

**St. Catherine of Siena School**  
**Tuition 2010 – 2011 and Enrollment & Discount Policy**



• **Pre-School (3-4 years old)**

**Registration fee:** \$175.00 per family

5 Full days: \$3,750.00

3 Full days: \$2,700.00 (**Monday, Wednesday & Friday**)

2 Full days: \$1,800.00 (**Tuesday & Thursday**)

• **K-8<sup>th</sup> Grade Parish Affiliated Rate**

**Registration fee:** \$175.00 per family

**First Child:** \$3,800.00

**Second Child:** \$6,500.00

**Third Child:** \$8,200.00

**Non –Affiliated** \$4,800.00 per child

**Incentives for Enrollment**

1. If you are a parent of the school, you are eligible for a \$1,000.00 tuition discount per new student you sponsor to enroll in the school.

**Conditions:**

-The new student has to be in K-8<sup>th</sup> grade.

-The new student must pay full tuition

-The new student must stay one full year

-The \$1,000.00 bonus will be paid at the end of the school year, or it can be applied to the following school year tuition.

2. If you are a first time enrollee K-8<sup>th</sup>, and if you register **before May 1<sup>st</sup>**, your first year tuition is **\$2,800.00 Affiliated** (no multiple student discounts). **Non-Affiliated \$3,800.00 per student.**

3. If you are a first time enrollee, and are not sponsored by anybody, you are eligible for a \$500.00 discount.

**Conditions:**

-The new student has to be in K-8<sup>th</sup> grade.

-The new student must stay one full year

-The \$500.00 discount will be paid at the end of the school year, or it can be applied to the following school year tuition.

4. If you are a first time enrollee K-8<sup>th</sup>, and are not sponsored by anybody, you are eligible for a \$500.00 discount

**Conditions:**

-The new student has to be K-8<sup>th</sup> grade

-The new student must stay one full year

-The \$500.00 discount will be paid at the end of the school year, or it can be applied to the following school year tuition.

New Family's Last Name \_\_\_\_\_ Mother's First Name \_\_\_\_\_ Father's First Name \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_



4200 Federal Blvd.  
Denver, CO 80211  
303-477-8035

Dear Parents,

We are so happy that you are considering St. Catherine of Siena School. The education for children received in Catholic schools is one of the best investments you can make in their future. The following is a tuition schedule for the 2010-2011 school year.

There is a \$175.00 registration fee per family. All registration fees are nonrefundable.

Affiliation with St. Catherine's or any other Parish (**with a signed affiliation certificate from your parish**) must be turned in at the time of registration.

Tuition is as follows:

**Preschool (3year old) & Pre - K (4 year old)**

5 Full days:	\$3,750.00
3 Full Days:	\$2,700.00
(Monday, Wednesday & Friday)	
2 Full Days:	\$1,800.00
(Tuesday & Thursday)	

**Kindergarten - 8<sup>th</sup> Grade**

**Parish - Affiliated Tuition**

One student	\$3,800.00
Two students	\$6,500.00
Three students or more	\$8,200.00

**Non-Affiliated Tuition - Kindergarten - 8<sup>th</sup> Grade**

\$4,800.00 per child

Our school has the following tuition payment policy. Families can pay their tuition one of two ways:

1. Full payment of tuition by August 2, 2010. This payment will be made directly to the school and will entitle you to a 2% discount off your tuition bill.
2. Monthly payment plan through FACTS. Automatic Bank Payments budgeted over 9 months (August-April) or 10 months (July-April). Payments can be made on either the 5<sup>th</sup> or the 20<sup>th</sup> of each month.
3. **FACTS payments are made through checking or saving account.**

School Hours are from 8:00 am to 3:15 pm

- Children bring sack lunches
- Students may pay for milk at the beginning of the year. The cost is \$30.00 per year. It is served daily.
- Before & after school care is provided. Children may be dropped off as early as 6:30 am and must be picked up by 6:00 pm. The cost is \$5.00/hr for the 1<sup>st</sup> child, \$4.00/hr for the 2<sup>nd</sup> child, and \$3.00/hr for the 3<sup>rd</sup> child.



### 2010-2011 Registration Form

#### Registration Fee for Preschool -8<sup>th</sup> Grade

Please Print	Father/Guardian	Mother/Guardian
Name		
Address		
City, State, Zip		
Home Phone Number		
Cell Phone Number		
Email Address		
Religious Affiliation		
Parish/Church		
Occupation/Employer		
Would you like information sent to this email address? <b>Circle one.</b>	Yes	No

Marital Status: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Father Remarried \_\_\_ Mother Remarried \_\_\_ Other \_\_\_

Student (s) lives with: Father \_\_\_ Mother \_\_\_ Both \_\_\_ Other (please list relationship) \_\_\_\_\_

**MEDICAL INFORMATION:** Does your child take any medication on a regular basis? Yes No

If yes, please give the name of the medication and reason for taking it: \_\_\_\_\_

Student (s) Legal Name (First & last )	Birth Date	Grade in 2010-2011	Male/Female	Ethnicity – Native American, Asian, Black, Hispanic, Native Hawaiian/Pacific Islander, White, Multi-Racial (choices listed per Office of Catholic School Reporting requirements )

If Catholic, which of the Sacraments has the student received?

Please circle

for more than one student per family, please list names

Baptized?	No	Yes	
First Reconciliation?	No	Yes	
First Holy Communion?	No	Yes	
Confirmation?	No	Yes	

#### **PREVIOUS SCHOOL INFORMATION**

(COMPLETE THIS SECTION ONLY IF THIS IS YOUR FIRST YEAR AT ST. CATHERINE'S)

School(s) Previously Attended, Years Attended, School Address (es) and Phone number(s): \_\_\_\_\_

St. Catherine of Siena School, 4200 Federal Blvd., Denver, CO 80211  
Phone: (303)477-8035 Fax: (303)477-0110 [www.saintcatherine.us](http://www.saintcatherine.us)



**Method of Payment:**

I, as the parent of a student at St. Catherine of Siena School, choose the following payment option:

**Payment in full**

❖ This payment is made directly to the school and is due by August 2, 2010 to receive a 2% discount.

**Monthly**

❖ Payment plan through **FACTS**, Automatic Bank Payment Plan. Payment can be made on either the 5<sup>th</sup> or 20<sup>th</sup> of each month. **Check one.**  **9 months** (August – April)  **10 months** (July – April)

❖ **Check one**  **5<sup>th</sup>** or  **20<sup>th</sup> of each month.**

Has any of your **FACTS** banking information changed? Check one.  **No**  **Yes**

If yes, please fill out a new **FACTS** form available in the school office.

It is the responsibility of all parents to pay their tuition on a timely basis. If your tuition is not paid by the last day of the month, your child will not be allowed back to school until your financial obligation is met.

If your tuition for this school year is not current, you will not be allowed to register for next year until it is brought up to date.

1. A nonrefundable registration and activity fee of \$175.00 per family must be paid at registration.
2. **This fee does not apply to tuition.**
3. A 2% discount will be offered if full tuition is received by August 2, 2010.
4. Payment can be made on the 5<sup>th</sup> or the 20<sup>th</sup> of each month. A \$25.00 missed payment fee will be assessed for each payment attempt that is missed. Any student with delinquent tuition at the end of any 60 day period will be asked to withdraw from the school until all tuition and fees are brought current.
5. Delinquent tuition and fees at the end of the school year will allow the school to refuse readmission for the following year. Account will be referred to a collection agency.
6. **Fundraising is required.** To keep tuition affordable, participation of our school parents in Scrip and fundraising is mandatory. Everyone will be required to purchase grocery and scrip gift cards over the year and volunteer 30 hours of his/her time to the school. Time will be accounted for each month.
7. Registration is accepted when you receive a copy of this contract signed by the Principal of St. Catherine of Siena School.
8. **All students must submit the following documents when enrolling:**
  - o Birth Certificate
  - o Baptismal Certificate (if Catholic)
  - o First Holy Communion (if Catholic)
  - o Current Immunization records/Statement of Health

My Child (ren) will need St. Catherine's before & after school care. \_\_\_\_\_ Yes \_\_\_\_\_ No

A separate application needs to be filled out for Daycare.

A onetime registration fee of \$20per family is due at the time of Registration for Daycare.

Ck# \_\_\_\_\_ Cash \_\_\_\_\_ Verified \_\_\_\_\_



**TUITION CONTRACT 2010-2011 SCHOOL YEAR**

This tuition contract is between St. Catherine of Siena School and:

Family: Last Name \_\_\_\_\_ Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_  
 Father's Cell Phone Number \_\_\_\_\_ Mother's Cell Phone Number \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer \_\_\_\_\_  
 Father's Work Number \_\_\_\_\_ Mother's Work Number \_\_\_\_\_

Please write your child's First and last name **(if different than the family name)** in the blank after the grade that they will be in the 2010-2011 school year. Kindergarten students must be 5 years of age and first grade student 6 years of age by October 1<sup>st</sup> of current year.

Preschool (3's) \_\_\_\_\_ Grade 4<sup>th</sup> \_\_\_\_\_  
 Preschool (4's) \_\_\_\_\_ Grade 5<sup>th</sup> \_\_\_\_\_  
 Kindergarten \_\_\_\_\_ Grade 6<sup>th</sup> \_\_\_\_\_  
 Grade 1<sup>st</sup> \_\_\_\_\_ Grade 7<sup>th</sup> \_\_\_\_\_  
 Grade 2<sup>nd</sup> \_\_\_\_\_ Grade 8<sup>th</sup> \_\_\_\_\_  
 Grade 3<sup>rd</sup> \_\_\_\_\_

Tuition For Pre School (Circle one)	Tuition for Kindergarten - 8 <sup>th</sup> Grade
<b>5 full days \$3,750.00</b>	<b>\$3,800.00</b>
<b>3 Full days \$ 2,700.00 (Mon., Wed., &amp; Friday)</b>	<b>\$6,500.00</b>
<b>2 Full Days \$1,800.00 ( Tuesday &amp; Thursday)</b>	<b>\$8,200.00</b>
	<b>\$4,800 Tuition for non-affiliated families per child</b>

FOR SCHOOL OFFICE USE ONLY:			
Registration Payment Date:	Amount \$	Cash	Check #

Total Tuition Due	
Tuition Aid (if Applicable)	
Balance	
Monthly Payments	
July - April	
August - April	

Signature of Responsible Parties: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

Registration accepted by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Principal of St. Catherine's



**Catholic Parish Affiliation Certificate**

Date: \_\_\_\_\_

To: Pastor, St. Catherine of Siena Church, Denver, Colorado

This is to certify that \_\_\_\_\_  
(Parishioner's Name)

(Children's) Name (s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is/are members in good standing in the Parish of \_\_\_\_\_  
(Parish Name)

Is/are eligible for the parish subsidy approved by the Archbishop of Denver.

\_\_\_\_\_  
(Pastor's or Administrator's Signature)

This form needs to go to your parish for signature by the pastor or administrator, with the Church's seal, and returned with your registration packet.



Before printing student directories, written permission for publication of this information must be secured from parents. **Names and addresses of students and faculty shall not be made available to anyone outside the school.**

By initialing the items below, you have given your permission for your child to be included:

\_\_\_\_\_ School Directory (Address & Phone Number)

\_\_\_\_\_ School Directory Class List

\_\_\_\_\_ Posting of your child's name on athletic rosters/co-curricular

\_\_\_\_\_ Posting of A/B Honor Roll

\_\_\_\_\_ School Yearbook

\_\_\_\_\_ Permission for any photograph of my child (or family member) that exhibits the educational and Christian values of St. Catherine of Siena School to be used on the web site or on the Parish bulletin board. I understand that I may request the removal of any photograph at any time. See attached form. **One per student.**

\_\_\_\_\_ Permission for my child's written work or artwork to be posted on the web site or on the Parish bulletin board. I understand that I may request the removal of any work at any time.

Parent/Guardian Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Child 2 \_\_\_\_\_

Child 3 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Photographic and Interview Release

Date: \_\_\_\_\_

I hereby grant consent to use and release to the Catholic Archdiocese of Denver and Saint Catherine of Siena Parish/School, the use of my name and likeness, whether in still, motion pictures, audio and video tape; my photograph and/or reproductions of me including my voice (which includes commentary, remarks, and/or recordings); my features, with or without my name, for any promotional purposes involving the Archdiocese of Denver parish/school/entity, for new and/or feature stories in The Denver Catholic Register or other media (which includes internet, print, radio, television) or for other purposes whatsoever, except for the endorsement of any commercial products.

These items may be used without limitation or reservation of any fee.

Minors cannot consent to media interviews or waive their privacy right. These decisions must be made by parents/guardian; therefore, this release form must be signed by parents/guardians when the individual is a minor.

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Print Child's Name

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Print: Parent/Guardian Name

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Address

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City State Zip

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Phone

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Signature: Parent/Guardian



## St. Catherine of Siena's Uniform

Guidelines	Color	Where to purchase
St. Catherine's Polo Shirt Long/short sleeve. <b>Must have St. Catherine's embroidered on left side.</b> Polo shirts	Red	<b>Must be purchased at All School Uniform Store</b>
Oxford shirt-long/short sleeve Polo shirts or blouses with no embellishments	Solid White	All School Uniform Store or most department stores
Turtleneck - long sleeve; cotton blend	Solid White	Most department stores
Fleece Vest	Dark Navy Blue or Red	All School Uniform Store
Sweatshirts	Dark Navy, w/St. Catherine's insignia	All School Uniform Store
Girls: Jumper Dress, skirts & Skorts	Plaid	All School Uniform Store
Slacks (refer to specific guidelines below)	Dark Navy Blue	Most department stores
Belts Plain (no adornment)	Blue, Black, Brown, or Khaki	Most department stores
Plain socks-must be worn and visible at all times; girls may wear knee hi cable knit or tights	White, Dark Navy Blue	Most department stores
Shoes-must cover the entire foot. Sandals, boots, clogs, flip flops or Crocs-style shoes <b>may not</b> be worn at school. Athletic shoes with no-marking soles must be worn on gym days.	The color of the shoe should reflect the conservative nature of the Uniform Code and not be a distraction in the classroom.	Most department stores

1. All clothing must be clean, in good repair and properly sized
2. No insignia, lettering, emblems, slogan, etc. on any clothing other than those sold by All School Uniform Store.
3. A polo shirt, turtleneck or oxford shirt must be worn under any sweatshirt, sweater or vest
4. All T-shirts or undershirts worn under school shirts must be solid white with no lettering or color trim of any kind
5. Cargo pockets are not allowed on any type of clothing
6. Slacks and shorts are to be worn at the waist. A belt is required at all times if slacks or shorts have belt loops.
7. Shorts, skirts, jumpers and skorts must be no more than 3 inches above the knee
8. Shirts & blouses are to be tucked in at all times
9. Hats, bandanas, and scarves are not to be worn inside the school building
10. Hair: Bangs may not extend below the eyebrows; no extremes in hairstyle; no unnatural hair color
11. Jewelry: All students may wear a watch and/or one necklace or one bracelet. Girls may wear one pair of no-dangling earrings. The appropriateness of any piece of jewelry is subject to the discrimination of the teachers & administration
12. Make-up: 6<sup>th</sup> - 8<sup>th</sup> grade girls may wear minimal make-up
13. Visible body piercing (ears excluded), tattoos, or unnatural contact lenses are not permitted.
14. Fingernail polish is not permitted for boys. Girls should wear a conservative color of polish. If polish is worn, it must be maintained.

Students are required to wear the school uniform. A written excuse is required when the student is NOT wearing the uniform.

**Spirit days** - Blue jeans may be worn with St. Catherine's T-Shirts or sweatshirts on spirit days. If not worn, the uniform is required. No cutoffs, overalls or bibs of any kind are allowed. Spirit days will be determined at the beginning of the school year.

**All School Uniform Store Address: 7391 W. 38<sup>th</sup> Ave, Wheat Ridge, CO (303) 232-2848**



**St. Catherine of Siena  
4200 Federal Blvd.  
Denver, CO 80211**

**St. Catherine of Siena School** is making use of the FACTS Payment Program and is providing you with the option of filling out an agreement online via e-Cashier conveniently from your home or work. You can select from the following Payment methods and options that **St. Catherine of Siena School** is offering for the 2009-2010 year.

- Payment Methods
  - Checking Account ACH
  - Savings Account ACH
- Payment Options
  - Monthly Payment

Simply type this website address in the address bar of your Internet browser.

**Website Address:** <https://ecashierk12.factstuition.com/ecashierk12>

Fill in the Institution Id and Pin number to complete the FACTS Tuition agreement. The Institution ID is **93582** and the pin number is **80211**.

If you have any questions, click on the help button at the top of the screen or feel free to call FACTS technical department at 1-800-624-7092.

Sincerely,

Lori O'Connor  
303-455-9090



**EMERGENCY INFORMATION**

**Section I: General Information**

Grade: \_\_\_\_\_

Student Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Male  Female

Student Lives with \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Student Address (include city & zip) \_\_\_\_\_

If Catholic, Parish Affiliation \_\_\_\_\_

In case of illness or emergency, who should be contacted first \_\_\_\_\_

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**Mother/Guardian Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Home Address (include city & zip) \_\_\_\_\_

Place of Employment (include address) \_\_\_\_\_

Phone Numbers Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail address \_\_\_\_\_

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**Father/Guardian Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Home Address (include city & zip) \_\_\_\_\_

Place of Employment (include address) \_\_\_\_\_

Phone Numbers Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail address \_\_\_\_\_

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Student lives with \_\_\_\_\_

(If your child is picked up after school by a day care center or a permanent babysitter, please indicate this information below)

Name of child care person/center \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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**Section II: Persons Authorized to Pick Up Child (Including Parents/Guardian)**

(Under no circumstances will the child be released to anyone not known to the school without written authorization from the parents/legal guardian)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Wok \_\_\_\_\_ Cell \_\_\_\_\_

Address (Include city & Zip) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Wok \_\_\_\_\_ Cell \_\_\_\_\_

Address (Include city & Zip) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Wok \_\_\_\_\_ Cell \_\_\_\_\_

Address (Include city & Zip) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Wok \_\_\_\_\_ Cell \_\_\_\_\_

Address (Include city & Zip) \_\_\_\_\_

**Section III: Specific Persons NOT Authorized TO Pick Up Child**

(Please include a copy of appropriate court order or legal documentations)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

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**Section IV: Emergency Contact Persons**

(Other than parents/guardians)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Wok \_\_\_\_\_ Cell \_\_\_\_\_

Address (Include city & Zip) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Wok \_\_\_\_\_ Cell \_\_\_\_\_

Address (Include city & Zip) \_\_\_\_\_

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**Section V: Medical Information**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Address (Include city & Zip) \_\_\_\_\_

Allergies \_\_\_\_\_

Chronic Medical Condition(s) (e.g. diabetes, heart disease, contacts, hearing aids, asthma, epilepsy etc.) \_\_\_\_\_

**Medication(s) Student is currently taking:**

\_\_\_\_\_

\_\_\_\_\_

Is medication needed at School? \_\_\_\_\_ Yes \_\_\_\_\_ No Name of Medication \_\_\_\_\_

Hospital Preference Name \_\_\_\_\_ City \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Address (Include city & Zip) \_\_\_\_\_

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**Section VI: Medical Authorization**

I give the school my permission to take my child to a hospital to receive emergency treatment. I hereby consent to any x-ray examination, medical or surgical diagnosis or treatment, and hospital care to be rendered to my child under the general or direct supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act. I also consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to my child by a dentist under the provisions of the Dental Practice Act. I authorize the medical facility to release my child into the custody of a school representative should hospital care no longer be needed. I understand that this is only in an extreme emergency and when the parent or legal guardian cannot be reached. I understand that I am responsible for any expenses incurred by the medical and/or dental diagnosis or treatment. I agree to pick up my child if he/she is sick or injured. If I cannot be reached the above emergency contacts can be called to pick up my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Section VII: Student Records Update**

(I understand that I must keep my child's records up to date with current information)

Signature \_\_\_\_\_ Date \_\_\_\_\_