



Saint Rose of Lima Catholic School K-8 Registration

2018-2019

Registration Fee: \$100 per family (non-refundable) to accompany this form.
\$200 after February 28, 2018 for current families.

Please Check: New Family Were you referred by a current Saint Rose family?
 Returning Family Saint Rose Family Name _____

Child(ren)'s Parish & Religion _____

K-8 children to be registered:

Full Last Name	First	Middle	Gender	Birthdate	Grade in '18-19	Ethnicity	Baptismal Date & Church

Primary Address _____ Primary Phone _____
 Street _____
 City _____ State _____ Zip _____

Secondary Address _____ Primary Phone _____
 Street _____
 City _____ State _____ Zip _____
 (if applicable)

_____ Please publish only the Primary Address information in the school directory.

_____ Please publish both the Primary and Secondary Address information in the school directory.

Parent/Guardian's Information	Parent/Guardian's Information
Name (First & Last)	
Parish & Religion	
Profession	
Employer	
Business Phone	
Home Phone	
Cell Phone	

Child resides with: Both Parents Mother Mother & Stepfather
 Foster Parents Father Father & Stepmother
 Guardian Other _____

Family's Primary email: _____ Changed from last year?
___ Yes ___ No

Additional email addresses: _____ ___ Yes ___ No

_____ ___ Yes ___ No

Our school newsletter as well as many other flyers and publications are emailed to all parents' email addresses. If you prefer a hard copy, please check below.

_____ Yes, I prefer a hard copy.

--PLEASE READ AND COMPLETE BACK SIDE--

OFFICE USE ONLY	
Check #	_____
Amount \$	_____
Date	_____

Emergency Contact Information

In case of emergency, please contact (when parent cannot be reached):

Name _____ Phone (with area code) _____

Name _____ Phone (with area code) _____

Records and Transportation

Please **circle** your district number:

- 621 Mounds View
623 Roseville
625 St. Paul
Other _____

Busing needs: Bus transportation is available to most students within school district 623 boundaries. **To confirm busing is available to your home or daycare address, please call 651.635.1638.**

- _____ Both AM & PM busing
_____ AM busing only
_____ PM busing only
_____ No busing needed

AM from _____
home or daycare address

PM to _____
home or daycare address

If no busing is needed, please complete the following:

- _____ My child walks to school.
_____ My child will be transported by family or carpool.
_____ My child attends Power Play Education, Inc.

Image Release Permission

Occasionally, photos will be taken during school events. These photos may be used in our school newsletter, parish bulletin, school website, Facebook page, or promotional materials for our school. Please indicate your preference below.

_____ I grant permission for my child to be included in pictures and Facebook posts connected with Saint Rose.

_____ I do not grant permission for my child to be included in any pictures connected with Saint Rose.

Parent/Guardian Signature(s): _____



2018-2019 Tuition Agreement

We welcome you to Saint Rose of Lima Catholic School and thank you for entrusting your child(ren) to our care. The cost to educate a child at Saint Rose is approximately \$8,000. Tuition covers about 57% of each child's education; Saint Rose of Lima Church covers another 25% through its subsidy, and the balance is made up by utilizing parent volunteers and through fundraising. Thank you for your financial commitment to your child(ren)'s Catholic education here at Saint Rose.

First enrolled student	\$4,760	_____
Second enrolled student	\$4,285	_____
Each additional enrolled student	\$4,050	_____
Kindergarten	\$3,250	_____
Total Tuition		_____

Registration Fee

\$100 per family. After February 28, 2018, current families' registration fee will be \$200 per family. Due upon registration and non-refundable.

Technology Fee

\$100 per family. Due in full with first tuition payment.

\$100.00

Marathon for Non-Public Education

Individual student and family goals for the 2018-2019 school year are listed below. I am aware that the school expects each family to participate by raising the family goal, and furthermore, I agree to be responsible (billed, if necessary) for the amount below. If you would like to have this amount added to your family's TADS agreement, please contact the school office.

One child in family	\$250	
Two children in family	\$350	
Three children in family	\$450	
Four or more children in family	\$500	_____

Actual Cost of Education - Approximately \$8,000

We are fortunate enough to be able to pay the actual cost of education for our child(ren). I understand that the cost paid above tuition rates will be tax deductible.

Tuition Assistance Donation

I would like to make a donation to the Tuition Assistance Fund to help cover another child's tuition. I understand that this donation will be tax deductible.

Total Amount Due

--PLEASE READ AND COMPLETE BACK SIDE--

Tuition Payment Method - Please check one option:

- ___ **Prepayment:** Payment in full on or before July 1, 2018 (entitled to 1% discount).
- ___ **TADS:** Monthly payments (July-May) through TADS. Automatic deductions from checking or savings account. There is a \$45 enrollment fee payable to TADS for this service, which is not part of tuition or the registration fee. TADS enrollment must be made by June 1, 2018.
- ___ **Credit Card:** One time or monthly credit card payments through TADS that are billed to MasterCard, Visa, Discover, or American Express. There is a \$45 enrollment fee payable to TADS in June 2018 as well as an additional 3% convenience fee for this service. TADS enrollment must be made by June 1, 2018.

Application for Financial Aid

Preference is given to registered parishioners of Saint Rose, Corpus Christi, and Saint Cecelia’s parishes, but all families are welcome to apply.

___ I am applying for financial aid. I understand that in order to apply for any type of financial aid at Saint Rose of Lima Catholic School I must:

1. complete TADS forms online by **April 20, 2018**. I further understand that no consideration for financial assistance will be given to my child(ren) until this electronic form is submitted
2. not have a past due balance
3. complete a Free and Reduced Lunch Application when it is available from the district

All financial aid will be determined in May. Therefore, it is very important to adhere to the submission date above. **Application must be done online. The link to the application can be found on the school website at www.mysaintrose.net.**

Payment Policies

If payment cannot be made when due or as agreed, it is the responsibility of the family to contact Saint Rose to make other arrangements according to a written payment plan. Failing that, Saint Rose will attempt to set up a written plan. If any tuition is outstanding at the end of the school year and there is no written payment plan, the unpaid balance will be turned over to a collection agency.

In consideration for the educational services provided to my child(ren) by Saint Rose of Lima Catholic School, I agree to pay the total tuition and fees listed above in accordance with the designated payment plan. I/We agree to the tuition policy for 2018-2019.

Parent Signature

Date

Parent Name (Print)

Parent Signature

Date

Parent Name (Print)

Please print last name of student here: _____