

Our Lady of Joy Roman Catholic School

2011-2012

Student Name: _____

Student Enrollment Packet Checklist

Please use this checklist to ensure that your registration packet is complete. It is important to fill out all documents in their entirety, some of which require information on both sides. All of the requested documentation is required by either the State of Arizona or the Diocese of Phoenix Catholic Schools Office. When your paperwork is ready to return, please attach this form as a cover sheet. ****ONLY COMPLETED PACKETS WILL BE ACCEPTED.**

SCHOOL PACKET CHECKLIST:

- _____ Enrollment Application
- _____ Annual Tuition Schedule
- _____ Tuition Payment Intent
- _____ Tuition Express Form
- _____ Policy and Financial Agreement
- _____ Photographic Release Form
- _____ On-Campus permission Request Form
- _____ Copy of original Immunization Record (Please keep us informed re: updates)
- _____ Copy of Child's Birth Certificate
- _____ Three Photographs of your child (wallet-size & preferably close-up)
- _____ Permission to Dispense Medication (Kindergarten ONLY)
- _____ Maricopa County Private School Affidavit of Intent (Kindergarten ONLY)
- _____ Home Language Survey (Kindergarten ONLY)

Attach recent
picture of
applicant here

***Our Lady of Joy
Catholic Preschool & Kindergarten***

36811 N. Pima Rd. or
Post Office Box #1359
Carefree, AZ 85377-1359
(480) 595-6409 FAX (480) 437-1093

www.oloj.org

ENROLLMENT APPLICATION

I hereby make application for my daughter () to attend class beginning _____
son () *Academic Year*

Name of Applicant _____
Last First Middle Nickname

Age _____ Birth Date _____ Place of Birth _____ Social Security Number _____

Parent Information:

Father:

Mother:

Father (Mr., Dr.) _____
Last/First/M.I.

Mother (Mrs., Ms., Dr.) _____
Last/First/M.I.

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Telephones ()-____-____ Work ()-____-____

Telephones ()-____-____ Work ()-____-____

Cell Phone ()-____-____ Pager ()-____-____

Cell Phone ()-____-____ Pager ()-____-____

E-mail Address _____

E-mail Address _____

Employer _____

Employer _____

Employer Address _____

Employer Address _____

Religion _____

Religion _____

Parish _____

Parish _____

U.S. Citizen _____ Yes/No

U.S. Citizen _____ Yes/No

Marital Status: Married _____ Separated _____

Divorced _____ Remarried _____

Applicant's Last Name _____ First Name _____

Applicant lives with: _____ Parents _____ Mother _____ Father Other _____

Legal custody: _____ Parents _____ Mother _____ Father Other _____

Any custody issues that we should be made aware of? YES _____ NO _____

*If you marked yes, please submit copies of updated court documents.

Explain: _____

Adopted: _____ Date _____ Age when Adopted _____

Race/Ethnic Group _____ Caucasian _____ Black _____ Hispanic _____
_____ Asian _____ Other _____ American Indian _____

First Language: _____ English _____ Spanish _____ French _____ Other _____
Spoken at home: _____ English _____ Spanish _____ French _____ Other _____

Religion: _____ Catholic _____ Other _____

Baptized: _____ Yes _____ No Date: _____ Church _____

Religion Baptized in _____ City/State _____

Names/Ages/School of all children in family:

Name (First/Last)	Age:	Current School:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all schools attended by the applicant beginning with current school:

Name of School	Address, City, State & Zip	Reason for Leaving
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

How did you learn about Our Lady of Joy Catholic School?

Our Lady of Joy Catholic School is able to offer tuition assistance via Catholic Education Arizona (available only to kindergarten & elementary students), the State of Arizona, Economic Security Division, as well as private scholarships from Out Lady of Joy Parish. If assistance is needed, please contact the director to discuss your needs.

Applicant's Last Name _____

First Name _____

Special Testing and Information:

IF YOU CHECKED ANY OF THE BELOW, PLEASE PROVIDE COPIES OF TEST/REPORTS TO OUR LADY OF JOY CATHOLIC SCHOOL WITH YOUR COMPLETED APPLICATION MATERIALS.

My child has taken the Gesell test. _____ Yes _____ No

My child has been tested for:

_____ Giftedness

_____ Learning Disabilities

_____ Behavioral Difficulties

_____ Speech and Language Delay/Difficulties

_____ Attention Deficit Disorder: Place/Date _____

_____ Hyperactivity: Place/Date _____

_____ My child has not received any special testing

My child has been in special programs for:

_____ Gifted and Talented

_____ Children with Learning Disabilities

_____ Children with Behavioral Difficulties

_____ Speech and Language Remediation

_____ Attention Deficit Disorder/Hyperactivity: Where _____

_____ My child has not been in any special programs.

***Please note that OLOJ Preschool & Kindergarten works closely with the parents in ensuring the highest standards for your child's development and growth, and in turn requires that each family commit to a minimum of 10 hours of voluntary assistance per school year. Please review the Parent Handbook for specifics and areas in which you can volunteer.**

I agree that information submitted by third parties in connection with this application can be held AND maintained in confidence by Our Lady of Joy Catholic School. Requests for any information provided to Our Lady of Joy School's part of this application must be made directly to the third party who supplied that information.

PARENT (or guardian) SIGNATURE(S):

Date: _____

PARENT (or guardian) SIGNATURE(S):

Date: _____

Our Lady of Joy Roman Catholic School

2011-2012 Annual Tuition Schedule

A *non-refundable deposit* in the amount of one tuition payment will be due no later than May 1st. This deposit will be applied toward your annual tuition. Your second tuition payment is due August 1st and the first of each month thereafter through April. **Our school uses Tuition Express to collect tuition and all families are required to sign up.**

Please initial your choice below:

Early Birds (2 ½ - 3)	Three days (TWTH) (9:00 am – 2:00 pm)	\$3200 _____
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*Must be 2 ½ by September 1st of the school year and potty-trained

Pre-K (4's)	Five Days (M-F) (9:00 am – 2:00 pm)	\$5000 _____
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*Must be 4 by September 1st of the school year

Kindergarten	Five days (M-F) (8:45 am – 2:15 pm)	\$5700 _____
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*Must be 5 by September 1st of the school year

Discounts

Families will receive the following discounts for multiple children enrolled in the program:

- 10% for the second child
- 20% for the third child

Kindergarten families are encouraged to apply for the diocesan Catholic Education Arizona scholarship.

Applications can be obtained in the school/parish office.

Additional Information:

We do not provide transportation to or from our school.

All tuition rates and program schedules are based upon enrollment.

Our Lady of Joy Roman Catholic School

36811 N. Pima Rd. P.O. Box #1359
Carefree, AZ 85377-1359

Telephone # (480) 595-6409

FAX (480) 437-1093

2011-2012 TUITION PAYMENT INTENT

Student's Name: _____ Grade _____
(Please Print)

Responsible Party to be invoiced: _____

Address of Responsible party: _____

Relationship to Student: _____

As the responsible party to the above student I choose to make:
(The only choices are listed below.)

ONE Tuition Payment in full (check/cash/credit card) due by May 1, 2011

MONTHLY Contiguous Tuition Automatic Withdrawals from my bank account during
the 1st week of each month - August through April.

_____ I have completed the Tuition Express form for automatic check
withholding.

MONTHLY Contiguous Tuition payments charged during the 1st week of each month -
August through April.

_____ I have completed the Tuition Express form for automatic credit card
withholding.

This authority is for the 2011-2012 school year and will conclude with the April, 2012 tuition payment/withdrawal
or when Our Lady of Joy Roman Catholic School has received notification from me/my spouse of its termination in
such timely manner as to afford Our Lady of Joy Roman Catholic School a reasonable opportunity to act on it.

DATE: _____

SIGNATURE: _____

SIGNATURE: _____

Never write a check again!



Wish your tuition payments were easier to manage?
Help is on the way...
Tuition Express is a safe, reliable, convenient
method of paying your childcare expenses

For Credit Card Authorization, complete this side and return to center management.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize _____ (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name	Phone #	Account Number
Cardholder Billing Address	Expiration Date	
City	State	Zip
	Cardholder Signature	Date

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program. *Tuition Express is an assumed business name of Blum Investment Group, Inc.



For Official Use Only:

Date Received: _____

Employee Signature: _____

Hop aboard the Tuition Express
and never write a check again!

To learn more about Tuition Express, automatic payment notifications or to review your payment history, please visit www.tuitionexpress.com



Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining hundreds of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or to review your payment history, please visit www.tuitionexpress.com

For Bank Account Authorization, complete this side and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize _____ (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express® to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

<hr/> Your Name	<hr/> Phone #	<hr/> DEPOSITORY - Bank or Credit Union Name
<hr/> Address		<hr/> Bank or Credit Union Address
<hr/> City	<hr/> State	<hr/> Zip
<hr/> Routing Transit Number (see sample below)		<hr/> Account Number (see sample below)

Type: Checking Savings

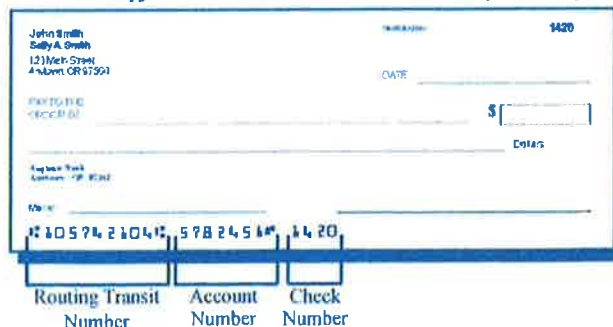
This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

<hr/> Signature	<hr/> Date
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Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

(Please attach a copy of a voided check below - deposit slips not accepted)



Policy and Financial Agreement

FAMILY NAME: _____

Date: _____

Student's Name: _____

Class: _____

Student's Name: _____

Class: _____

The signature(s) below verify agreement to the following:

- I/We have reviewed the *Parent / Student Handbook* on www.oloj.org and will adhere to the policies therein.
- I am/We are aware of the financial obligation as it pertains to payment of tuition, as stated in the *Parent / Student Handbook*, and agree to the terms.

Parent/Guardian Name (please print):

Signature:



PHOTO/PUBLICITY RELEASE

I, _____ (print full legal name of parent or legal guardian), on behalf of and as the parent or legal guardian of the following person, who is under eighteen (18) years of age, _____ (print full legal name of minor) (hereinafter "the Minor"), hereby authorize the Roman Catholic Diocese of Phoenix (hereinafter "the Diocese"), all of its parishes, affiliated organizations and entities, and _____ (print full name of school) (hereinafter, the "School") to record the Minor's picture, voice and likeness in photographs, films, videotapes or other media during and in connection with the Minor's education or participation in School or Diocesan activities or events, and to use the Minor's picture, voice or likeness on the Diocese website, in the Catholic Sun newspaper, or in any other media or publication without further compensation or permission.

I further authorize the Diocese, its parishes, affiliated organizations, entities and agents, and/or the School to edit any recordings of the Minor's likeness and/or voice and incorporate any such recordings into print publications, electronic publications, software, movie and sound films or tapes, broadcasts (radio and television), programs or otherwise, and to use and license others to use such publications, recordings, software, movie and sound films and tapes and broadcast programs in any manner of media whatsoever, including unrestricted use for purposes of publicity, information, advertising and sale promotion. I understand that the Diocese exclusively owns all rights to these recordings irrespective of the form in which they are produced or used.

I further agree to indemnify and hold the Diocese, its parishes, affiliated organizations, entities, licensees, employees and agents, and the School harmless from and against any claims and liability for damages, losses or expenses of any kind arising from the making or use of any recordings, including, without limitation, claims with respect to the Minor's privacy or publicity.

I have read and understand the contents hereof, and have the right and authority to execute this release and to give this indemnification. I understand that this Release is to be interpreted under the laws of the state of Arizona without resort to its conflict of laws rules, and I hereby submit to the jurisdiction of the courts of the state of Arizona with respect to any action arising under this Release.

Parent/Guardian Consent

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this Release.

Parent/Guardian Name: _____ Date: ____ / ____ / ____

Parent/Guardian Signature: _____

Parent/Guardian Address: _____

City, State, Zip Code: _____

PERMISSION TO DISPENSE MEDICINE TO STUDENTS

(Kindergarten Only)

Student Name _____

Teacher _____

I, _____, the parent/legal guardian of the student listed above, give my permission for OLOJ Roman Catholic Scholl personnel to dispense the following medication(s) to him/her as noted:

Type(s) of Medication: _____

Diagnosis/Reason for Giving: _____

Time to be given: _____ AM _____ PM As Needed _____

Parent/Guardian Signature _____ Date _____

MCESA

Maricopa County Education Service Agency



PRIVATE SCHOOL AFFIDAVIT OF INTENT *Dr. Donald D. Covey-Maricopa County Superintendent of Schools*

STUDENT INFORMATION:

NAME: _____ DATE OF BIRTH: _____
(LAST, FIRST, MIDDLE)

DISTRICT OF RESIDENCE: _____

GUARDIAN INFORMATION:

NAME: _____ TELEPHONE NUMBER: _____
(LAST, FIRST, MIDDLE)

GUARDIAN ADDRESS: _____ CITY: _____ ZIP: _____

PRIVATE SCHOOL INFORMATION:

PRIVATE SCHOOL NAME: _____

ADDRESS OF SCHOOL: _____ CITY: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

ARIZONA STATE PRIVATE SCHOOL LAWS FOR REGISTRATION AS PRESCRIBED BY THE ARIZONA REVISED STATUTES:

15-802 A: Every child between the ages of six and sixteen years shall attend a school and shall be provided instruction in at least the subjects of reading, grammar, mathematics, social studies and science. The person who has custody of the child shall choose a public, private, charter or home school as defined in this section to provide instruction.

Section 2. If the child will attend a private school or home school, file an affidavit of intent with the county school superintendent stating that the child is attending a regularly organized private school or is being provided with instruction in a home school. The affidavit of intent shall include:

- (a) The child's name.
- (b) The child's date of birth.
- (c) The current address of the school the child is attending.
- (d) The names, telephone numbers and addresses of the persons who currently have custody of the child.

AUTHORIZATION:

GUARDIAN SIGNATURE: _____

Subscribed and sworn before me this _____ day of _____, 20_____

STATE OF: _____ COUNTY OF: _____

NOTARY SIGNATURE: _____ STAMP: _____

4041 N. Central Avenue, Ste. 1100, Phoenix AZ 85012 • Phone 602-506-3866 • Fax 602-506-3753
Homeschool Hotline 602-506-3144



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.