

OUR LADY of Joy

ROMAN CATHOLIC CHURCH
AND PRESCHOOL



Our Lady of Joy Roman Catholic Preschool

2024-2025

Please print enrollment documents, fill out and scan to jsnook@oloj.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 Family's first tuition payment will be withdrawn on the date selected in payment intent form enclosed.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:

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.

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 1st 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

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

<u>Preschool full day :</u>	
3 Day Active Catholic Tuition Rate	\$ 4400/year
3 Day Non-Catholic Tuition Rate	\$ 4650/year

<u>PreKindergarten full day:</u>	
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

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

Parent/Guardian Signature: _____

Mother's email address: _____

Date _____

Parent/Guardian Signature: _____

Father's email address: _____

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 student's 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.

OUR LADY of *Joy*
ROMAN CATHOLIC CHURCH
AND PRESCHOOL



Child's name _____

Address _____

Father's name _____ Occupation _____

Employer _____ Religion _____

Father's email address _____

Mother's name _____ Occupation _____

Employer _____ Religion _____

Mother's email address _____

Father's cell phone number _____

Mother's cell phone number _____

Student(s) lives with both parents _____ parents divorced _____ lives with guardian _____

Name of preschool your child last attended(if) _____

Are you a registered contributing member of OLOJ Parish? _____ If not, which parish? _____



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.

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.

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</p> <p>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</p> <p>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</p> <p>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</p> <p>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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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			

Your Name Any Street, Anytown Tel: (001) 555-0990	0001	
PAY TO THE ORDER OF ATTACH VOIDED CHECK HERE \$	DATE _____	
DEPOSIT SLIPS NOT ACCEPTED	100 DOLLARS	
Savings Bank Any Street, Anytown Tel: (001) 555-6555	Security features included. Deposit on back.	
RE	MP	
123456789	000123456789	0001

ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received
Employee Signature



Preschool

PHOTO RELEASE FORM

I, _____, the parent of a child/children at Our Lady of Joy Preschool agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the preschool during normal school hours. I understand that these photographs may be used in class photos, preschool marketing, parish activities either in print or on the Internet.

The child(ren) are known as: _____.

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the preschool. I understand that it is my responsibility to update this form if I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/Guardian Signature _____ Date _____

Relationship To Child _____

Additional information needed

A copy of original birth certificate

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

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.**
- White socks only. No character socks, plain white socks please.
- 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.
- White socks only. No character socks, plain white socks.
- **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.**
- 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.

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.



Mrs. Julie Garrison
PreK Teacher

18 years in education and loves to be outdoors hiking and travelling with family and her two grown children.