

2015-2016

ADMISSION REQUIREMENTS:

Priority for admission is given to families who are presently attending St. Anthony Catholic School and have met the other enrollment requirements. Other parishioners and non-Catholic families are allowed admittance if space is available and they agree to participate in all religious activities.

Admittance to 4K requires 4th birthday by September 1, 2015.

Admittance to 5K requires 5th birthday by September 1, 2015.

All students entering St. Anthony Catholic School for the first time must submit a birth certificate, a baptismal certificate, social security number, and immunization records at the time of enrollment.

All students transferring from other schools will be enrolled at St. Anthony on a probationary basis. After a six weeks period the student's academic and behavioral progress reports will be reviewed and the decision shall be made for permanent placement at St. Anthony School.

Volunteer Service is expected from each family. A detailed list of service possibilities will be available at the August Back to School Night.

ENROLLMENT FEES: Enrollment Fees are nonrefundable.

4K Pre School - \$75.00 per year per student.

Grades K through 6th - \$200 per year per student. \$100 due at enrollment, \$100 due by August 1, 2015.

* If the entire amount of the enrollment fee (4K-6th) is paid in full by May 16, 2015, a 10% discount will be given.

TUITION Payment Schedule: Tuition rates are based on the child's religion.

4K Pre School (5 mornings a week) \$2,092 per year divided into 10 or 12 payments beginning July 1. You may choose to pay in 10 months July through April @ \$209.20 per month or in 12 payments July through June @ \$174.33 per month.

2015-2016 Tuition Rates

Grades 5K through 6th

	<u>Catholic</u>	<u>Non-Catholic</u>
1 child	\$3,706 per year	\$4,503 per year
2 children	\$5,884 per year	\$7,683 per year
3 children	\$7,730 per year	\$11,687 per year
4 children	\$9,595 per year	\$12,652 per year

You may choose to pay in 10 payments (July through April)

	<u>Catholic</u>	<u>Non-Catholic</u>
1 child	\$370.60 per month	\$450.30 per month
2 children	\$588.40 per month	\$768.30 per month
3 children	\$773.00 per month	\$1,168.70 per month
4 children	\$959.50 per month	\$1,265.20 per month

You may choose to pay in 12 payments (July through June)

	<u>Catholic</u>	<u>Non-Catholic</u>
1 child	\$308.83 per month	\$375.25 per month
2 children	\$490.33 per month	\$640.25 per month
3 children	\$644.16 per month	\$973.91 per month
4 children	\$799.58 per month	\$1,054.33 per month

_____ I choose to pay in 10 payments (July through April)

_____ I choose to pay in 12 payments (July through June)

Payments are due the 1st day of the month, and are past due after the 10th

* School families may gain a discount of \$200 off the yearly tuition by referring new families to St. Anthony School. The new families must stay in the school at least one full semester. The new family should state who referred them.

AFTER SCHOOL CARE

St. Anthony Catholic School offers an extension to the school day for students enrolled in school. For 4K through 6th grade, After School Care begins at 3:30 PM. The service is available until 5:15 Monday through Thursday and until 4:15 on Friday. The rate for After School Care is \$3.50 per child per day. A late fee is charged after 5:15 PM. Rates are subject to change.

SCHOOL LUNCHES

St. Anthony Catholic School serves a hot lunch each school day. The cost of lunch is \$2.25 per day (**subject to change**). Applications for free or reduced price lunches are available, as we are part of the National School Lunch Program.

ENROLLMENT AGREEMENT

Student(s):

Name	Birthdate	SS#	Grade 2015-16
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Name	Birthdate	SS#	Grade 2015-16
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Name	Birthdate	SS#	Grade 2015-16
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Name	Birthdate	SS#	Grade 2015-16
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We intend to use After School Care (4K-6). Yes _____ No _____

TUITION AND FEES DUE:

Your total due per year _____ Monthly tuition due _____

Total enrollment fees due _____

Enrollment grades 4K through 6th: \$200 per child

Requests for Tuition Assistance will be taken at the time of enrollment.

I, we, or either of us agree to pay the sums set forth for our child(ren) as shown above to comply with the tuition payment policies.

Signature of Parents or Guardians who are FINANCIALLY RESPONSIBLE FOR STUDENT(S)

**2015-2016
REGISTRATION/EMERGENCY FORM**

Father/Male Guardian _____ SS# _____

Home Address _____ Phone # Home _____

Employer _____ Phone # Work _____

Occupation/Title _____ Mobile/Pager# _____

Church or Parish _____ Email Address _____

Mother/female Guardian _____ SS# _____

Home Address _____ Phone # Home _____

Employer _____ Phone # Work _____

Occupation/Title _____ Mobile/Pager# _____

Church or Parish _____ Email Address _____

Under no circumstances may a child be released to anyone other than the parents/guardians as listed on the child's emergency record unless prearranged in the school office.

These persons have my permission to pick up my child(ren) after school:

1. _____ Phone # Work _____ Phone # Home _____

2. _____ Phone # Work _____ Phone # Home _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

1. _____ Relationship _____

Phone # Work _____ Phone # Home _____

2. _____ Relationship _____

Phone # Work _____ Phone # Home _____

I give the school permission to treat any minor first aid. In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician/dentist below and to follow his/her instructions. If it is impossible to contact the physician/dentist, the school may make whatever arrangements seem necessary.

Doctor's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Hospital preference _____ Phone # _____

List any medical problems _____

List any medicines taken regularly _____

List any known allergies _____

Signature of Parent/Guardian _____

Date _____

Please fill out the other side.

STUDENT(S) ENROLLED AT ST. ANTHONY CATHOLIC SCHOOL

1. Name _____ Grade 2015-16 _____ SS# _____
Birth date _____ Place of Birth _____
Sacraments celebrated: Baptism date _____ Place _____ Church _____
Confirmation date _____ Place _____ Church _____
Eucharist date _____ Place _____ Church _____
Reconciliation: yes _____ no _____
Wear Glasses _____ Contacts _____ School last attended _____
Birth certificate and immunization records must be on file in the office

2. Name _____ Grade 2015-16 _____ SS# _____
Birth date _____ Place of Birth _____
Sacraments celebrated: Baptism date _____ Place _____ Church _____
Confirmation date _____ Place _____ Church _____
Eucharist date _____ Place _____ Church _____
Reconciliation: yes _____ no _____
Wear Glasses _____ Contacts _____ School last attended _____
Birth certificate and immunization records must be on file in the office.

3. Name _____ Grade 2015-16 _____ SS# _____
Birth date _____ Place of Birth _____
Sacraments celebrated: Baptism date _____ Place _____ Church _____
Confirmation date _____ Place _____ Church _____
Eucharist date _____ Place _____ Church _____
Reconciliation: yes _____ no _____
Wear Glasses _____ Contacts _____ School last attended _____
Birth certificate and immunization records must be on file in the office

4. Name _____ Grade 2015-16 _____ SS# _____
Birth date _____ Place of Birth _____
Sacraments celebrated: Baptism date _____ Place _____ Church _____
Confirmation date _____ Place _____ Church _____
Eucharist date _____ Place _____ Church _____
Reconciliation: yes _____ no _____
Wear Glasses _____ Contacts _____ School last attended _____
Birth certificate and immunization records must be on file in the office