

REGISTRATION FORM for SCHOOL and EXTENDED CARE

FOR OFFICE USE ONLY: K-8 Activity/Curriculum/Technology Fee \$400.00 per child. (Due with registration) _____

FOR OFFICE USE ONLY: Pre-K & Jr K Activity/Curriculum/Technology Fee \$300.00 per child. (Due with registration) _____

Family Name: _____

Address: _____ Zip: _____

Are you located in the City _____ or County _____

Catholic: NO _____ YES _____ If yes, list parish where you are registered & attend: _____

Public School Dist.: _____ Public Elementary School: _____ Public Middle School: _____

Child/Children attending St. Roch for the NEW SCHOOL YEAR (IN THE FALL): oldest child first, then descending order:

Name: _____ Grade in Fall: _____ Birthdate: _____ Gender: _____

Name: _____ Grade in Fall: _____ Birthdate: _____ Gender: _____

Name: _____ Grade in Fall: _____ Birthdate: _____ Gender: _____

Name: _____ Grade in Fall: _____ Birthdate: _____ Gender: _____

Parent must provide information used for EMERGENCY situations. Business information is for office use only.

Mother's First & Last Name: _____

Father's first & Last Name: _____

Address: _____

Address: _____

Cell Phone: _____

Cell Phone: _____

Home Phone (if applicable): _____

Home Phone (if applicable): _____

Employment: _____

Employment: _____

Business Phone: _____

Business Phone: _____

Mom's E-mail: _____

Dad's E-mail: _____

****CHECK ONE:** Married _____ Divorced & Now Single _____ Remarried _____ Single & Never Married _____

RACE – CHECK THOSE THAT APPLY: Asian _____

Black or African American _____

White _____

American Indian or Alaska Native _____

Native Hawaiian or Other Pacific Islander _____

ETHNICITY – CHECK ONE: Hispanic or Latino _____

Not Hispanic or Latino _____

NEIGHBOR OR RELATIVE TO CALL IN CASE OF EMERGENCY (ILLNESS OR DISASTER):

1. Name: _____ Relationship: _____
Address: _____ Phone: _____
City & State: _____

2. Name: _____ Relationship: _____
Address: _____ Phone: _____
City & State: _____

Doctor's Name: _____ Phone: _____

Hospital (in case of emergency): _____

If not city ambulance, provide County Ambulance name and phone number:

Name: _____ Phone: _____

Please list any student(s) allergies, food allergies, medications, or medical conditions below.
(Be sure to include student's name)

Does your child/children need AT SCHOOL any medication, an inhaler, or Epipen? If so, list child's name and what he/she requires. If so, forms need to be completed by physician and parent and on file at the office before any medication can be administered. Necessary forms may be obtained at the school office.

ARCHDIOCESE OF ST. LOUIS ELEMENTARY SCHOOLS CUMULATIVE RECORD INFORMATION

Student's Legal Last Name _____ First _____ Middle _____ Religion _____ Grade Entered _____ / ____ / ____
 Month Day Year

1. _____
 Home Address _____ Telephone _____

City _____ State _____ Zip _____

2. _____
 Home Address _____ Telephone _____

City _____ State _____ Zip _____

BIRTH: _____ / ____ / ____
 City _____ State _____ Month Day Year

FAMILY DATA (Complete all)

FATHER _____
 Family Name First Middle

MOTHER _____
 Family Name First Middle

FATHER'S RELIGION _____

MOTHER'S RELIGION _____

MARITAL STATUS _____
 (Married/Divorced/Singe/Remarried)

 If divorced, name of parent who has legal custody

 Name of parent who has primary physical custody

 Date of most recent custodial decree, including modifications

 Name & Address of Non-Custodial Parent

 Telephone

If student is not living with parents, complete the following:

GUARDIAN(S) _____
 Family Name First Middle Relationship Religion

Home Address _____ City _____ State _____ Zip _____ Telephone _____

SCHOOLS ATTENDED

Date Entered	Name of School	City	State	Date Withdrawn	Reason*

*Moved (1) Illness (2) Parental Wish (3) Transferred (4) Reasons Unknown (5) Death (6)

	Baptism if Catholic	First Communion	Confirmation
Date			
Church			

St. Roch 2024/2025 Tuition Schedule

Pre-Kindergarten (3 yr. olds) & Junior Kindergarten (4 yr. olds)

Child's Name: _____ Date of Birth: _____

Address: _____

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

Please Indicate your child's schedule below (CIRCLE YOUR CHOICE):

<u>Half Day Option</u>	<u>Time</u>	<u>Monthly Rate</u> <u>9 months</u>	<u>Yearly Total</u>	<u>Days</u>
Monday-Friday	8:00 to 11:15	\$456	\$ 4,100	
Two Days	8:00 to 11:15	\$183	\$ 1,640	M T W TH F
Three Days	8:00 to 11:15	\$274	\$ 2,460	M T W TH F
Four Days	8:00 to 11:15	\$365	\$ 3,280	M T W TH F

<u>Full Day Option</u>	<u>Time</u>	<u>Monthly Rate</u> <u>9 Months</u>	<u>Yearly Total</u>	<u>Days</u>
Monday- Friday	8:00 to 3:15	\$834	\$ 7,500	
Two Days	8:00 to 3:15	\$334	\$ 3,000	M T W TH F
Three Days	8:00 to 3:15	\$500	\$ 4,500	M T W TH F
Four Days	8:00 to 3:15	\$667	\$ 6,000	M T W TH F

- \$300 Curriculum/Technology/Activity Fee (Must be paid at time of Registration)
- Additional \$100 Discount if you refer a family and they register with St. Roch.

PRE-K & JR. KINDERGARTEN INFORMATION SHEET

STUDENT'S NAME: _____

- Names , ages, and birthdates of any siblings
- Names of any other persons living in your household (such as grandparents)
- Any pets in home – types and names
- What activities does your child enjoy?
- How does your child react when upset or concerned about something?
- What comforts and reassures your child?
- How many different places has your child lived before now? Where? How long?
- Has your child attended any other preschool or daycare center? If so, please list the facility and dates attended
- What way of setting limits or enforcing family rules have you found most successful?
- What time does your child go to sleep each night?
- Please describe your child's bedtime routine
- How much time does your child have each morning to wake/dress/ eat breakfast, etc. before leaving for school?
- Does your child watch television? If so, how many minutes per day (average)?
- Please add any additional information that you feel will benefit your child's adjustment to school



Educational Needs Form

It is important that all children with diagnosed or suspected disabilities be identified, even if they do not make use of the public school services. This information is kept confidential and only used for the purposes of this census. In order for us to work cooperatively to establish the best learning environment to meet your child's needs, we ask that you take a few moments to complete this form and return it to St. Roch's Catholic School. Thank you

Has your child ever been evaluated by a physician, a psychologist, the Department of Special Education or any private agency for learning difficulties?

Student name: _____

NO, my child has never been evaluated.

(Please sign below and disregard the rest of this form. Thank you.)

Signature of Parent / Guardian _____
Date

YES, my son/daughter has been evaluated by:

*** Please attach a copy of the most recent evaluation report / IEP/Service Plan to this sheet.**

The date of my child's original evaluation was: _____

The date of my child's most recent evaluation was: _____

My son's diagnosis is (Please check all items that apply):

- Attention Deficit / Hyperactivity Disorder
- Learning Disabled
- Language Impaired
- Speech Impaired
- Educational Handicapped
- Hearing Impaired
- Asperger Syndrome
- Autism
- Other (please explain) _____

*** Please List Medications taken for any of the above:**

Special Needs Services (Please check all items that apply):

- My child has received classroom and/or testing accommodations in the past.
- I anticipate that my child will require classroom and/or testing accommodation at St. Roch.
- I do not anticipate that my child will need special accommodations at St. Roch, but may request accommodations if needed in the future.
- My child plans to attend SNAP or the After School Program.
- My Child plans to work with a private tutor

Parent/Guardian Signature: _____
Date: _____

Phone: _____ Email: _____

BUZZ BOOK INFORMATION

PLEASE COMPLETE ALL INFORMATION THAT YOU WANT TO APPEAR IN THE BUZZ BOOK.
THEN SIGN AND DATE AT THE BOTTOM. (PLEASE PRINT LEGIBLY)

Student Name: _____ Grade in FALL _____

Student Name: _____ Grade in FALL _____

Student Name: _____ Grade in FALL _____

Student Name: _____ Grade in FALL _____

Street Address: _____

City: _____

Zip Code: _____

Home Phone (if applicable): _____

Custodial Mother's First & Last Name: _____

Custodial Mother's Cell Phone Number: _____

Custodial Mother's Email Address: _____

Custodial Father's First & Last Name: _____

Custodial Father's Cell Phone Number: _____

Custodial Father's Email Address: _____

PLEASE CHOOSE ONE BELOW AND RETURN WITH PACKET:

_____ I give permission for the above information to appear in the St. Roch Buzz Book.

_____ I do not give permission for the above information to appear in the St. Roch Buzz Book.

Name(s) of Children: _____

Parent Signature: _____ Date: _____

HANDBOOK ACKNOWLEDGEMENT PAGE

The Handbook may be accessed via a link
on the St. Roch School website

We have read the policies, rules, and regulations of St. Roch Catholic School and agree to be governed by them as they are outlined in the handbook.

Date: _____

Parent/Guardian Signature

Child's Signature

Grade in Fall

Parent/Guardian Signature

Child's Signature

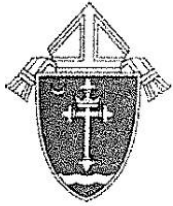
Grade in Fall

Child's Signature

Grade in Fall

Child's Signature

Grade in Fall



ARCHDIOCESE OF ST. LOUIS

Office of Communications and Planning

MEDIA AUTHORIZATION

INTRODUCTION

For marketing and publicity purposes, there may be times when the school/parish/archdiocese wishes to use your and/or your child(ren)'s image, name, recording, or academic work in various media for marketing and/or publicity purposes. As parent, you may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family at the same school.

Levels of Authorization

Parish/School: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, parish bulletin, school newsletter, student newspaper, admission videos, parish/school website and social media.

Yes No

Archdiocese of St. Louis: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, archstl.org, *St. Louis Review*, *Catholic St. Louis* magazine, archdiocesan social media, *The e-Vangelizer* (newsletter published by the Catholic Education Office) and any publication(s) by agencies administered by the Archdiocese of St. Louis.

Yes No

Sponsoring Organizations: I grant permission to use my or my child's image, name, recording, or academic work in websites, videos, and publications created by independent foundations and corporations that support Catholic education but are not legally connected to the Archdiocese of St. Louis, including, but not limited to, Today and Tomorrow Educational Foundation, Roman Catholic Foundation of Eastern Missouri, Access Academies, English Tutoring Project, and United Way.

Yes No

Secular media outlets: I grant permission to use my or my child's image, name, recording, or academic work in secular media communications including, but not limited to, print, radio, TV and internet (Examples: St. Louis Post-Dispatch, KMOX radio, and KSDK-TV).

Yes No

Family Authorization (Please print clearly.)

Family Name:
Phone:
Email:
School Name:
Parish Affiliation (if applicable):
Parent 1 Name:
Parent 2 Name:

Child(ren)'s Name(s):	Grade:	Age:

Parent/Legal Guardian Signature:	Date:
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PARENT PERMISSION FORM FOR NEIGHBORHOOD WALKING FIELD TRIPS

Dear Parent/Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from St. Roch School. A brief description of the activity follows:

Name of Event: N/A

Destination: Walking distance within a six block radius

Designated Supervisor of Activity: Employee of St. Roch (e.g. classroom teacher, PE teacher)

Date and Time of Departure: Any time during the school day.

Date and Time of Return: Any time during the school day.

Method of Transportation: Walking

Student Cost: 0

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child(ren), _____

in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

(PRINT PARENT/GUARDIAN Name)

(PARENT/GUARDIAN SIGNATURE)

DATE

Archdiocese of Saint Louis
WITNESS STATEMENT

For Those Seeking to Enroll Their Children in a Catholic School or a Parish School of Religion

One of the blessings of marriage is bringing forth new life. God entrusts children to parents who have a primary right and duty to educate their children in the practice of the faith. Parents carry out this responsibility by creating a home full of love, forgiveness, respect and fidelity. The family is the community in which, from childhood, one honors God and learns moral values.

In the rite of the Sacrament of Baptism, parents receive the following call from God to evangelize their children:

You have asked to have your child baptized. In doing so you are accepting the responsibility of training her (him) in the practice of the faith. It will be your duty to bring her (him) up to keep God's commandments as Christ taught us, by loving God and our neighbor... You will be the first teachers of your child in the ways of the faith. May you be also the best of teachers, bearing witness to the faith by what you say or do, in Christ Jesus our Lord.

No wonder, then, that the Church understands the home to be the domestic church. It is in the intimate environment of the family that parents are, by word and example, the first heralds of the faith with respect to their children. This environment is enhanced and deepened through the parish Eucharistic community that is the heart of the spiritual life for Christian families.

Catholic schools and parish religious education programs are in partnership with the family in proclaiming and witnessing to the life and teachings of Jesus Christ. They assist parents in fulfilling their responsibility as the primary religious educators of their children. This partnership works best when parents respect the beliefs of the Church and live lives in a manner that reflect these beliefs. If parents reject the beliefs of the Church or live lives in conflict with these teachings, catechizing young people becomes very difficult.

Aware, then, of the dignity of this holy parental call, and with a reverent awe for that responsibility which is mine, I commit myself to be, in word and example, the first and best teacher of my children in the faith. Practically, this means I will:

- Understand that the authentic teachings of Jesus as taught by the Catholic Church will be part of my child's education and formation;
- To the best of my ability respect the teachings of the Church and help my children respect the Church and its teachings;
- Regularly participate in the Sunday Eucharist with my family (if not Catholic, support my children's participation in the Church of Baptism), include prayer in my daily life and form my children in the faith.
- Commit to speak frequently with my children about God and to include prayer in our daily home life;
- Participate in and cooperate with the School or Parish School of Religion in programs that enable me as a parent to take an active role in the religious education of my children, including sacramental preparation for Catholic children;
- Support the moral and social doctrine of the Catholic Church to ensure consistency between home and school;

- Teach my children by word and example to have a love and concern for the needs of others;
- Meet my financial responsibilities in supporting the Catholic school or the Parish School of Religion.
- Practice stewardship in support of the school and parish.

Signature of the parent(s)/Guardian(s) _____

PRINT NAMES/Parent(s)/Guardian(s) _____

Name of the Parish/School St. Roch School

Signature of the pastor/Administrator Ms. Kain Hall, Principal

Date _____

MUST HAVES

In order to begin the registration process, we MUST have the following with the enclosed papers:

- Copy of birth certificate
- Copy of baptismal certificate – only if Catholic (unless baptized at St. Roch)
If your child/children were baptized at St. Roch, indicate that here _____
- Immunization records
- Copy of the portion of the divorce decree, which verifies custody arrangements – if parents are divorced
- Registration fee for each child