

2024-2025 St. Louis Catholic School Registration

The enclosed registration forms must be complete for new students. Forms should be returned to the school office during the designated registration times listed below:

- January 29 – February 9 Auto reenrollment for all children currently attending St. Louis.
Registration for any siblings of current students attending St. Louis.
- February 12-16 Registration for all parishioners of St. Louis Church new to the school.
- February 20-29 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. Registration fees help pay for book fees, technology, required archdiocese insurance and fees. Per child discounts are available for registrations **completed by May 1st, 2024.**

Registration Fees	One child \$450 total	Family two or more \$800.00 total
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 monthly tuition payment plan.

Auto Registration and Enrollment Fee Payment Option (Please Circle One):

Payment Options: Through FACTS

Registration Fee paid in 3 monthly payments in March/April/May **OR** Pay one-time \$50.00 Enrollment Fee & roll registration into tuition payment.

Tuition Payment Plan Option:

Preference of 10-, 11- or 12-month payment plan in FACTS (Please Circle One)

- 10-month,*
Aug. - May
- 11- month,*
July – May
- 11 month**
July – June
- 12-month*
July - June

*Skip payment in December

Date to be billed on FACTS: *July 5th* **OR** *July 20th*

I agree to the following options I have checked.

PARENT SIGNATURE _____

Registration and Enrollment Fee Payment through FACTS: Registration and Enrollment fees must be paid thru FACTS. An annual FACTS enrollment fee of \$55.00 will be charged to the parent.

St. Louis Catholic School is an equal opportunity organization that provides access to persons without regard to race, national origin, or gender.

Tuition and Stewardship Fees

PRE-KINDER (3K AND 4K)

8:00 A.M. – 3:00 P.M.

*Parishioner	(10 Payments) \$560.00	(11 Payments) \$510.00	(12 Payments) \$465.00	\$5600/year
Non-Parishioner	(10 Payments) \$580.00	(11 Payments) \$530.00	(12 Payments) \$485.00	\$5800/year

KINDER THROUGH 5th GRADE 8:00 A.M. - 3:15 P.M.

*Parishioner	(10 Payments) \$425.00	(11 Payments) \$385.00	(12 Payments) \$355.00	\$4250/year
Non-Parishioner	(10 Payments) \$445.00	(11 Payments) \$405.00	(12 Payments) \$375.00	\$4450/year

DISCOUNTS

The oldest 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.

****PARISHIONER: Must be registered at the St. Louis Catholic Church parish office as a parishioner to receive the discounted tuition rate.***

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. Ten hours per year go to PTC fundraising assistance. These service hours can be fulfilled by either volunteering 20 hours or donating \$20.00 per hour.

STEWARDSHIP	Cost per hour	Buyout before May 1, 2025	Buyout after May 1, 2025
Family (20 hours)	\$20/hour	\$350.00	\$500.00
Single (10 hours)	\$20/hour	\$150.00	\$300.00

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 of 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.



For Office Use Only:

Shot Record ___ Birth Certificate ___ Date Registered: _____
Baptism (if applicable) ___ Cash ___ Check ___ Credit Card ___

SAINT LOUIS CATHOLIC SCHOOL (SLCS)

**ARCHDIOCESE OF SAN ANTONIO
TUITION AND REGISTRATION**

CONTRACT 2024-2025

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 30, 2024.

- 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, 11 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 \$5600 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 \$5800 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 \$4250 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 \$4450 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 30, 2025, or buyout option applied

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.***



2024-2025 Extended Day Care Program Plan Options

STUDENT NAME(S) _____ GRADE(S) _____

PARENT NAME _____

BEFORE & AFTER SCHOOL CARE is offered for students from 6:30 A.M. through 6:00 P.M. on school days in our cafeteria and playground. 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 and milk 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 \$5.00 per hour	\$315.00	
P.M. CARE ONLY	3:30 P.M.- 6:00 P. M	2.5 HOURS \$5.00 per hour	\$225.00	
A.M CARE ONLY	6:30 A.M – 7:30 A.M	1 HOUR \$5.00 per hour	\$90.00	

DROP-IN CARE: Billed at **\$7.50/hour (Any portion of an hour).**

EDC Discount for 2 or more students is \$ 25.00 per month. *Excluding drop-ins*

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

*All fees go toward paying for EDC personnel, snacks, and milk.

Check one please.

_____ *I pay monthly and will use EDC before/after school care services for my child.*

_____ *I will use drop in for EDC occasionally.*

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

PARENT SIGNATURE _____



STUDENT HEALTH FORM

School Year: 2024-2025

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:

(Over)

STUDENT HEALTH FORM CONTINUED

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
2024-2025

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 registered members of St. Louis Parish? Yes No

Public School student would attend _____ School District _____

(Over)

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):
