ENROLLMENT AND REGISTRATION PACKET

SCHOOL YEAR 2021-2022

Christ the Teacher
CATHOLIC SCHOOL

5508 W. Chestnut Avenue, Yakima, WA 98908

www.ctcsyakima.org

Phone:509-575-5604

Fax:509-575-5605

School Year Office Hours: 7:30 AM – 4:00 PM M-F

School Hours: M 8:00 AM – 2:00 PM; T-F 8:00 AM – 3:00 PM

Christ the Teacher School Promissory Note 2021-2022

Kindergarten - 8th Grade

5508 West Chestnut Avenue Yakima, WA 98908
P:509-575-5604 www.ctcsyakima.org

Full Family/Guardian Name & Address | **Student's Name(s)** | **Grade & Date of Birth**

Name:_____ _____

Address:_____ _____

Cell Phone: _____ _____

Email:_____ _____

For academic services provided to my child(ren) by Christ the Teacher School. I ***agree to pay*** *as follows:*

Registration Fees

$100.00 per K-8th grade family (non-refundable)
$200.00 per child for iPad and Consumable Fee (non-refundable)

All fees must accompany registration to secure your child's space

Office use only
___ Cash
___ CC
___ Check

Tuition

Full Cost Tuition (no fundraiser hours required)

One Child	$8,900	$_____
Two Children	$16,000	$_____
Three Children	$22,200	$_____
Additional Children	$0 per child	$_____

Office use only

Tuition with Fundraising Hours

One Child	$ 7,000.00	$_____
Two Children	$12,200.00	$_____
Three Children	$16,500.00	$_____
Additional Children	$0 per child	$_____

Office use only

Payment Options

_____10 Month Payment Plan (September-June)

_____12 Month Payment Plan (July-June)

_____One Time Payment with 5% Discount (due June 28, 2021 for returning families/new families payment due at time of registration)

Financial Assistance

Tuition Assistance

We believe that an exemplary education and respectable moral environment should be available to all children regardless of the ability to pay. If you are interested in need based financial assistance, we encourage you to fill out an application on our school website at www.ctcsyakima.org or use the below web address:
https://online.factsmgt.com/signin/4CH2K or contact Karen Johnson at 509-966-0830

	Tuition	Pay in Full 5% Discount	10 Month Payment Plan	12 Month Payment Plan
1 Child	$7,000.00	$6,650.00	$700.00/month	$584.00/month
2 Children	$12,200.00	$11,590.00	$1,220.00/month	$1,017.00/month
3+ Children	$16,500.00	$15,675.00	$1,650.00/month	$1,375.00/month

Fundraiser Requirements	**TUITION WITH FUNDRAISING HOURS REQUIREMENTS** ***K-8 Family Requirements:*** **20 Volunteer hours in addition to shift requirements — Hours required** **Three (3) Shifts at the Elephant Ear Booth — $300/shift or $900 total** **One (1) Shift at Mardi Gras or $300 contribution. — $300** **Sell at least six*(6)* books of 365 Day Raffle Ticket — $300** ***If one or all of these requirements are uncompleted, families will be billed and payment will be due for failing to complete requirements. Values attached represent billable monetary value for each requirement.**
Parent Pledge	The cost to educate a student at CTCS is much higher than the reflected tuition. As such, we are asking all parents to help us "bridge the gap" by investing in our Parent Pledge Program. The tax deductible gift **reflects the value** you place on our child's Catholic Education, as well as the amount that is **commensurate with your ability to pay**. (please initial your selection). Pledges will be added to your tuition account and billed per selected payment plan. ___ I/We have selected to pay—**FULL COST TUITION**. We acknowledge that $1,900 of that amount is a tax-deductible gift. ___ I/We pledge: ___$2,000 ___$1,500 ___$1,000 ___$750 ___$500 ___$250 Other$___ Pledge can be paid in a lump sum, or made in monthly payments. The pledge is made to assist and enhance school operations during my child's time at CTCS. I understand pledge payments are tax-deductible by law. _____Parent Name (please print) _____ Parent Signature _____Date

ACKNOWLEDGEMENTS

_____ (initials) I (we) will read and agree to abide by all policies of the 2021-2022 Parent/Student Handbook

_____ (initials) I (we) acknowledge that all transcripts, grades, etc. will not be released until all financial obligations under this tuition contract have been satisfied, including transfers to another school.

_____ (initials) I (we) understand that failure to complete all school/fundraising commitments by May 31, 2022 will result in additional fees.

_____ (initials) I (we) understand that tuition may rise annually to cover increased operating expenses, however that will be carefully assessed each year before rates are approved.

I understand that I have a moral and legal obligation to fulfill my responsibilities under this promissory note. I further understand that failure to sign up and/or complete required Elephant Ear Booth or Mardi Gras shifts as stated above, will result in appropriate billing as spelled out in the fundraiser section. I understand that failure to comply with the elected payment schedule, failure to complete or schedule my volunteer hours by **May 31, 2021** may result in...

a) Withholding of school records and/or report cards.
b) Enforcement of delinquency policy, plus interest on past due amount charged.
c) Loss of eligibility for re-registering at levels less than full cost.
d) The institution of legal proceedings.
e) CTCS has the right to terminate this agreement at any time
f) Further clarification see Parent/Student Handbook.

_____ _____ _____

Signature of Parent/Guardian Signature of Parent/Guardian Date

"Catholic education aims not only to communicate facts, but also to transmit a coherent, comprehensive vision of life, in the conviction that the truths contained in that vision liberate students in the most profound meaning of human freedom." St. Pope John Paul II

Christ the Teacher Catholic School Enrollment

2021-2022

Tradition of Quality Education

Name:_____

Date of Enrollment:_____

Date of Termination:_____

Student Information:

First Name:_____ M.I._____

Last Name:_____ Birthdate:_____

Mailing Address:_____

Physical Address:_____

City/State:_____ Zip:_____

Grade Entering:_____ M/F:_____ Nickname:_____

Ethnicity: Caucasian Hispanic/Latino Native American or Native Alaskan Asian Pacific Islander Black Two or more races

Religion:_____ Church Attending:_____

School Attended Prior:_____

Family Information:

Father's Name (First, M.I., Last):_____

Address:_____

Occupation and Employer:_____

Work#:_____ Cell#:_____

Email Address:_____

Mother's Name (First, M.I., Last): _____

Address:_____

Occupation and Employer:_____

Work#:_____ Cell#:_____

Email Address:_____

Emergency Contact and Person(s) allowed to pick up from school/base:

1._____ Phone#:_____

Address::_____ Relationship:_____

2._____ Phone#:_____

Address:_____ Relationship:_____

3. _____ Relationship:_____

Address:_____ Phone:_____

4._____ Relationship:_____

Address:_____ Phone: _____

Parent Signature: _____ Date: _____

Christ the Teacher Catholic School Enrollment

2021-2022

Tradition of Quality Education

Person(s) NOT ALLOWED to have access to my child:

1._____ Relationship:_____

2. _____ Relationship:_____

****If a restraining order is in effect, court documentation is required****

_____

Sacraments:

Baptism Date:_____ Performed by:_____

Church & City:_____

Reconciliation Date:_____ Performed by:_____

Church & City:_____

First Communion Date:_____ Performed by:_____

Church & City:_____

Medical Information

I hereby, give permission that my child may be given emergency treatment (First Aid, CPR) by a qualified staff member at Christ the Teacher Catholic School:

Parent Signature:_____

I give permission in a medical emergency, including emergency surgery, if I cannot be reached, for treatment by the Doctor named below, or the emergency room at_____ ____hospital.

Parent Signature:_____

Doctor/Clinic Name:_____Phone_____

Dentist/ Clinic Name:_____Phone_____

Date of students last physical:_____

List ALL medical problems:_____

_____

List ALL restricted activities &/ or health concerns:_____

List ALL daily medication/ dosing needed during school: _____

_____

Parent Signature: _____ Date: _____

Name:_____

Date of Enrollment:_____

Date of Termina-

Christ the Teacher Catholic School Enrollment

2021-2022

Tradition of Quality Education

Allergies:

Drug /Food/Bee Stings/Other:_____

-List Reactions:_____

-List Medications:_____

List any important medical information we need to be aware of:_____

_____

_____

Has Epi-Pen been prescribed (Y/N):_____

Asthma: Please indicate which level applies to your students.

____ Severe: In addition to daily oral medications, my child is using a nebulizer &/or inhaler daily.

-List medications:

____ Moderate: Required daily medication to control condition, will need inhaler occasionally.

-List medications:

____ Mild: Requiring medication occasionally, such as flare-up from a cold &/or seasonal allergies.

-List medications:

Diabetes:

____ Type 1: Insulin Dependent

____ Type 2: Control w/ diet

-Insulin required/Self administered (Y/N) _____

-Oral Medication (Hypoglycemic) (Y/N) _____

Heart Condition:_____

Blood Conditions:_____

Digestive Disorders:_____

Hearing Loss:_____

Neurological Disorder (C.P., Hydrocephalus):_____

Orthopedic Problems (Arthritis, MS):_____

Respiratory Conditions:_____

Seizures (Epilepsy):_____

Other Condition:_____

Medication for listed condition(s):_____

Parent Signature: _____ Date: _____

Name:_____

Date of Enrollment:_____

Date of Termination:_____

Christ the Teacher
CATHOLIC SCHOOL

Permissions

2021-2022

_____ I give permission for my child(ren) to be photographed (including still photos, digital photos, and video recordings) during school activities and /or functions. I understand that these photographs may be used in publications for Christ the Teacher Catholic School, Monsignor Ecker Foundation, Diocese of Yakima and/or local television stations.

_____I give permission for my child(ren) to use computers in the classroom and to access the internet. I understand that my child must follow the rules set by Christ the Teacher Catholic School Administration.

_____I give permission to Christ the Teacher Catholic School to add my contact information to the school directory.

_____ _____

Parent Signature Date

Authorization to Administer Medication at School

Please note: This form must be completed and signed by the parent/guardian **and** the student's Licensed Healthcare Provider, with prescriptive authority. This form is for both **prescription** and **nonprescription** medication. Complete a separate form for **each** medication. All medication must be transported to and from the school by a responsible adult

PARENT/GUARDIAN REQUEST

STUDENT NAME _____ SCHOOL _____

I certify that I am the parent, legal guardian, or other person in legal control of the above identified student and request and authorize the school to dispense medication to the above identified student in accordance with the prescription or LHP's instructions for the period commencing: START DATE _____ TERMINATION DATE _____ or END of SCHOOL YEAR including summer school activities: Yes_____ No_____

In the event of half day school schedule, I want my child to take his/her medication at school Yes_____ No _____

_____ _____

Date Parent/guardian Signature

_____ _____

Home Phone Work Phone

LICENSED HEALTHCARE PROVIDER REQUEST

MEDICATION (Name, Dosage) _____

ADMINISTRATION SCHEDULE _____

REASON FOR MEDICATION _____

FURTHER INSTRUCTIONS (possible reactions, etc.). This section <u>must be completed</u> if medication is to be dispensed *for more than 15 days* _____

_____

I request and authorize that the above named student be administered the above certified medication in accordance with the instructions indicated above for the period commencing: START DATE_____ TERMINATION DATE _____ or END of SCHOOL YEAR including summer school activities Yes_____ No_____ as there exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials.

_____ _____

Date Licensed Healthcare Provider Signature

Office Phone Name (please print)