



Holy Rosary Catholic School Registration 2011- 2012 Packet

Parents/Guardians:

Attached are your child's registration forms for the school year 2011-2012. Parents/ Guardians intending to send their child to HRCS in the fall are required to fill out pages 4 – 6. **Please note that Page 3 has additional vital information that must be completed very carefully. Return pages 4-6 along with your registration fee.** Pages 1-2 have valuable information that **should be kept** for future reference. Registration fee for K-8 is \$275 and is **NON-REFUNDABLE**. Please note that included in the registration fee are book fees, building fee, etc. Registration packets may be brought to school in person or by your child no earlier than February 21, 2011, and no later than February 24, 2011. A late registration fee of \$100.00 (**ALSO NON-REFUNDABLE**) will be charged after February 24, 2011, for students presently enrolled. All fees owed the school must be current, and remain current, in order for registration to be complete.

Parents will be requested to fill in and return emergency cards and transportation forms at the opening of the new school year.

HOLY ROSARY CATHOLIC SCHOOL – SERVICE PROGRAM

Because all students benefit from programs and events of HRCS, it is just and fair that an equal distribution of volunteerism be administered.

THE HRCS SERVICE POLICY FOR 4 YEAR OLD – 8TH STATES:

- Each **family** is assessed 10 hours of volunteer service. Parents who are unable to volunteer will be assessed a \$50.00 **SERVICE FEE**. Services and or the \$50.00 fee must be completed within the current school year and are due at a designated date in the spring.
- A list of school activities and volunteer jobs for the school year will be sent to all families at the beginning of the school year. In order to qualify for your **SERVICE CREDIT**, select those activities and jobs that you are willing to commit yourself to.
- Volunteer time will be monitored by administration through *the school visitor sign in sheets* and on an honor basis for work requested from the school but done at home.
- For more information regarding the Service program, contact Debbie Cheramie.

Scott Bouzigard, Principal

Dear Parents of students eligible for grades K- 8th,

Attached is your **registration packet**. Our finance council has met and has made some very important decisions concerning our **2011-2012 school year**. **The registration fee (non-refundable)** will be **\$275** for K-8 grades. Please note that included in the registration fee are book fees, building fee, etc. Tuition for the 2011-2012 school year has been set and is listed below along with the **family plan** which will remain in effect.

Tuition for first child: \$2,700.00

Tuition for second child: \$2,500.00

Tuition for third child: \$2,300.00

Tuition for fourth child: \$0

LUNCH FEES: We anticipate that lunch fees will be the same (\$223 (K) and \$267.00 (1st-8th). If fees are different we will let you know before payment is due. Payment for lunch will be due along with tuition in May. Free/Reduced applications are available.

REGISTRATION for the 2011-2012 school year will take place (for students presently attending Pre-K 3 – seventh grade at HRCS) February 21-24, 2011. Registration will be held between the hours of 9:00 AM and 2:30 PM. The registration packet and fees must be delivered to school by 2:30 PM on February 24, 2011 in order to avoid a late fee. **Registration is not complete until all current school tuition and fees are up to date, the registration fee and all other school fees are paid, and all forms are completed and returned.** We will hold an additional registration for all incoming NEW STUDENTS 3 years old through eighth grade from February 28, - March 3, 2011. If there are any questions about registration and or fees please call Donna Darda at 693-3342.

NON-CATHOLIC FEES: In 1997, our diocese mandated that a non-Catholic fee be implemented for students in grades K and older. This fee is \$325.00. This fee is in addition to tuition, registration & building/maintenance fees.

METHOD OF PAYMENT: Tuition must be pre-paid by Friday, May 13, 2011. Financing is available through **Coastal Commerce Bank located south of McDonalds in Larose**. Credit card payments through Paypal are also accepted. **Note that there is a fee of approximately 3% for this service.** If interested call Donna Darda for more information. You may also pay the full amount by check directly to the school.

SISTER CLAIRE SCHOLARSHIP: Assistance will again be available from "Friends of the Rosary." * See attached document.

DOCUMENTS: All NEW K-8th STUDENTS must bring a copy of **birth and baptism certificates, social security card, and current immunization records.**

DRESS CODE: Information is in the handbook. Handbook will be sent home at a later date.

TRANSPORTATION: Will remain the same and registration info will be sent at a later date.

REMINDERS:

- **Every reasonable effort will be made to provide every child with a Catholic education. The registration deadline will be strictly enforced. A waiting list will be established once the desired class size is reached. Desired class size will be determined by administration. If a sufficient number of students enroll to fill two sections, a second class will be opened. Once a name is on the waiting list it remains until a family enters or chooses to be removed from the list.**
- **A child must be 5 years old by September 30 to enroll in kindergarten.**
- **Parishioner Verification Form must be filled out and brought to your Parish Priest to sign. If this form is not signed you will be responsible for the \$225.00 subsidy given by your parish.**

Please be assured that we want to work with each of you to make it possible for your child to receive a quality education in a Catholic environment.

God Bless Each of You,
Scott Bouzigard, Principal

Child : _____ Sex: _____ Grade (2011-2012): _____
 Last First Middle

Mailing Address:		Home Physical Address:					
_____		_____					
PO Box/Address	City	ST	Zip	House #	Street #	City	Zip
_____	_____	_____	_____	_____	_____	_____	_____

Home Phone: _____ Race: _____ Social Security # _____ - _____ - _____

Emergency contact person and phone no. _____ | _____

Date of birth: ____|____|____ Place of birth: _____ | _____ Birth Cert. # _____
 Month Day Year City/Town State

Baptismal date: ____|____|____ Church: _____ City: _____ State: _____

Communion date: ____|____|____ Church: _____ City: _____ State: _____

I am registered in: _____ Church Parish. You are responsible for the out-of-parish fee (\$225.00) if this cannot be verified by your church parish.

Email addresses: Mother _____ Father _____

Father's Name: _____		Living: (Y __) (N __)	
<i>Last</i>	<i>First</i>	<i>Middle</i>	

Address (if different from child)			
Father's Occupation: _____		Father's Employer: _____	
		<i>Name</i>	<i>Address</i>
		<i>Phone</i>	
Father's Education: _____		Religion: _____	
<i>Last grade level</i>			

Parents Separated: (Y __) (N __) \ Divorced:(Y __) (N __) Child primarily resides with _____

Official documentation must be available at HRCS in order to enforce any restrictions of a guardian/parent.

Mother: _____		Living: (Y __) (N __)	
<i>First</i>	<i>M.I.</i>	<i>Maiden</i>	<i>Present Married</i>

Address (if different from child)			
Mother's Occupation: _____		Mother's Employer: _____	
		<i>Name</i>	<i>Address</i>
		<i>Phone</i>	
Mother's Education: _____		Mother's Religion: _____	
<i>Last grade level</i>			

List all other children in this family under 18 years of age:

Name:	Sex:	D.O.B.:	Place:	Grade:	School:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List all your other HRCS/Alumni Children.

Student: _____ Date of Birth _____
 Student: _____ Date of Birth _____
 Student: _____ Date of Birth _____

Health Report

1.) Child's Name: _____ Grade: [_____]
First Middle Initial Last 2011-'12

Describe child's general health: _____

List all allergies: _____

List past childhood diseases: _____

Specify any past or present significant illness: _____

Specify any physical handicaps or limitations in activities: _____

List prescribed medications and drugs of which the school staff should be made aware: _____

2.) Child's Name: _____ Grade: [_____]
First Middle Initial Last 2011-'12

Describe child's general health: _____

List all allergies: _____

List past childhood diseases: _____

Specify any past or present significant illness: _____

Specify any physical handicaps or limitations in activities: _____

List prescribed medications and drugs of which the school staff should be made aware: _____

3.) Child's Name: _____ Grade: [_____]
First Middle Initial Last 2011-'12

Describe child's general health: _____

List all allergies: _____

List past childhood diseases: _____

Specify any past or present significant illness: _____

Specify any physical handicaps or limitations in activities: _____

List prescribed medications and drugs of which the school staff should be made aware: _____

4.) Child's Name: _____ Grade: [_____]
First Middle Initial Last 2011-'12

Describe child's general health: _____

List all allergies: _____

List past childhood diseases: _____

Specify any past or present significant illness: _____

Specify any physical handicaps or limitations in activities: _____

List prescribed medications and drugs of which the school staff should be made aware: _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements necessary and I will assume all financial and legal responsibilities.

Local physician's name: _____ Phone: _____

To the best of my knowledge, my child /children 1. _____, 2. _____, 3. _____, 4.) _____
[IS NOT INFECTED] [IS INFECTED] with a contagious or communicable disease at this time.

[Signature of parent or guardian]

[Date]

Parent/Guardian Commitment

I _____, as a parent/guardian of a student/s of Holy Rosary Catholic School, understand that I am obligated to abide by certain rules and stipulations. As a parent I realize that my duties are to pay tuition, be good stewards of time, talents, treasure, and abide by school policies and procedures. I will also assist my child in adhering to certain standards in the areas of academics, discipline, dress code, mass attendance, social studies fairs, religious instruction, and other such activities. In doing so, we are teaching our children to be responsible Christians in an ever-challenging world.

[Signature of parent or guardian]

[Date]

Holy Rosary Catholic School

Post Office Box 40
Larose, LA 70373



For several years now, the Diocese of Houma-Thibodaux has mandated that each Catholic Church [without a Catholic school] must subsidize the tuition of each student registered within their parish who attends a Catholic school. This subsidy is currently \$225 per student.

HRCS parents/guardians of Sacred Heart, St. Joseph, Our Lady of Prompt Succor or Our Lady of the Isle Catholic Church, are therefore responsible for acquiring the following information from your Church parish. Note that a signature from the Pastor is required. Parents/guardians must then submit the completed form and return it to HRCS in order to complete registration requirements for their child[ren].

These churches will then send tuition subsidy to Holy Rosary Catholic School for your child/ren.

If the school does not receive your completed form by *May 13, 2011*, you will be charged the \$225.00 per child for the Catholic Church Parish Subsidy.

Please list all students from one family on the same form.

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Parishioner Verification Form

Student's Name _____ Grade Entering _____

Student's Name _____ Grade Entering _____

Student's Name _____ Grade Entering _____

Parent's Name/s _____

Phone _____

Address _____

This is to verify that the family named above, whose son[s] / daughter[s] is/are registered at *Holy Rosary Catholic School*, is a member of our parish.

Church Parish:

Pastor's Signature:

Date:

Return form in envelope – Attention: Donna Darda

****Note: Please have form completed before bringing to church parish for Priest to sign. Also, please have both Parents' names listed if applicable.***



February 16, 2011

Dear Parents,

Please read the attached handbook and return the signed agreement to school along with your registration packet.

I/We, the parent(s) of

_____, have read and will abide by the policies in the Holy Rosary Catholic School Handbook and realize that failure to adhere to these policies will result in loss of privileges and/or continued admittance to Holy Rosary Catholic School. This agreement is for the 2011-2012 school year.

Parent(s) Name

Signature

Date