



St. Stephen's Catholic School

506 Jackson Street, Anoka, Minnesota 55303 ~ Phone 763-421-3236 ~ Fax 763-712-7433 ~ www.ststephenschool.org

2017/2018 Enrollment Form

REGISTRATION FEE

A non-refundable registration fee is due in full with this enrollment form. Registration fees per student are:

- Kinder—8th Grade: \$75.00
- Preschool: \$50.00

Maximum family reg. fee: \$200.00

Student registrations are not considered complete until the registration fee is paid.

STUDENT INFORMATION

Please list each child(ren) attending St. Stephen's School in **2017-2018** and what grade they will be in.

NAME	GRADE
_____	_____
_____	_____
_____	_____
_____	_____

Students in Preschool, Kindergarten, and new students to our school need to complete an additional registration form.

STUDENT'S RELIGION

- ☐ Catholic
☐ Non-Catholic

Student's religion is used only to identify sacrament needs and obligations. It is not used for registration or enrollment

REGISTRATION DEADLINE

The registration deadline for current school families is February 17, 2017.

After February 17, 2017 all Enrollment Forms will be reviewed on a first come first served basis.

Family Name (primary family last name)

FATHER (House Hold # _____)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME: (_____) _____ - _____

WORK: (_____) _____ - _____

CELL: (_____) _____ - _____

Email: _____

MOTHER (House Hold # _____)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME: (_____) _____ - _____

WORK: (_____) _____ - _____

CELL: (_____) _____ - _____

Email: _____

OTHER: PARENT, GRAND PARENT, GUARDIAN (House Hold # _____)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME: (_____) _____ - _____

WORK: (_____) _____ - _____

CELL: (_____) _____ - _____

Email: _____

HOUSEHOLD INFORMATION (Please check one)

- ☐ Student (s) resides at 1 household 100% of the time
☐ Student (s) Resides at multiple households

(Household 1 ____% of the time

Household 2 ____% of the time)

TUITION:

The actual per pupil (K-8) cost for the current school year is \$5,738.00. Your tuition covers 60% of that cost while the contributions from parishioner stewardship giving covers 27%, other fundraising activities and income earned through school programs generates 13% of the total cost to educate each child. It is important to the future of our school that you: (1) continue your stewardship gifts to the parish and, (2) consider paying the actual cost, or a higher percentage of the actual cost, of your child's tuition if you are financially able to do so.

ANNUAL SUBSIDIZED TUITION INVESTMENT

	Kindergarten	1st Grade	2nd - 8th Grade
First Student	\$2,199.00	\$2,990.00	\$3,700.00
Additional Students (each)	\$2,034.08	\$2,765.75	\$3,422.50

For 3-year-old and 4-year-old preschool options and tuition prices, please see the preschool registration form

ACTIVITY FEE:

Each family is required to pay a one time-non-refundable activity fee for each student enrolled at St. Stephen's. These funds will be used for miscellaneous student needs such as field trip fees, classroom project fees, weekly newspapers, planners, etc. The amount varies by grade and will be available in August. This fee is due by November 3, 2017.

TECHNOLOGY FEE:

\$100/family. This fee is to help St. Stephen's keep our technology new and updated as well as to repair/replace our current computers/iPads/chrome books. This fee is due by November 3, 2017.

FUNDRAISER EXPECTATION:

All families are expected to raise a minimum of \$120/student. We are planning to sell raffle tickets as part of our Fall Fun Fest. Raffle sales will count towards the fundraising expectation. This fee is due by November 3, 2017.

DISCOUNTS:

A 5% discount is given for paying your tuition in full before school starts.

A 7.5% multiple student discount is given for each additional student in the same family.

Each family may receive only one type of discount (paid-in-full, multi-student, or financial aid).

FINANCIAL AID:

Families may apply for financial aid through March 31, 2017. Applications received after this date will be reviewed on a case by case basis. Financial aid awards may be granted based on resources available to the church and school.

St. Stephen's School uses TADS to process Financial Aid applications. There are two ways to apply:

- On-line at www.tads.com, click on the 'Financial Aid Assessment' button to begin. Use School Code SP234120000;
- Call TADS at 1-800-477-8237 to request an application. TADS Worksheets are available in our school office; however, this is not an application.

PAYMENT PLAN:

A Tuition Contract will be sent out at a later date. All families agree to be bound by the terms of the tuition contract hereafter known as the "agreement" until the amount owed is paid in full. TADS (an agent for the School) may invoice, collect and remit all funds on behalf of the School. All amounts will be due as indicated on the invoices. Invoicing and fees will be assessed as indicated in the agreement.

*2017/2018 Tuition will be paid as (circle one): **Single payment or Multiple payments per TADS Tuition Agreement***

Tuition Payment:

- ☐ Tuition will be paid from 100% from household # _____
- ☐ Tuition will be paid multiple households:

Please bill household 1 ____% or \$_____. Please bill household 2 ____% or \$_____.

TADS TUITION AGREEMENT PROCESSING FEE

All families will be asked to pay the TADS Agreement Processing Fee which is a one-time processing fee that is due when you submit your agreement to TADS. The \$45.00 is assessed only to families paying in three or more installments. One or two-time payers are not charged any agreement processing fee by TADS. The TADS Tuition Agreement Processing Fees along with other fees associated with your payment plan and statement delivery selections are due to TADS when you submit the tuition agreement. If you owe processing fees, you will be asked to pay them to TADS at the time you submit your agreement via credit card, bank draft, or an invoice can be generated and will be due in two weeks from the submission of the agreement.

AUTHORIZING SIGNATURES: *(all parties responsible for tuition and fundraising obligations must sign.)*

Father:_____ Date:_____

Mother:_____ Date:_____

Other:_____ Date:_____



St. Stephen's Catholic School

New Student & Kindergarten Registration 2017-18

506 Jackson ST, Anoka, MN 55303

Phone: 763-421-3236

FAX: 763-712-7433

Student Information

Please Return: ☐ Registration Form ☐ Enrollment Form ☐ Records Release ☐ Birth Certificate (copy) ☐ Immunization Records

Last Name	First Name	Middle Name
Address		Birth Date
City, State Zip		Registering for Grade?
Student's last school attended		Gender (Male or Female)

Religious Affiliation

- ☐ Yes our family is registered as members of St. Stephen's Catholic Church.
- ☐ No, our family is not registered at St. Stephen's Catholic Church. We are registered at:

Student's Religion

Student's religion is used only to identify sacrament needs and obligations. It is not used for registration or enrollment.

- ☐ Catholic
- ☐ Non-catholic

Sacrament History

Baptism ____/____/____

First Eucharist ____/____/____

Reconciliation ____/____/____

My student ...

- ☐ Is a currently enrolled student
- ☐ Is a sibling of a currently enrolled student
- ☐ Is a faculty member's child
- ☐ Has a Parent that is an Alumni of St. Stephen's
- ☐ Is a registered member of St. Stephen's Parish
- ☐ None of the above

Race/Ethnic Background

Race/Ethnic data is used for the purpose of compliance with federal and state civil rights laws and statistical reports.

Student's Race (Select one or more)

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ White
- ☐ Native Hawaiian or Pacific Islander

Student's Ethnicity (select one)

- ☐ American Indian/Alaskan
- ☐ Asian/Pacific Islander
- ☐ Hispanic
- ☐ Black, not Hispanic
- ☐ White, not Hispanic

Parents/Guardian/Contacts

(include parents, step-parents, foster parents and/or guardians)

The school must be notified if your address or phone number changes during the school. If you cannot be reached, these are the only contacts that may be asked to transport and care for your student. In case of a serious accident or illness at school, 911 will be called. The parent/guardian is responsible for all expenses. For younger children, be sure to list daycare as an emergency contact.

Household information (please check one)

- ☐ Student resides at 1 household 100% of the time
- ☐ Student has special custody arrangements. (Please attach a copy)

Parent/Guardian	Relationship
Address: <input type="radio"/> Check here if same as student	Student lives with? <input type="radio"/> Yes <input type="radio"/> No Emergency Contact? <input type="radio"/> Yes <input type="radio"/> No Send Report Cards? <input type="radio"/> Yes <input type="radio"/> No Allowed to Pickup? <input type="radio"/> Yes <input type="radio"/> No
Email address	
Home Phone	
Cell Phone	
Work Phone	

Parent/Guardian	Relationship
Address: <input type="radio"/> Check here if same as student	Student lives with? <input type="radio"/> Yes <input type="radio"/> No Emergency Contact? <input type="radio"/> Yes <input type="radio"/> No Send Report Cards? <input type="radio"/> Yes <input type="radio"/> No Allowed to Pickup? <input type="radio"/> Yes <input type="radio"/> No
Email address	
Home Phone	
Cell Phone	
Work Phone	

Other Contact		Relationship
Address: <input type="radio"/> Check here if same as student	Student lives with?	<input type="radio"/> Yes <input type="radio"/> No
	Emergency Contact?	<input type="radio"/> Yes <input type="radio"/> No
	Send Report Cards?	<input type="radio"/> Yes <input type="radio"/> No
	Allowed to Pickup?	<input type="radio"/> Yes <input type="radio"/> No
Email address		
Home Phone		
Cell Phone		
Work Phone		

Other Contact		Relationship
Address: <input type="radio"/> Check here if same as student	Student lives with?	<input type="radio"/> Yes <input type="radio"/> No
	Emergency Contact?	<input type="radio"/> Yes <input type="radio"/> No
	Send Report Cards?	<input type="radio"/> Yes <input type="radio"/> No
	Allowed to Pickup?	<input type="radio"/> Yes <input type="radio"/> No
Email address		
Home Phone		
Cell Phone		
Work Phone		

Additional Student Information

What public school would your student attend if they did not attend St. Stephen's?

What language did the student learn first?

Which language is most often spoken in your home?

Which language does the student usually speak?

Has this student received Special educational services of any kind?

☐ Yes ☐ No

If Yes, is there a current IEP? (If yes, attach a copy)

☐ Yes ☐ No

If registering for Kindergarten, has this student been Pre-school screened?

☐ Yes ☐ No

If yes, Where?

Health

Please list all health concerns, medications, allergies and disabilities. Information on this form may be shared with appropriate school personnel to meet your child's health and educational needs in school.

Doctor: _____ Phone Number (____) _____ - _____

Dentist: _____ Phone Number (____) _____ - _____

Health Concerns

1)	
2)	

Does this student currently have a health plan? ☐ Yes ☐ No (if yes, please attach a copy)

Signatures

Print Registering parent/guardian name: _____

Authorizing signature: _____

RELEASE OF OFFICIAL EDUCATION RECORDS

Name of student: _____ Birth date: ____/____/____

School: _____

Address: _____

Telephone: _____

FAX: _____

Please release the official education records including identifying information, teacher evaluation, and other information, which may be helpful in planning and implementing the student's school program. Specific records to include but are not limited to:

- ☐ Official School Records including name, address, birth date, gender, grade level, class rank, standardized group test results.
- ☐ Transcript of grades—Final Grades
- ☐ Health Record
- ☐ Attendance Record
- ☐ Special Education Records including IEP and Related materials (if applicable)
- ☐ Psychological Reports
- ☐ Teacher, Counselor, Staff Observations
- ☐ Other (specify) _____

If this student left before the close of a term, please list the subjects he/she was taking and the grades earned to the date of withdrawal.

I, the undersigned, give permission for the release of information as designated above.

Parent/Guardian Signature

____/____/____

Records sent by (name & title)

____/____/____

IMMUNIZATION HISTORY: Fill in the MO/DAY/YR information for children 2 months of age and older. If child received a combined shot (like Hib-hep B), write the date in all the boxes that apply. Vaccine doses that are circled ○ are not required by law.

Diphtheria, Tetanus, Pertussis (DTP)	Vaccine	Dose	MO	DAY	YR
• 3 doses during 1st year (at 2-month intervals)		1			
• 4 th dose at 12-18 months		2			
• 5 th dose at 4-6 years or at school entrance		3			
Indicate vaccine type: DTaP or DT.		4			
		⑤			
Polio (IPV and/or OPV)	Vaccine	Dose	MO	DAY	YR
• 3 doses at 2-18 months		1			
• 4 th dose at 4-6 years or at school entrance		2			
		3			
		④			
Measles, Mumps, Rubella (MMR)	Vaccine	Dose	MO	DAY	YR
• Required for children 15 months and older		1			
• Must be given on or after 1 st birthday		②			
• 2 nd dose at 4-6 years					
Haemophilus influenzae type b (Hib)	Vaccine	Dose	MO	DAY	YR
• 3-4 doses for children at 2-15 months		1			
• 1 dose ≥12 months required (suspended 2008*)		2			
• 1 dose for previously unvaccinated children 15-59 months		③			
• Not indicated for children 5 years or older		④			
Varicella (Chickenpox)	Vaccine	Dose	MO	DAY	YR
• 1 st dose between 12-18 months		1			
• 2 nd dose at 4-6 years or at school entrance (required for kindergarten)		②			
	Disease Date:				
Pneumococcal Conjugate Vaccine (PCV)	Vaccine	Dose	MO	DAY	YR
• 2-4 doses for children 2-24 months		1			
• Consider for unvaccinated children at 24-59 months in child care		2			
• Not indicated for children 5 years or older		3			
		4			
Hepatitis B (Hep B) —required for kindergarten	Vaccine	Dose	MO	DAY	YR
• 3 doses between birth and 18 months		①			
		②			
		③			
Rotavirus	Vaccine	Dose	MO	DAY	YR
• 2-3 doses between 2 and 6 months		①			
		②			
		③			
Influenza (LAIV or TIV)	Vaccine	Dose	MO	DAY	YR
• 1 dose annually for children ≥6 months (1 st time influenza immunization requires 2 doses)		①			
		②			
Hepatitis A (Hep A)	Vaccine	Dose	MO	DAY	YR
• 2 doses separated by 6 months for children 12-24 months		①			
		②			

* Suspended due to vaccine shortage 2008

Child Care Immunization Record

Must be on file **before** a child attends child care.

Name: _____

Birthdate: _____ Date of Enrollment: _____

SIGNATURE(S)

A. For children who are 15 months or older and who have received all the immunizations required by law for child care:

I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.

Signature of Parent/Guardian or Physician/Public Clinic _____ Date _____

B. For children who are younger than 15 months or who have not received all the immunizations required by law for child care:

I certify that the above-named child has received the immunizations indicated to the left and:

☐ will complete the immunizations required by law for child care within 18 months; and/or

☐ immunization is not indicated for medical reasons or laboratory confirmation of adequate immunity exists for the following immunizations(s)

and/or

☐ the parent/guardian is opposed to certain vaccine(s) as indicated by them in Section C below.

Signature of Physician or Public Clinic _____ Date _____

C. If the parent/guardian conscientiously opposes immunizations:

I understand that not following vaccination recommendations may endanger the health or life of my child and others that my child might come in contact with.

I hereby certify by notarization that:

☐ I am opposed to all immunizations.

☐ I am opposed to only the vaccines indicated and have had my physician or health care provider complete Section B above. Vaccine(s) I oppose:

Signature of Parent/Guardian _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Signature of Notary Public (A copy of the notarized statement will be forwarded to the commissioner of health.) _____



Notary Public Stamp

Child Care Immunization Record - Instructions

Immunization information must be on file **before** a child attends child care.

Who should complete and sign this form?

Who signs depends on the child's age and situation: Either the parent/guardian, physician/clinic, or child care provider can fill in the child's immunization history.

- If the child is at least 15 months old and has had all the shots required by law, a parent or guardian can sign the form in Section A.
- If the child is younger than 15 months or has not had all the shots required by law, a doctor or representative from a public health clinic must sign in Section B.
- If there are medical reasons why a child can't have or doesn't need any shot(s), a doctor or a public health nurse must sign in Section B.
- If a parent or guardian objects to a certain shot, a doctor or representative from a public health clinic must sign the form in Section B, and the parent or guardian must complete Section C and have it notarized by a notary public.
- If a parent or guardian objects to all shots, they must complete Section C and have it notarized by a notary public.

Notes for Parents

1. Give your child's immunization history to the child care provider when you enroll.

Minnesota law (Minn. Stat.121A.15) requires children enrolled in a Minnesota child care to be immunized against certain diseases or have a legal exemption. This form is designed to provide the child care with the information required by law. This or a similar form must be kept on file with the child care provider.

2. Keep track of your child's shots, and tell your child care provider each time your child gets a shot.

It will save you time if you keep a shot record for each of your children. Be sure to have the record updated each time your child receives a shot.

Child care will be the first of many times you will need the shot record. You will also need this record for school, camp, college, and if you go to a new doctor or clinic.

3. If your child is not up to date on his or her shots, you can catch up.

By law you have 18 months after enrolling for your child to have all his or her required shots. Your child doesn't have to restart a delayed series.

Minnesota children are still getting diseases like measles, mumps, and rubella. These diseases are contagious. They can spread rapidly—especially among groups of children who have not received their shots. And some of them, like pertussis (whooping cough), are much more serious for children than they are for adults. As a parent, you can protect your children by making sure they get all their shots. Most shots are due by 2 years of age.

4. If your child has had chickenpox, he or she does not need a varicella shot.

Notes for Child Care Providers

1. Be sure you have a complete immunization history on file for all children 2 months of age and older.

This specific form, or an MDH-approved form, is required by law. If you run a licensed child care facility in Minnesota you must have the information this form contains on file before a child enrolls. If a child enrolls at a younger age, you must obtain immunization information when they reach 2 months of age.

2. Keep track of the date when each child's required immunizations are due by law.

If a child is 2 months of age or older and has not yet received all their required shots, you should note the date when these immunizations will be due by law: 18 months after the child enrolls in your facility.

Unless otherwise exempt, Minnesota law requires preschoolers in child care to have shots for DTP, polio, MMR, PCV, Hib, and varicella. If the child has had chickenpox disease, he or she does not need a varicella shot. Immunization against hepatitis A, hepatitis B, rotavirus, and influenza are not required by law; however, it is strongly recommended for children in child care.

3. Be sure each child's immunization history clearly indicates whether or not they received pertussis vaccine. (DTaP and DTP contain pertussis vaccine; DT does not.)

Nationwide there has been an increase in pertussis disease (whooping cough). If an outbreak of pertussis disease occurs in your child care center, you will need to be able to quickly identify which children are protected and which are not.

4. Remind parents to immunize children on time.

As a child care provider, you are in an excellent position to help remind parents about immunizations.

Make sure the immunization records you have on file for each child are up to date, and regularly remind parents when shots are due.

Ask your local health department for an updated immunization schedule each calendar year, so you will have the latest information on hand.

Questions?

If you have a question about immunizations, call your clinic or your local public health department.



Immunization Program
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-5503 or 1-800-657-3970
www.health.state.mn.us/immunize
IC#140-0163 (MDH, 3/2009)