tuition management system to collect tuition. If you were enrolled in the FACTS Management Program last year, you will automatically be re-enrolled in the same program this upcoming school year. You can go on-line and review your current information with FACTS Management at <https://online.factsmgt.com/signin/430Q7>. * If you were not enrolled in FACTS last year, you ***MUST*** create an account with FACTS Management online. Please use the same link and click “Create a username and password”. If you have any questions please contact FACTS at (866) 412-4637. Once you have completed the sign-up process, please notify the parish office so the agreement can be finalized. The sign-up process only takes a few minutes and must be completed by Friday, March 12, 2021. After you have signed up for your plan, you can go to <https://online.factsmgt.com> to view your information. * Families that fail to sign up by this date will not be considered fully enrolled for next school year and may have fewer months for a payment plan option. * If your bank information or any other enrollment information changes at any time, you will need to contact FACTS Management to provide them with the necessary changes. * For more information about FACTS please see the Link tab in Fast Direct and look for FACTS Tuition Management. |
| **MOST-Missouri’s 529 Savings Plan** |
| **Pursuant to applicable legislation, if you wish to use your Missouri’s 529 Savings Plan Account (MOST) to pay tuition, please contact your financial advisor or visit** [**https://missourimost.org/**](https://missourimost.org/) |

**Registration Form 2021-2022**

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| **Family Information** |
| Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Family registered at Immaculate Conception Old Monroe Parish: \_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_ NO  If no, please indicate what parish or church affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List the school district your family lives in the boundaries of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Example: Troy, Winfield, St. Charles, Wentzville, etc...* |
| **Parent(s) Information** |
| **FATHER**  Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion of Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **MOTHER** \_\_\_ Same address as above  Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion of Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Marital Status** |
| Marital Status: Married Divorced Single Remarried Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If divorced, name of parent who has legal custody: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of parent who has primary physical custody: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of non-custodial parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of most recent decree, including modifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Please attach a copy of the most recent decree.*** |

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| **Student Information** |
| **Student #1** |
| Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_\_  DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade for 2021-2022: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male or Female  Baptism Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Baptismal Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of public school building Student #1 would otherwise attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Example: Troy Costello Elementary School***  Does your child have any significant medical conditions, allergies or special needs? \_\_\_\_\_ YES \_\_\_\_\_ NO  If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Student #2** |
| Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_\_  DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade for 2021-2022: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male or Female  Baptism Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Baptismal Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of public school building Student #2 would otherwise attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Example: Troy Costello Elementary School***  Does your child have any significant medical conditions, allergies or special needs? \_\_\_\_\_ YES \_\_\_\_\_ NO  If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Student #3** |
| Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_\_  DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade for 2021-2022: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male or Female  Baptism Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Baptismal Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of public school building Student #3 would otherwise attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Example: Troy Costello Elementary School***  Does your child have any significant medical conditions, allergies or special needs? \_\_\_\_\_ YES \_\_\_\_\_ NO  If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Student #4** |
| Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_\_  DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade for 2021-2022: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male or Female  Baptism Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Baptismal Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of public school building Student #4 would otherwise attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Example: Troy Costello Elementary School***  Does your child have any significant medical conditions, allergies or special needs? \_\_\_\_\_ YES \_\_\_\_\_ NO  If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **For all new students, please attach a copy of the following certificates:**   * Birth Certificate * Baptismal Certificate   **For all new students grade K-8th, for all new preschool students and all students entering Kindergarten, 3rd, and 6th grade please attach the following:**   * Immunization Records * Physical Evaluation/Health Form from Pediatrician   **Should your child require or need medication to be dispensed during school hours, please have your child’s Pediatrician complete and sign the following:**   * Medication Consent Form |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ |

**Emergency Contact Form 2021-2022**

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| **Student(s) Information** |
| **Family’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Student #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_**  **Student #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_**  **Student #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_**  **Student #4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_** |
| **Parent Information** |
| **Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Secondary Contact Information** |
| **If there is an illness or emergency and the Father/Mother cannot be reached, please contact the following in order of preference listed below:**   |  |  |  |  | | --- | --- | --- | --- | | **Order of Contact** | **First and Last Name** | **Relationship to Student** | **Contact Phone #** | | **1st** |  |  |  | | **2nd** |  |  |  | | **3rd** |  |  |  | | **4th** |  |  |  | |
| **Physician, Insurance & Hospital Information** |
| ***PLEASE PRINT ALL INFORMATION LEGIBLY***   |  |  | | --- | --- | | **Pediatrician Name:** |  | | **Pediatrician Phone Number(s):** |  | | **Insurance Carrier: (examples:UHC/BCBS/etc…)** |  | | **Insurance ID #** |  | | **Enrollee ID #** |  | | **Preferred Hospital:** |  | |
| **Treatment Authorization** |
| **In the case of accident or serious illness, if we and the people designated above are unable to be reached, I hereby authorize the school and/or office personnel to call the physician listed and to follow his/her instructions. If the physician is unable to be contacted, or we feel the situation is emergent, the school may make whatever arrangements are deemed necessary including, but not limited to, calling 911 or other emergency qualified personnel.** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent/Legal Guardian Signature Date** |

**Transportation Form 2021-2022**

|  |
| --- |
| **Family Information** |
| **Transportation for my child(ren) to and from school will be as follows:**  (Please circle a “To and From School” option)   |  |  |  |  | | --- | --- | --- | --- | | **Student Name** | **Student Grade** | **To School** | **From School** | |  |  | **Car Walk Bike** | **Car Walk Bike** | |  |  | **Car Walk Bike** | **Car Walk Bike** | |  |  | **Car Walk Bike** | **Car Walk Bike** | |  |  | **Car Walk Bike** | **Car Walk Bike** | |
| **Dismissal Information** |
| **Our children have permission to go home with the following people including family, friends and fellow ICOM families:**   |  |  |  | | --- | --- | --- | | **Name(s)** | **Relationship to Student** | **Phone Number** | |  |  | **( ) -** | |  |  | **( ) -** | |  |  | **( ) -** | |  |  | **( ) -** | |
| **Authorization** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent/Legal Guardian Signature Date** |

**Archdiocese of Saint Louis WITNESS STATEMENT 2021-2022**

For Those Seeking to Enroll Their Children in a Catholic School or a Parish School of Religion

One of the blessings of marriage is bringing forth new life. God entrusts children to parents who have a primary right and duty to educate their children in the practice of the faith. Parents carry out this responsibility by creating a home full of love, forgiveness, respect and fidelity. The family is the community in which, from childhood, one honors God and learns moral values.

In the rite of the Sacrament of Baptism, parents receive the following call from God to evangelize their children: *You have asked to have your child baptized. In doing so you are accepting the responsibility of training her (him) in the practice of the faith. It will be your duty to bring her (him) up to keep God’s commandments as Christ taught us, by loving God and our neighbor...You will be the first teachers of your child in the ways of the faith. May you be also the best of teachers, bearing witness to the faith by what you say or do, in Christ Jesus our Lord.* No wonder, then, that the Church understands the home to be the domestic church. It is in the intimate environment of the family that parents are, by word and example, the first heralds of the faith with respect to their children. This environment is enhanced and deepened through the parish Eucharistic community that is the heart of the spiritual life for Christian families. Catholic schools and parish religious education programs are in partnership with the family in proclaiming and witnessing to the life and teachings of Jesus Christ. They assist parents in fulfilling their responsibility as the primary religious educators of their children. This partnership works best when parents respect the beliefs of the Church and live lives in a manner that reflects these beliefs. If parents reject the beliefs of the Church or live lives in conflict with these teachings, catechizing young people becomes very difficult.

Aware, then, of the dignity of this holy parental call, and with a reverent awe for that responsibility which is mine, I commit myself to be, in word and example, the first and best teacher of my children in the faith. Practically, this means I will:

* Understand that the authentic teachings of Jesus as taught by the Catholic Church will be part of my child’s education and formation;
* To the best of my ability respect the teachings of the Church and help my children respect the Church and its teachings;
* Regularly participate in the Sunday Eucharist with my family (if not Catholic, support my children’s participation in the Church of Baptism), include prayer in my daily life and form my children in the faith.
* Commit to speak frequently with my children about God and to include prayer in our daily home life;
* Participate in and cooperate with the School or Parish School of Religion in programs that enable me as a parent to take an active role in the religious education of my children, including sacramental preparation for Catholic children;
* Support the moral and social doctrine of the Catholic Church to ensure consistency between home and school;
* Teach my children by word and example to have a love and concern for the needs of others;
* Meet my financial responsibilities in supporting the Catholic school or the Parish School of Religion.
* Practice stewardship in support of the school and parish.

|  |
| --- |
| Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Our family has read and reflected upon the Witness Statement, Family Handbook and Student & Parent Objective and agree to fulfill our responsibilities.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Signature Parent/Guardian Signature |

Cafeteria Health Form 2021-2022

|  |  |
| --- | --- |
| Name of Student: | School District: |
| Birth Date: | School Attending: |
| Parent(s) Name(s): | Primary #: |
| e-mail: | Alternate #: |

**For Physician’s Use:**

Identify and describe disability, or medical condition, including allergies that requires the student to have a special diet. Describe the major life activities affected by the student’s disability:

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

**(utilize the back of this form if necessary)**

**Diet Prescription (check all that apply):**

* Diabetic (include calorie level or attach meal plan)
* Modified Texture and/or Liquids (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Reduced Calorie (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Increased Calorie (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Food Allergy (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Omitted and Substitutions:**

Use space to list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary.

|  |  |
| --- | --- |
| **Omitted Foods** | **Substitutions** |
|  |  |

|  |
| --- |
| **Indicate Texture**: ๐ Regular ๐Chopped ๐Ground ๐Pureed ๐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Indicate Thickness of Liquids:** ๐Regular ๐Nectar ๐Honey ๐Pudding ๐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Special Feeding Equipment:** |

Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the above named student needs special school meals as described above, due to the student’s disability or chronic medical condition.

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

**Physician’s Signature**  Date Telephone #

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

Signature of Preparer or Other Contact (Not Parent) Date Telephone #

|  |
| --- |
| *I hereby give my permission for the school staff to follow the above stated nutrition plan.*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  ***Parent/Guardian Signature Date*** |

**Student Internet Usage Contract**

**2021-2022 School Year**

Immaculate Conception Old Monroe school will provide limited access to the resources available on the Internet for students. The Internet will be available solely for educational purposes and under the supervision of a school employee at all times. Access to the Internet can highly expand the resources available to Immaculate Conception Old Monroe school and educators are encouraged to make use of the internet for educational purposes. Students will be guided in the exploration of web sites for the purpose of educational research.

The use of computer networks and access to the internet is a privilege. Any violation of ethical usage by students will result in the immediate loss of this privilege. Any inappropriate electronic conduct shall be subject to the full range of disciplinary consequences, including withdrawal for cause.

|  |
| --- |
| **Internet Acceptable Use Policy** |

1. The internet will be used for educational purposes only.
2. Educators, students, and parents are responsible to see that the internet is not used inappropriately.
3. The internet may not be used to access inappropriate websites and/or material, inappropriate language in communication, illegal activities, and respect for privacy.
4. Students may only use the internet when they are supervised and with permission from the teacher, faculty or staff.
5. Internet access and computer networks are a privilege.
6. Parents and students must sign an internet permission form before being allowed on the internet.
7. All copyright rules must be followed.

Communications or depictions through e-mail, text messages or website postings, whether they occur on the school computer network or through private communications, which: (1) are of a sexual nature; (2) threaten, libel, slander, malign, disparage, harass or embarrass members of the school community or (3) in the principal’s discretion, cause harm to the school or school community (collectively “Inappropriate Electronic Conduct”), shall be subject to the full range of disciplinary consequences, including withdrawal for cause, as described in 4302, Serious Disciplinary Consequences. (See 4303.4, Internet and Electronic Communications Conduct)

A safe environment for all members of the school community should be a hallmark of a Catholic school. This is accomplished, in part, by fostering a climate based on Gospel values that emphasize the dignity of and respect for all persons. Words, actions, or depictions, which violate the privacy, safety, or good name of others, are inconsistent with that goal. Whether occurring within or outside of school, when students jeopardize the safe environment or act contrary to those Gospel values they can be subject to disciplinary action by the school.

By signing below, you are acknowledging the Acceptable Use of the Internet Policy at Immaculate Conception Old Monroe school.

|  |
| --- |
| **INTERNET ACCEPTABLE USE POLICY SIGNATURE FORM 2020-2021** |
| **Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**  **Student Signature Grade Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**  **Student Signature Grade Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**  **Student Signature Grade Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**  **Student Signature Grade Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent/Legal Guardian Signature Date** |

**EDUCATIONAL NEEDS** **2021-2022**

To best serve all of our students, we are asking parents to provide information to help Immaculate Conception Old Monroe school meet those needs.

|  |
| --- |
| Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(If you have more than one child entering our school this year, we will need a form completed for each student.)** |
| \_\_\_\_\_ My child has never been formally evaluated for learning or behavioral purposes  **(You are now finished completing this form please just sign at the bottom. Thank you!)** |
| **Learning and Behavioral Diagnosis** |
| \_\_\_\_\_ My child has been evaluated formally for learning or behavioral purposes.  **Please complete the following:**  ***My child has a diagnosis of:***  \_\_\_\_\_ Non-handicapped (no learning or behavior needs)  \_\_\_\_\_ Attention Deficit/Hyperactivity Disorder  \_\_\_\_\_ Learning Disabled - Subject area(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ Behavior Disordered  \_\_\_\_\_ Language Impaired  \_\_\_\_\_ Speech Impaired  \_\_\_\_\_ Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| \_\_\_\_\_ My child **currently** receives services from the local public-school district. |
| \_\_\_\_\_ My child has a valid IEP from the local public-school district. *Date/Year of IEP*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(IEP’s are valid for three years)** |
| \_\_\_\_\_ Immaculate Conception Old Monroe school has a copy of the most recent evaluation from the public school, physician or diagnosing professional. Please attach all necessary forms.  **(This must be in the child’s file in the school office).** |

|  |
| --- |
| **Medication Needs** |
| *If your child takes medication due to medical needs or learning and behavioral diagnosis, please indicate below:* |
| Name of medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Schedule: What time(s) **a.m.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What time(s) **p.m.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medication Administered at: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_  Name of prescribing physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number of prescribing physician:(\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Signature** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian’s Signature Date |

|  |
| --- |
| Before and Aftercare Program 2021-2022 |

**Before Care**: 6:30 a.m. through start of school

**After Care**: Dismissal through 6:00 p.m.

|  |
| --- |
| Program Fees |

**Enrollment Fee for After School**: Annual non-refundable registration/supply fee is $25.00/one child, $35.00/two or more children. The BAC program accepts Immaculate Conception Old Monroe school students enrolled in Preschool through 8th grade. If a student will only be using the After Care program from time to time, please contact the office directly.

**Payment**: Payments will be due the first school day of each month for services in the prior month. If payments are not made by the 3rd school day of the month a $10.00 late fee will be added to the balance.

|  |  |  |
| --- | --- | --- |
| **Enrollment Fee** | **1 Child**  **$25.00** | **2+ Children**  **$35.00** |

|  |  |
| --- | --- |
| **Before Care**:  6:30 a.m. through start of school | $2.00/Child *(not per hour)* |

|  |  |  |
| --- | --- | --- |
| **After Care:**  Dismissal through 6:00 p.m | $5.00/Hour  1 Child | $7.50/Hour  2 or more children |

|  |  |
| --- | --- |
| **Late Fees**: | $2.50/Child for every 5 minutes late |

|  |
| --- |
| **Before Care (6:30 a.m. through start of school)** |
| * The morning program begins the first day of school and ends the last full day of school. * Students should be dropped off at the west entrance of the school. Please, do not leave until your child is in the building. |
| **After Care (Dismissal through 6:00 p.m.)** |
| * Students who attend After Care must report immediately to the cafeteria for check-in. They are not allowed to go outside or to any other room prior to sign-in. * Upon arrival, students are asked to line up and check-in. Students may play quietly at their assigned table until check-in is finished. * After check-in, activities include snack, playtime (outside weather permitting), crafts and study time. * Parents are required to come into the cafeteria and sign-out their child. Parents must initial the sign-out form. * Noon Dismissal Days: After Care coverage will be dependent upon staff availability. * First Day of School, Conference Days, and the Last Day of School- NO AFTER CARE. * If school lets out early due to inclement weather there will be no After Care. This is for the safety of students, parents and staff alike.  |  |  | | --- | --- | | 3:00 pm | Check-In | | 3:00-3:15 pm | Snack, Water and Restroom Break | | 3:15-3:45 pm | Homework, Independent Study, Technology Room and/or Quiet Time | | 3:45-4:30 pm | Play time, BAC Recess, Gym time | | 4:30-6:00 pm | Free Choice Play Time | |
| **Behavior Expectations** |
| * Students are expected to follow school rules. The goal of our behavior expectations is to be sure that we have a safe and orderly environment for all students. Rules are intended to promote Christian principles of conduct, fairness and safety. * Students who do not follow the rules and policies may be suspended from the program. * If you have questions about the rules, please refer to the student handbook. * Cell phones are not allowed. A phone is available for emergency use. * The order of the Before/After Care discipline policy is:   1. The student is reminded to control behavior, and his/her parent is notified.   2. If the behavior continues, there will be a week suspension from the program.   3. Further behavioral problems will result in permanent suspension. |

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| **BAC Registration** |
| I hereby give permission for my child(ren) listed below to participate in the ICOM BAC program. I also acknowledge that the BAC program is an extension of the school day and all pertinent medical instructions, emergency contacts and list of people authorized to pick up my child(ren) applies to the BAC program as well. |
| Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_  Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_  Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_  Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_  Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ |

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| **Please indicate when your child will use the BAC program below...** |

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| **Before Care**  6:30 a.m. until start of school | \_\_\_\_\_ M | \_\_\_\_\_ T | \_\_\_\_\_ W | \_\_\_\_\_ R | \_\_\_\_\_ F | \_\_\_\_\_ will vary |
| **After Care**  Dismissal through 6:00 p.m | \_\_\_\_\_ M | \_\_\_\_\_ T | \_\_\_\_\_ W | \_\_\_\_\_ R | \_\_\_\_\_ F | \_\_\_\_\_ will vary |
| **Both Before & After Care** | \_\_\_\_\_ M | \_\_\_\_\_ T | \_\_\_\_\_ W | \_\_\_\_\_ R | \_\_\_\_\_ F | \_\_\_\_\_ will vary |

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| **BAC Enrollment Signature** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian’s Signature Date |

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| **ICOM Calendar 2021-2022**  Tentative Key Dates |

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| **August**  18: First Day of School Noon Dismissal-No Aftercare | **February**  4: Noon Dismissal; Spirit Wear  17: Noon Dismissal; Parent Teacher Conferences-No Aftercare  18-21: President’s Day- NO SCHOOL |
| **September**  3: Noon Dismissal; Spirit Wear  6: Labor Day-NO SCHOOL | **March**  2: Ash Wednesday-First Day of Lent  4: Noon Dismissal; Spirit Wear  16-20: Spring Break-NO SCHOOL |
| **October**  1: Noon Dismissal; Spirit Wear  27: Noon Dismissal, Fall Parent Teacher Conferences-No Aftercare  28-Nov 1st: Fall Break-NO SCHOOL | **April**  1: Noon Dismissal; Spirit Wear  10: Palm Sunday  14-18: Spring Break-NO SCHOOL  17: Easter Sunday |
| **November**  Oct 28-Nov 1st: Fall Break- NO SCHOOL  5: Noon Dismissal; Spirit Wear  24-28: Thanksgiving Break-NO SCHOOL  28: Advent Begins | **May**  6: Noon Dismissal; Spirit Wear  25: Last Day of School w/ 0 Snow Days  27: Last Day of SChool w/ 2 Snow Days |
| **December**  3: Noon Dismissal; Spirit Wear  22- Jan 3: Christmas Break-NO SCHOOL | 174 Days/ 176 w/ Snow Days |
| **January**  7: Noon Dismissal; Spirit Wear  17: MLK Day-NO SCHOOL | \*Please note that this calendar contains tentative key dates and does not represent all future events. Final ICOM Calendar will be available late spring. Events outside the school day impacted by COVID-19 restrictions may be subject to cancellation/rescheduling.  **BAC**: No After Care on First day of School, Conference Days, Last Days of School or inclement weather days. |

**FACTS** Tuition Management

FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.

To set up your FACTS agreement go to: https://online.factsmgt.com/signin/430Q7

**FACTS CONFIRMATION NOTICE**

Once your information is received and processed by FACTS, you will receive a confirmation notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

**Frequently Asked Questions**

• **Is my information secure?**

Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit FACTSmgt.com/Security-Compliance.

• **When will my payments be due?**

Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.

• **What happens when my payment falls on a weekend or a holiday?**

Your payment will be processed on the next business day.

• **What happens if a payment is returned?**

Returned payments may be subject to a FACTS returned payment fee. Watch for a returned payment notice for additional information.

• **How do I make changes once my agreement is on the FACTS system?**

Changes to your address, phone number, email address, or banking information can be made at Online.FACTSmgt.com or by contacting your school or FACTS. Any changes to payment dates or amounts need to be approved by the school and the school will then need to notify FACTS. ***All changes must be received by FACTS at least two business days prior to the automatic payment date in order to affect the upcoming payment.***

• **What is the cost to set up a payment plan?**

If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

**FACTS Customer Service**

We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you. **To view your payment plan details, log in to your FACTS account at Online.FACTSmgt.com. Customer Care Representatives are also available to assist you 24/7.**

Online.FACTSmgt.com