



ST. LOUIS CATHOLIC SCHOOL

607 Madrid – Phone (830) 931-3544

Fax (830) 931-0155

Castroville, Texas 78009

Welcome to the 2021-2022 school year at St. Louis Catholic School!

Enclosed are the 2021-2022 Registration Forms for students at St. Louis Catholic School. These forms should be returned to the school office during the designated registration times listed below:

- | | | |
|----------|-------|--------------------------------------------------------------------------------------------|
| February | 1-12 | Registration for all children currently attending St. Louis (students and their siblings). |
| February | 15-19 | Registration for all parishioners of St. Louis Church, new to the school. |
| February | 22-26 | Registration for any non-parishioner; thereafter, on a first come, first served basis. |

REGISTRATION IS COMPLETE WHEN:

1. Tuition and registration contract is signed.
2. Registration fee is paid in full OR enrollment fee is paid (see option below).
3. Copies of the child's birth certificate, baptism certificate (if baptized) and immunization records are turned in for all **new** students, or updated immunization records are turned in for **returning** students.

REGISTRATION FEES AND DISCOUNTS

Registration and enrollment fees are per child and are non-refundable. Per child discounts are available for registrations completed by May 3rd, 2021

	Parishioner		Non Parishioner	
Registration Fees	1 st child \$450	2 nd child \$350	1 st child \$500	2 nd child \$400
	3 rd child \$250	4 th child \$250	3 rd child \$300	4 th child \$300
Enrollment Fee (optional)	\$50 per child		\$50 per child	

Enrollment Service Fee (optional): Families who would like to register their students for the upcoming year without paying the registration fee in full may pay a \$50 non-refundable enrollment fee per child to have the registration fee rolled into the monthly tuition payment in FACTS over the course of the 10 or 12 month tuition payment plan.

Returning Student Discount: There is a one-time deduction of \$50.00 per registration for each returning student registration completed and paid in full by May 3rd, 2021.

TUITION

PRE-KINDER (3K AND 4K)

8:00 A.M. – 3:15 P.M.

*Parishioner	\$540.00 (10 Payments)	\$450.00 (12 Payments)	\$5400/year
Non-Parishioner	\$560.00 (10 Payments)	\$467.00 (12 Payments)	\$5600/year

KINDER THROUGH 5th

8:00 A.M. - 3:15 P.M.

*Parishioner	\$405.00 (10 Payments)	\$337.50 (12 Payments)	\$4050/year
Non-Parishioner	\$425.00 (10 Payments)	\$355.00 (12 Payments)	\$4250/year

DISCOUNTS

The first child pays full tuition. A \$30 per month reduction will apply for the second child, a \$40 per month reduction for the third child, and a \$50 per month reduction for each additional child.

There will be a \$150 discount on your tuition for each child that enrolls upon your referral.

****PARISHIONER: To be classified as a registered, contributing, participating parishioner the parish records should reflect a minimum monthly contribution of \$20.00. Payments must be made by using church envelopes or checks. Parishioners' contribution patterns will be analyzed monthly to determine that the family is on pace to achieve at least the minimum annual contribution level. If not, the school account will be changed to the non-parishioner rate. Notification and updates will be quarterly as reported to SLCS by the parish.***

STEWARDSHIP

Stewardship is defined as “the practice of considering and treating all things, the earth and one’s own life (time, talent, and treasure) as belonging to God and oneself as the manager, or “steward”. 1 Peter 4:10 states that “As each one has received a gift, use it to serve one another as good stewards of God’s varied grace.”

A stewardship program has been implemented to help with our fundraising efforts. This program requires each family to commit to twenty hours of service per year. These service hours can be fulfilled by either volunteering 20 hours, or donating \$20.00 per hour (\$30.00 non-parishioner).

STEWARDSHIP	Parishioner	Non Parishioner	Buyout — Parishioner	Buyout Non-Parishioners
Family (20 hours)	\$20/hour	\$30/hour	\$400	\$600
Single (10 hours)	\$20/hour	\$30/hour	\$200	\$300

ADMISSION REQUIREMENTS

A child must have reached the age of three on or before September 1st to be eligible for 3K (Pre-Kindergarten). The child must be potty-trained.

A child must have reached the age of four on or before September 1st to be eligible for 4K (Pre-Kindergarten). The child must be potty-trained.

A child must have reached the age five on or before September 1st to be eligible for Kindergarten.

A child is eligible for admission into Grade 1 if he or she has reached the age of six on or before September 1st.

There are no exceptions

The availability of a class in each grade level (PK through 5th) and its subsequent size are dependent upon a minimum number of registrations per grade level being reached.



2021-2022 Extended Day Care Program

STUDENT NAME _____ GRADE _____

PARENT NAME _____

BEFORE & AFTER SCHOOL CARE is offered for students from 6:30 A.M. through 6:00 P.M. on school days. Students dropped off after 7:30 A.M. do not need to be enrolled in *before* school care.

Fees reflect monthly charges which guarantee a student's place (Non -refundable). Snacks are provided for after school care only. Payments for before and after school care start on August 1 and are as follows:

PRE-KINDERGARTEN (3K AND 4K) THRU 5TH

	TIMES OF ATTENDANCE	TOTAL HOURS	COST PER MONTH	CHECK ONE
ALL DAY	6:30 A.M- 7:30 A.M & 3:30 P.M. – 6:00 P.M	3.5 HOURS	\$280.00	
P.M. CARE ONLY	3:30 P.M.- 6:00 P. M	2.5 HOURS	\$200.00	
A.M CARE ONLY	6:30 A.M – 7:30 A.M	1 HOUR	\$80.00	

I will not need before/after school care services for my child _____

DROP-IN CARE: Billed at **\$5.00/hour (Any portion of an hour).**

EDC Discount for 2 or more students is \$ 25.00 per month.

** If your student is picked up after 6:00 pm, the charge is \$1.00 per minute.

Tuition Payment Plan Option:

Preference of 10 or 12 month payment plan in FACTS (Please Circle One)

*10-month **OR** 12-month*

I agree to the following options I have checked.

PARENT SIGNATURE _____

For Office Use Only:
Shot Record _____ Birth Certificate _____
Baptism (if applicable) _____

Date Registered: _____
Cash _____ Check _____ Online _____

SAINT LOUIS CATHOLIC SCHOOL (SLCS)

**ARCHDIOCESE OF SAN ANTONIO
TUITION AND REGISTRATION**

CONTRACT 2021-2022

STUDENT'S NAME: _____ **GRADE** _____

ADDRESS: _____ **CITY & STATE:** _____

ZIP: _____ **PHONE:** _____

This tuition contract must be signed along with all fees submitted to the front office of St. Louis Catholic School. Your child is considered registered upon receipt of this signed contract, full registration fees paid, and birth certificate and immunization records by May 22, 2019.

- All policies and mandates within SLCS Handbook are applied and agreed to by the undersigned.
- Tuition payments will be made according to the 10-month or 12-month plan offered by the FACTS online collection agency for SLCS. In case of an emergency, contact the school accountant five days prior to your scheduled payment in order to stop withdrawal of funds without a \$30.00 penalty.
 - A Pre-Kinder (3K-4K) Parishioner tuition is \$5400 for the first child, \$300 less for the second child per year, \$400 less for the third child per year and \$500 less for each additional child per year. Pre-Kinder (3K & 4K) Non-Parishioner tuition is \$5600 for the first child, \$300 less for the second child, \$400 less for the third child and \$500 less for each additional child.
 - Kinder-5th grade Parishioner tuition is \$4050 for the first child and \$300 less for second child, \$400 less for third child and \$500 less for each additional child per year. Non-parishioner tuition is \$4250 for the first child and \$300.00 less for the second child, \$400.00 less for the third child and \$500 less for each additional child per year. The nonrefundable and refundable registration fees as listed in our Handbook are separate from tuition.
- Students whose accounts are in arrears on the opening day of the school year will not be admitted.
- Students whose accounts are in arrears at the end of the first semester, will not be readmitted the following quarter until all due amounts are paid in full.
- All accounts must be settled before transcripts and other reports will be released, and, in the case of fifth graders, diplomas presented at a graduation ceremony.
- Any other arrangements must be made with the business office in writing and approved by the principal.
- Stewardship hours (family-20 hours; single- 10 hours) will be completed by May 31, 2022, or buyout option applied

Principal _____ Date _____

Parent Signature _____ Date _____

****St. Louis Catholic School reserves the right to change policies and procedures as outlined in the SLCS Handbook and this tuition contract.***



STUDENT HEALTH FORM

School Year: 2021-2022 Grade: _____

Student's Name: _____ Date of Birth: _____ Gender: M / F

Primary Address: _____

It is the Texas Catholic Conference of Bishops policy that every student in a Catholic School in the State of Texas be immunized against vaccine preventable diseases caused by infectious agents in accordance with the immunization schedule adopted by the Texas Department of State Health Services. Immunizations are not in conflict with the Catholic faith. Conscientious objections or waivers, which may be permissible for attendance in public schools, do NOT qualify as an excuse in Catholic Schools in Texas (Atty Gen.Op. GA-0402)

Children will be screened as set forth by the Texas Department of State Health Services for hearing, vision, scoliosis, and acanthosis nigricans. The school follows the required screening schedule from the State of Texas.

WHERE CAN PARENTS/GUARDIANS BE REACHED?

Mother/Guardian Name: _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____

Father/Guardian Name: _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____

Is any person legally restrained from picking up this child? Yes/No

If yes, please give a brief description of the restrictions in the space below and a copy of the legal documents:

STUDENT HEALTH FORM CONT'D

Check all that apply

CONDITION	Moderate	Severe	COMMENTS
Allergy - Drug/Other			
Asthma			
Accident or Illness**			
Blood Disorder			
Cardiac Disease/Problem			
Chicken Pox (date required)			
Congenital Deformity			
Diabetes			
Hearing Loss			
Hypertension			
Neurological Disorder			
Otitis Media (Ear Infection)			
Seizure Disorder (Epilepsy)**			
Surgery – Serious**			
Urinary Problem			
Vision Loss			
INJURIES			
Head**			
Back**			
OTHER:			

** Details required, please use COMMENTS section.

List all medications (prescription, over-the counter, and herbal) that your child takes regularly:

Primary Physician's Name: _____ **Phone:** _____

Hospital Preference: _____

In the case of accident or illness, I request the school contact me. If the school is unable to reach me, the school has permission to take whatever action they deem necessary for the health and welfare of my child in the event of an emergency. I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

Parent/Guardian Signature: _____ **Date:** _____



REGISTRATION FORM- New Student
2021-2022

STUDENT GRADE _____

Student's Name _____ Sex: M F Date of Birth: _____
Last First Middle

Home Address _____
Street/P.O. Box City, State Zip

Home phone _____ Cell _____ Email _____

U. S. Citizen: Yes No IF no, citizen of _____ Language Spoken at Home: _____
(Country)

Ethnicity (Mark Only One)

- Hispanic or Latino
- Not Hispanic or Latino

Race (Mark Only One)

- American Indian or Alaska Nat
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Student's Religion: _____

Has your child received:

Sacrament of Baptism? Yes No Reconciliation? Yes No First Communion? Yes No

Are you currently contributing members of St. Louis Parish? Yes (at least \$20 monthly) No

How did you hear about SLCS? _____

Grade last completed _____ School last attended _____

(Over)

In order to meet student needs and allow us to best serve your child, please answer the following questions:

1. Does your child have any clinically diagnosed learning difference (speech/language therapy, ADHD, ADD, Dyslexia, learning disability, other)? _____
2. Does your child have IEP (Individual Education Plan) from prior school? _____
3. Were there any classroom modifications in place at the prior school? _____
4. Has your child ever been suspended or dismissed from school? _____

Father's name _____ Marital Status _____ Religion _____

Address (if different than student) _____

Home phone (if different than student) _____ Cell _____ Work _____

Occupation: _____ Employer: _____

Mother's name _____ Marital Status _____ Religion _____

Address (if different than student) _____

Home phone (if different than student) _____ Cell _____ Work _____

Occupation: _____ Employer: _____

Number of children who will be attending St. Louis: _____

List of children (name and grade):
