

St. Therese Catholic Academy

900 35th Avenue
Seattle, WA 98122
206.324.0460

ST. THERESE
CATHOLIC ACADEMY

Kindergarten-8th Grade Tuition Agreement

2017-2018 Tuition & Fees

Check the Rate which applies to your family	*In-Parish 1 child []	Out-of-Parish 1 child []	*In-Parish 2 children []	Out-of-Parish 2 children []	*In-Parish 3 children []	Out-of-Parish 3 children []
Annual Tuition Rate	\$6,949	\$8,349	\$12,161	\$14,611	\$15,636	\$18,786
Monthly Tuition Rate (12 months - July-June)	\$579	\$696	\$1,013	\$1,218	\$1,303	\$1,566
Monthly Tuition Rate (10 months - August-May)	\$695	\$835	\$1,216	\$1,461	\$1,564	\$1,879

**In-Parish tuition is the amount charged for parishioners in good standing at St. Therese or one of the Rainbow Parishes.*

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Registration Fee (1 per family):

- \$200 On-Time (Before 3/1/2017)
- \$300 New Family/Late (Between 3/2/2017 and 6/9/2017)
- \$400 Summer (Between 6/10 and 8/25/2017)

- This is the ONLY payment due at the time of registration. All other fees outside of the Technology Sustainability Fee are incorporated to the cost of tuition for the school year. Other fees for field trips or special projects may be requested at the teacher's request. Graduation and camp/retreat experiences will be invoiced separately.

Registration Fee Payment Options (mark one):

_____ Payment included with this form _____ Include payment with my next monthly tuition payment

Technology Sustainability Fee: K-5th Grade - \$25/student 6th-8th Grade - \$50/student

- This fee will be used to build a fund to replace outdated computers and technology. It is a condition necessary for the sustainability of our Blended Learning program and for access to grant funds to supplement funds we generate.

Technology Sustainability Fee Payment Options (mark one):

Family Amount Due: _____

_____ Payment included with this form _____ Add payment to my 17-18 monthly tuition payments

Tuition Payment Options

- Option #1** The tuition amount is divided into 12 monthly payments from July through June. Tuition is automatically deducted every month from your bank account (FACTS Tuition Management) on the 5th or the 20th of the month. Completed online registration required.
- Option #2** The tuition amount is divided into 10 monthly payments from August through May. Tuition is automatically deducted every month from your bank account (FACTS Tuition Management) on the 5th or the 20th of the month. Completed online registration required.
- Option #3** The full amount of tuition is paid in full on or before August 1, 2017. If you choose this option, you will receive a 2% discount.

Tuition and Withdrawal Policies:

Registration for Enrollment Fee: A \$200 fee is due at the time of registration. This fee is for registration purposes and is not refundable. Late registrants (AFTER 3/1/2017) are required to pay an increased registration fee. Please contact the principal if a payment plan is needed.

Payment of Tuition: This signed contract must be received by the school at the time of registration. In addition, a student will not be allowed to begin attending classes unless tuition payments are current, as of the first day of school, in accordance with the payment plan stipulated under *Tuition Payment Options* on this agreement. Tuition may be paid over 12 or 10 months by automatic withdrawal or it may be paid in full through FACTS. Monthly tuition payments that arrive late or are paid outside of FACTS will be assessed a \$25 fee unless communication has taken place and an alternate payment has been approved. If a family is not current with their required tuition payments, they are required to make arrangements with the principal to become current. If there is no satisfactory resolution, the family will be asked to withdraw their child(ren) from the school. The first month's tuition payment will begin in July or August 2017. If your payment has not arrived by August 25, 2017, you will have relinquished your child's place on the roster until payment is received.

Withdrawal: St. Therese Catholic School must be given 30 days written notice prior to withdrawal of a student(s). Tuition for the withdrawing student is due for the 30 day period following written notice of withdrawal, with the amount due to be determined by the school. For example, if notice is given December 1 that your student's last day will be December 8, you will owe tuition through January 1.

Summer Withdrawal: The school tuition year begins on July 1, 2017; therefore, the last day to withdraw without owing tuition or fees additional to those paid at registration is June 1, 2017. Registration fees paid at registration are deposited upon receipt and are not refundable. If you withdraw for any reason after July 1, you will be responsible for the tuition for the 30-day period following withdrawal. For example, if notice is given on July 1 that your student will not be attending St. Therese Catholic School, you will owe tuition through August 1, even if your child has not attended classes.

Please initial that you have read and understand registration, tuition and withdrawal policies.

INITIALS _____

Other Financial Obligations:

Fundraising: All families are required to raise a minimum of \$500 for the 2017-2018 school year through fundraising activities or pay a fundraising fee of \$500 should that better meet your family circumstances. The following opportunities will be available to raise funds: **Fall Jog-a-Thon (October), Gala Auction (March), Raffles, and others TBD.**

Auction Participation: All families are required to participate in our annual auction through the procurement of items, selling of raffle tickets, volunteering and/or attending the event. Tentative Date: March 17, 2018

Annual Fund Participation: All families are required to participate in our annual fund through a tax-deductible contribution. *This requirement is in addition to the general fundraising requirement above and registration for 2017-2018 will be considered incomplete until your Annual Fund pledge form is received.*

Please initial that you have read and understand your fundraising, auction, and annual fund obligations.

INITIALS: _____

Service Hours Obligation:

All families are required to contribute time and/or talent to the school through our service-hour obligation. Single parent families are required to volunteer 20 hours per school year and two-parent families are required to volunteer 40 hours per school year. Any family member above the age of 18 may complete these hours.

If there is an unfulfilled balance remaining at the end of the year, your family will be billed \$15/hour of unfulfilled time.

INITIALS: _____

I understand that I am responsible for reading and following the policies and procedures as stated in the 2017-2018 STCA Family Handbook (available in August 2017).

INITIALS: _____

I have read this contract and agree to comply with all terms as stated therein.

Parent/Guardian Name(s) (Print)

Relation(s) to Student(s)

Parent Signature

Date

FOR OFFICE USE ONLY:

Registration Fee Paid: Amount _____ Check/Rect. Number _____ Date Rec'd _____ Initials _____

Date Entered: Facts _____ QB _____ Initials _____

FACTS PAYMENT PLAN SETUP FOR STCA FAMILIES

You will need: Payment Account Information (Bank Account, Check and/or Credit Card)

These steps are for families NOT CURRENTLY ENROLLED in FACTS ONLY.

1. Go to www.stcaseattle.org/tuition to find the FACTS information link. Alternatively, go to www.stcaseattle.org, scroll over **Admissions** and select **Tuition**.
2. Once there, click the "Get Started" button under "New User."
3. Enter your student's information for *each* student on the Tuition Agreement.
4. Select a payment plan option.
5. Enter the Responsible Party's demographic information. Create a user name and password to maintain your online account and agreement information. Select security questions and answers to identify yourself when contacting FACTS.
6. Enter financial account information for making payments.
7. Review your account summary and click the "Submit" button. REMINDER: There is a \$41 annual fee for using FACTS.
8. Select to print or email your confirmation page. It includes your agreement number which will be needed when referencing your tuition payment plan with your school and FACTS. Alternatively, record your confirmation number below and turn in with your registration packet.

If you have any questions, please contact a FACTS representative at (866) 441.4637 or by email at inquiry@factsmgt.com

For St. Therese assistance, please contact Mr. Van Winkle at (206) 995.8103 or by email at bvanwinkle@stcaseattle.org.

Please either print your confirmation page and attach it to your registration packet, or write your confirmation number below:

Confirmation Number: _____



ST. THERESE
CATHOLIC ACADEMY

St. Therese Catholic Academy Annual Fund

2017-2018

900 35th Ave Seattle, WA 98122

Dear St. Therese Family Member,

Our students benefit from a faith-filled community, technology rich environment, dedicated teachers and a long history and tradition of leadership and excellence. **Your tuition payments alone only cover about 70% of expenses to fund your child's education**, and so we ask for your help. Our Annual Fund provides financial support for tuition assistance, teacher and staff salaries and benefits, our blended learning program, school maintenance and enrichment activities.

This past school year we have given over **\$235,000 in tuition assistance**. The need is great and we want St. Therese to continue to be accessible to all who desire a Catholic education for their family and are willing to sacrifice what they can for this. If your family is able to pay the **Actual Cost of Education** (_____ for the 2017-18 school year), it is critical that you do so. The difference between tuition and the *Actual Cost* is a tax-deductible donation to the Annual Fund of \$_____ per student. Our financial stability is increasingly secured when those who are most able to give generously do so, and we deeply value and appreciate your partnership and support.

For 90 years, St. Therese Catholic Academy has been educating children in the Madrona neighborhood. The Annual Fund offers a way for all staff members, parents, alumni, grandparents and friends to help sustain the special experiences that set us apart from other schools. By contributing each year, we create a spirit of shared commitment and participation that brings together all generations in our community. TOGETHER, we directly support the teaching, learning and discovery of our children, and strengthen the educational legacy that our students have enjoyed for nine decades! **All gifts are extremely important and remember, it is your participation that we value most!**

Yours in Christ,

Matthew D. DeBoer, Principal

Our Goal: 100% participation from all school families

_____ **I/We commit to paying the Actual Cost of educating my child(ren) through a tax-deductible donation of \$2,500 per student.**

- I would like my contribution paid along with my tuition through **FACTS** (12 payments = \$208.33/month, 10 payments = \$250/month) per the schedule indicated on my Tuition Agreement Form.
- A check is enclosed or I will submit a one-time payment by 6/30/17
- Please charge my Visa/MasterCard:
Card# _____ Expiration Date: _____
Security Code: _____ Name on Card: _____

Annual Giving Recognition	
\$10,000 +	All Star Circle
\$5,000-\$9,000	Principal's Circle
\$2,500-\$4,999	Benefactor
\$1,000-\$2,499	Patron
\$750-\$999	Advocate
\$500-\$749	Sponsor
\$250-\$499	Supporter
\$100-\$249	Contributor
Up to \$99	Friend

[] My gift will be matched by _____

_____ **I/We pledge a tax deductible donation to the Annual Fund**

of \$ _____ (total amount for the year).

- I would like my contribution paid along with my tuition through **FACTS** (12 payments = \$_____/month, 10 payments = _____/month) per the schedule indicated on my Tuition Agreement Form.
- A check is enclosed or I will submit a one-time payment by 6/30/17
- Please charge my Visa/MasterCard:
Card# _____ Expiration Date: _____
Security Code: _____ Name on Card: _____

Your Name _____

Address _____

City _____

State _____ Zip Code _____

E-Mail _____

Phone Number _____



ST. THERESE
CATHOLIC ACADEMY

SERVICE HOURS SIGN-UP FORM

2017-2018 School Year

We are looking for enthusiastic volunteers to help out in a variety of capacities at STCA this year! Remember that each family is responsible for committing a minimum of 20 hours (single parent households) or 40 hours (two parent households), so make plans now to get those hours in!

More information will be coming the first week of school. Questions? Contact Randi Bagley at rbagley@stcaseattle.org.

PLEASE RETURN THIS FORM TO SCHOOL BY FRIDAY, 9/1

Parent/Guardian Name(s) _____

Student Name(s) & Grades _____

Parent/Guardian 1 home phone _____ Parent/Guardian 2 home phone _____

Parent/Guardian 1 cell _____ Parent/Guardian 2 cell _____

Parent/Guardian 1 e-mail _____ Parent/Guardian 2 e-mail _____

PG1 PG2

___ ___ **Administrative Support:** File, answer phones, assist with copying, etc., (*weekdays during school hours*)

___ ___ **Auction:** Volunteer to help before, during and/or after our Auction on March 10th

___ ___ **Jog-a-thon:** Volunteer to help before, during and/or after our Jog-a-thon on October 13th

___ ___ **Lunch/Recess supervision:** Assist teachers in maintaining a safe environment during lunch and recess (*weekdays during school hours*)

___ ___ **Classroom Assistance:** help teachers with Blended Learning Activities (*weekdays during school hours*)

___ ___ **Elective Course Instruction:** Teach an elective/specials course that enhances our school curriculum (*weekdays, last period of the day, two days each week*)

___ ___ **Tutoring:** Provide academic support for students in a variety of academic subjects (*weekdays during school hours or after school*)

___ ___ **Catechesis of the Good Shepherd Assistance:** Provide classroom support for our Catechesis teachers (*weekdays during school hours*)

___ ___ **"Treats for Teachers":** Bring in homemade meals for the faculty/staff to enjoy (*prepare at home and drop off at school*)

___ ___ **Carpool for Families in Need:** Help families in need of transportation support by doing student drop offs and/or pick-ups (*weekdays*)

___ ___ **Professional Services:** Are you a graphic designer? Plumber? Technology pro? Whatever your field, we could likely use your donated expertise! (*Flexible*)

___ ___ **Other:** _____

General Information

Student Name (Last, First Middle)	Birth Date	Birthplace	Cert. on File?
Ethnicity	Gender	Home Phone	Exclude from Directory
Home Address	Exclude from Directory	Mailing Address	Exclude from Directory

Church/Baptism Information

Religion	Parish	Registered in Parish?	
Baptism Date	Church	City/State	Cert. on File?

Medical Information

Doctor	Phone	Dentist	Phone
Preferred Hospital	Last Physical Date		
Medical Insurance Carrier	Policy Number	Dental Insurance Carrier	Policy Number
Medical Considerations	Allergies		
Medicines Administered at Home	Medicines Administered at School		

Non-Guardian Emergency Contact Information

Contact 1 Name	Relationship	Phone Number 1/Type	Phone Number 2/Type
Contact 2 Name	Relationship	Phone Number 1/Type	Phone Number 2/Type
Contact 3 Name (Out of Area)	Relationship	Phone Number 1/Type	Phone Number 2/Type

If emergency treatment is required, and the parent or guardian listed above cannot be reached immediately, I request that the school exercise its own judgment in securing the health and safety of my child. Actions taken may include calling the physician and/or dentist listed above, calling 911 (giving permission to Medic 1 to administer medical attention, including medications and nursing care deemed necessary according to 911's contact/physician in charge) and transporting to the hospital listed above or to the nearest emergency center. I agree that, in the event of a disaster such as an earthquake, emergency medical services may be unavailable, and school staff may be the sole emergency medical providers.

Parent/Guardian Signature

Date

Guardian 1

Guardian Name (Last, First) Relationship to Student

Home Address Receive Mail? In Directory? Email Address(es)

Home Phone Cell Phone Work Phone Other Phone

Employer Job Description

Called to Protect Initial Training Called to Protect Refresher Course Background Check Date

Auto Insurance Carrier Policy Number Expiration Date Liability Limit

Guardian 2

Guardian Name (Last, First) Relationship to Student

Home Address Receive Mail? In Directory? Email Address(es)

Home Phone Cell Phone Work Phone Other Phone

Employer Job Description

Called to Protect Initial Training Called to Protect Refresher Course Background Check Date

Auto Insurance Carrier Policy Number Expiration Date Liability Limit

Guardian 3

Guardian Name (Last, First) Relationship to Student

Home Address Receive Mail? In Directory? Email Address(es)

Home Phone Cell Phone Work Phone Other Phone

Employer Job Description

Called to Protect Initial Training Called to Protect Refresher Course Background Check Date

Auto Insurance Carrier Policy Number Expiration Date Liability Limit



ST. THERESE
CATHOLIC ACADEMY

2017-2018 Family Snapshot Form

Please fill out the following information to help provide us with a "snapshot" of the families we are serving during the 2017-2018 school year. Thank you for being a part of our community!

Student Name _____ Grade (17-18) _____

Birthdate _____ Race _____ Religion _____

Student Name _____ Grade (17-18) _____

Birthdate _____ Race _____ Religion _____

Student Name _____ Grade (17-18) _____

Birthdate _____ Race _____ Religion _____

Parent/Guardian 1 Name _____

Address _____

E-mail _____ Employer _____

Home/Cell Phone Number _____ Work Phone Number _____

Profession _____ Race _____ Religion _____

Parent/Guardian 2 Name _____

Address _____

E-mail _____ Employer _____

Home/Cell Phone Number _____ Work Phone Number _____

Profession _____ Race _____ Religion _____

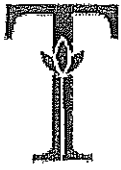
Other members of household (*please indicate all household information that the student resides in part/full-time; feel free to record more information on the reverse side of this document or to explain any custody arrangements that may be relevant for us to know at STCA. Please record relation to student*):

Name _____ Relation _____ Age _____

Name _____ Relation _____ Age _____

Name _____ Relation _____ Age _____

Name _____ Relation _____ Age _____



ST. THERESE CATHOLIC ACADEMY

IGNITING FAITH, MINDS & DREAMS SINCE 1927

Approved Dismissal Release Form

In order to guarantee the safety of your child(ren) and an efficient dismissal process, please provide the names of all parents/guardians who you approve to pick-up your child(ren) from dismissal. If you ever need to send someone who is not on this list, please communicate that via e-mail or in writing to the school before this occurs. A phone call will not be sufficient if the person is not a parent/guardian of another member of the school community. Please include all van/shuttle/bus services you may utilize.

Finally, if there are any persons NOT ALLOWED to transport your child, please identify them on the back of this page.

Child(ren)'s Name(s)

Grade(s)

Name (PLEASE PRINT)

Phone Number

Relationship

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Parent Signature _____ Date _____

Excluded Dismissal Pick-Up List

The persons listed below are never allowed to transport the students identified below.

Child(ren)'s Name(s)

Grade(s)

Name (PLEASE PRINT)

Phone Number

Relationship

1. _____

2. _____

3. _____

Parent Signature _____ Date _____



**ST. THERESE
CATHOLIC ACADEMY**

Walking to/from School Permission Form

At St. Therese Catholic Academy, we believe that we are responsible for our students from the time they are dropped off on our campus in the morning to the time they arrive home (or another parent/guardian approved location) safely after school. Thus, if your child will be walking to/from school or walking to/from a bus/stop or another location, we would like to know this information so we can help ensure a safe and responsible release from school each day. **Please fill out this form and return it to the office by Friday, September 1, 2017. Students will not be permitted to leave campus without this written permission if this form is not on file.**

Student Name(s) _____

Grade (s) _____ Cell Phone #(s) _____

Designated location(s) to travel to after school hours:

Parent/Guardian Consent:

We/I, _____, give St. Therese Catholic Academy permission to release my child from school to the following locations on a daily basis via walking, bus transportation, or an alternate form of transportation.

Parent Signature(s) _____

Date _____



ST. THERESE
CATHOLIC ACADEMY

Cell Phone Permission Form

At St. Therese Catholic Academy, we take full responsibility for our students from the time they are dropped off on our campus in the morning to the time they arrive home (or another parent/guardian approved location) safely after school.

Students are not permitted to use cell phones at any point during the school day or during their time on campus (before or after school). However, if you deem it necessary for your child to carry a cell phone for safety concerns (especially if they are walking/taking public transportation) or other reasons, please fill out this form and return it to school no later than Friday, September 1, 2017.

Students whose parents permit them to bring a cell phone to school will be expected to turn in their cell phones to their homeroom teacher upon arrival daily and will have their devices returned to them after dismissal daily. **If a child will not bring a phone for any reason, please correspond with the homeroom teacher accordingly so that this expectation is not disrupted.**

Children who bring cell phones or other unapproved technology devices to school will have their devices confiscated by the administration until a parent/guardian arranges for a pickup of the unapproved device.

Student Name(s) _____

Grade (s) _____ Cell Phone #(s) _____

Device Make/Model (for safety purposes) _____

Articulated rationale for cell phone need at school:

Parent/Guardian Consent:

We/I, _____, give my child(ren), _____
permission to bring a cell phone to/from school on a daily basis.

Parent Signature(s) _____

Date _____

Participant's Name: _____

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____

Relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Specific Medical Information: The organization will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations-- date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child:



ST. THERESE
CATHOLIC ACADEMY

STCA Allergy Reporting Form

Student Name _____ Grade _____

Parent Name(s) _____

E-Mail _____

Phone Number (daytime) _____

Tier 3 Allergies (Chance of Anaphylaxis)	Signs and Symptoms
Tier 2 Allergies (Chance of Allergic Reaction)	Signs and Symptoms
Tier 1 Allergies (Minor Allergy/Intolerance)	Signs and Symptoms

With the guidance and help of Student Health and Wellness Committee, we are gathering information on all of the allergies that are present in the St. Therese Family at this time. This is being done in an effort to provide the safest and most welcoming environment to all of our students. We will follow this information gathering with individual action plans for students with severe allergies and a public education effort on allergy awareness and mindfulness of the threat that allergies pose for some of us. **Please return this form even if your child DOES NOT have any severe allergies.**

For Tier 3 or Tier 2 allergies, please submit an action plan or note from a medical professional to help us best serve your child. All of this information will be consolidated into a school-wide database for personnel to be aware of.

Thank you for helping ensure that our community is a safe learning environment for ALL!



Medication Authorization Form

Child's Name:	Date of Birth/Age:
Name of Medication:	Reason for Medication:
Start Date:	Stop Date:
Times to be given: (*Can NOT be given "as needed")	Amount to be given:
Possible Side Effects:	<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Other
<input type="checkbox"/> Above information consistent with label?	Requires Refrigeration: <input type="checkbox"/> yes <input type="checkbox"/> no
Special Instructions:	

Parent/Guardian Signature

Date

Daytime Phone Number

Physician Signature

Date

Physician Phone Number



ST. THERESE
CATHOLIC ACADEMY

Photograph / Video / Sound Release Form

I hereby give St. Therese Catholic Academy permission to use the photograph/video/sound of the
(School)
minor(s) or myself listed below for their publicity, promotion, news releases, videos, and web use.
This may also apply to the written composition or visual art of the minor, or myself if it is
published.

St. Therese Catholic Academy agrees that the students' name, picture, art, written work,
(School)
voice, photograph, video or verbal statements shall only be used for public relations, public
information, publicity and/or instruction. The school further agrees that students will not be
identified by personal details other than first name. These details include email or postal addresses,
telephone or fax numbers.

Pictures of one to three students are permitted as long as an appropriate release form has been
signed by the parent/guardian of each individual shown in the picture. Pictures of four or more
students are permitted without a release form and will be printed without first and last names.

No monetary consideration shall be paid.
Consent and release have been given without coercion or duress.
The photo, video or student statements may be used in subsequent years.

If the Student and/or Parent/Guardian wish to rescind this agreement they may do so at any time
with written notice.

St. Therese Catholic Academy has no control of media use of pictures/statements which (School)
are taken without our permission.

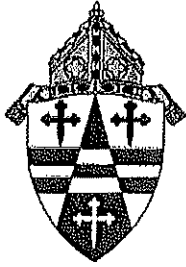
Students Name(s): _____
(Print) _____

Parent/Guardian: _____
(Print) (Signature)

Effective Date: _____

___ I do not give permission to publish the image or work of my child(ren) or myself.

Parent/Staff Signature: _____ Date: _____



Archdiocese of Seattle

FIELD TRIP
Parental/Guardian Consent Form and Liability Waiver

Participant's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

e-mail: _____

I, (Parent/Guardian) _____, grant permission for my child, (Child's Name) _____, to participate in this organization-sponsored event that requires transportation to a location away from the organization site. This activity will take place under the guidance and direction of organization employees and/or volunteers from St. Therese Catholic Academy (Name of Organization)

A brief description of the activity follows:

Type of event: Walking Field Trip

Location of event: Madrona Neighborhood

Individual(s) in charge: STCA Faculty and Staff

Date and time of departure: Throughout 17-18 School Year Return: DAILY (TBD)

Mode of transportation to and from event: Walking

Cost: N/A

Effective July 1, 2007, children less than 8 years olds must be restrained in child restraint systems, unless the child is 4 feet 9 inches or taller. A child who is 8 years old or older, or 4 feet 9 inches or taller, must be properly restrained either with the motor vehicle's safety belt or an appropriately fitting child restraint system. Children under 13 years old must be transported in rear seats where it is practical to do so.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend (Organization) St. Therese Catholic Academy, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the organization, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: _____ Date: _____



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:

Reviewed by: _____

Date: _____

Signed Cert. of Exemption on file? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name: _____

First Name: _____

Middle Initial: _____

Birthdate (MM/DD/YY): _____

Sex: _____

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ Date _____

Parent/Guardian Signature Required _____ Date _____

- ◆ Required for School and Child Care/Preschool
- Required Only for Child Care/Preschool

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry					
◆ DTaP, DT (Diphtheria, Tetanus, Pertussis)					
◆ Tdap (Tetanus, Diphtheria, Pertussis)					
◆ Td (Tetanus, Diphtheria)					
◆ Hepatitis B					
□ 2-dose schedule used between ages 11-15					
● Hib (Haemophilus influenzae type b)					
◆ IPV / OPV (Polio)					
◆ MMR (Measles, Mumps, Rubella)					
● PCV / PPSV (Pneumococcal)					
◆ Varicella (Chickenpox)					
□ History of disease verified by IIS					
Recommended Vaccines (Not Required for School or Child Care Entry)					
Flu (Influenza)					
Hepatitis A					
HPV (Human Papillomavirus)					
MCV, MPSV (Meningococcal)					
MenB (Meningococcal)					
Rotavirus					

Documentation of Disease Immunity

Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it **MUST** be verified by a healthcare provider

I certify that the child named on this CIS has:

- a verified history of Varicella (Chickenpox).
- laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

- | | | |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio | |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Tetanus | |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Varicella | |

Licensed healthcare provider signature _____ Date _____
(MD, DO, ND, PA, ARNP)

Printed Name _____

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's state wide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. **If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.**

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.

If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.

If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

#4 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

Reference guide for vaccine abbreviations in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completeistofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completeistofvaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Fluceivax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluviirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinnix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuac®	MMR + Varicella	Vanvax®	Varicella
Enerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).



Extended Day Care Registration

Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

Before School Care 7:00- 8:15am (pre-pay by the first Monday of the month for the advanced rate)

**Prices DO NOT include breakfast – payments will be made directly to caterer.*

BSC Advanced Rate: \$125/month per child (\$1,125/year) September-May (August and June FREE when enrolled in monthly payments)

BSC Drop-In Rate at the door: \$7.00 per day per child

BSC Drop-In Rate billed at the end of the month: \$10.00 per day per child

Days: All --- OR --- Monday Tuesday Wednesday Thursday Friday

After School Program Care 3:30- 6:00pm (pre-pay by the first Monday of the month for the advanced rate)

**Prices include daily snack.*

ASC Advanced Rate: \$250.00/month per child (\$2,250/year) September-May (August and June FREE when enrolled in monthly payments)

ASC Drop-In Rate at the door: \$7.00 per hour (or any part of an hour) per child

ASC Drop-In Rate billed at the end of the month: \$10.00 per hour per child

Late Pick-Up AFTER 6:00pm: \$1.00 per minute per child (at the door)/\$2.00 per minute per child (billed)

Days: All --- OR --- Monday Tuesday Wednesday Thursday Friday

Billing Information:

For billing purposes, if anyone other than the parent/guardian listed on this registration form is to be responsible for monthly payments, it is necessary that we have complete information & signature of the responsible party.

Pre-pay in advance for the next month by the first Monday of the month for the advanced rate.

Pre-pay Advanced rate advantage:

BSC: \$125.00/month per child = \$6.46/day

ASC: \$250.00/month per child = \$4.79/hour

A \$25.00 LATE FEE WILL BE ASSESSED ON ALL LATE PAYMENTS

Please make all checks payable to: **St. Therese Catholic Academy**

_____ Payment Option 1: Automated monthly payments on the 1st of the Month (via FACTS or VANCO)

_____ Payment Option 2: Payment at Door for Drop-In: Cash, Check or Money Order Only (NO CHANGE CARRIED/GRANTED)

Cancellation Policy: 5 Business Day Notice

Please fill out mandatory consent release information on the backside

Clear Blue Catering, Inc.

September 5 - September 29, 2017

Meals are provided by Clear Blue Catering. We **strongly recommend pre orders** for the week or month. Please return order and payment to the STCA front desk or with breakfast staff. Pre orders will be accepted by every Friday for weekly orders or up to the last day of the month for monthly orders. Cash, checks and money orders are accepted. Make **checks payable Clear Blue Catering**. There will be a \$30.00 NSF fee charged for returned checks. For any questions please contact us at 206-261-4889 or breakfast@stcaseattle.org.

Circle choice dates or check monthly. Please list any dietary needs on your child's order form. (NS = No School)

Week 1	M-NS	T-5	W-6	Th-7	F-8
Week 2	M-11	T-12	W-13	Th-14	F-15
Week 3	M-18	T-19	W-20	Th-21	F-22
Week 4	M-25	T-26	W-27	Th-28	F-29

Student(s)' Name(s) _____ Grade(s) _____

Parent(s)' Name(s) _____

Email _____ Cell Phone _____

Number of Breakfast _____ X \$2.50 per Breakfast = \$ _____

_____ Monthly **19 Days** X \$2.50 per Breakfast = **\$47.50 DUE**

**Clear Blue
Catering,
Inc.**

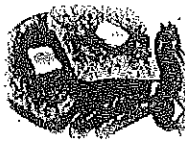
September 5 - September 29, 2017

*Breakfast is served from 7:30am to 8:00am
daily.*



Monday

Pancakes, Sausage/ Hash brown, fresh fruit and juice or milk



Tuesday

French Toast, Sausage/ Hash brown, fresh fruit and juice or milk



Wednesday

Sausage Cheese Biscuit, Hash Brown, fresh fruit and juice



Thursday

Pancakes, Hash brown/ Sausage, fresh fruit and juice or milk



Friday

Cold or Warm Cereal, fresh fruit milk or juice.
Donuts served select Fridays.

Healthy eating habits play a key factor when it comes to growing children and developing great minds. Clear Blue Catering provides nutritious satisfied appetites in a great environment that will assist in providing a productive educational experience.

Breakfast is served from **7:30am to 8:00am**. Pre-orders are charged at **\$2.50** per breakfast. Same day orders are **\$4.00** per meal

Wholesome & Delicious Catering

St. Therese Lunch Order Form

For August/September 2017

Please circle *the dates* of your lunch choices.

Check your order carefully since there will be *NO* exchanges or refunds - thanks!

- Mon, 28th **Noon Dismissal - No Lunch**
Tue, 29th Pasta w/ Chicken Creamy Alfredo Sauce, Roll, Salad, Fruit, Water
Wed, 30th Chili Cheese Dog on Bun, Fries, Fruit, Water
Thu, 31st Cheese or Pepperoni Pizza, Salad, Fruit, Water
Fri, 1st **Noon Dismissal - No Lunch**
- Mon, 4th **Labor Day - No School**
Tue, 5th Barbecue Chicken, Baked Beans, Roll, Fruit, Water
Wed, 6th Chicken Caesar Salad, Pita Bread, Fruit, Water
Thu, 7th Cheese or Veggie Burger on Bun w/ Pickle, Chips, Fruit, Water
Fri, 8th Fish Sticks w/ Fries, Salad, Fruit, Water
- Mon, 11th Spaghetti w/ Turkey Meat Sauce, Garlic Bread, Salad, Fruit, Water
Tue, 12th Hoagie Sandwich, Pickle, Chips, Fruit, Water
Wed, 13th Baked Potato w/ Toppings, Fruit, Water
Thu, 14th Chicken Patty or Veggie Sandwich on Bun, Pickle, Chips, Fruit, Water
Fri, 15th Cheese or Pepperoni Pizza, Salad, Fruit, Water
- Mon, 18th Teriyaki Chicken w/ Rice, Salad, Fruit, Water
Tue, 19th Toasted Bagel w/ Cream Cheese & Jam, Carrot Sticks, Fruit, Water
Wed, 20th Chicken Caesar Salad, Pita Bread, Fruit, Water
Thu, 21st Cheese or Veggie Burger on Bun w/ Pickle, Chips, Fruit, Water
Fri, 22th Fish Sticks w/ Fries, Salad, Fruit, Water
- Mon, 25th Zesty Mac n Cheese Salad, Roll, Fruit, Water
Tue, 26th Chili Cheese Dog on Bun, Fries, Fruit, Water
Wed, 27th Baked Potato w/ Toppings, Fruit, Water
Thu, 28th Chicken Patty or Veggie Sandwich on Bun w/Pickle, Chips, Fruit, Water
Thu, 29th Cheese or Pepperoni Pizza, Salad, Fruit, Water

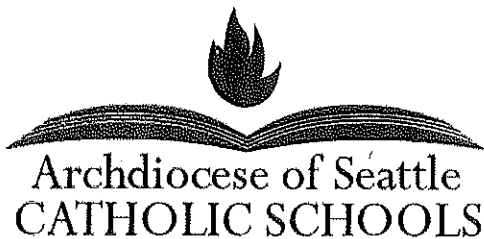
Attach your check, payable to *Wholesome & Delicious Catering*
to this order form. Mail/deliver them to the STCA Office
(Attn: Hot Lunch Program) no later than August 28, 2017.

Full Price Lunches

K - 8 Student's Name: _____ Grade: _____
Home Phone Number: _____
Number of Lunches: _____ X 4.25 (per lunch) = \$ _____ TOTAL

Reduced Lunches (Only those who received a Fulcrum Scholarship)

K - 8 Student's Name: _____ Grade: _____
Home Phone Number: _____
Number of Lunches: _____ X \$3.00 (per lunch) = \$ _____ TOTAL



August 2017

Dear Parents and Guardians:

Did you know that your child(ren) can benefit from?:

- Smart Boards and Science Kits
- Virtual Learning Systems for Students
- Free Extended Year Summer Programs
- Professional Development for Teachers and Principals
- E-Rate Funding for Technology
- Technology Coaches and Online Programs
- School Scholarships and Grants

A portion of the funding for these important educational programs is made available through your hard-earned tax dollars. Every family contributes and every student can benefit, regardless of income level. **OUR SCHOOL CAN BE ELIGIBLE FOR UP TO \$1,000 PER ELIGIBLE STUDENT for each form returned!**

Here's what you can do to help make sure our children benefit from these resources:

- **Complete the form on the reverse of this sheet IN ITS ENTIRETY and return it to the office by September 1st, 2017**
- Be sure to list the names of all children attending the school on the form

In order to determine the funding available for these programs, we must have an accurate record of family income information. I want to assure you that your privacy will be protected and that the student(s)' names will be detached from the enclosed form once the necessary information has been recorded. The form will not be shared with anyone and will only be used to determine program eligibility.

Thank you for your cooperation. If you would like additional clarification or information, please do not hesitate to contact us at kaitlyn.oleary@seattlearch.org or mdeboer@stcaseattle.org.

Sincerely,

Kaitlyn O'Leary
Assistant Superintendent
Office for Catholic Schools

Matthew D. DeBoer
Principal
St. Therese Catholic Academy

710 Ninth Avenue
Seattle, WA 98104

www.ocsw.org
Resources for Educators

www.catholicschoolsww.org
Resources for Parents

206-382-4861
1-800-473-5651

EACH FAMILY SHOULD RETURN THIS FORM BY SEPTEMBER 1, 2017

1. Use the chart below to answer the questions in item #1. (Include all members who live in your household)

Is your family income less than the amount in column A?

Yes _____ No _____

Is your family income less than the amounts in column B

Yes _____ No _____

2. Are you receiving assistance under the Temporary Assistance to Needy Families (TANF) program?

Yes _____ No _____

3. Are any of your children eligible to receive medical assistance under the Medicaid program?

Yes _____ No _____

4. If your child(ren) did not attend private school, to which public school(s) would he/she be assigned:

5. What School and Grade(s) is (are) your child(ren) in? **BE SURE TO LIST ALL STUDENTS IN YOUR FAMILY.**

School Name _____ Grade(s) _____

Home Address (required, please do not indicate a P.O. Box):

City _____ State _____ Zip _____

COMPLETE THE SECTION BELOW THIS CHART

Household Size	A			B		
	Annual	Monthly	Weekly	Annual	Monthly	Weekly
1	\$15,444	\$1,287	\$297	\$21,978	\$1,832	\$423
2	\$20,826	\$1,736	\$401	\$29,637	\$2,470	\$570
3	\$26,208	\$2,184	\$504	\$37,296	\$3,108	\$718
4	\$31,590	\$2,633	\$608	\$44,955	\$3,747	\$865
5	\$36,933	\$3,081	\$711	\$52,614	\$4,385	\$1,012
6	\$42,354	\$3,530	\$815	\$60,273	\$5,023	\$1,160
7	\$47,749	\$3,980	\$919	\$67,951	\$5,663	\$1,307
8	\$53,157	\$4,430	\$1,023	\$75,647	\$6,304	\$1,455
For each additional family member add . .	\$5,408	\$451	\$104	\$7,696	\$642	\$148

ALL QUESTIONS MUST BE ANSWERED COMPLETELY

To protect your privacy, the student names below will be detached from this form once the school records that a family has returned the form.

Student (s) Name(s) _____

