



St. Matthew's Catholic School
1773-0010 Blanding Blvd.
Jacksonville, FL 32210
904-387-4401

New Family

2017-2018 Check Lists

1. _____ Registration Fee \$300.00 (Early registration \$250.00 by February 10th, 2017)
2. _____ Parent/Guardian Information Form
3. _____ Student Information Form (one for each student)
4. _____ Copy of Student's Baptism Certificate (If Catholic)
5. _____ Copy of Student's Birth Certificate
6. _____ Health form and HRS form # DH680 filled out by doctor's office.

**Please note if you have a student entering: Kindergarten- must have 5th DTP/DTAP/DT/TD, 4th Polio, 2nd MMR, Hepatitis series and Varicella 7th grade they must have their TD Booster and Hepatitis Series before the start of school.*

7. _____ Signed Registration Agreement

Voluntary Pre K (VPK) 4 year Old Student Families Only

1. _____ Child Eligibility and Enrollment Certificate
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
5. The \$300 registration fee is included in VPK funding of 540 hours

Student Information

Last: _____ **First:** _____ **Middle:** _____

Entering Grade: _____ **Date of Birth:** _____ **Male** **Female**

Home Address: _____

City _____ **State** _____ **Zip** _____

Home Phone: _____ **Primary Email Address:** _____

Religion: Catholic Non-Catholic _____

Race: Caucasian African-American Asian Hispanic other _____

Ethnicity: Hispanic Non Hispanic

Language or languages spoken by Student _____

Language spoken at home: _____

Child lives with: Both Parents Mother Father Other (explain) _____

School Presently Attending: _____

<p>Has your child been diagnosed with any of the following?</p>	
<p>Physical disabilities: <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No</p>	<p>Special medical needs (including ADD/ADHD and/or anxiety adjustment disorders) <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No</p>
<p>Academic learning disabilities <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No</p>	<p>Has a psychological education evaluation been administered? <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No</p>
<p>Allergies – <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No</p> <p>If yes is an epipen required Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Is your child currently taking any medications? <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No</p>
<p>Does your child have an IEP or a 504? <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No</p>	<p>Does your student qualify for: <input type="checkbox"/> McKay Scholarship <input type="checkbox"/> Step Up for Students Scholarship <input type="checkbox"/> VPK <input type="checkbox"/> Parishioner Scholarship <input type="checkbox"/> None</p>

Parent / Guardian Information

Parent / Guardian's Name: ___ Father ___ Mother ___ Guardian _____

Last: _____ First: _____ Middle: _____

Home Address: (If different from Student) _____

City _____ State _____ Zip _____

Phone Home #: _____ **Office:** _____ **Cell:** _____

For school information and financial statements:

Primary E-Mail Address: _____

Alternate E-Mail Address: _____

Education: ___ High School ___ Some College ___ Associates ___ Bachelor ___ Masters ___ Doctorate

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Lives with student ___ Does not live with student

Occupation _____

Parent / Guardian's Name: ___ Father ___ Mother ___ Guardian _____

Last: _____ First: _____ Middle: _____

Home Address: (If different from Student) _____

City _____ State _____ Zip _____

Phone Home #: _____ **Office:** _____ **Cell:** _____

For school information and financial statements:

Primary E-Mail Address: _____

Alternate E-Mail Address: _____

Education: ___ High School ___ Some College ___ Associates ___ Bachelor ___ Masters ___ Doctorate

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Lives with student ___ Does not live with student

Occupation _____

Emergency Contacts Authorized to pick up student: List at least three (other than previously listed)

1. Name: _____ Relationship to student: _____

Home Phone: _____ Cell: _____ Other: _____

2. Name: _____ Relationship to student: _____

Home Phone: _____ Cell: _____ Other: _____

3. Name: _____ Relationship to student: _____

Home Phone: _____ Cell: _____ Other: _____

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 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.

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 15th of each school year. The assessment fee per hour is \$10.00. Any service hours turned in after May 15th 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 1st of the month and a late fee of \$25.00 will be charged for tuition received past the 15th 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.

All accounts must be current by the first day of school in order for the student/students to attend classes.

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** \$ _____

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: _____

For office use only: Date processed: _____



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VPK Attendance requirements:

1. Children must arrive in the VPK classroom by 7:45 am daily.
2. Children must be in attendance until 11:00 a.m. daily.
3. Parents must call the school office 904-387-4401 if your child is going to be late or absent.
4. A doctor's note is required if a child misses more than 3 consecutive days per month for illness.
5. Parents must sign an attendance verification form provided by the school each month.
6. Parents arriving after 11:00am will be charged the applicable stay and play rate.
7. Families who do not meet the VPK attendance requirements are subject to withdrawal per the Early Learning Coalition guidelines.

I understand and accept the terms of the VPK attendance policy.

Parent Name: _____

Parent's Signature: _____ Date: _____

Student's Name: _____



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Parental Certification for Voluntary Pre-K Student Attendance at:
St. Matthew's Catholic School

I affirm that I have given permission for the teachers of my child to act as my representative in recording and signing the daily attendance record for:

(Print student name)

I will be provided a student attendance form and will sign and return it once a month.

(Print parents/guardian name)

(Signature of parent/guardian)

(Date)