

**Tentative
Subject to Change
Holy Family Catholic School
2014-15 School Calendar**

New Parent Orientation

TBA

First Day of Instruction

August 13, 2014

Back-To-School Night

August 19 and 21, 2014

Grades K-4-August 19, 2014

Grades 5-8-August 21, 2014

Holiday-Labor Day

September 1, 2014

No School-Diocesan Staff Development

September 26, 2014

No School – Staff Retreat Day

October 13, 2014

No School-Diocesan Staff Development

November 10, 2014

Holiday-Veterans' Day

November 11, 2014

Minimum Days-Parent-Teacher Conferences

November 17-21, 2014

Thanksgiving Vacation

November 24-28, 2014

Christmas Program

December 18, 2014

Christmas Vacation

December 22 to January 2, 2015

Holiday-Martin Luther King, Jr. Day

January 19, 2015

Catholic Schools Week

January 25-31, 2015

Open House/Book Fair-January 25, 2015

Grandparents Day-January 26, 2015

Presidents' Day Holidays

February 13 and 16, 2015

No School-Diocesan Staff Development

March 20, 2015

No School-Auction clean up

March 23, 2015

Easter Vacation

April 3-10, 2015

Holiday-Memorial Day

May 25, 2015

Graduation

TBA

Last Day of Instruction

June 4, 2015

Holy Family Catholic School

Parent Club Agreement

2014 - 2015

The overall success of our school depends on the active participation of our families. All parents and guardians of registered Holy Family Catholic School students are members of the Parent Club.

The Parent Club is organized to:

1. Build our Faith Community
2. Support our Fundraiser Events
3. Support all Service Events

The purpose of this agreement is to help parents and guardians of Holy Family Catholic School students understand their involvement requirements for each school year.

Each family is required to fulfill a minimum number of **Family Service Points** and purchase a minimum amount of **Scrip**. For the upcoming school year, these requirements must be fulfilled between the following dates:

June 1, 2014 thru May 31, 2015

Family Service Points are earned through participation in either fundraising or non-fundraising activities.

Fundraising points are points assigned to activities which help raise money for our school. Points earned do not always equate to “hours” worked on an event. Points are awarded on the basis of responsibility, hours spent, size of the event or project and the financial impact to the school. However, there will still be hourly positions available.

Each family is responsible for **reporting their own points** upon completion of their assigned activities. Service points will not be accepted after 30 days of activity. When you sign up for a volunteer assignment and a conflict arises, please notify the chairperson as soon as possible. **It is your responsibility to find and secure a replacement to fulfill your shift(s) and advise the chairperson who your replacement will be.** The points associated with your shifts(s) will not be credited if you cannot complete your assignment.

The success of our events is due to the strength of our volunteers and their efforts. Parents/guardians are encouraged to continue to support the school even after fulfilling their required points by volunteering their time and participating in the school's fundraising efforts. Family Service Points are not transferable and may not be carried over to the following school year.

To qualify as a Holy Family Catholic School Family Service volunteer points the activity or event has to be directly related to Holy Family Catholic School. We respect that many families are involved in community service, Christian service in our parish and outside organizations. We applaud and encourage your involvement in our parish and community, however those hours cannot be counted toward your Family Service points at Holy Family Catholic School. Some examples of these types of activities are:

- Parish Liturgical Ministries i.e. altar servers, Eucharistic ministers, mass attendance, etc.
- Planning meetings prior to Fundraiser
- Scrip purchases
- Donations of any kind
- Boys Scouts and Girl Scouts
- Individual Class Fundraising events for field trips

All individuals participating in volunteer activities involving direct contact with students (i.e. coaching, classroom helper, field trip supervision or transportation) must have the following requirements fulfilled:

1. Fingerprinting
2. Complete the Shield the Vulnerable on-line certification (www.shieldthevulnerable.org)
3. Tuberculosis (TB) Test

Scrip is a school fundraising program whereby our school earns money through the sale of gift cards or certificates. Family Scrip card participation totals will be available at the end of each trimester and posted on the secured portion of the school website as a spreadsheet. Please note:

1. Credit Cards will not be accepted.
2. EFT (Electronic Fund Transfers) will only be accepted for purchases of \$100.00 or more. Purchases less than \$100.00 can be paid for with cash or check.
3. E-Scrip and using grocery reward cards are strongly encouraged, but will not be tied to a participation level. However, earnings generated from a family, may offset the amount due.

Below is a chart summarizing the Parent Club Requirements:

	Family Service Points	Scrip
Requirement	<p>40 points minimum (25 minimum fundraising points)</p> <p>(Approved Single-Parent families 20 points minimum, 15 minimum fundraising points)</p>	\$2,500.00
Opt-Out	\$775.00	\$300.00
Requirement not met	<p>\$25.00 for every unfulfilled fundraising point</p> <p>\$10.00 for every unfulfilled non-fundraising</p> <p>Any amounts owed, must be paid in order to maintain a cleared status for the next school year</p>	<p>% short of Required Amount = % of \$250.00 (opt-out amount)</p> <p>Example: Family purchased \$1,000 of scrip. $\\$1,000.00 / \\$2000.00 = 50\%$ of required amount. 50% of \$250 fee due = \$125.00</p>

*Holy
Family
Catholic
School*

7817 Old Auburn Road Citrus Heights CA 95610 (916) 722-7788 Fax (916) 722-5297 www.holyfamilyca.org

March 21, 2014

Dear Parents,

Holy Family School has adopted the following tuition payment policy for the 2014-2015 school year for all school families. All payments will be processed by FACTS Tuition Company.

FACTS provides over 6500 schools nationally, and over 25 in our diocese. We are excited to be working with them and believe the FACTS program will be beneficial to the school and our families for the following reasons:

1. FACTS helps to minimize the time it takes to deal with tuition payments, because the school is removed from the role of "bill collector."
2. Parents will be able to view all payment activity online.

Beginning April 4, 2014 you will need to register online for your FACTS account. You will be receiving further information regarding this change within a week and a half. This information will clarify any questions you may have regarding FACTS. Thank you for your support and understanding.

Sincerely,

Gail Sherman
Interim Principal

Holy Family Catholic School 2014-2015 Registration Packet

DUE March 28, 2014

Table of Contents

Parents please use this table of contents as a checklist as you complete your registration packet. Please type online, print and sign all forms. The registration packet is to be completed and turned in accompanied by the registration fee of \$325.00/per child.

- ☐ Registration
- ☐ Support Agreement
- ☐ Financial Agreement
- ☐ Electronic Funds Transfer
- ☐ Emergency Form – one per child
- ☐ Auto Verification
- ☐ Title One Survey
- ☐ Website/Media Guidelines
- ☐ Relationships Education Permission Form
- ☐ Extension Care Program Registration (optional)
- ☐ Extension Care Parent Agreement (optional)
- ☐ Extension Care Program Registration Minimum Day (optional)
- ☐ Electronic Funds Transfer for Extension (optional)
- ☐ Extension Emergency Form – one per child (optional)
- ☐ Electronic Funds Transfer for Scrip (optional)

PLEASE ADVISE THE SCHOOL OFFICE OF ANY ADDRESS OR PHONE CHANGES AS SOON AS POSSIBLE.



Holy Family Catholic School

2014-2015 REGISTRATION

*****Please complete for students attending Holy Family Catholic School 14-15 School Year*****

STUDENT NAME #1 FALL 2014
LAST FIRST MI **GRADE**

Date of Birth Place of Birth Male ☐ Female ☐
City/State

Ethnicity (optional) Asian ☐ Black ☐ Hispanic ☐ Multi Racial ☐ Native Hawaiian/Pacific Islander ☐ White ☐

STUDENT NAME #2 FALL 2014
LAST FIRST MI **GRADE**

Date of Birth Place of Birth Male ☐ Female ☐
City/State

Ethnicity (optional) Asian ☐ Black ☐ Hispanic ☐ Multi Racial ☐ Native Hawaiian/Pacific Islander ☐ White ☐

STUDENT NAME #3 FALL 2014
LAST FIRST MI **GRADE**

Date of Birth Place of Birth Male ☐ Female ☐

Ethnicity (optional) Asian ☐ Black ☐ Hispanic ☐ Multi Racial ☐ Native Hawaiian/Pacific Islander ☐ White ☐

STUDENT NAME #4 FALL 2014
LAST FIRST MI **GRADE**

Date of Birth Place of Birth Male ☐ Female ☐
City/State

Ethnicity (optional) Asian ☐ Black ☐ Hispanic ☐ Multi Racial ☐ Native Hawaiian/Pacific Islander ☐ White ☐

SCHOOL LAST ATTENDED: Phone
If not Holy Family Catholic School

Previous School's
Street Address City State Zip Code

RELIGION OF CHILDREN **PARISH**

STUDENT RESIDES WITH Both Parents ☐ Mother ☐ Father ☐ Other

If living arrangements are different, please attach explanation. Child custody documents must be on file in Principal's office.

FATHER'S NAME

Address

Place of Birth

Religion

Employer/ Occupation

Home Phone **Work**

Email

If Self Employed, please provide the type of business

MOTHER'S Maiden and Surname

NAME

Address

Place of Birth

Religion

Employer/ Occupation

Home Phone **Work**

Email

REGISTRATION INFORMATION

2014 -2015

REGISTRATION FEE: There is a **NON-REFUNDABLE** registration fee of \$325.00 for each child. **The registration fee is due at the time of registration and must be paid to the school office.**

(please initial)

SUPPORT AGREEMENT

- I/We agree to cooperate with the Pastor and Principal in the execution of their respective duties.
- I/We agree to fulfill our financial obligations to **HOLY FAMILY CATHOLIC SCHOOL** and Extended Day Program.
- I/We understand that children may not be left on school grounds before **7:50 AM** without being enrolled in Extension.
- I/We agree to cooperate and support the teacher in educational matters.
- I/We agree to attend parent meetings sponsored by **HOLY FAMILY CATHOLIC SCHOOL**.
- I/We will cooperate with our child's room parent on specific grade-related activities.
- I/We will support the activities of **HOLY FAMILY CATHOLIC SCHOOL** by volunteering forty (40) points per school year per parent/family.

*I/We will abide by the **HOLY FAMILY CATHOLIC SCHOOL** Handbook and Support Agreement as stated above:*

PARENT/GUARDIAN'S SIGNATURE

Print Name

DATE

PARENT/GUARDIAN'S SIGNATURE

Print Name

DATE

Holy Family Catholic School

2014-2015 Financial Agreement (please print clearly)

Family Name _____ Number of Children Attending HFCS _____

FATHER'S
NAME _____
BILLING
ADDRESS _____
CITY _____ ST. _____ ZIP _____
DAYTIME() _____ EVES.() _____
CELL () _____

MOTHER'S
NAME _____
BILLING
ADDRESS _____
CITY _____ ST. _____ ZIP _____
DAYTIME() _____ EVES.() _____
CELL () _____

Please circle the tuition amount that applies.

PARISH	ANNUAL	10 MONTHS	11 MONTHS
MEMBER	TUITION		
1. CHILD	\$4,395.00	\$439.50	\$399.55
2. CHILDREN	\$7,908.00	\$790.80	\$718.91
3+. CHILDREN	\$10,325.00	\$1,032.50	\$938.64
NON-PARISH	ANNUAL	10 MONTHS	11 MONTHS
MEMBERS	TUITION		
1. CHILD	\$4,745.00	\$474.50	\$431.36
2. CHILDREN	\$8,540.00	\$854.00	\$776.36
3+. CHILDREN	\$11,150.00	\$1,115.00	\$1013.64

Registration Paid **Date** _____ **Amount** _____ **Cash/ Check#** _____
(non-refundable \$325 per child must be submitted with this form. Make check payable to HFCS)

Select Payment schedule:

- _____ Payment in full (due on or before Friday, August 1, 2014)
- _____ 10 monthly payments, August, 2014 – May, 2015. *All monthly annual tuition fees will be paid through FACTS. Please see attached letter regarding FACTS.*
- _____ 11 monthly payments, August, 2014 – June, 2015. *All monthly annual tuition fees will be paid through FACTS. Please see attached letter regarding FACTS.*

** No 12 month option is available*

I have read and agree to the financial arrangements outlined on this page. Father & Mother (Guardian) signature required.

Signatures _____ / _____ **Date** _____

E-Mail address _____

Tuition payments through FACTS will be due either on the 5th or 20th of each month. A late fee of \$40.00 will be charged if tuition is not received on the time of collection indicated. Non-payment of tuition past the 25th of a given month may jeopardize the enrollment status of the student (s). It's your responsibility to notify school immediately if there are any circumstances that prevent you from making a timely tuition payment.

If a check is returned to Holy Family School for any reason you will be charged \$40.00 NSF fee.

Holy Family Catholic School

PLEASE COMPLETE ONE FORM FOR EACH STUDENT REGISTERED

2014-2015 EMERGENCY FORM

STUDENT NAME			
	Last	First	M.I.
Address		City	State Zip
Date of Birth		Grade	Student Home Phone

Mother's Name		Home Phone		Cell/Pager	
Address		City		State	Zip
Mother's Employer		Address		Work Phone	
Occupation					

Father's Name		Home Phone		Cell/Pager	
Address		City		State	Zip
Father's Employer		Address		Work Phone	
Occupation					

CUSTODIAL PARENT/Guardian: Both ☐ Mother ☐ Father ☐ Other ☐

In case of illness or injury, who should be called first Mother ☐ Father ☐ Other ☐

List NAME, RELATIONSHIP and PHONE of person(s) who will care for your child in an emergency:

First Choice:		Relationship		Phone	
Second Choice:		Relationship		Phone	
Third Choice:		Relationship		Phone	

List known MEDICAL CONDITIONS or ALLERGIES:

PLEASE USE REVERSE SIDE FOR EXPLANATION

Name of Medication: Dosage:

If medication is to be taken at school, it is to be kept in the school office.

AUTHORIZATION OF EMERGENCY TREATMENT OF A MINOR: In the event of a serious emergency, and none of the above-named persons can be contacted, I authorize school officials to call my family doctor or, if the situation demands, to transfer my child to the nearest hospital for the necessary emergency care. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is rendered under the general, or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act, and on the medical staff of a certified hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that Holy Family School does not assume responsibility for payment of a physician or of treatment. If our family physician cannot be reached, the school may choose a physician.

Family Physician		Phone	
Family Dentist		Phone	

List below those persons authorized to pick up your child from school and/or Extension.

1.		2.	
3.		4.	

My child has permission to walk/bike home from school after signing out in the office. Yes ☐ No ☐

PARENT/GUARDIAN Signature: Date:

Holy Family Catholic School

2014-2015

VERIFICATION OF AUTOMOBILE INSURANCE FORM

Required of ALL Field Trip Drivers

Only adults (25 and older) meeting the minimum requirements will be allowed to drive on a field trip. If you do not have the minimum auto insurance requirements shown below, you may not drive any private vehicle in connection with transporting Holy Family Catholic School students for any school-sponsored activities. Only students enrolled in the grade having the field trip may attend the field trip.

Name: <input type="text"/>	Driver License No./State: <input type="text"/>
Residence/Address: <input type="text"/>	Expiration Date of License: <input type="text"/>

NOTE: Every year a new copy of the Driver's License and Insurance Card must be submitted.

Vehicle make, model and year: 1. <input type="text"/>	License Number: <input type="text"/>	State: <input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

CERTIFICATION

I hereby certify that insurance policy number issued by

(Name of Insurer/Insurance Company)

is in force. This policy provides liability insurance coverage on the above listed automobile(s) in amounts no less than \$100,000 individual/\$300,000 cumulative each loss or occurrence bodily injury, \$50,000 property damage, \$5,000 per person medical, and \$100,000 uninsured motorist insurance.

I further certify that the vehicle to be used is adequate for the use to which it is put, is in safe mechanical condition, is equipped with seat belts which I will use and with child safety seats as required by law.

If the above insurance is terminated, or if my driver's license is suspended or revoked, I will immediately cease using the above-owned automobile for transporting Holy Family Catholic School students for school-sponsored activities and events.

I certify I have read, understand, and agree to abide by the terms stated above.

Signature

Airbags Yes ☐ No ☐

Print Name

Date

**Non-Public Schools (NPS) Title I Family Survey
2014-15**

*Please provide the following information. Only your principal and the NPS Title I Coordinator will see your responses, and will keep all data **strictly confidential**.*

Parent/Guardian and Address Information

Parent/Guardian Name Phone

Address City Zip

Public School District in which you live (San Juan Unified School District, Sacramento City School District, Twin Rivers Unified School District, etc)

Neighborhood public school your student(s) would attend (if known)

Student Information

Only list students attending **THIS** private school.

Name of This Private School:

Student Name #1 Grade

Student Name #2 Grade

Student Name #3 Grade

Student Name #4 Grade

Family and Income Information

Find your family size (all adults and children in the home) on the chart. Then, compare your gross income to the figures in the corresponding row.

Family Size	Weekly	Monthly	Yearly
1	\$398	\$1,723	\$20,665
2	\$539	\$2,333	\$27,991
3	\$680	\$2,944	\$35,313
4	\$821	\$3,554	\$42,643
5	\$961	\$4,165	\$49,969
6	\$1,102	\$4,775	\$57,295
7	\$1,243	\$5,386	\$64,621
8	\$1,384	\$5,996	\$71,947
Each additional member, add:	\$141	\$611	\$7,326

Is your income (for your family's size) less than the amount on the chart? ☐yes ☐no

Does your family receive assistance under Cal Works? ☐yes ☐no

Are any of your children eligible for Medicaid? ☐yes ☐no

Does your family participate in the food stamp program? ☐yes ☐no

Holy Family Catholic School

Website/ Media Guidelines

School Web Page:

Holy Family Catholic School (HFCS) teachers and students may design their own class web pages, sharing their writing and classroom activities with the Internet community. No copyrighted materials will be used including photographs, cartoons, and logos without written consent. Electronic publications are expected to meet conventional academic standards of proper spelling, grammar, and accuracy of information.

Media Relations:

Catholic schools are expected to exercise cooperation with the media. HFCS recognizes that the media influences the public's understanding of Catholic schools, policies, programs, and events. Media also can be helpful in communicating with the public about school strengths, needs, opportunities, and concerns.

- Parental permission must be obtained before loading any student's names, photographs, videos, or written work.
- All school web site addresses (URLs) must be registered with the school principal.
- As indicated on the Web Site Parent Permission Form, students will have the option of using an alias, and no surnames will be used.
- Students must submit their web work to their classroom teacher for approval. Teachers are responsible for screening student work to eliminate personal information such as home addresses, phone numbers, or the names of other students. Students must be cautioned against revealing this information as well.

Students will not divulge any personal information when submitting work for inclusion on the HFCS or classroom website. This includes information such as home/school addresses or home/school telephone numbers or names. If these guidelines are disregarded, a student will be subject to disciplinary action by the principal. When a student's written work, name and/or an interview is sought by the media, HFCS must seek appropriate permission from parents / students to ensure the privacy and confidentiality of families.

Web Site / Media - Parent Permission Form

Your child has the opportunity to publish his or her work on the Internet via the school web site. Publishing on the Internet is an exciting way to share ideas with other Internet users, both in our community and around the world.

Your child may have the opportunity to share their work, photo, video, or an interview with the media. Please indicate below the level of participation you desire for your child during the **2014-2015** school year.

- ☐ Yes ☐ No My child's writing and artwork may be shared on the school's website or with the media.
☐ Yes ☐ No My child's photograph and/or video may appear on the school's website or with the media.
☐ Yes ☐ No My child's first name may be shared on the school's website or with the media.
☐ I do not wish my child to participate on the school's website or with the media.

Child's Name:	<input type="text"/>	Grade:	<input type="text"/>
Child's Name:	<input type="text"/>	Grade:	<input type="text"/>
Child's Name:	<input type="text"/>	Grade:	<input type="text"/>
Child's Name:	<input type="text"/>	Grade:	<input type="text"/>

Parent / Guardian Signature: _____ Date:

Holy Family Catholic School

7817 Old Auburn Road * Citrus Heights, CA 95610 * 916-722-7788

Relationships Education Permission Form

Dear Parents and Guardians:

The Catholic Church has always recognized that the primary responsibility for the education of children and of youth belongs to the parents. However, the Church also recognizes its own responsibility in supporting parents in this endeavor. The National Catechetical Directory, Sharing the Light of Faith, affirms "the value and necessity of a wisely planned education (including human sexuality) of children".

To this end, Holy Family Catholic School faculty offers ***Relationships Education*** as part of the curriculum.

It is not the role of the school to take over the duties of parents but rather to supplement the work in educating their child(ren). As a parent you are invited to participate in the ***Relationships Education Family Life*** program by previewing the materials, by discussing the materials with your child(ren) at home, and by cooperating with the teachers as they present the material.

Your child may participate in this program only with your permission. Text may be previewed in the classrooms or you may view a video tape concerning the program in the School Library. If you think that a parent handbook would help you to understand and to present the information to your child(ren) in conjunction with their classroom study, a copy can be ordered by the office.

PLEASE RETURN TO SCHOOL OFFICE

(Grades K through 8 participate in the Relationships Education Program)

Student Name		Grade	
Student Name		Grade	
Student Name		Grade	
Student Name		Grade	

☐ I give permission for my child(ren) to participate in all aspects of the Relationships Education Family Life Program at Holy Family Catholic School.

☐ I DO NOT give permission for my child(ren) to participate in the Relationships Education Family Life Program at Holy Family Catholic School.

Parent or Guardian Signature

Date

Holy Family Catholic School
EXTENDED CARE PROGRAM
7817 Old Auburn Rd. * Citrus Heights, CA 95610 * 916-722-7788
2014-2015 REGISTRATION

Family Name

Father's Name Mother's Name

Child's Home Address

City State Zip Phone

Mother's Work Phone Cell

Father's Work Phone Cell

GRADES K-8

Name	<input type="text"/>	Grade	<input type="text"/>
Name	<input type="text"/>	Grade	<input type="text"/>
Name	<input type="text"/>	Grade	<input type="text"/>

PERMANENT FULL -TIME \$252.50 ☐

PERMANENT PART-TIME	Before school only (1 hour)	\$93.00	<input type="checkbox"/>
	After school only (until 4pm)	\$93.00	<input type="checkbox"/>
	After school only (until 5pm)	\$160.15	<input type="checkbox"/>
	After school only (until 6pm)	\$211.15	<input type="checkbox"/>

Please check the days child/children will attend:

Before School: M ☐ T ☐ W ☐ Th ☐ F ☐ After School: M ☐ T ☐ W ☐ Th ☐ F ☐

Extension payments **MUST** be set up by Electric Funds Transfer. Please complete the enclosed form.

Registration Fee: \$40.00 E-Mail:

PLEASE NOTIFY THE EXTENSION OFFICE OF ANY CHANGES IN SCHEDULE OF CARE

Custodial Parent/Guardian: Both Parents ☐ Mother ☐ Father ☐ Other ☐

If custodial care is shared, court orders and schedule must be on file in the Principal's office.

Extended Care Parent Agreement

In consideration of my child/children's participation in the Extended Care Program, I agree to the following:

- 1. I agree to give the Extended Care Director a two-week advance written notice prior to withdrawal from the Extension Program. I understand that if my child/children willfully break(s) or destroy(s) Holy Family Catholic School property or the personal property of other children in the program or school, I will be responsible for replacement.**
- 2. I understand that the Extended Care Program opens at 7:00am. Children may not be left on school grounds before 7:50am without being enrolled in Extension. I agree to sign my child in/out at the counter in Extension, at drop off and pick-up.**
- 3. I agree to pick up my child by the Extended Care contractual time I agreed to. It is my responsibility to provide alternative arrangements for picking them up, at the contractual time, if I am unavailable. I understand that if my child/children is/are not picked up by 6:00pm, I will be charged \$5.00 per minute, due at the time of pick-up. If payment is not received at the time of pick up or by the end of the billing cycle, an additional fee of fifty cents per minute will be added to the original charge.**
- 4. I agree to pay a non-refundable registration fee of \$40.00.**
- 5. I understand that my child/children (grades 2-8) will attend mandatory Study Hall, Monday-Thursday.**

Parent/Guardian

Signature _____ Date

Registration Fee Paid: Amount Date
Check #

Holy Family Catholic School

EXTENDED CARE PROGRAM

7817 Old Auburn Rd. * Citrus Heights, CA 95610 * 916-722-7788

2014-2015 REGISTRATION MINIMUM DAY

Family Name

Father's Name Mother's Name

Child's Home Address

City State Zip Phone

Mother's Work Phone Cell

Father's Work Phone Cell

GRADES K-8

Name
Name
Name

Grade
Grade
Grade

Minimum Day Extension Rates:

12 Noon - 6:00 p.m.	\$19.20 per day <input type="checkbox"/>
12 Noon - 5:00 p.m.	\$16.00 per day <input type="checkbox"/>
12 Noon - 4:00 p.m.	\$12.80 per day <input type="checkbox"/>
12 Noon - 3:00 p.m.	\$ 9.60 per day <input type="checkbox"/>

Extension payments **MUST** be set up by Electric Funds Transfer. Please complete the enclosed form.

Minimum Day Registration Fee: \$20.00

E-Mail:

PLEASE NOTIFY THE EXTENSION OFFICE OF ANY CHANGES IN SCHEDULE OF CARE

Custodial Parent/Guardian: Both Parents ☐ Mother ☐ Father ☐ Other ☐

If custodial care is shared, court orders and schedule must be on file in the Principal's office.

Holy Family Catholic School

PLEASE COMPLETE ONE FORM FOR EACH STUDENT REGISTERED

2014-2015 EXTENSION EMERGENCY FORM

STUDENT NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last	First	M.I.
Address	<input type="text"/>	City	<input type="text"/>
		State	<input type="text"/>
		Zip	<input type="text"/>
Date of Birth	<input type="text"/>	Grade	<input type="text"/>
		Student Home Phone	<input type="text"/>

Mother's Name	<input type="text"/>	Home Phone	<input type="text"/>	Cell/Pager	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
				Zip	<input type="text"/>
Mother's Employer	<input type="text"/>	Address	<input type="text"/>	Work Phone	<input type="text"/>
Occupation	<input type="text"/>				

Father's Name	<input type="text"/>	Home Phone	<input type="text"/>	Cell/Pager	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
				Zip	<input type="text"/>
Father's Employer	<input type="text"/>	Address	<input type="text"/>	Work Phone	<input type="text"/>
Occupation	<input type="text"/>				

CUSTODIAL PARENT/Guardian: Both ☐ Mother ☐ Father ☐ Other ☐

In case of illness or injury, who should be called first Mother ☐ Father ☐ Other ☐

List NAME, RELATIONSHIP and PHONE of person(s) who will care for your child in an emergency:

First Choice:	<input type="text"/>	Relationship	<input type="text"/>	Phone	<input type="text"/>
Second Choice:	<input type="text"/>	Relationship	<input type="text"/>	Phone	<input type="text"/>
Third Choice:	<input type="text"/>	Relationship	<input type="text"/>	Phone	<input type="text"/>

List known MEDICAL CONDITIONS or ALLERGIES:

PLEASE USE REVERSE SIDE FOR EXPLANATION

Name of Medication: Dosage:

If medication is to be taken at school, it is to be kept in the school office.

AUTHORIZATION OF EMERGENCY TREATMENT OF A MINOR: In the event of a serious emergency, and none of the above-named persons can be contacted, I authorize school officials to call my family doctor or, if the situation demands, to transfer my child to the nearest hospital for the necessary emergency care. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is rendered under the general, or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act, and on the medical staff of a certified hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that Holy Family School does not assume responsibility for payment of a physician or of treatment. If our family physician cannot be reached, the school may choose a physician.

Family Physician	<input type="text"/>	Phone	<input type="text"/>
Family Dentist	<input type="text"/>	Phone	<input type="text"/>

List below those persons authorized to pick up your child from school and/or Extension.

1.	<input type="text"/>	2.	<input type="text"/>
3.	<input type="text"/>	4.	<input type="text"/>

PARENT/GUARDIAN Signature: _____

Date