



NEW STUDENT ENROLLMENT CHECKLIST

THE FOLLOWING ITEMS ARE REQUIRED FOR ENROLLMENT

- **Registration form**
- **Non-refundable registration fee**
- **Form A – one per student**
- **Financial contract**
- **Student Pickup Information sheet – one per family**
- **Release to Participate – PRESCHOOL ONLY**
- **Preschool Emergency Sheet – PRESCHOOL ONLY**
- **Copy of birth certificate**
- **Copy of baptismal certificate (Catholic students)**
- **KY Physical**
- **KY Eye exam**
- **KY Dental screening/exam**
- **KY Immunization certificate**

Make sure to check with your child's healthcare provider concerning any new immunization requirements.

The registration fee can be paid in two installments. The first half is due when the registration packet is returned to school. **Early Bird registration must be paid in full by April 18.**

In order to be guaranteed placement, deposit and forms **MUST BE RECEIVED BY MARCH 4** *for current families*. Open registration begins March 7.

All incoming preschool and kindergarten students will need to attend a readiness screening. This will be scheduled with the school office.



**ST. JOSEPH INTERPAROCHIAL SCHOOL
REGISTRATION FORM – NEW STUDENTS
K – 8th GRADES**

The information requested is necessary for school files.

STUDENT NAME _____ Grade _____
 Last _____ First _____ Middle _____ Preferred _____
 Address _____ City _____ Zip _____ Phone _____
 Birthdate _____ Social Sec # _____ Male _____ Female _____

Ethnicity Caucasian African American Hispanic Multi Racial Asian/Pac Islander American Indian
 (Circle one)

Parish where family is registered: Holy Spirit _____ St. Joseph _____ Other _____
 Non-Catholic families: Church you attend _____

Baptism Date _____ Church _____ **First Communion** Date _____ Church _____

FATHER		MOTHER	
Name _____	Name _____	Name _____	Name _____
Address _____	Address _____	Address _____	Address _____
City _____ State/Zip _____	City _____ State/Zip _____	City _____ State/Zip _____	City _____ State/Zip _____
Home _____ Cell _____	Home _____ Cell _____	Home _____ Cell _____	Home _____ Cell _____
Email _____	Email _____	Email _____	Email _____
Marital Status _____ Religion _____	Marital Status _____ Religion _____	Marital Status _____ Religion _____	Marital Status _____ Religion _____

Student Lives with: Mother & Father Mother Father Legal Guardian Stepmother Stepfather

If parents are separated or divorced, who has legal custody of the student? Name: _____
 Address _____ Phone: _____

Public school district you currently reside in _____
 Name of public school in your district _____

****Please list any siblings living at home****

Name	Birthdate	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(over)

**ST. JOSEPH INTERPAROCHIAL SCHOOL
REGISTRATION FORM – NEW STUDENTS
K – 8th GRADES**

The information requested is necessary for school files.

Does your child currently have a student accommodation/strategy plan or diagnosed disability? Please explain and provide a copy of the plan. Also, if your child is currently in the process of being referred or is being assessed for any reason, please specify. Failure to disclose pertinent information may result in the loss of a spot in the school.

Does your child have a diagnosed medical condition that may affect learning? Please provide the school with an updated physician's report.

Is your child repeating the proposed grade? _____

Please list any special services (i.e. Speech, Tutoring, etc.) your child has received in the past or is currently receiving.

Last School Student Attended _____ Grade _____
Street Address _____ Phone _____
City/State/Zip _____

I grant permission to the previous school to release any test information, school records, health records, or any pertinent information concerning my child.

Parent Signature _____ Date _____

FOR OFFICE USE ONLY:

BIRTH CERTIFICATE _____	BAPTISMAL CERTIFICATE _____	IMMUNIZATION _____
PHYSICAL _____	EYE EXAM _____	DENTAL EXAM _____
HANDBOOK _____	STUDENT PICK-UP _____	FORM C _____
ACKNOWLEDGEMENT _____	INFORMATION _____	REGISTRATION FEE _____
FAMILY DATA CARD _____	FINANCIAL CONTRACT _____	

Name/Address of Diocesan Institution Sponsoring Program/Activity ST JOSEPH SCHOOL
ROMAN CATHOLIC DIOCESE OF OWENSBORO, 600 Locust St., Owensboro, KY 42301

EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR YOUTH

(Parent /legal guardian completes form and is responsible for the information being current. Original form is kept on file at parish/school; a copy must be readily available for all overnight or off-site events.)

Youth Participant's Name _____ Prefers to be called: _____

Male Female Birthdate ___/___/___ School & Grade: _____

Address _____ Phone _____

Father's OR Legal Guardian's Name _____

Home Address (street, city, zip) _____

Home Phone _____ Work/Cell Phone _____ Email _____

Preferred Means of Communication: Phone Call Text Email

Mother's OR Legal Guardian's Name _____

Home Address (street, city, zip) _____

Home Phone _____ Work/Cell Phone _____ Email _____

Preferred Means of Communication: Phone Call Text Email

In an emergency, please notify (Name/Phone #): _____

If above individual cannot be reached, please notify (Name/Phone #): _____

Is anyone designated as the primary or sole custodial parent by court order or decree? NAME _____

Name anyone who is restrained from picking up the child. _____

HEALTH HISTORY:

Child's Physician: _____

Any pre-existing or present medical conditions, disabilities, physical handicaps, or major illnesses: _____

Name of any medications and concise directions, including dosage and frequency of dosage: _____

If my child is in pain and if deemed advisable by a supervisory adult, I grant permission for the following non-prescription medication to be given: Acetaminophen Yes No

Ibuprofen Yes No

Any allergies (food, latex, animals, etc?) Yes No

Allergic to any medications? Yes No

If yes, please list and describe: _____

Does child carry EpiPen? Yes No If yes, where is it located? _____

Date of last tetanus shot _____ Contact lenses? Yes No

Any swimming restrictions: Yes No What? _____

Any activity restrictions? Yes No What? _____

(OVER)

Form A: Emergency Medical Release and Health Information for Youth (Rev. 2/2019)

Consent for Emergency Care

I/We, the undersigned parent(s)/guardian of _____ do hereby request and give permission for the provision of necessary medical treatment for the above-named child. I/we understand that supervisory personnel will immediately seek to reach the above-named child's contact(s) in case of a medical emergency. If any injury/incident does occur during this event that requires transportation to a hospital or doctor, I/we give permission for a representative of the parish/school/etc. to secure necessary medical attention. I/we further authorize any duly qualified physician, dentist, or hospital to render such aid or treatment that may be necessary and understand that I/we assume responsibility for the cost of any such treatment. I/we authorize the release of pertinent medical information to supervisory personnel.

*** Please understand that, depending upon the seriousness of the situation, your child may be transported to the nearest hospital.**

Parent/Guardian Signature: _____ Date: _____

Witness to Signature (Age 21 or older): _____ Date: _____

Health Insurance Company (that covers above-named child): _____

Insurance Policy #: _____ Group #: _____

Name of Policy Holder: _____ Date of Birth of Policy Holder: _____

Policy Holder's Place of Work: _____

PERMISSION FORM & LIABILITY RELEASE

PURPOSE: This Permission Form/Liability Release is intended to cover all diocesan-, deanery-, parish-, and Catholic school-sponsored activities for anyone under the age of eighteen (18). Catholic schools and/or programs have the right to require parent/guardian to give permission for students/participants eighteen (18) years of age or older.

I/We, the parent(s) and/or legal guardian(s) of _____ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and St Joseph School (name of organization) I/We release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/ herself or others in dangerous situations.

Parent/guardian Signature _____ Date _____

Adult witness to Signature _____ Date _____

Received by _____ Date _____

(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

NOTE TO PARENT/GUARDIAN: You are responsible for the accuracy of all information on this form. Please notify the appropriate leader of any changes (e.g. insurance policy changes, changes in medical condition or medicines, court orders, etc.).



ST. JOSEPH INTERPAROCHIAL SCHOOL
FINANCIAL CONTRACT
 2022-2023 Academic Year

Family Name	_____	
Student Name	_____	Grade _____
Student Name	_____	Grade _____
Student Name	_____	Grade _____
Student Name	_____	Grade _____

Preschool Program

_____ 3 day program (8am-1pm, Mon, Wed, Fri)	_____ Extended Care (1-3pm daily, M,W,F) 130/mo
_____ 5 day program (8am-1pm, Mon – Fri)	_____ Extended Care (1-3pm daily, M-F) \$175/mo

Tuition Payment Plan I choose to pay tuition according to the following plan:

_____ Payment in full by August 19	_____ Two payments, due Aug 19 and January 10
_____ 10-month plan (Aug – May)	_____ 12-month plan (June-May) FIRST PMT DUE JUNE 1

_____ I would like to use Electronic Transfer of Funds to St. Joseph School

_____ I understand a \$15 late fee will be assessed for payments received after the 10th of the month.

*****PLEASE NOTE – MONTHLY STATEMENTS ARE NOT SENT HOME*****

SCRIP Program As a condition of registration, each family agrees to generate at least \$130 in profit through the SCRIP program during the school year, or pay the \$130 fee. **More information can be found on the school website.*

School-Aged Childcare (SACC): SACC operates from 3:00-5:30 every school day except the first and last day of school, at a cost of \$15.00 per child. Families have an option of paying this cost monthly if they know they will use the program on a daily basis.

_____ I will pay the monthly cost of \$175 with my tuition. (This is a savings of over \$100 if you plan to use the program daily.)

_____ I will use SACC on a drop-in basis and will pay the daily rate of \$15.00 per child at the end of each month.

Registration Fee This fee can be paid in two installments. The first half is due when the registration packet is returned to school. **In order to be guaranteed placement, deposit and forms MUST BE RECEIVED BY MARCH 4 for current families. Registration must be paid in full by April 18. Early Bird rates are only effective until April 18. Spaces are filled according to the date the forms and deposit are received in the SJS office.**

*** Registration will not be processed and students will not be placed into classrooms until full registration fee and instructional fees are paid.***

I have read and understand my financial obligations as stated above.

Signature: _____ **Date:** _____

**Preschool / SACC
Student Pickup Information**

****** This form is REQUIRED for EACH family ******

Child(ren)

Preferred Hospital

The following people have my permission to pick up my child(ren) from St. Joseph School. *Other than parents. MUST SHOW IDENTIFICATION.

Name	Phone Number

Parent Signature Phone Number Date

I understand that, should transportation arrangements change, it is my responsibility to remove and add names from this list as necessary. I also understand that **under no circumstances** will my child be released to anyone who is not on this list. However, should special circumstances arise, my child may be temporarily released to persons not on the list, provided that a signed letter is sent to school giving permission.
****PARENTS** As a safety precaution, please let drivers know that *we will check I.D.'s* until we are familiar with them.

Parent/Guardian Signature Date

**Diocese of Owensboro Catholic Schools 20__-20__ Permission Form:
Trips for School Activities of One School Day or Less**

School Name: ST JOSEPH SCHOOL

Dear Parent or Legal Guardian:

The school sponsors activities throughout the year that will require transportation to a location away from school grounds.

Your child(ren) is/are invited to participate in school-sponsored activities throughout the year that will require transportation to a location away from school grounds. These activities will always be under the guidance and supervision of school employees. If a bus is required there will always be a certified driver. Each time that a trip is planned, **you will receive written notification at least three school days before the planned trip** informing you of the following: Destination, Planned Activities, Supervisor of the Event, Date and Time for departure and return to school, and Cost (if any).

We are requesting that parents/guardians sign this permission form **to allow their child(ren) to participate in all trips for school-related activities of one school day or less during the 20__-20__ school year.** However, if you prefer to extend written permission for each individual trip, please indicate that preference.

Liability Release I/We, the parent(s) and/or legal guardian(s) of the student(s) listed below, hereby request permission for them to participate in any and all of the activities of the **Diocese of Owensboro Catholic Schools**. I/We release from responsibility any person transporting my/our **child(ren)** to or from the activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

Please check the appropriate box:

I give permission for my **child(ren)** listed below to participate in ALL trips for school-related activities of one school day or less during the school year listed above.

I request notification at least three school days in advance of each trip for a school-related activity to provide permission for participation by my **child(ren)** and I understand that my **child(ren)** will not be permitted to participate unless the school receives my written permission.

X _____ Date (MM/DD/YYYY) ____/____/____
Parent/Guardian Signature

Student(s) Name(s): _____ Grade and/or Homeroom: _____

Student(s) Name(s): _____ Grade and/or Homeroom: _____

Student(s) Name(s): _____ Grade and/or Homeroom: _____

Student(s) Name(s): _____ Grade and/or Homeroom: _____

Student(s) Name(s): _____ Grade and/or Homeroom: _____

**ST. JOSEPH INTERPAROCHIAL SCHOOL
REFERRAL INCENTIVE PROGRAM**

The mission of the St. Joseph School Council in implementing the *Referral Incentive Program* was to make Catholic Education available to more children through the recruitment efforts of existing families. This program will continue with the following guidelines.

- The referring family's registration fee will be waived, as well as a \$1000 discount for tuition (\$500 in August and \$500 in January), on a **one student- to -one student ratio**. *The January discount is only given if the referred student is still enrolled at that time.*
- **The enrolling students must be in grades K-7, and this is the first time they have enrolled in our school.**
- The new family's registration fee will also be waived, as well as a \$500 discount on August tuition, **on a one student -to-one student ratio**.
- When the new family completes the enrollment process, they are asked to return this completed form along with their registration. Only one family can be named as the referring family.
- Cannot be combined with financial assistance for either referring and/or new family.
- For the *referring* family there is an enhanced referral discount of \$600 for tuition (\$300 for August and \$300 for January) for each child you refer *beyond* the one student-to-one student ratio.

These referral discounts are only available for the year in which the referral is made. You may refer as many families each year as you like.

For more information, contact Mr. Rodney Schwartz at the school office, 270-842-1235, or

Family Name for first time registrants _____

Names and grades of NEW student(s) registering (students must be transferring from a local school)

<u>Student Name</u>	<u>Grade level entering</u>	<u>Prior School</u>

Name of the current SJS family that referred you as a first-time registrant

FOR OFFICE USE ONLY: Date Received _____

St. Joseph School Calendar 2022-23 School Year

July 2022						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August 2022						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September 2022						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October 2022						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2022						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December 2022						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January 2023						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2023						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March 2023						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April 2023						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May 2023						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June 2023						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

- School Closed/ Holidays
- Teacher Work Day (no school for students)
- First and Last Day of School (half days)
- Preschool Last Day



ST. JOSEPH INTERPAROCHIAL SCHOOL

TUITION RATES 2022-2023

	Active Member Discounted Rates*	Full Tuition Rate
Preschool 3 Day	\$4050	\$5100
Preschool 5 Day	\$4750	\$6000
1st child K-8	\$5770	\$7575
2nd child K-8	\$5770	\$7575
3rd child K-8	\$3100	\$7575
4th child K-8	\$2220	\$7575

INSTRUCTIONAL FEES – PER STUDENT

PRESCHOOL \$50 KINDERGARTEN \$40 1ST – 8TH \$40

EARLY BIRD REGISTRATION FEE VALID THROUGH APRIL 18

1 st Child	\$200
2 nd Child	\$100
3 rd Child +	\$75 each

REGISTRATION FEE AFTER APRIL 18

1 st Child	\$275
2 nd Child	\$175
3 rd Child +	\$50 each

Active Member Discounted Rate Any school families that are practicing members of Holy Spirit or St. Joseph Catholic churches will be considered an “active member” of the parish and will receive a discounted tuition rate for the school year. **An active member is one who** * Worships with the faith community on a regular basis * Shares his/her talents with the faith community * Contributes financial support to the faith community * On record as a registered member in the parish office for *at least 1 calendar year*. ****Catholic families transferring to Bowling Green** must provide a “Letter of Good Standing” from the parish in which they were registered prior to the move, and register at either Holy Spirit or St. Joseph Parish, in order to receive Active Member Discounted Rates.

Financial Assistance Holy Spirit and St. Joseph parish families wishing to receive financial assistance are asked to complete an online application, through **Facts Management**. The report they submit to the school, based on a family’s financial information, is used as a guide in determining the amount of financial assistance a family will receive. There is a \$32.00 processing fee for online applicants. To file for financial assistance online the link can be found on the St. Joseph School website (Tuition/Financial Assistance Tab). **Deadline for applications is May 20. The information received is kept completely confidential. For more information, contact Mr. Schwartz, Fr. Randy Howard, or Fr. Ryan Harpole. Financial assistance is not available for preschool.**



One of our fundraisers is a program called Shop with Scrip. Each family is asked to earn \$130. 75% of what you earn after \$130 goes towards tuition or registration fees for next year. You can start earning money towards this goal on purchases you already make in a few easy steps.

- 1.) Go to myscripwallet.com or download the Raise Right app**
- 2.) Select create an account**
- 3.) Use our school enrollment code: LCD818A45993**
- 4.) Fill out your information**
- 5.) Start shopping!**

They have almost all your favorite stores and thousands more to choose from! We also carry some of the gift cards in our office. Some of the locals are Griffs (15%), Rafferty's (15%), El Maz (10%), Nats (8%).

The Scrip cycle runs from March 1st to February 28th. A bill will be sent home in March with how much you earned or how much you owe

The easy way to raise money



Create opportunities for what matters most to you—right from your phone. Buy gift cards from 750+ brands to earn on your daily purchases. It's simply the right way to fundraise.



Start earning with the RaiseRight™ mobile app today

1. Join the program

- First, download the RaiseRight mobile app from the app store using your smartphone or tablet.
- Then, enter the enrollment code to join: **LCD818A45993**

2. Buy gift cards and earn for your organization

- Browse bonuses, search for a specific brand, shop categories, and more.
- When you're ready to check out, sign up for secure online payments. You can link a bank account, add a credit card, or both.
- The brand gives back to your organization the moment you buy a gift card—at no extra cost to you.

3. Get and use your gift cards

- eGift cards are delivered to the app within minutes—view them in your Wallet.
- Physical gift cards are mailed to your coordinator. Many are reloadable so you can keep earning with the ones you have.
- Use both types in-store and online.

Have questions about getting started?

Call the ShopWithScrip Customer Support team at 1-800-727-4715 Option 3.

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Get the app
www.RaiseRight.com





Grant & Aid Assessment

FACTS makes quality education affordable for families by assisting schools in awarding financial aid. We work with schools to create a custom application and collect financial data so schools can make accurate award decisions based on financial need.

To apply for financial aid, visit <https://online.factsmgt.com/aid>

FIRST DAY TO APPLY IS FEBRUARY 13, 2022

LAST DAY TO APPLY IS MAY 20 2022

** PLEASE NOTE - ASSISTANCE DOES NOT APPLY TO PRESCHOOL

After completing the online application, you will need to upload all required supporting documentation.

The following supporting documents are required to complete the application process:

- **IRS Federal Income Tax Return**, including all supporting schedules (the year of the tax return depends on the tax requirements of your school). If applicant and co-applicant file separately, we require both tax returns for the same tax year.
- Copies of **all the current year W-2 Wage and Tax Statements** for both the applicant and co-applicant.
NOTE: If you are applying before you have received all the current year W-2 Wage and Tax Statements, please submit them as soon as they become available.
- Copies of all supporting tax documents if you have business income/loss from any of the following:
Business - send Schedule C or C-EZ and Form 4562 Depreciation and Amortization
Farm - send Schedule F and Form 4562 Depreciation and Amortization
Rental Property - send Schedule E (page 1)
S-Corporation - send Schedule E (page 2), Form 1120S (5 pages), Schedule K-1 and Form 8825
Partnership - send Schedule E (page 2), Form 1065 (5 pages), Schedule K-1 and Form 8825
Estates and Trusts - send Schedule E (page 2), Form 1041 and Schedule K-1

IMPORTANT: If you file a tax return but do not have W-2 wages because you are self-employed, you will be required to submit a copy of your current year Federal Form 1040 Tax Return.

- Copies of all supporting documentation for household Non-Taxable Income such as: Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF). If you do not file a tax return, you are required to provide documentation of all income received.

All documentation received is imaged upon receipt and then destroyed.

You may log in to your FACTS user account to review the status of your application. Please allow 2 weeks processing time before inquiring further about receipt and/or status of the uploaded documents. Application deadlines are set by the institution awarding the aid. If you are applying after the deadline, contact your school to ensure that your application will be accepted.

A non-refundable application fee may be required before your application will be submitted.

NOTE: Award decisions are made by the institution providing the financial aid, not FACTS.

SJS Summer Camp



Registration fee \$30 per child

Weekly rate:

Full day \$170

Half day \$100

MWF rate:

Full day \$130

Half day \$75

- * Begins the day after school lets out, ends the day before school starts
- * Full day (7:30-5:30) & half day (7:30-12:30) options, flexible pickup schedules
- * Five days a week or MWF option
- * Enroll for one week or all summer
- * NOT in session May 30 and July 4
- * Certified teachers to oversee the program
- * Lunch provided at no additional cost
- * Must be enrolled in SJS for the 2022-2023 school year
- * Student must be 3 years old and potty-trained by beginning of camp session attended
- * Current KY Immunization Certificate required

Contact Lisa Carter for more information or to register
lcarter@stjosephschoolbg.org

Registration begins February 28

Spaces will be limited - first come first served

Registration packets will be available beginning Feb 21