



## Our Lady of Joy Roman Catholic Preschool

2024-2025

Please print enrollment documents, fill out and scan to [jsnook@olaj.org](mailto:jsnook@olaj.org). Upon receiving, the office will communicate with you on acceptance and deposit. 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 Family's first tuition payment will be withdrawn on the date selected in payment intent form enclosed.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 and any other incidentals.

**Please select your choice below:**

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### **Preschool Classes** (Tuesday- Wednesday- Thursday) (9:00 a.m.-2:15 p.m.)

Catholic (active and participating) \$4,400.00 \_\_\_\_\_

Non-Catholic (non-active Catholic) \$4,650.00 \_\_\_\_\_

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

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### **Pre-Kindergarten** Five Days (M-F) (9:00 a.m.-2:15 p.m.)

Catholic (active and participating) \$5,900.00 \_\_\_\_\_

Non-Catholic (non-active Catholic) \$6,150.00 \_\_\_\_\_

Students may enter into the **PREK program only if they are eligible for kindergarten** the following school year. Your child needs to be 5 years of age by September 1<sup>st</sup> of that year in order to be eligible for kindergarten.

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

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

# OUR LADY of Joy

ROMAN CATHOLIC CHURCH  
AND PRESCHOOL



## FINANCIAL AGREEMENT STATEMENT 2024-2025

**STUDENT'S NAME** \_\_\_\_\_ **Class Enrolled in** \_\_\_\_\_

I understand that my family's balance needs to be zero (0) by May 15th, 2025. Please refer to the Financial Information found in the registration packet and school handbook. Parents/legal guardians are financially responsible for all school finance: Full Tuition, fees, etc. is due in full regardless of vacations, absences, withdrawal, etc. or the number of weeks in the school year per your financial agreement form. Parents/legal guardians understand that the yearly full tuition is agreed upon in the financial agreement. Parents may choose options to make those payments (one time, semester, monthly), but the full yearly amount is what is owed for each student. Please note the following: there are no make-up days for your child's absence. Any possible refunds are based on the Director's discretion.

Financial Delinquency states: Students will not be permitted to register at another Catholic school within the Diocese of Phoenix until all financial obligations at their current or previous Catholic school within the Diocese have been met. Please check with the school to verify that families do not have outstanding obligations before accepting transferring students.

I understand that I am responsible for all the school fees (registration, uniforms, etc.) not included in my child's tuition. A fee of \$25.00 will be added to run tuition again if funds are not able to be pulled. If any outstanding balance occurs over 30 days, enrollment of your child will in jeopardy. If family has financial hardship, please meet with the Director.

I have chosen the following agreement for payment of tuition. Please initial your choice.

\_\_\_\_\_(Plan A) I understand that tuition payments are to be made monthly **September-June**. When paying monthly, tuition payments are based on **10 months**. All monthly payments are due the 5th day of each month.

\_\_\_\_\_(Plan B) Two Semester payments due September 1, 2024 and January 1, 2025 (Divide the full tuition amount in half and that will be the amount due in September & January)

\_\_\_\_\_(Plan C) Pay Tuition in full – Due September 1, 2024

My parishioner status is:

\_\_\_\_ I am an active Catholic and my parish is: \_\_\_\_\_ Parish Registered \_\_\_\_\_  
\_\_\_\_ I am a Non-Catholic or Non-Active Catholic Parish member

## 2024-2025 TUITION RATES & FEES

### Preschool full day :

3 Day Active Catholic Tuition Rate	\$ 4400/year
3 Day Non-Catholic Tuition Rate	\$ 4650/year

### PreKindergarten full day:

5-day Non-Catholic Tuition Rate	\$ 5750/year
5-day Prekindergarten Rate	\$ 5900/year

### Active Catholic and contributing rate

Easiest way to make sure you meet the criteria each month for the discounted rate is online giving or envelopes. Your giving amount can be what is comfortable for your family on a monthly basis. Your parish office will give their church stamp on the Active Catholic document only if you have been giving consistently. It is each family responsibility to turn in the Verification Form to your parish and then return that document to the school. Parishioners of OLOJ will drop off document at parish office and the signed form will be placed in the preschool mailbox. Other parishes may mail to: Our Lady of Joy Preschool P. O Box 1359 Carefree, AZ 85377 or email to [jsnook@oloj.org](mailto:jsnook@oloj.org)

I agree that this is a financial agreement between Our Lady of Joy and my family for the 2024-2025 school year.

Parent/Guardian Please Print: \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Please Sign: \_\_\_\_\_

I understand that Our Lady of Joy Preschool has provided this financial agreement form and that our family will abide by it. I understand this document is to be signed & turned into the school before the students 1st day. I further understand that our family agrees to abide by this financial agreement regardless of our signature & turning in the form for the attended school year.



Verification of Active Parishioner

2024-2025

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 2024-2025 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 2024-2025 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\*



## School Uniforms and Dress Code Our Lady of Joy Preschool 2024-2025

All students are required to wear polo shirts, jumpers, blouses, sweaters and jackets from the Our Lady of Joy Uniform store. We have a very large gently used closet this year with a variety of sizes at a fraction of the cost of new uniforms. If a student comes to school and is not dressed according to policy, the student will be given a replacement to wear for that day. **All uniform clothing needs to be in good order, no rips or holes.**

### Girls

- Blue uniform polo short with logo
- Uniform jumpers, skirts, shorts or skorts **all khaki in color.**
- You may purchase shirts, skirts or skorts from a store of your choice, however they must be of modest length.
- Navy blue, grey or black bike shorts **must** be worn under jumpers and skirts.
- Full length leggings in navy blue or white may be worn in cooler temperatures. No lace or decoration prints.
- Tights must be white or navy blue.
- Uniform white peter pan collar button shirts can be worn under a jumper. Knit blue collared shirts may be worn under jumpers as well.
- Uniform skirts, jumpers and skorts should be of appropriate length and modest in length.
- No make- up of any kind. No large hair bows, jewelry, necklaces, rings or bracelets/ large, decorated headbands. Headbands must be thin and not distracting.
- Hair must be trimmed so that it does not hang in the eyes.
- **No temporary tattoos.**
- Socks are required.
- No boots, any shoe with a heel. No slip-on shoes. Mary Janes are allowed with a strap across the foot. **No shoes with lights**

### Boys

- Blue uniform polo shirt with logo
- Khaki shirts and pants can be purchased from your choice of store. Pants must be plain.
- Socks are required.
- **No temporary tattoos.**
- Boy's hair must be kept in traditional, short hair styles. Hair must be trimmed around the ears, off the forehead so that it does not hang in the eyes and back length short enough so that it does not touch the shirt collar.

Athletic shoes only. No boots or slip on shoes.

- **No shoes with lights on or in them. This is very distracting in the classroom.**
- Socks are required.
- Only OLOJ Preschool sweaters and jackets may be worn in the classroom. All other outerwear is not permitted in class but may be used outside during recess.

## **Additional information needed**

A copy of original birth certificate

A copy of current immunization record or religious exemption document required by the state.



Roman Catholic Diocese of Phoenix  
Photographic/Publicity Release – Faculty/Staff

PHOTO/PUBLICITY RELEASE – FACULTY/STAFF

I, \_\_\_\_\_ (print full legal name), hereby authorize the Roman Catholic Diocese of Phoenix (hereinafter “the Diocese”), all of its parishes, schools, affiliated organizations and entities, and \_\_\_\_\_ (print full name of school) (hereinafter, the “School”) to record my picture, voice and likeness in photographs, films, videotapes or other media during and in connection with my participation in School or Diocesan activities or events, and to use my 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, schools, affiliated organizations, entities and agents, and/or the School to edit any recordings of my 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, schools, affiliated organizations, entities, licensees, employees and agents, and the School harmless from and against any claims and liability that I may make for damages, losses or expenses of any kind arising from the making or use of any such recordings, including, without limitation, claims with respect to my 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.

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_



*Please check this box if you choose  
not to have your child in  
any photos.*



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing**

**Emergency, Information and Immunization Record Card**

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

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

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

**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.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

**If Medical care is necessary, call:**

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

**I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.**

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

<b>Name(s):</b>
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**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](http://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**

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
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.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional comments:	
Other special instructions:	

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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# Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). 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. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

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

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER
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#### FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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# OUR TEAM

Our Lady of Joy Preschool is a ministry of OLOJ Church serving families in Christ and education



**Father Jess Ty**  
Pastor

Pastor since 2013, enjoys travelling and serving his parish.



**Mrs. Laura Hicks**  
Director of Parish

20 plus years in the parish and enjoys spending time with family and her grandchildren.



**Mrs. Jessica Snook**  
Director of Preschool

In education over 20 years, 12 years as Director and enjoys hiking and spending time with her family and two teenagers.



**Ms. Antonella Guarino**  
Office Manager

Third year as Office Manager. Enjoys spending time with her family and two children.



**Mrs. Becky O'Brien**  
Preschool Teacher

20 plus years in education and enjoys reading, travelling and spending time with her 3 grown children.



**Mrs. Kim Pecora**  
Preschool and CGS Teacher

20 plus years in education and loves travelling the world with her husband and 4 grown sons.



**Mrs. Caroline Zamary**  
PreK Teacher

Over 12 years experience early childhood education. Mrs. Zamary has 4 grown children and enjoys hiking.