

Registration Packet 2011-2012



1811 Carolina Street
Baytown, TX 77520
281-422-9749 (o)
281-422-7001 (f)

www.stjosephschoolbaytown.com
Email: st_joseph_sch@yahoo.com
Visit us on Facebook!

Inspiring Faith in Our Future



PRE-REGISTRATION

WHEN IS PRE-REGISTRATION?

- For returning students, pre-registration will begin on Monday, February 7 through Friday, April 1.
- For new students, pre-registration will begin on Monday, February 28 through Friday, April 1.

WHY SHOULD I PRE-REGISTER MY CHILDREN?

- It “holds their spot.” Our Pre-K and Primary grades are fully enrolled. Early registration guarantees your child’s place in the class.
- It will save you \$50.00 on your early tuition.

WHAT DOES PRE-REGISTRATION COST?

- \$150 per family. After the April 1 closing date, registration is \$200.

IS THE PRE-REGISTRATION FEE IN ADDITION TO THE YEARLY TUITION?

- No. When you pre-register, \$200 is taken off the early tuition total And the remainder divided into 10 equal payments.

SO, WHAT HAPPENS ON THE AUGUST “FEE DAY?”

- It is a day to meet the teachers, sign up for Boy or Girl Scouts, Home Room Parent, and Home & School Association committees. First month’s tuition is due at this time.

TUITION ASSISTANCE

IS TUITION ASSISTANCE AVAILABLE AT SAINT JOSEPH CATHOLIC SCHOOL?

- Yes. Three assistance programs are available. They are:

1. The Saint Joseph Parish Tuition Subsidy

The actual tuition cost per child is \$5,200 per year. Saint Joseph Parish contributes a subsidy that reduces your cost from \$5,200 to the amount listed on the Tuition Schedule. This subsidy lowers tuition by \$800 for Pre-K students, \$1,650 for K-8 students, and even more for families with two or more children enrolled in the school.

2. The Archdiocesan Tuition Assistance Fund

This fund can result in another \$1,000 reduction in your yearly cost per child. The diocesan office will determine your eligibility for this assistance from the information you provide on the Tuition Assistance Information Form. THESE FORMS ARE AVAILABLE IN THE SCHOOL OFFICE AND MAY BE MAILED IN. THEY ARE ALSO AVAILABLE ONLINE AT:

www.choosecatholicschools.org

3. The “Let the Children Come to Me” Program

This local program is funded by individuals who respond to Father Dwight’s call for help for our school families. In order To be eligible for this program, you must submit the Diocesan Tuition Assistance Form before the end of March. This information allows the pastor and the principal to use these limited funds in the best way possible.

New Students:

1. Social Security card
2. Birth Certificate
3. Baptismal Record (if applying for Catholic tuition)
4. Withdrawal form from previous school (if applicable)
5. Current shot record
6. Registration packet (incomplete packets will not be accepted)
7. Any information regarding special needs and health records

Returning Students:

1. Payment of all outstanding fees or fines
2. Registration packet completely filled out
3. Registration fee

TERMS OF CONDITIONAL ACCEPTANCE
SAINT JOSEPH CATHOLIC SCHOOL

The administration of Saint Joseph Catholic School agrees to accept _____ conditionally as a full time student at Saint Joseph Catholic School. This conditional acceptance is granted to determine the student's ability to meet the expectation of the school program. The student must maintain passing grades and acceptable behavior as outlined in the current Saint Joseph Catholic School Handbook. The administration of Saint Joseph Catholic School will determine the status of continued enrollment.

I accept these terms and choose to enroll my son/daughter at Saint Joseph Catholic School under the above terms. I understand that no fees paid for the first payment or tuition will be refunded if this occurs.

Parent/Guardian

Date

Administrator

Date

STUDENT:

Last _____ First _____ Middle _____

Nickname _____ Birthdate _____ Male Female

Address _____

Home Phone Number _____

Student lives with (parent, guardian, etc.) _____

Social Security Number _____ Grade Enrolling In _____

Last School Attended _____

Month and Year of First Enrollment in Saint Joseph School if a returning student: _____

Church Student/Family Attends:

Denomination _____ Parish _____

Ethnicity: Caucasian African American Hispanic Asian

Other/Multi-racial (please specify) _____

Siblings Residing in Household:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Person Responsible for Tuition _____

FATHER/GUARDIAN:

Last _____ First _____ Middle _____

Address _____

Email _____

Phone (home) _____ (cell) _____ (work) _____

Employer _____

Social Security Number _____

Marital Status: Married Divorced Other

Religious Denomination _____ Church _____

If married, name of spouse _____

MOTHER/GUARDIAN:

Last _____ First _____ Middle _____

Address _____

Email _____

Phone (home) _____ (cell) _____ (work) _____

Employer _____

Social Security Number _____

Marital Status: Married Divorced Other

Religious Denomination _____ Church _____

If married, name of spouse _____

MOTHER/GUARDIAN:

Last _____ First _____ Middle _____

Address _____

Email _____

Phone (home) _____ (cell) _____ (work) _____

Employer _____

Social Security Number _____

Marital Status: Married Divorced Other

Religious Denomination _____ Church _____

If married, name of spouse _____

Student Emergency Information Card
Saint Joseph Catholic School

2011 – 2012

Student Name _____

Date of Birth _____ Last _____ First _____ MI _____
Age _____ Sex _____ Grade _____

Social Security Number _____ Height _____ Weight _____

Father/Guardian Name _____ Father Home Number _____

Father Address _____ Father Cell Number _____

Father Employer _____ Father Work Number _____

Mother/Guardian Name _____ Mother Home Number _____

Mother Address _____ Mother Cell Number _____

Mother Employer _____ Mother Work Number _____

List person to be contacted in case of Emergency when Parent/Guardian cannot be reached

Contact Name	Contact Number (Home/Work/Cell)	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Information

Doctor's Name _____ Office # _____ Emergency # _____

Dentist's Name _____ Office # _____ Emergency # _____

Insurance Carrier _____ Group Policy # _____

Allergies (drug, food, environmental) _____

Medical Conditions (ex: Diabetes) _____

Medication Taken Daily or as needed (name, dosage & frequency) _____

Daily Monitoring required (glucose monitoring) _____

I, _____ do hereby authorize school administration to render first aid for illness or injury to my child named above. In the event of a medical emergency, I authorize school administration to have my child transported to the nearest hospital/emergency care center for emergency medical or surgical treatments and to contact my child's physician and one of the persons listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency.

I do hereby release, hold harmless and indemnify the Most Reverend Daniel N. DiNardo, Bishop of the Diocese of Galveston-Houston and his successors in office, the Diocese of Galveston-Houston, Saint Joseph School and any other of their officers, agents, employees or representatives ("Released Parties") for any and all liability, claims, losses or expenses arising from personal injury, death, and loss of or damage to property arising from any medical treatment received and/or transportation to the nearest hospital/emergency care center.

Signature of Parent or Guardian

Date

Student Name _____ Grade _____

Date of Birth _____

Please list the names of those who are authorized to pick up your child.

First Emergency Contact

Name _____

Phone (home) _____ (cell) _____

(work) _____

Second Emergency Contact

Name _____

Phone (home) _____ (cell) _____

(work) _____

List of persons allowed to pick up your child other than yourself:

1. _____
Name Relationship to Child

2. _____
Name Relationship to Child

3. _____
Name Relationship to Child

We at Saint Joseph School are committed to providing the best education for your child. Please provide the following information to enable us to achieve this goal.

(ALL INFORMATION IS HELD IN CONFIDENCE)

1. Are you aware of any special considerations required by your child, which may impact his/her ability to participate in all aspects of the programs offered by Saint Joseph School? Yes No
If yes, please describe these special considerations below:

Academic: _____

Behavioral: _____

Physical: _____

Social: _____

2. Have you ever been asked to withdraw your child from a particular school for disciplinary reasons?
 Yes No If yes, please explain the circumstances.

3. Has your child ever been expelled, suspended or had any discipline/behavioral problems?
 Yes No If yes to question #2 or #3, please explain the circumstances.

4. Do you have any recent assessments that provide insights on your child's educational needs?
 Yes No If yes, please provide the school with a report.

Parent/Guardian Signature: _____ Date: _____

Student Name: _____

The following "Health Care Procedures" for the school are to help accomplish the goal of excellent health and safety of your child while in school or at school related events.

- If your child has a severe health problem such as diabetes, asthma, epilepsy, severe allergies, heart condition or other serious health conditions, doctor's orders, health care plans, medication, meeting with teachers and principal must be done before the child can start school.

- **Any medication, prescription or over-the-counter, needs to have a physician or authorized prescriber and parent signature before the medications can be given at school. Cough drops, ointment, vitamins and others are considered to be medication. The parent must provide all medication in original containers to the school. The prescription medication must have a pharmacy label that matches the order. All medication must be brought to the school by the parent.**

- The child may carry medication such as an emergency asthma inhaler or Epipens if there is a doctor order and proper procedure is followed. Certain medication will need to be in the classroom or with the coach. A duplicate medication needs to be at the clinic as a backup. Parents will have to provide both. No other medication may be carried on the child, including over-the-counter medication, at school or school related events.

- The Archdiocese of Galveston-Houston Catholic Schools complies with State of Texas Immunization requirements. Up-to-date immunization records are required to be returned to the school before registration is complete.

- Texas Law requires vision, hearing, and spinal screening. If screening norms are not met, a referral to a physician will be made.

- A student TB Screening Questionnaire or proof the child is under a doctor's care is required on all new students.

- A student will be sent home from school due to illness or injury.

If you have any questions or concerns, please contact Ann Mullins, Ed. D., Principal.

I have read and understand the health care procedures.

Parent/Guardian

Date

Immunization Checklist
Saint Joseph Catholic School

2011 - 2012

Student Name: _____ Grade: _____ Due Date: _____

In order for every student to be protected from communicable disease and to be able to participate in the school programs, The Texas Department of State Health Services has established minimum immunization requirements. All new students admitted to a Catholic School in the State of Texas are required to furnish a copy of their immunization record to the school office before they may enter school on the first day. Checked items on this list are missing from your child's records and must be furnished to the school office in order for your child to enter class.

Diphtheria/tetanus/pertussis containing vaccine, ages 3 and 4 years: 4 doses _____

Diphtheria/tetanus/pertussis containing vaccine, Kindergarten entry: 5 doses, one dose on or after 4th birthday _____

Students 7 years and older are required to have 3 doses of a tetanus/diphtheria-containing vaccine _____

Entry, grade 7 – is required to have one booster of tetanus/diphtheria/pertussis-containing vaccine, if at least 5 years have passed since the last dose of a tetanus-containing vaccine or when the 5 year interval has lapsed. _____

Entry, grades 8-12, one dose Tdap booster when 10 years have passed since the last dose, date due: _____

Hepatitis A, 2 doses required for children in PK and Kindergarten (1st dose after age 1) _____

Hepatitis B, 3 doses required for all students, PK 3, 4, and grades K-12 _____

HibCV, minimum 1 dose required for children younger than 5 years, after age 1 _____

Meningococcal, 1 dose for students for entry into 7th grade _____

MMR required for ages 3 and 4 years: 1st dose after age 1 _____

MMR – 2 doses for Kindergarten: 1st dose after age 1 _____

MMR/M – grades 1-12, (2 doses measles containing vaccine and 1 dose of rubella and mumps) _____

PCV7, minimum 1 dose required for children 59 months and younger, after age 1 _____

Polio, ages 3 and 4: 3 doses required _____

Polio, Kindergarten entry, 4 doses required, one dose on or after 4th birthday or if the 3rd dose was give after the 4th birthday. (Required for grades 1-12) _____

Varicella vaccine, 1 dose required for children age 3 and 4 and grades 1-6, 8-12 (2 doses if given after age 13) _____

Varicella, 2 doses required for grades Kindergarten and 7th _____

Note: The following is only required for grades K-3 in certain counties. Please check with DSHS. Hepatitis A, two doses of Hepatitis A is required for children upon entry into K through 3rd grade. The 1st dose is administered on or after their 1st birthday.

Requirements vary by county, check with DSHS for up to date requirements, www.ImmunizeTexas.com

I hereby grant permission to Saint Joseph Catholic School (check all that apply):

- to allow my child to be photographed/interviewed for public use.
- to publish addresses, phone numbers and email in the school directory.
- to publish student work in the school newsletters, yearbook, or on the school website.
- to use internet at school.

I agree to allow participation in these projects without financial remuneration; and I understand that this releases Saint Joseph Catholic School and the Archdiocese of Galveston-Houston from any future claims as well as from any liability arising from the use of said photographs/interviews.

Parent/Guardian Signature

Date

Student TB Questionnaire: Students
Saint Joseph Catholic School

2011 - 2012

Name of Child: _____ Date of Birth: _____

Organization administering questionnaire: _____ Date: _____

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box:	Yes	No	Don't Know
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: has your child been around anyone with any of these symptoms or problems? Or has your child had any of these symptoms or problems? Or has your child been around anyone sick with TB?			
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries? _____			
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child been tested for TB? Yes _____ (if yes, specify date _____/_____/_____) No _____
 Has your child ever had a positive TB skin test? Yes _____ (if yes, specify date _____/_____/_____) No _____

For school/healthcare provider use only

PPD administered Yes _____ No _____

If yes,
 Date administered _____/_____/_____ Date read _____/_____/_____ Result of PPD test _____ mm response

Type of service provide (i.e., school, Health Steps, other clinics) _____

PPD provider _____
 Signature _____ Printed Name _____

Provider phone number _____

City _____ County _____

If positive, referral to healthcare provider? Yes _____ No _____

If yes, name of provider _____

