2016-2017 REGISTRATION PACKET

REGISTRATION PACKET
FAMILY NAME:
The forms contained in this packet are for the registration of your children for the 2016-2017 school year at St. John the Evangelist School. Please DO NOT REMOVE any forms from this packet even if a page does not apply to you. Please read each page thoroughly. Fill out the information required and initial in the "Parent Initial" column to indicate you have read this form in your packet. • Registration breakdown shown on "FEE PAGE"
 Transitional Kindergarten and Preschool registration fee is \$150 and tuition is paid on a 10 month basis.
 Each family will receive ONE yearbook at no cost. Additional yearbooks may be purchased for \$25 each.
 Please read separate page explaining SCRIP PROGRAM.

• Please see attached CALENDAR for the 2016-2017 school year with dates of school closure.

Please read separate page explaining SERVICE HOURS AND CRAFT FAIR

• Extension is paid on a 10 month basis, like school tuition.

OBLIGATIONS.

Contents:
1. List of Fees, Tuition Rates
2. Extended Day Information
3. SCRIP page
4. Service Hour and Craft Fair Obligations
5. School Registration
6. Emergency Form Information
7. Pick---Up Authorization Form
8. Volunteer Driver Information
9. Title I Form

OFFICE USE ONLY: PACKET CHECKED BY_

ST. JOHN THE EVANGELIST SCHOOL 5701 LOCUST AVENUE CARMICHAEL, CALIFORNIA 95608 (916) 481---8845, EXTENSION 216 www.stjohnev.com

SCHOOL INFORMATION SHEET

Thank you for your interest in St. John the Evangelist School. The following information is provided to help you make a decision before completing the application form.

- ❖❖ School hours for students in Grades K through 8 are 8:15 --- 3:00.
- ❖❖ School hours for Transitional Kindergarten are 8:15 12:00.
- ** Extended Day Care for TK through 8 is available for a reasonable cost from 7:00 a.m. --- 6:00 p.m. on days school is in session.
- **❖❖** Class sizes vary.
- ❖❖ Students wear uniforms.
- ❖❖ A lunch program is available.
- ❖❖ We have an active Parent Club. All parents are members. Parents of students in grades TK---8 have a work service hours requirement each school year.

2016 - 2017 TUITION RATES

	PARISH*	NON-PARISH
One Child	\$4,890	\$5,940
Two Children	\$8,810	\$10,910
Three or More Children	\$11,760	\$14,910
Transitional Kindergarten	\$ 3.000	per student

*A parishioner is someone who is an active participant in St. John the Evangelist Parish. An "Active Participant" is someone who is formally registered in the parish, who regularly attends Mass at our church and uses the parish envelopes or Parish Pay to contribute financial support to our parish.

2016-2017 Registration Fees (per student)

Preschool	\$150		
Transitional Kindergarten	\$150		
Kindergarten8 th Grade	\$275		
Registration fees are nonr	efundable.		
Students participating in after	erschool sports,		
graduation, Confirmation or First Communion and			
some field trips and other a	ctivities will be		

Registration Fee Breakdown (per student)

Diocesan Assessment Fee	\$50
Student Insurance Fee	\$5
Textbooks and Materials	\$175
Parent Club Fee	\$5
Technology Fee	\$20
Class Fee	\$20
	\$275

required to pay additional fees.

ST. JOHN THE EVANGELIST SCHOOL

Extended Day Program

(916) 481-8845 ext 211 Email: extension@stjohnev.com

Hours of Service are: 7:00 a.m. - 6:00 p.m.

EXTENDED DAY FEES ARE BASED ON THE 180 DAY SCHOOL YEAR AND ARE PAYABLE IN **TEN** (10) MONTHLY PAYMENTS BEGINNING AUGUST 1, 2016 AND ENDING MAY 1, 2017.

THE FEES PER CHILD FOR THE EXTENDED DAY PROGRAM ARE:

Morning Care Only

	2 DAYS Per Week	3 DAYS Per Week	4 DAYS Per Week	<u>5 DAYS</u> Per Week
7:00-8:00 a.m. (106)	\$480 (48) After School Prices	\$650 (65)	\$860 (86)	\$1,060
3:00-6:00 p.m. (213) Includes Min. Days 12:00- 6:00 pm	\$1,100 (110)	\$1,460 (146)	\$1,700 (170)	\$2,130
TK Prices (235) AM and PM Care Included	\$1,300 (130)	\$1,660 (166)	\$1,920 (192)	\$2,350

Drop-In Rate: \$8.00 per hour. Any part of an hour is considered a full hour. Please note that any part of an hour is considered a full hour. There are hourly **Time Cards** available to purchase in the Extension room. They can be purchased in 10 hour increments. Time Cards that are purchased remain in the Extension room. All Drop In/ Time Card fees must be paid in advance of using the Extended Day Program. Time Cards are non-refundable and the hours purchased can be used anytime during the 2016-2017 school year.

10 Hours \$ 80

If Morning and After School care are needed on the same day, please add \$50.00 to the above After School Only monthly prices. Days that morning care is provided must match the afternoon used for this \$50.00 rate to apply.

The numbers in () represent Monthly Payments. All Extension fees need to be paid in the Extension Room and not the school office. Checks can be made out to St. John the Evangelist School.

There is a 10% discount for the third child in each family.

Students that use a day other than their contracted day will be charged the hourly **Drop-In Rate** for additional time used in Extension.

Families who use the Drop-In Rate during the school year will be required to pay the Registration Fee for Extended Day. A \$25.00 processing fee will be applied to the Drop-In rate each month a bill is sent due to non-payment on the day of service.

A LATE PICK-UP FEE Of \$3.00 per minute, per child, for each minute past 6:00 p.m. must be paid at the time of pick up

A non-refundable Registration Fee of **\$65.00** per child or **\$100.00** per family is due at time of registration for the Extended Day Program. All families who use the Extended Day Program must pay the Registration Fee. All forms must be completed before students are admitted into the Extended Day Program.

MONTHLY FEES ARE DUE IN THE EXTENSION ROOM ON THE FIRST OF EACH MONTH BEGINNING AUGUST 1, 2016. A late fee of \$25.00 will be charged after the 10th of each month. Please make checks payable to **St. John the Evangelist School**. There is a \$25.00 fee for returned checks.

The fees for Extended Day enrollees are for the 180 day school year and not for the calendar month; consequently, there is no reduction in fees for illness or holidays falling in a given month.

Holidays: NO SERVICE



Each school family is subject to an annual \$200.00 Scrip Program Fee. This financial obligation may be satisfied in cash or by *choosing* to participate in our "Store Contribution Program" as follows:

1. Raley's, Bel Air, and Nob Hill Grocery Stores—After establishing your SOMETHING EXTRA account with Raley's/Bel Air, families will need to join the EXTRA CREDIT program to support with SCRIP donations. Please note, you must submit your family's quarterly Raley's/Bel Air EXTRA CREDIT report to the office in order for your Raley's purchase dollars to count toward your family's SCRIP totals. SCRIP totals are only reported from Raley's to the school by numbers not names. Therefore, you need to print and submit the quarterly reports to the office.

TO CREATE A RALEY'S ACCOUNT

- Log onto raleys.com
- Click on the green "Start Here" button on the right hand side of the screen and create your account.

THEN LINK YOUR ACCOUNT TO SJE

- Click on "Manage Your Account" (link is on the right hand side of the screen)
- Logg in again
- Click on "EXTRA CREDIT" (the link is on the right hand side of the screen)
- Search for St. John the Evangelist School by zip code—95608
- Scroll down and select St. John the Evangelist School
- Choose 100% to be donated to SJE
- 2. SaveMart Grocery Stores This includes stores such as SaveMart and various other vendors (see www.escrip.com for complete list). Your SaveMart Rewards card, credit cards or debit cards must be linked to St. John the Evangelist School. The contributions based on your store purchases and submitted to St. John the Evangelist School on E-Scrip's report will be credited to your Scrip Program Fee. Set up an account on www.escrip.com, add your SaveMart Rewards card number (your phone number) to your account, and 3% of your SaveMart purchases will be credited back to SJE. Be sure to select St. John the Evangelist School as your recipient organization. After April 1, 2016 the SaveMart S.H.A.R.E.S. card will no longer be active and the program will run through E-Scrip.
- 3. **Scrip Now** Purchase electronic scrip instantly on your phone 24/7 through the Shop With Scrip ScripNow program. ScripNow eCards are electronic gift cards that can be ordered and printed right from your ShopWithScrip account. You'll receive your scrip in minutes and be able to shop in stores or online immediately. Just like regular gift card scrip, the amount of return varies by vendor and the percent of return amount earned is credited towards your Scrip Program Fee. **Contact scrip@stjohnev.com to set up an account.**
- 4. **Gift Cards/Paper Scrip** is sold periodically during the school year The amount of return varies by vendors listed on the order form. The percent of return is shown in parentheses on the form. The percent of return amount earned is credited towards your Scrip Program Fee each time you purchase.

The dates used for the tallying of total SCRIP purchases for the 2016-2017 school year are as follows:

Scrip Gift Cards	Beginning Date	Ending Date
Raley's Extra Credit	March 1, 2016	February 28, 2017
SCRIP Now	January 1, 2016	December 31, 2017
SaveMart	March 1, 2016	February 28, 2017
	March 1, 2016	February 28, 2017

A school family may satisfy a portion of this financial obligation with participation in the Store Contribution Program and a portion in cash.

Balance due for Scrip Program Fee will be remitted with 2016-2017 registration or no later than May 1, 2017 for families not returning.

ADDRESS ALL QUESTIONS TO: SCRIP@STJOHNEV.COM

FAMILY WORK SERVICE HOUR AND CRAFT FAIR OBLIGATIONS

Prior to summer break, you will receive an invitation to sign---up for service hours through an online service. You will receive an announcement through BEEHIVELY!

Each family is required to complete a *minimum of 40 hours of service*. No transferring hours to another family.

Each family is responsible for recording their own work service hours through **VOLUNTEER SPOT**. Work service hours are recorded from March 1, 2016 through February 28, 2017. Incomplete work service hours may result in a higher registration fee or losing your child's place in our school.

The school office is not responsible for tracking hours.

Registration will not be final until the work service hour obligations for the 2016-2017 school year have been satisfied.

CRAFT FAIR

Seven hours of the minimum 40 hours of service must be related to the Craft Fair. There will be 2 mandatory hours in specific categories and 5 additional hours in areas of your choosing.

Silent Auction Obligation – Donate, purchase, or solicit new merchandise or service with a minimum value of \$40 or you may make a \$40 cash donation. All items are due in the school office no later than October 3. *Families not fulfilling their Silent Auction obligation by October 3 will be required to pay an additional \$25 late fee.* If two or more families wish to donate a service or items for a higher value, they may do so. Special considerations may be given for donations of a service or item of a higher value, such as group dinners, vacation homes, etc. Letters of introduction for soliciting items are available in the school office.

St. John the Evangelist School 5701 Locust Ave Carmichael, CA 95608

(916) 481---8845, Ext. 216

2016-2017 Registration Agreement

The St. John the Evangelist parish school community believes that the primary responsibility of education lies with the parents and/or guardians of children, and that any successful educational program depends upon the positive and active cooperation and involvement of the parents or guardians with and in the school. As registered families of St. John the Evangelist School, it is expected that families will be involved on a voluntary basis to provide support services which will benefit the school community.

COMPLETE THE FOLLOWING INFORMATION AND RETURN THIS REGISTRATION AGREEMENT INCLUDING YOUR REGISTRATION FEE. IF YOU NEED FURTHER INFORMATION CONCERNING REGISTRATION, PLEASE CALL THE SCHOOL OFFICE FOR AN APPOINTMENT. PLEASE PRINT.

1. <u>FULL N</u>	NAME OF STUDE	<u>ENTS</u>	Date of Birth	Grade in 2	2016-2017
LAST	FIRST	MIDDLE			
LAST	FIRST	MIDDLE			
LAST	FIRST	MIDDLE			
2					
Studer	nts' Address		City		Zip
 Phone					
3. Studer	nts Reside with:		Relation	onship:	
4. Are yo	ou registered an	d supporting pa	rishioners of St. Joh	n's Parish? Yes_	No
			If not, list the paris		
5. Parent	t/Guardian Nam	ne:	Parent/Guardia	an Name:	
Last	First	M.I.	Last	First	M.I.
Fmail ac	ldress.				

Parent/Guardian Name:	
Relation to Student:	
Employer (Company):	
Occupation:	
Work Phone:	
Home Address:	
City/Zip:	
Home Phone:	
Cellular Phone: E-	
mail Address:	
6. Are parents separated? Yes No If so, who has legal custody?custody decision must be in our school files or joint	NOTE: A copy of court
We grant permission to St. John the Evangelist to the school website and other publications for the pevents and classroom participation. We also undeused when appropriate. If I choose not to have my website and other publications, I will notify the saugust 15, 2016.	ourpose of displaying school activities, erstand that first names only may be child(ren) picture used for the school
I//We have read and understand the Registration Founderstood that registration will not be final until to charges are paid, volunteer hours for the previous y registration fee is processed.	uition is current, and all fees/late
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date

ST. JOHN THE EVANGELIST SCHOOL 5701 Locust Avenue Carmichael, CA 95608

SCHOOL FINANCIAL AGREEMENT 2016-2017

Family Name:	
Person Responsible for Payment:	
1. I agree to pay a nonrefundable registration fee of \$275.00 per child, grade TK.	rades K thru 8 th or \$150
2. I agree to pay an annual tuition rate based on the number of children I John the Evangelist School.	have enrolled at St.
	_
4. I agree to pay the nonparish tuition rate if I do not meet the requirement above.	ents as noted in #3
5. I understand that school tuition fees are based on a 180 day academic divided into 10 monthly payments beginning August and ending in May for grades	
6. I understand that I will sign up and make payments through SMART TU	ITION.
$_{\rm }$	ill be rolled into
	for tuition payments
9. I understand that a \$25 returned check fee will be assessed for any check school.	cks returned to the
	•
	•
12. I understand that tuition is an annual fee and there is no reduction in fedays, holidays or vacation days.	ees for illness, missed
I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS AGREEMENT:	
Parent/Guardian Signature	Date
Parent/Guardian Signature	 Date

IMPORTANT: RETURN COMPLETED FORM TO SCHOOL OFFICE EMERGENCY INFORMATION (please print)

Family Name	Hor	me Phone		
Mother's Name				
First	Last	First	Last	
Child's Name		Gr	ade	
Child's address Business Phone: Mother			City	Zip
Cell Phone: Mother		Father		
Email: Mother		Father		
Name and telephone of two l	ocal persons who will pick	up and care for child	l in an emergency:	
1	Phone	Relatio	nship	
2	Phone	Relation	nship	
My child is allergic to				
Name of child's physician		Pho	ne	
AUTH In the event of serious eme school officials to call the chi hospital/medical facility for e surgical diagnosis or treatme supervision of any physiciar whether such treatment is re BEAR ALL COST INCURRED AS	ld's physician, or if the situemergency care. I consentent which is deemed advistionand surgeon licensed uendered at the physician's	persons listed above persons listed above persons above to any xray example by and render the provision office or at a certific	e can be contacted cransfer my child to nination, anesthet ed under the gene of the Medicine	o the nearest ic, medical or eral or special Practice Act,
Signature of parent		Date	2	
I do not choose to sign the ab	ove agreement. In the eve	nt of an accident or o	emergency, please	::
Signature of	rarent		Date	9

St. John the Evangelist School 5701 Locust Avenue Carmichael, CA 95608 (916) 481---9945, Extension 216

AUTHORIZATION TO PICK UP CHILD FROM SCHOOL

Child's name Grade

	Child's name	Grade		
	Child's name	Grade		
(Please include siblings, persons with whom you car pool, etc. Only those listed may pick up from school. Extended Day program has a separate pick up form. Please send a note or call the school office if someone not listed will be picking up your child on a particular day.)				
The fo	llowing people are authorize	ed to pick up my c	hild/children:	
1.	Name	Phone	Relationship	
2.	Name	Phone	Relationship	
3.	Name	Phone	Relationship	
4.	Name	Phone	Relationship	
5.	Name	Phone	Relationship	
Parent/G	Guardian signature		Date	

2016-2017

ST. JOHN THE EVANGELIST SHOOL VOLUNTEER DRIVER INFORMATION

You must have completed the Shield the Vulnerable online training, have fingerprint clearance and the minimum insurance requirements shown below, or you may not drive any private vehicle in connection with transporting St. John the Evangelist School students for any school sponsored activities. Before activity date, you must have a photocopy of your driver license on file in the school office and provide proof of current insurance **showing limit amounts.**

Name (Print):	Driver License No. and State:		
Name (Print):	Driver License No. and State:		
Residence/Address:	Expiration Date of Driver License:		
Vehicle Make, Model and Year:	Vehicle License No:	State:	
1.			
2.			
3.			
I hereby certify that insurance policy number	issued by		
	(Name of Insurer/Insurance Comp	any)	
is in force. This policy provides liability insurance coverage amounts no less than \$100,000 individual/\$300,000 cum injury, \$50,000 property damage, \$5,000 per person med insurance.	ulative each loss or occurrence boo	dily	
I further certify that the vehicle to be used is adequate f with seat belts, and is in safe mechanical condition. I cen have the required fingerprint clearance and Shield the V	tify that I am over 21 years of age		
If the above insurance is terminated, or if my driver's lice immediately cease using the above owned automobile for School students for school sponsored activities and even	or transporting St. John the Evange		
I certify I have read, understand, and agree to abide by t	he terms stated above.		
Signature:	Date:	<u></u>	

St. John the Evangelist Catholic School 5701 Locust Avenue Carmichael, California 95608 (916) 481---8845 ext. 216 www.stjohnev.com



Dear Parent/Guardian:

The US congress passed the No Child Left Behind Act of 2001 (NCLB), which took effect January 8, 2002. Title I, Part A, of the NCLB provides supplemental educational services for eligible public and private school students. The purpose of the Act is to provide additional help for children so that they can acquire the knowledge and skills necessary to meet the challenging student performance standards that all children are expected to meet.

Please take the time to complete the enclosed Family Survey. This information is very important. It will help us continue our participation in Title I educational programs, such as reading and math programs that help our students. All you need to do is mark YES or NO after each question. Your answers will be strictly CONFIDENTIAL.

Remember that this information is CONFIDENTIAL. I will be the only one to read it, and will share only the data portion with the public school district liaison.

If you have any questions please call me at the school office at (916) 481---8845 x216.

Thank you for all that you do for our children and our school.

Tosha Tillotson
Principal

Non5 Public Schools (NPS) Title I Family Survey 2016-17

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

Parent/Guardia	in and Address Inf	ormation				
Parent/Guardia	n Name	Phone				
Address			City	Z	ːip	
Public School Di	strict in which you	ı live (Twin R	ivers, San Juan	, etc.)		
Neighborhood pknown)	oublic school your	student(s) w	ould attend (if			
Student Information	ation ts attending THIS ¡	orivate schoo	ol.			
Name of This Pi	rivate School:					
Student Name #1Grade in 16/17						
Student Name #	‡2		Grade in 16/17			
Student Name #3Grade in 16/17				/17 _		
	r size (all adults an me to the figures in	n the corresp	onding row.		in, compare	
-	Family Size	Weekly	Monthly	Yearly	1	
-	1	\$416	\$1,800	\$21,590	l	
-	2	\$560	\$2,426	\$29,101	l	
-	3 4	\$705 \$849	\$3,051 \$3,677	\$36,612 \$44,123	1	
-	5	\$993	\$4,303	\$51,634	İ	
-	6	\$1,138	\$4,929	\$59,145	İ	
-	7	\$1,282	\$5,555	\$66,656	İ	
-	8	\$1,427	\$6,181	\$74,167	İ	
- -	Each additional				İ	
-	member, add:	+\$145	+\$626	+\$7511		
Is your income (for	your family's size) les	s than the amo	unt 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	