



2018-2019 School Year

Student name _____

Student Enrollment Packet Checklist

Please use this checklist to ensure that your registration packet is complete. It is important to fill out all documents in their entirety, some of which require information on both sides. All of the requested documentation is required by either the State of Arizona or the Diocese of Phoenix Catholic Schools Office. When your paperwork is ready to return, please attach this form as a cover sheet. Only completed packets will be accepted. A \$200.00 non-refundable registration fee is needed to hold a spot for your child.

SCHOOL PACKET CHECKLIST:

- Enrollment Application
- Annual Tuition Schedule
- Tuition Payment Intent
- Tuition Express Form
- Policy and Financial Agreement
- Photographic Release Form
- Copy of original Immunization Record (Please keep us informed re: updates)
- Copy of Child's Birth Certificate
- Three Photographs of your child (wallet-size & preferably close-up)



Our Lady of Joy Roman Catholic School

2018-2019 Annual Tuition Schedule

A non-refundable deposit of \$200.00 will be due upon registration. Family's first tuition payment will be withdrawn on the date selected in payment intent form enclosed. Our school uses **Tuition Express** to collect tuition each month. This easy program enables direct withdrawals from an account and the ability to charge uniforms, hot lunch pizza day and any other incidentals.

Please select your choice below:

Preschool Class Three days a week (TWTH)

Catholic (active and participating) \$4000.00 _____

Non-Catholic (non-active Catholic) \$4250.00 _____

Students must be 3 by August 21st, 2017

Students must be potty trained, please see handbook for more information

Pre-Kindergarten (PREK) Five Days (M-F) (9:00-2:15)

Catholic (active and participating) \$5500.00 _____

Non-Catholic (non-active Catholic) \$5750.00 _____

Students enrolled in PREK classes meet the requirement age for kindergarten entrance the following school calendar year. We follow by the Diocese of Phoenix guidelines that you must be the age of 5 by September 1st of that calendar year. Students that do not meet this requirement will be enrolled in preschool classes.

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Discounts

Families will receive the following discounts for multiple children enrolled in the program:

- 10% for the second child
- 20% for the third child



2018-2019 TUITION PAYMENT INTENT

Student's Name: _____ Class: _____

(Please Print)

Responsible Party to be invoiced: _____

Address of Responsible Party:

Relationship to Student: _____

As the responsible party to the above student I choose to make:

(Please chose one)

_____ **ONE** tuition payment in full (check/cash/credit card) due by August 21, 2018

_____ **TWO** tuition payments (check/cash/credit card) half due August 21, 2018 and second due January 10, 2019

_____ **TEN** monthly payments due the 5st of each month with the first withdrawal **September 5, 2018 and continuing through June 5, 2018**

Please complete the Tuition Express in the following pages for direct withdrawal or CC billing information.

This authority for the 2018-2019 school years will conclude with selected payment schedule above. In the case of withdrawal of a student, the proper 30 day notice must be given. Please see handbook for more information.

Our Lady of Joy Catholic Preschool

36811 N. Pima Rd. P.O. Box #1359 Carefree, AZ 85377-1359

Telephone # (480) 595-6409 FAX (480) 437-1093

Policy and Financial Agreement

FAMILY NAME: _____

Date: _____

Student's Name: _____

Class: _____

Student's Name: _____

Class: _____

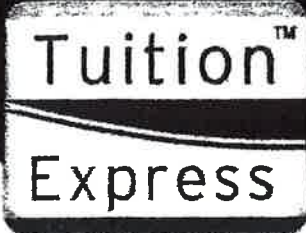
The Signature (s) below verifies agreement to the following:

-
- I/we have reviewed the **Parent Handbook** on www.oloj.org or in written form and will adhere to the policies therein.

 - I am/we are aware of the financial obligation as it pertains to payment of tuition and withdrawal procedure as stated in the **Parent Handbook**, and agree to the terms.

Parent/Guardian Name (please print):

Signature:



Automated Payment Processing Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

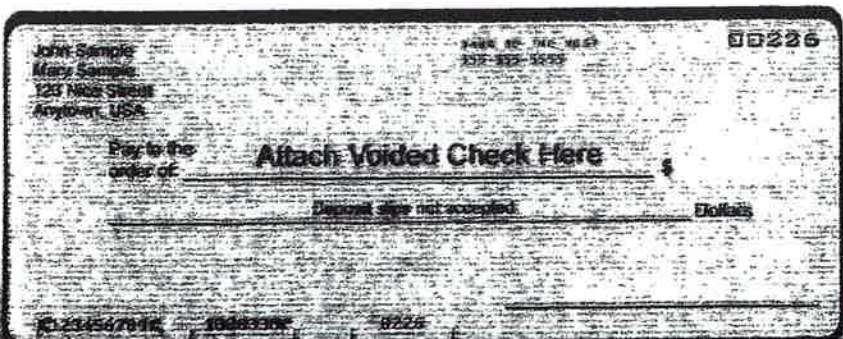
Checking Savings

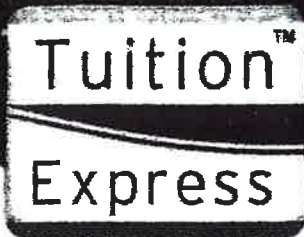
Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature _____ Date _____

Check if you wish to make online payments

For Official Use Only
Date Received
Employee Signature





**Automated Payment Processing
Safe – Convenient – Easy**

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name		Phone #	
Cardholder Address	City	State	Zip
Account Number		Expiration Date	
Cardholder Signature		Date	

Check if you wish to make online payments

For Official Use Only
Date Received
Employee Signature



PHOTO/PUBLICITY RELEASE

I, _____ (print full legal name of parent or legal guardian), on behalf of and as the parent or legal guardian of the following person, who is under eighteen (18) years of age _____

_____ (print full legal name of minor) (here in after "the Minor"), hereby authorize the Roman Catholic Diocese of Phoenix (hereinafter "the Diocese"), all of its parishes, affiliated organizations and entities, and Our Lady of Joy Catholic Preschool

(hereinafter, the "School") to record the Minor's picture, voice and likeness in photographs, films, videotapes or other media during and in connection with the Minor's education or participation in School or Diocesan activities or events, and to use the Minor's picture, voice or likeness on the Diocese website, in the Catholic Sun newspaper, or in any other media or publication without further compensation or permission.

I further authorize the Diocese, its parishes, affiliated organizations, entities and agents, and/or the School to edit any recordings of the Minor's likeness and/or voice and incorporate any such recordings into print publications, electronic publications, software, movie and sound films or tapes, broadcasts (radio and television), programs or otherwise, and to use and license others to use such publications, recordings, software, movie and sound films and tapes and broadcast programs in any manner of media whatsoever, including unrestricted use for purposes of publicity, information, advertising and sale promotion. I understand that the Diocese exclusively owns all rights to these recordings irrespective of the form in which they are produced or used.

I further agree to indemnify and hold the Diocese, its parishes, affiliated organizations, entities, licensees, employees and agents, and the School harmless from and against any claims and liability for damages, losses or expenses of any kind arising from the making or use of any recordings, including, without limitation, claims with respect to the Minor's privacy or publicity.

I have read and understand the contents hereof, and have the right and authority to execute this release and to give this indemnification. I understand that this Release is to be interpreted under the laws of the state of Arizona without resort to its conflict of laws rules, and I hereby submit to the jurisdiction of the courts of the state of Arizona with respect to any action arising under this Release.

Parent/Guardian Consent

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this Release.

Parent/Guardian Name: _____ Date: / /

Parent/Guardian Signature: _____

Parent/Guardian Address: _____

City, State, Zip Code: _____

Diocese of Phoenix, School Policies
Appendices
Issue Date: 06/2011

SIGNATURE: _____ SIGNATURE: _____

Our Lady of Joy Catholic Preschool

36811 N. Pima Rd. P.O. Box #1359 Carefree, AZ 85377-1359

Telephone # (480) 595-6409 FAX (480) 437-1093

Child's Name: _____
Last First Middle

Address: _____
Street City ZIP

Home Phone: _____ Dad's Cell _____ Mom's Cell _____

PRESCHOOL LAST ATTENDED

Name _____

Address _____

City/State _____

SIBLINGS ATTENDING OJ

Name _____ Class _____

Name _____ Class _____

Name _____ Class _____

Father's Name _____ Mother's Name _____
First and Last First and Last

Religion _____ Religion _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

E-mail Address _____ E-mail Address _____

- Yes, I give my permission to Our Lady of Joy Catholic Preschool to use my email for school-sponsored activities such as homeroom planning, school fund-raising programs, etc., I understand that the school is trying to conserve paper by using emails for most communication.

Check Home Conditions:

- Lives with both parents
- Parents Divorced/Separate
- LIVES WITH GUARDIAN(S)

Name of Step-Parent/Guardian(s) _____
Last First Occupation

What is the primary language used in the home regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____ What is the language that the student first acquired? _____

Are you a registered contributing member of OLOJ Parish? Yes No Which parish? _____

Signature _____ Date _____

Our Lady of Joy Roman Catholic Church
Registered, Active, and Contributing Member of Our Lady of Joy
Verification Guidelines for Sponsors for those receiving Sacraments

To qualify as “active and contributing parishioner of Our Lady of Joy Catholic Church” the following guidelines apply:

Registration

- One must be officially registered as a parishioner of Our Lady of Joy, as recorded in our parish database.
- If recently registered at Our Lady of Joy (within past 6 months), a statement from the former parish of “active and contributing in-parish” status from your former parish will be accepted to qualify as a registered, active and participating member of your parish.

Regular Attendance

- Catholics are obliged to attend Mass on Sundays and Holy Days of Obligation. “The Sunday Eucharist is the foundation and confirmation of all Christian practice. For this reason the faithful are obliged to participate in the Eucharist on days of obligation, unless excused for a serious reason (for example, illness, the care of infants) or dispensed by their own pastor. Those who deliberately fail in this obligation commit a grave sin.” (CCC 2181) Parents of Catholic children should be particularly aware of this teaching of the Church, as they have solemnly promised God to raise their children accordingly to the law of Christ and His Church (Rite of Baptism). Understanding this responsibility is inquired about during the Rite of Baptism.
- For the Pastor of a parish, it is sometimes difficult to have knowledge of each person’s attendance at Sunday Mass. The easiest, most concrete way to demonstrate one’s attendance at Sunday Mass is by participating in your parish envelop system. Envelope usage should be executed even if you have direct withdrawal for tithing purposes. **Please use your envelopes.** If you don’t have them, please contact the parish office to request them. Your parish staff should have no doubt as to your mass attendance. Please make that decision easy for your parish by using envelopes or checks.

Financial/Personal Support at Our Lady of Joy

- The level of financial support will vary from family to family depending of course, upon family income. The biblical tradition of a tithe is 10% of one’s income. Catholic tradition of tithing is even something more. As Catholics we are called to sacrificial giving. Jesus Christ has given us everything. For our part, we shall make a joyful sacrifice to our Lord in return for all the good bestowed upon us.
- In addition to financial support at your parish, one should be involved in one or more ministries within your parish. Service is a large component of our response to the Gospel as well as our living out our Baptismal call. Holiness is prayer and action and so rightly we serve our brothers and sisters in the local as well as the universal community. Your service in ministry makes it very easy for parish staff to decide whether or not you are an active member of your parish.

It will be your responsibility as active and contributing members to make these distinctions very easy for your pastor or your parish office staff to make.

If you have any questions, please do not hesitate to contact the Parish Office 480-488-2229

Verification of Active Parishioner

2017-2018

Our Lady of Joy Catholic School offers separate tuition rates for families who are registered, active, participating members of **Catholic parishes** and those who are not. Definitions of registered, active, participating memberships vary by parish; it is up to each individual pastor to decide the policy for his community. Our Lady of Joy verification guidelines are attached

In order for your student(s) to receive the Catholic "in-parish" rate for the 2017.-2018 school year, the pastor of your home parish must verify that you are an active member. Please take this completed form to your church in an envelope addressed to the pastor. This letter will be returned to you and upon completion, please bring to preschool office. Thank you.

Parents Names:

Name and grade of all children to be enrolled in the 2017-2018 school year at Our Lady of Joy Catholic School:

I verify that (family name) _____ are active parishioners of

Parish Name _____

Pastor's Signature: _____ Date:

Please place Church Seal here:

If you are a OLOJ parishioner, the parish office will give paperwork to preschool. If you are registered at another parish, please include paperwork in your enrollment packet



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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ON CAMPUS-PERMISSION REQUEST FORM

I, the parent/guardian of _____ request that the school allow my son /daughter to attend and fully participate in the field trip to: **Please see list below. By law, anytime we leave the physical school itself, it is called a field trip.**

- **Our Lady of Joy Church**
- **School Courtyard**
- **Parish Hall**
- **Atrium Building**
- **Church courtyard**

I agree to direct my child to cooperate with and conform to the directions and instructions of the supervisory personnel in charge of the field trip. I also authorize any emergency facility to administer any emergency first aid and or medical treatment that may be required for my child , and I accept any and all liability for any such treatment and related expenses. I understand that every effort will be made to contact me in the event of an emergency except when such communication would delay treatment or endanger the life of my child or the lives of other participants.

I further release and save harmless Our Lady of Joy Catholic Preschool and any and all of its employees from any and all liability for any and all harm arising to my child as a result of this trip.

Parent's printed name _____ Date _____

Parent's signature _____
