

Child's Name: _____ Date: _____

Our Lady of Joy Roman Catholic School

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, returning everything as a complete packet.

_____ Enrollment Application

_____ Annual Tuition Schedule

_____ Confidential Child Development Inventory

_____ Blue Emergency and Immunization Record Card (BOTH SIDES)

_____ Orange Emergency Contact Cards - 2 (PLEASE COMPLETE FRONT & BACK)

_____ Tuition Payment Intent

_____ Policy and Financial Agreement

_____ Copy of original Immunization Record (Please keep us informed with updates)

_____ Copy of Child's Birth Certificate

_____ Photographic and Directory Release Form

_____ Three Photographs of your child (preferably close-ups)

_____ Parent Handbook Signature Form

_____ Permission to Dispense Medication Form

_____ Playground Supervision Form

_____ Drivers License Form

_____ Approved Pick-Up

Our Lady of Joy Catholic Kindergarten
Annual Tuition Schedule
2010-2011

Tuition at Our Lady of Joy Roman Catholic Kindergarten is made up of a number of components: actual cost per student, parish subsidy of the school (which means a reduced price for registered, active Catholics), reductions for more than one child at the school, and financial scholarships (such as the CTODP) which can reduce total costs.

It is our commitment to provide excellent religious and academic education at an affordable price, while maintaining small class sizes (not to exceed 15 children per class).

Please note: A non-refundable registration fee in the amount of \$175.00 for *returning* families is due at the time of application. **A non-refundable registration fee** for *new* families is due upon notification of placement. The activity fee is due by August 1, 2010.

Your annual tuition is divided into 10 equal payments (example: \$5,000.00÷10=\$500.00) with the first due no later than May 15th. The remaining nine tuition payments will be due monthly on the 1st of each month beginning August 1st, 2010 and running through April 1st, 2010. ACH (AUTOMATIC WITHDRAWAL FROM CHECKING/SAVINGS OR CREDIT CARD PAYMENT) will start with the August 1st payment. Please complete the Tuition Payment Intent form and credit card option (if applicable) and return with your first payment to the preschool or parish office.

**Non-refundable
Registration Fee**

Kindergarten \$175.00
\$100.00 (additional 2nd child)
\$75.00 (additional 3rd + child)

Activity Fee

\$100.00
\$30.00 (each additional child)

Tuition for active, contributing member of a Catholic parish* \$5000

Tuition for inactive Catholic or non-Catholic* \$6000

Discounts

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

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

Additional Information: We do not provide transportation to or from our school.

*** Please see Parishioner Status form for detailed clarification.**

TUITION PAYMENT INTENT

Student's Name: _____ Class _____
(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.)

MONTHLY payments due the 1st of each month - August through April.

ONE Tuition Payment in full (check/cash) due by August 1st.

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

Type of account

_____	_____	_____
<i>(check one)</i>		
<i>Financial Institution Name</i>	<i>Transit/ABA Number</i>	<i>Account Number</i>
() Checking	<i>(Routing Number)</i>	
() Savings		

(VOIDED CHECK MUST BE ATTACHED)

MONTHLY Contiguous Tuition payments charged to my credit card during the 1st week of each month - August through April.
(See Credit Card Tuition Program option attached)

This authority is for the 2010/2011 school year and will conclude with the April, 2011 tuition payment/withdrawal or when Our Lady of Joy Catholic School has received notification from me/my spouse of its termination in such timely manner as to afford Our Lady of Joy Catholic Preschool & Kindergarten a reasonable opportunity to act on it.

DATE: _____

SIGNATURE: _____

SIGNATURE: _____

**Our Lady of Joy Catholic Preschool & Kindergarten
Credit Card Tuition Program**

Please fill out the information below, and return it to the Parish Office.

Charge my credit card for my tuition in the amount of:

\$_____ *Monthly (charged during the first week of each month - August - April)*

— — —

Discover Card Master Card Visa Expiration Date
_____/_____

Please Print:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Signature: _____ **Date:** _____

This authority is to remain in effect until Our Lady of Joy Catholic School has received notification from me of its termination.

Policy and Financial Agreement

FAMILY NAME: _____

Date: _____

Student's Name: _____

Class: _____

Student's Name: _____

Class: _____

Student's Name: _____

Class: _____

Student's Name: _____

Class: _____

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

- I/We received the *Parent / Student Handbook* and will read and adhere to the policies therein.
- I/We am/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:

Our Lady of Joy Roman Catholic School

Emergency Contact Card

Child's Full Name: _____ DOB: _____

Street Address: _____

Mother's Name: _____

Phone Number: () _____ Email: _____

Phone Number: () _____

Father's Name: _____

Phone Number: () _____ Email: _____

Phone Number: () _____

Allergies to Medications and/or Any Medication Taken Daily:

Allergies: _____

Medications: _____

List any medical conditions of which medical personnel should be aware:

Child's Doctor: _____ Phone Number: _____

Our Lady of Joy Roman Catholic School

Emergency Contact Card

Child's Full Name: _____ DOB: _____

Street Address: _____

Mother's Name: _____

Phone Number: () _____ Email: _____

Phone Number: () _____

Father's Name: _____

Phone Number: () _____ Email: _____

Phone Number: () _____

Allergies to Medications and/or Any Medication Taken Daily:

Allergies: _____

Medications: _____

List any medical conditions of which medical personnel should be aware:

Child's Doctor: _____ Phone Number: _____

In the event of a medical emergency, Our Lady of Joy Roman Catholic School will call 911 and have your child transported by ambulance to the nearest hospital emergency room.

In the event of an illness or injury, parents should be called in the following order:
1st _____ 2nd _____

If the school is unable to contact a parent, the following persons should be called.

Those listed have permission to pick up our child in the event of illness or injury.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Parent/Guardian Signature : _____

Printed Name: _____

Date: _____

In the event of a medical emergency, Our Lady of Joy Roman Catholic School will call 911 and have your child transported by ambulance to the nearest hospital emergency room.

In the event of an illness or injury, parents should be called in the following order:
1st _____ 2nd _____

If the school is unable to contact a parent, the following persons should be called.

Those listed have permission to pick up our child in the event of illness or injury.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Parent/Guardian Signature : _____

Printed Name: _____

Date: _____

Photographic & Directory Release Form

Catholic Diocese of Phoenix Photographic Release

I hereby grant my consent to use and release to the Catholic Diocese of Phoenix and Our Lady of Joy Roman Catholic Parish and School the use of my child's name and likeness, whether in still, motion pictures, audio or video tape, photograph and/or reproduction of my child including voice and features with or without name for any promotional purpose involving the diocese or parish/school, news or feature stories in the The Catholic Sun or other media, or other purpose whatsoever, except for the endorsement of any commercial products.

I further agree that the Catholic Diocese of Phoenix and Our Lady of Joy Roman Catholic Parish and School may use or cause to be used these items for any and all broadcasts, publications, or reproduction, without limitation or reservation of any fee.

Directory Release Form

Please check those that apply, complete, and sign:

_____ I agree to use the OLOJ School Directory for communications only; I will NOT use it for any form of solicitation.

_____ I would like more information about advertising in or sponsoring the School Directory.

_____ I do NOT approve of having my child's name, Parents'/Guardians' name, email, and phone number printed in the OLOJ School Directory.

_____ I approve of having my child's name, Parents'/Guardians' name, email, and phone number printed in the OLOJ School Directory. I have completed the following portion just as I would like it printed in the School Directory.

Child's Full Name (please print): _____

Parent(s)/Guardian(s) Name: _____

Address: _____

Phone Number: _____

Email address: _____

Parent Signature: _____

IMPORTANT INFORMATION ABOUT ADMINISTERING MEDICATION
TO YOUR STUDENT

If your child needs prescription medication administered to them while in school, or if you wish the school to be able to dispense over-the-counter medications, please make sure that the form on the reverse side is properly and completely filled out and signed for the 2008-2009 school year. A new form must be signed every year.

All prescription medication must be in the original container as prepared and labeled by the pharmacist, including the date dispensed and date of expiration, patient's name, name of the medication, dosage, and time(s) to be dispensed. Tylenol, Advil, Mylanta, Benadryl, cough drops, and all other over-the-counter medications and ointments must be in the original packaging showing directions, dosages, compound contents, and proportions. All over-the-counter medications must be supplied to the school by the parent. The medication you supply will be labeled with your child's name for use by your child only. Stock supplies of any type of over-the-counter medications are not provided by the Diocese.

Student misuse of self-administered medication can cause illness, side effects, and/or seizure. For their safety, students may not have any prescription or over-the-counter medications in their possession unless a signed physician's statement is presented indicating the necessity for a student to self-administer his/her medication. Students found to have prescription or over-the-counter medications in their possession will face disciplinary action.

Medications cannot be dispensed unless the signed form and appropriate medications have been turned into the school. Please have the form turned in no later than the end of the first day of school. Thank you for your cooperation.

NOTE: *Please read and sign reverse side.*

Our Lady of Joy Roman Catholic School
36811 N. Pima Road
Carefree, AZ 85377
480-595-6409

PERMISSION TO DISPENSE MEDICATION TO STUDENTS

Student Name: _____ Class: _____

Teacher: _____

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

Type(s) of Medication: _____

Diagnosis/Reason for Giving: _____

Time to be given: _____ a.m. _____ p.m. As needed: _____

Parent/Guardian Signature _____ Date _____

NOTE: *Please read reverse side.*
Our Lady of Joy Roman Catholic School
36811 N. Pima Road
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Playground Supervision Form

Our Lady of Joy Roman Catholic School will permit students and their families to use the school playground after school hours from dismissal to 4:00 pm. Any student on the playground at that time must be accompanied by a parent or guardian.

By signing this form parents/guardians understand they are solely responsible for the safety of their children and/or the children in their care and for the proper care of all school equipment. The school will not be held responsible for any injury or damage.

By signing this form parents/guardians agree to the following:

- Parents/Guardians are responsible for asking a staff member to unlock the playground gate. Children are not allowed to jump over the fences.
- Parents/Guardians are responsible for providing constant supervision of all children in their care.
- Parents/Guardians will ensure that all children wear shoes while on the playground.
- Parents/Guardians will only allow children to use the available toys on the playground.
- Parents/Guardians will not allow the use of equipment kept in the storage shed and will keep the storage shed closed at all times.
- Parents/Guardians are responsible for cleaning up after their children (putting toys back in the designated tubs, putting lids on, rolling hose back up, etc.).
- Parents/Guardians are responsible for notifying a staff member of any equipment needing repair.
- Parents/Guardians may be responsible for the replacement of broken or damaged equipment.
- Parents/Guardians are responsible for notifying a staff member when they are leaving so the playground can be properly locked and misters can be turned off, if applicable.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Our Lady of Joy Roman Catholic School
36811 N. Pima Road
Carefree, AZ 85377
480-595-6409



Driver's License Verification Form

Do We Have a Copy of Your Drivers' License?

Our Lady of Joy Roman Catholic School is required by the Diocese of Phoenix to have a copy of a valid driver's license from every parent who plans on driving for class related field trips.

Please return this completed form and a copy of your driver's license to the school.

DRIVER'S NAME _____ **Date:** _____

Child's Name _____

Child's Name _____

Child's Name _____

Child's Name _____

Office Use Only
Copy of Valid
Driver's License

Office Use Only	<input type="checkbox"/> Expiration Date _____
	<input type="checkbox"/> Your license has expired _____

480-595-6409

Approved Pick-Up List

Child's Name: _____ Date: _____

Teacher: _____

SECTION ONE: Our Lady of Joy Roman Catholic School has my permission to release my child/children to any/all of the adults listed below.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SECTION TWO (optional): Under NO circumstance should the following individuals be permitted to pick-up my child/children.

_____	_____
_____	_____

Parent Signature(s): _____

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Carefree, AZ 85377
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Kindergarten Child Development Inventory

It will be most helpful to the Kindergarten teachers to know as much about your child's home background and social and emotional growth as possible. Please complete this form in detail.

Thank you!

Child's Name: _____

Date of Birth: _____

1. Was he/she born prematurely? yes no

2. Were there any unusual conditions at birth which hindered his/her early development?
If so, please elaborate.

3. List special health problems or needs with which the Kindergarten teachers should become familiar (i.e. physical limitations, allergies, etc.)

4. Is your child an early riser? yes no

 Is your child a late sleeper? yes no

5. Does your child eat breakfast often/regularly? yes no

6. How many children are in your family? _____

 Please list their ages and circle the age of your kindergartner.

7. Are you concerned with any of the following?

_____ temper tantrums

_____ sleeping habits

_____ thumb sucking

_____ nail biting

_____ blinking

_____ frequent urination

_____ fears

_____ eating problems

_____ aggressiveness

_____ reaction of authority

_____ tenseness

_____ dependency

_____ cries easily

_____ excitability

_____ easily discouraged

_____ timidity

8. Does your child have regular responsibilities at home? Please list below.

9. Can your child tie his/her shoes? yes no

Can your child button his/her clothes? yes no

10. Is your child right-handed or left-handed? _____

11. How do you feel your child gets along with other children?

12. What are some of your child's favorite activities and interests?

13. Does someone in the family read to your child regularly? At least three times a week?

14. What name do you wish your child to learn to print?

15. When your child has misbehaved, how do you discipline him/her?

16. How does he/she react to your discipline?

17. Has your child received outside lessons or other group experiences (i.e. music, dancing, swimming, exercise, pre-school, etc.)?

18. Do you consider your child's coordination to be average, above average, or below average?

19. Is there anything else you think the Kindergarten teachers should know?