

2018-2019 school year

Dear Parent/guardian,

On behalf of the Assumption of the Blessed Virgin Mary parish, welcome to Assumption School! Our school is proud of providing a Catholic education which values tradition, yet embraces the energy of innovation. Attached you will find the Infant/Toddler Montessori registration packet for the 2018-2019 school year. Please fill these forms out carefully and completely, as all of the information is needed, and return it ***with a \$100.00 non-refundable registration fee per child.***

- We need a copy of a Baptismal certificate (*if your child has been baptized*)
- Health immunizations
- Copy of student's birth certificate

We believe that you, as parents, are the examples and leaders of your child's faith formation and we are here to support you on this journey. If you have any questions at all about finances, classes or general information, please call (636)240-4474 and someone from the school office will be happy to assist you.

I look forward to working side by side with you, as together we experience sharing of God's great love for us and supporting one another to discover how precious we all are in His eyes.

Joyfully,

Melinda Kruper
Infant/toddler Montessori education

Infant/toddler Registration Form

Return with a \$100.00 **Registration Fee per child**
payable to Assumption School

School Name: Assumption Catholic School

Date: _____

School Year 2018-2019

CHECK ONE:

RE-ENROLL

NEW ENROLL

Student Information-complete one packet per child please

Student Name: _____
Last First MI (Jr, III etc)

Sex: Male Female Date of Birth: _____
mm/dd/yyyy

Place of Birth: _____
City State County

Home Address: _____
Street Address Suite #

City State Zip Code

Email Address: _____
Email address where all official communication may be sent

School Attending: _____

Session Requested:

_____ Full day (5x a week) \$8,100

_____ half time (M-F, 7:45-11:30am)
\$4,100

Return registration form with
\$100 registration fee per child made
payable to Assumption School

Does your child: *Please check all that apply:*

nap S/he needs this special item in order to nap: _____

use the toilet

have dietary restrictions List any restrictions: _____

Family Information

Student **lives with:** Mother and Father Mother Father Step-Mother Step-Father

*Check all that apply and
provide information below*

Legal Guardian** (See note and provide information on next page)

Parent #1

Parent #2

Full Name: _____

Maiden Name: _____

Home Address: _____

Home Phone: () _____

Cell Phone: () _____

Preferred Email: _____

Occupation: _____

Employer: _____

Work Phone: _____

Religion: _____ Parish: _____

() _____

() _____

Religion: _____ Parish: _____

Student Name _____

****NOTE:** Parents who are (or become) divorced, separated, unmarried, or who have any other special circumstances regarding the custody of their children must provide the school with a current court order or decree of custody for the student's file. Any other specific instructions regarding release of the child or his/her records must be in writing and signed by the parent or parents with court-ordered legal custody. All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicants must sign this form.

Only complete this section IF YOU ARE A LEGAL GUARDIAN:

Full Name: _____

Home Address: _____

Home Phone () _____ Cell Phone () _____

Preferred Email _____

Occupation _____

Employer _____

Work Phone () _____ EXT _____

Religion _____ Parish/Church _____

Additional Information

If there is any other person that has legal custody, but does not reside with the child, please provide information:

Full Name: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____

Preferred Email: _____

Religion: _____ Parish/Church: _____

Official Address

When sending correspondence to the home, how would you like the envelope addressed?

Family name

Street Address

City

State

Zip

Parents' marital status: (check all that apply)

- single married separated divorced mother deceased father deceased
 mother remarried father remarried

Student Name _____

Emergency Contact Information (I.E. a person to pick up your child in the event you are not able to do so)

Please list the names of two adults who should be contacted in the event of any emergency if parents listed above cannot be reached.

Emergency Contact 1

Full Name: _____
Home Address: _____
Home Phone: () _____
Cell Phone: () _____

Emergency Contact 2

Home Phone: () _____
Cell Phone: () _____

Student Background Information

In order to help us serve your child please provide the following information.

Does your child receive special services from a professional (e.g. counselor, speech therapist, physical therapist)?

NO YES, Briefly describes the type of service, length of service, and if it discontinued a reason for discontinuation:

Local public school system:

Does your child have any diagnosed allergies?

NO YES, please list:

Medical Diagnosis: Please check all that apply:

No known medical conditions *Diagnosed condition (specify): _____

Physical Disability:

No Existing physical disability *Identified Disability (specify): _____

Our program hours are 7:00am-3:00pm. Will your child need aftercare?

NO YES, please provide approximate time of pick up: _____

The following information is optional but helpful when completing census data for grants and for the National Catholic Education Association. This information is not used in any way to determine admission.

Ethnicity of student: Please check one of the following:

native American Asian Black Hispanic native Hawaiian/Pacific Islander
 white multiracial unknown other

Office Use Only

Date Received: _____
Session Assigned: _____
Deposit Received: _____
Check #: _____

baptismal record on file _____
birth certificate on file _____
added to One Call _____
added to TeacherEase _____

immunization record _____
File created _____



ARCHDIOCESE OF ST. LOUIS

Catholic Education Center
4445 Lindell Boulevard
Saint Louis, MO 63108-2403

Archdiocese of Saint Louis Witness Statement

For Those Seeking to Enroll their Children in a Catholic School or a Parish School of Religion

One of the blessings of marriage is bringing forth new life. God entrusts children to parents who have a primary right and duty to educate their children in the practice of the faith. Parents carry out this responsibility by creating a home full of love, forgiveness, respect and fidelity. The family is the community in which, from childhood, one honors God and learns moral values.

In the rite of the Sacrament of Baptism, parents receive the following call from God to evangelize their children:

You have asked to have your child baptized. In doing so you are accepting the responsibility of training her (him) in the practice of the faith. It will be your duty to bring her (him) up to keep God's commandments as Christ taught us, by loving God and our neighbor ... You will be the first teachers of your child in the ways of the faith. May you be also the best of teachers, bearing witness to the faith by what you say or do, in Christ Jesus our Lord.

No wonder, then, that the Church understands the home to be the domestic church. It is in the intimate environment of the family that parents are, by word and example, the first heralds of the faith with respect to their children. This environment is enhanced and deepened through the parish Eucharistic community that is the heart of the spiritual life for Christian families.

Catholic schools and parish religious education programs are in partnership with the family in proclaiming and witnessing to the life and teachings of Jesus Christ. They assist parents in fulfilling their responsibility as the primary religious educators of their children. This partnership works best when parents respect the beliefs of the Church and live lives in a manner that reflect these beliefs. If parents reject the beliefs of the Church or live lives in conflict with these teachings, catechizing young people becomes very difficult.

Aware, then, of the dignity of this holy parental call, and with a reverent awe for that responsibility which is mine, I commit myself to be, in word and example, the first and best teacher of my children in the faith.

Practically, this means I will:

- Understand that the authentic teachings of Jesus as taught by the Catholic Church will be part of my child's education and formation;
- To the best of my ability respect the teachings of the Church and help my children respect the Church and its teachings;
- Regularly participate in the Sunday Eucharist with my family (if not Catholic, support my children's participation in the Church of Baptism), include prayer in my daily life and form my children in the faith.
- Commit to speak frequently with my children about God and to include prayer in our daily home life;

- Participate in and cooperate with the School or Parish School of Religion in programs that enable me as a parent to take an active role in the religious education of my children, including sacramental preparation for Catholic children;
- Support the moral and social doctrine of the Catholic Church to ensure consistency between home and school;
- Teach my children by word and example to have a love and concern for the needs of others;
- Meet my financial responsibilities in supporting the Catholic school or the Parish School of Religion.
- Practice stewardship in support of the school and parish.

Signature of the parent(s)/Guardian(s) _____

Name of the Parish/School _____

Signature of the pastor/ Administrator _____

Tuition payment reference form

Parent/guardian name _____

Address _____ PHONE _____

CITY _____ STATE: MO ZIP _____

STUDENT(S) NAME:

Please choose one of the following options: Tuition for the 2018-2019 school year will be paid by:

____ Option 1—single **payment due July 15, 2018** (no \$40.00 FACTS fee) **If you would like to pay by credit card, you may do so through FACTS. Sign up at <http://assumptionbvmschool.org/>. Scroll down to right hand side of screen and click on the tab that says: manage tuition payments. No discount after due date.

____ Option 2—will sign up for an actively managed plan from the school’s website. You will have the opportunity to schedule budgeted monthly payments. Please sign up at <http://assumptionbvmschool.org/>. Scroll down to right hand side of screen and click on the tab that says: manage tuition payments. You have the option to pay with a checking account, savings account or credit card. Your child/ren is (are) not considered registered until you have set up the payments on line.

I agree to make tuition payments for the 2018-2019 school year according to the option selected above.

date _____

Parent’s signature

Return to:

Assumption of the Blessed Virgin Mary Elementary Catholic School
203 W. Third Street
O’Fallon, MO 63366