

ST. JOSEPH CATHOLIC SCHOOL

Serving the children of Tampa since 1896



DOCUMENTATION NEEDED for REGISTRATION 2010-2011

*****ORIGINAL FORMS NEEDED FOR EACH NEW STUDENT:**

- **Physical (original only / your doctor's office will provide Florida State yellow form)**
- **Immunizations (original, only / your doctor's office will provide original blue form)**
- **Re-registering students should bring any UPDATES.**

THE FOLLOWING FOR EACH NEW STUDENT:

*****(please.....BRING ORIGINALS for the school office to copy)**

Birth Certificate
Baptismal Certificate

(revised:1/26/2010)

**PARENT AGREEMENT FOR REGISTRATION
2010 / 2011**

1. FEES:

Registration:

Family with 1 Child.....\$200.00 *** **please note** registration fee is **non-refundable** and
Family with more than 1 child.....\$300.00 **must be paid** with submission of contract at registration.

For registration to be complete, the following must be paid: (all fees must be paid by automatic withdrawal):

Book Fee.....\$200.00 per child (due upon acceptance or **May 1, 2010** / to confirm attendance)
Technology Fee....\$100.00 per child (**due June 1, 2010**)
PTC Dues.....\$125.00 per family (**due July 1, 2010**)

*****All pages of registration packet must be turned in at the same time of registration for the process to be considered complete for 2010/2011.**

2. TUITION: *ALL TUITION MUST BE PAID BY AUTOMATIC WITHDRAWAL ONLY (parishioners may also sign up for ACH withdrawals of weekly Church offerings)**

Monthly and Yearly Tuition for students from EC/3 through grade 8 (starting July 15, 2010 and ending April 15, 2011) will be as follows:

Plan 1:

<u>Parishioner Rate *** (see note)</u>		<u>Non-Parishioner Rate</u>	
1 child	\$ 451.00 (yearly=\$ 4,510.00)	1 child	\$ 546.00 (yearly=\$ 5,460.00)
2 children	\$ 735.50 (yearly=\$ 7,355.00)	2 children	\$1,081.50 (yearly=\$10,815.00)
3 children	\$ 865.00 (yearly=\$ 8,650.00)	3 children	\$1,589.50 (yearly=\$15,900.00)
4 children	\$1,060.00 (yearly=\$10,600.00)	4 children	\$2,668.00 (yearly=\$21,145.00)

****Very Important Note: To be considered for Parishioner rate:**
A family must be registered at St. Joseph Parish and be a participating member of the Parish for a minimum of three (3) months **before** they can receive the parishioner rate. Once this has been done, your child's tuition rate will be adjusted. Participating membership requires that the family must attend St. Joseph Church and use numbered envelopes with a minimum contribution of \$15.00 weekly. At least one parent must be Catholic.

****Any "parishioner" who is remiss in their parish contribution for four (4) consecutive weeks will be reassigned the Non-Parishioner Tuition Rate.**

Plan 2: Full payment of tuition to the school by Aug.1, 2010 (**\$100.00 discount if paid by this date**).

Plan 3: Two payment option (**paid directly to the school**) will be as follows: **50% of whole tuition on or by Aug. 1, 2010 and 50% due on December 1, 2010.** (**\$50.00 discount count each payment**)

3. FUND RAISERS: In addition to PTC Dues, which is paid July 1, 2010, **each family must raise a minimum of \$250.00 for fundraising activities of the school as follows:**

MANDATORY FUND-RAISING OBLIGATIONS

Carnival (Raffle and Ride tickets)	= \$125.00
Spring Sweepstakes	= \$ 50.00
Spring Fundraiser	= \$ 50.00
Miscellaneous Fund Raisers	= \$ 25.00

[Any family not wish in to participate in fundraising, may pay an additional \$300.00 in lieu of this]**

4. **SERVICE HOURS:** All “Twenty (20) Service Hours” are mandatory. **Each family** will contribute service hours as described below (the amount of “Service Hours” will be ten (10) for single parent families)...******Ten (10) service hours must be worked during the Carnival. If these hours are not completed at the Carnival, a fee of \$20.00 per hour will be assessed. This fee must be paid before a student can register for the next school year.**

*A parent/guardian can choose to pay for service hours instead of working the hours in the different school events (see chart below for suggested events)...**however, these hours must be paid no later than December, 2010.**

Service hours will be credited as they are completed.

EXAMPLES OF POSSIBLE ADDITIONAL SERVICE HOURS...

EVENT	EVENT
Cafeteria lunch time help	Career Week (speaking to the class)
Chair a PTC Committee	Classroom activity (craft or reading to a class in the lower grades)
Yard Work around school grounds	Painting/carpentry/electrical/plumbing work (handyman chores)
Attendance to Report Card Night	Donations valued at \$20.00 (pre-approved office/classrooms supplies)

***Parents will need to check their child’s weekly folder for additional opportunities that will take place during the year,** for instance: Christmas Pageant set-up and cleanup; playground supervision, donation of items such as refreshments for events, or desserts for bake sales.

*****NOTE:** Those families that wish to complete service hours for another family to whom they have an immediate relation (such as aunt/uncle, grandparent, brother/sister (over 18 years of age))...**must complete their own service hours or service hour payments before working hours for relatives.** (This arrangement will only be allowed with prior approval by the Principal and with documentation by the school office).

*****All volunteers must** undergo a Level II background screening; Safe Environment Training, Harassment Training and fingerprinting **before they can do service hours during the hours of 8:00 a.m. and 3:00 p.m.**

*****Volunteers are** any parents, grandparents, aunts, uncles, cousins, friends, co-workers, neighbors or any person designated by a parent/guardian to participate in the different events).

Please note that field trips do not count as service hours!

Guidelines for persons who can assist in completing service hours****

1. Mother and father working service hours are credited separately.
2. Grandparents, aunts & uncles, brothers & sisters [18 years of age or older] may work service hours.

5. **IMMUNIZATIONS:**

******Children will not be able to attend school until all health requirements and immunization files are current.**

6. **AGREEMENT PERIOD:** This agreement is valid for the 2010/2011 Academic School Year.

TUITION POLICY

Parents have an obligation to make tuition payments on time and with accuracy, avoiding over-draws on bank accounts. A late fee will be added to the parents' account if the payments are not made by the due date of each month.

Delinquent Tuition

- After one month of outstanding tuition, parent/guardian will receive a written notice and a request that they contact the school immediately.
- After two months of non-payment, educational services will be discontinued. (School will send a letter with the date of termination of services for nonpayment of tuition).

The parent/guardian has until the date of termination of services to pay the delinquent tuition. There will be one week of grace period after termination of services given to pay the tuition and have the student(s) reinstated.

The present economic reality in our country is such that many people are falling upon difficult times. It is part of our mission as Catholic educators to assist you in having our child(ren) continue attending our school. Should you be experiencing financial difficulties, ***PLEASE*** speak with our Pastor.

SIGNATURE:

I have read and understood the School Agreement and Tuition Policy. My signature attests that I hold myself responsible for all the above requirements for the **2010-2011** school year.

Please print name of oldest child in school	Grade	Please print name of parent/guardian
Date	Signature of parent/guardian	

***** PLEASE SIGN AND RETURN ALL PAGES OF YOUR CHILD(REN)'S
REGISTRATION PAPERS**

Additional School Students

	Gr.
	Gr.
	Gr.
	Gr.

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FAMILY REGISTRATION

2010/2011

ACCT. # _____

Student Name (oldest or only):

Grade: _____ Date of Birth: _____

Sex: _____ Religion: _____

S. S. #: _____ Nationality: _____

Student lives with:

Important: To be considered for parishioner rates: a family must register at and attend St. Joseph Church; use numbered envelopes and contribute on a weekly basis the required weekly contribution of \$15.00. Any "parishioner" who is remiss in their parish contribution for four (4) consecutive weeks will be reassigned the Non-Parishioner Tuition Rate.

Parishioner Envelope #: _____

Non-Parishioner

Name of other parish: _____

METHOD OF PAYMENT (PLEASE CHECK BELOW)

- Plan 1 – Automatic Withdrawal (10 monthly payments)**
- Plan 2 – Full Payment**
- Plan 3 – Two Payments**

Name of parent/guardian responsible for student account:

_____ (please print)

Driver's License

#: _____

Home Phone #: _____

Cell/Pager #:

Work/Other Phone #: _____

(signature of parent/guardian responsible for account)

***** PLEASE PRINT ALL NAMES AND INFORMATION BELOW *****

ADDITIONAL STUDENTS { Brothers & Sisters } :

[Please add the names and information for each additional student]

Name of Student (please print)	Grade	Date of Birth	Sex	Soc. Security #	Religion	Race
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

PLEASE PRINT ALL INFORMATION

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____

Home Phone #: _____

Cell/Pager/Other Phone #: _____

Occupation: _____

Work Phone #: _____

Religion: _____ Nationality: _____

E-mail Address: _____

Driver's License #: _____

Automobile Type: _____

Automobile Tag #: _____

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____

Home Phone #: _____

Cell/Pager/Other Phone #: _____

Occupation: _____

Work Phone #: _____

Religion: _____ Nationality: _____

E-mail Address: _____

Driver's License #: _____

Automobile Type: _____

Automobile Tag #: _____

OFFICE USE ONLY

	AMOUNT	CHECK # / CASH	COMMENTS
REGISTRATION	\$		
BOOKS	\$		
TECHNOLOGY	\$		
OTHER (fund raisers, or additional payment, etc.)			

FOR OFFICE USE ONLY:

Service Hours Status:

Married.....**OR**..... Single

If your status changes at any time of the year, you will be considered the status you indicated on this form at registration time.

FOR OFFICE USE ONLY:

Oldest # of siblings at SJS: _____

Catholic Non Catholic _____

Ethnic group: White B A I MR

FOR OFFICE USE ONLY:

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**DIOCESAN CENSUS INFORMATION
2010-2011**

Please fill in the following:

NAME OF FATHER: _____

Catholic Non-Catholic

NAME OF MOTHER: _____

Catholic Non-Catholic

Names of Children:

_____	<input type="checkbox"/> Catholic	<input type="checkbox"/> Non-Catholic
_____	<input type="checkbox"/> Catholic	<input type="checkbox"/> Non-Catholic
_____	<input type="checkbox"/> Catholic	<input type="checkbox"/> Non-Catholic
_____	<input type="checkbox"/> Catholic	<input type="checkbox"/> Non-Catholic
_____	<input type="checkbox"/> Catholic	<input type="checkbox"/> Non-Catholic
_____	<input type="checkbox"/> Catholic	<input type="checkbox"/> Non-Catholic
_____	<input type="checkbox"/> Catholic	<input type="checkbox"/> Non-Catholic

Are you a registered member of St. Joseph Parish? Yes No

If not, indicate the Parish you belong to:

Do your children need to receive the Sacraments?

Name of child: _____ Gr. ____

Sacrament: _____

Name of child: _____ Gr. ____

Sacrament: _____

Respond only if your child is in 3rd Grade or older:

First Penance Name: _____ Gr. ____

First Communion Name: _____ Gr. ____

Race: Black Hispanic Asian
 White Native American Other _____

Marital Status: Married Separated Divorced Single Remarried

(Please Print Name of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

Thank you for your cooperation in completing this form.

(revised 1/1/25/10)



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2200 N. Gomez Ave. • Tampa, FL 33607 • (813) 879-7720 • Fax (813) 873-0804

ACH WITHDRAWAL FOR 2010/2011

Dear Parent/Guardian:

In order to insure a safe and reliable way of paying for your child/ren(s) tuition and other school fees, please read and sign the following statement as well as provide the information requested below:

*I authorize St. Joseph Catholic School to debit my account for the following:
(Please initial on line to authorize).*

_____ Tuition Payments	_____ Book Fee	_____ PTC Fee
_____ Registration Fee	_____ Technology Fee	_____ Lunch Fees

I also authorize St. Joseph Catholic School to credit my account for any correction that may need to be made in case of an error.

I understand it is my responsibility to immediately notify the school (in writing) with any changes I make in regards to my bank account. I have provided the school with accurate savings/checking account information to ensure that there is no delay in processing my tuition payment.

Please complete the information below:

Name of Parent/Guardian: (print name) _____

Name of Bank: _____

(circle one of the following): savings account.....**or**.....checking account

Account Number: _____

Routing Number: _____

Circle the day for automatic withdrawal to be made: 15th ...**or**... 30th of the month

Parishioner number or school account number: _____

Date: _____ Parent/Guardian Signature: _____

<p><u>Office Use only:</u> ADDITIONAL AUTHORIZED PAYMENTS MUST BE WRITTEN IN BELOW AND INITIALED.</p> <p><u>Comments:</u></p> <p>_____</p> <p>_____</p> <p>_____</p>
