



## 2017-2018 Returning Family Registration Agreement

**\*\*\*MANDATORY: RETURN TO SCHOOL OFFICE TO RESERVE YOUR SPACE\*\*\***

Parent's Name: \_\_\_\_\_

Current Email address: \_\_\_\_\_

Student's Name	Grade entering
<b><u>4 year Old Student Only:</u></b> 1. ____ Child Eligibility and Enrollment Certificate –Obtained from the Early Learning Coalition of Duval <a href="http://elcofduval.org/index.asp">http://elcofduval.org/index.asp</a> 2. What time will your student be picked up by? • ____ 11:00 am ____ 2:55 pm ____ 6:00 pm 3. ____ Attendance Policy/ Daily Attendance Record 4. ____ Additional hours fee \$200.00 *see VPK information	<b>The VPK scholarship includes:</b> <ul style="list-style-type: none"> <li>• <b>Registration Fee</b></li> <li>• <b>Annual Fee *</b></li> </ul>

## Early Registration fee \$250.00 February 1-10, 2017

**\*PLEASE NOTE THAT THE ANNUAL FEE INCLUDES:** Technology, text books, e-books, and online resources, academic materials, catastrophic student insurance, guidance services, media / library services, scheduling and testing fees.

**\*\*\*All paid tuition and fees are non-refundable\*\*\***

St. Matthew's Catholic School | 1773-0010 Blanding Blvd  
 Jacksonville, FL 32210  
 Phone: 904-387-4401  
 Fax: 907-388-4404  
 Email: [stmatthewsoffice@comcast.net](mailto:stmatthewsoffice@comcast.net)



**I/We agree to the following as designated by our signature on this registration:**

**General Release:** I/We hereby release and forever discharge St. Matthew's Catholic School, its officers, agents, and employees from all claims and demands, rights and causes of action of any kind that the members of this family now has or hereafter may have on account of or in any way arising from personal injuries known or unknown to the signers of this agreement and property damage resulting from any occurrence which may happen to our child/ren (or legal ward), during his/her stay at St. Matthew's Catholic School.

**Emergency Care:** I/We understand that in case of accident or serious illness, if the school is unable to reach a parent or guardian, I/we hereby authorize St. Matthew's Catholic School, at its discretion to contact emergency personnel and to allow these professionals to administer treatment and/or transport the child/ren for treatment. The school is further authorized to provide helpful medical and family contact information to these health care providers.

**Non-Urgent Care:** I/we understand that in case of accident or serious illness for which the child does not require professional emergency care providers, every effort will be made to contact a parent/ guardian. In the event the school is unable to reach a parent/guardian, I/we hereby authorize St. Matthew's Catholic School at its discretion to call in the order I/we have listed, an emergency contact to request that he/she remove the child from the school.

**Registration Agreement:** The acceptance of this application is contingent upon the student satisfactorily completing the grade in which he/she is presently enrolled and if a new student at St. Matthew's Catholic School, satisfactorily completing the entrance requirements.

Every student, returning or new, is under a 45 day probationary period beginning the first day he/she attends classes at St. Matthew's. During this 45 day probationary period, students whose behavior and actions do not match the philosophy of the school may be dismissed from St. Matthew's Catholic School. If a student withdraws during this 45 day period all resource fees and registration fees will be retained. All tuition paid will be retained. **No refunds will be given.** Furthermore, expulsions after the 45 day period will follow handbook guidelines and will also result in **no refunds of fees or tuition.**

**Parent-Student Handbook:** I/We agree to read the student handbook and will support the policies as described, including but not limited to school discipline code, conduct policies and sport rules. The Parent Student Handbook is available in English and Spanish on the school web page [www.stmatthewscs.com](http://www.stmatthewscs.com) and a hard copy will be available upon request.

**Conditional Release:** Without compensation, I/we hereby grant permission to the Catholic Diocese of St. Augustine to use and reproduce photographs and/or video taken of my/our child/ren. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I/we grant my/our permission to alter the same photos without restriction and to copyright the same. I/we hereby release the photographer, the journalists, and the publications or media outlets they represent, as well as the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of St. Augustine, and all of its employees and agents, from all claims and liability relating to said photographs.

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**Internet Acceptable Use Policy:** We, the undersigned, agree to comply with the privilege of internet use and will comply with all current policies, rules, and regulations of the Diocese of St. Augustine and of St. Matthew's Catholic School as described by the teachers and written in the parent/student handbook. Our family has discussed and agrees to support the rules of the school.

**Medication Policy:** No medication may be given to a child by any staff member of the school unless a medication authorization form is completed. This includes prescription and non-prescription medication. **All medicines** are to be sent to the school office in the original container along with the completed form. No student may have any medication on his or her person or in his or her belongings at any time.

In the case of prescription inhalers which must be carried a separate release form will need to be completed.

**Service Hours:** **All families are required to contribute a minimum of twenty-five (25) hours** of service to St. Matthew's Catholic School during the school year. Failure to serve the required service hours will result in an assessment for each hour not worked to the family account on May 15<sup>th</sup> of each school year. The assessment fee per hour is \$10.00. Any service hours turned in after May 15<sup>th</sup> will be allocated for the following school year.

**Financial responsibility:** The registration fee is non-refundable and must be paid at the time of registration. Annual fees for each student are due **June 1st** and are non-refundable.

I assume financial responsibility for the school year 2017-2018. I understand that the tuition is due on the 1<sup>st</sup> of the month and a late fee of \$25.00 will be charged for tuition received past the 15<sup>th</sup> of the month the tuition is due. I understand that tuition and fees paid to St. Matthew's Catholic School are not refundable.

**Tuition & Fees responsibility:** All paid tuition and fees are **non-refundable**.

We are contributing members of:

St. Matthew's Catholic Church  
 Most Holy Redeemer

St. Catherine's  
 We are not members of the listed churches

Envelope / Faith Direct # \_\_\_\_\_

### Payment Election

I elect to pay the **tuition** monthly/annually in the amount of \$ \_\_\_\_\_

Our family will pay the monthly rate for **EXTENDED DAY** of \$ \_\_\_\_\_

Our family will pay the daily rate for use of **EXTENDED DAY** \$ \_\_\_\_\_

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**In signing the registration agreement, we attest that all information provided is complete, factually correct and honestly presented.**

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**\*Please note that your enrollment at St. Matthew's Catholic School is not complete until your registration fee has been paid and your payment plan with FACTS has been established.**

**Family accounts using FACTS for automatic tuition payments will be charged the registration fee upon receipt of this document.**

**All others may pay by cash, check or credit card (\$4.00 convenience fee will apply.)**

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