



## Holy Rosary Catholic School Early Childhood Registration 2011 - 2012 Packet

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Dear Parents of Early Childhood Children,

Attached you will find the Holy Rosary Catholic School Early Childhood Registration Packet. Registration for the 2011-2012 school year will be \$150 and will be **NON-REFUNDABLE**. **Tuition will be \$350.00 a month. The first payment will be due in August and the final payment for the year will be in May.** You may also pay tuition in full or partial payments if you prefer. Lunch will be \$223 for the year and must be paid by May 13, 2011.

The Holy Rosary Early Childhood curriculum offers a variety of age-appropriate structured lessons. Hands-on activities keep the children involved as they learn to recognize letters explore beginning sounds, and develop number concepts and character awareness. Our religion program is designed to support parents in educating their children in the Catholic faith. Group interaction, independence, and self-help skills are also an important part of our program.

A child must be 4 years old by September 30th to enroll in the Early Childhood program. A child is not considered "REGISTERED" until the following information is complete and returned: registration forms (pages 2-4) and fee, copies of your **child's birth certificate, baptismal certificate, social security card, and updated immunization records. HRCS requires that immunizations must be updated and complete before a child can attend school.**

**A reminder that in house registration is from February 21-24, 2011 and for new families February 28-March 3, 2011. Due to the volume of calls we are receiving concerning four year olds for the 2011-2012 school year we suggest that you register the first week if you plan to send your child here next year.**

**If your child was enrolled in our Pre-K 3 program, you only need to bring updated immunization records. Also, please edit page 2 of your packet and return with the other information.**

We require that each child have a pick-up list with the names and phone numbers of the persons responsible for picking up the child. This sheet will be given at the beginning of the school year. Other information (pick up forms, emergency cards, dates, supply list, child info sheet, etc.) will be mailed or given to you in **early August**.

Uniforms are required for our Early Childhood students. You can find all information concerning our Dress Code in the Student Handbook which is attached to the registration packet.

Holy Rosary Catholic School Early Childhood Program is fully licensed through the state of Louisiana. Please feel free to call Debbie Cheramie at school if you have any questions about our program or Donna Darda if you have questions about registration.

### **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.

Child : \_\_\_\_\_ Sex \_\_\_\_\_ Grade **EC-4**  
 Last First Middle 2011-2012

Mailing Address:				Home Physical Address:			
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: \_\_\_\_\_  
Month Day Year

I am registered and actively involved in \_\_\_\_\_ Church Parish.

Email address: Mother \_\_\_\_\_ Father \_\_\_\_\_

Father's Name: _____			Living: (Y __) (N __)		
<small>Last</small>	<small>First</small>	<small>Middle</small>			
Address (if different from child)					
Father's Occupation: _____		Father's Employer: _____			
		<small>Name</small>	<small>Address</small>	<small>Phone</small>	
Father's Education: _____			Religion: _____		
<small>Last grade level</small>					

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 parent/guardian.

Mother: _____				Living: (Y __) (N __)	
<small>First</small>	<small>M.I.</small>	<small>Maiden</small>	<small>Present Married Name</small>		
Address (if different from child)					
Mother's Occupation: _____		Mother's Employer: _____			
		<small>Name</small>	<small>Address</small>	<small>Phone</small>	
Mother's Education: _____			Mother's Religion: _____		
<small>Last grade level</small>					

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 2010-'11

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 2010-'11

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 2010-'11

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 2010-'11

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]

# REGISTRATION FORM – ADVANCEMENT DATA

(Currently enrolled families should include: parents names, student name and current grade/year and any **NEW information ONLY. NEW FAMILIES should fill out the entire page.**)

STUDENT'S FULL NAME \_\_\_\_\_ //GRADE (\_\_\_\_) in school year **2011-2012**

\* FATHER'S FULL NAME \_\_\_\_\_ LIVING Y/N

\* MOTHER'S NAME \_\_\_\_\_ LIVING Y/N  
First Maiden Current Married Last

\*Include Sir Names [Mr.] [Ms] [Mrs.] [Dr] etc. // HOME PHONE \_\_\_\_\_ BUSN. PHONE \_\_\_\_\_

NAME OF FATHER'S BUSINESS OR EMPLOYER \_\_\_\_\_

NAME OF MOTHER'S BUSINESS OR EMPLOYER \_\_\_\_\_

PARENTS SEPARATED? (Y\_\_)(N\_\_)/ PARENTS DIVORCED? (Y\_\_)(N\_\_)

CHILD PRIMARILY RESIDES WITH \_\_\_\_\_

PRIMARY ADDRESS: \_\_\_\_\_  
(mailing address) city state zip

SECONDARY ADDRESS: \_\_\_\_\_  
(separated parent) (mailing address) city state zip

### List all your **other** HRCS/ALUMNI **children** .

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The following information is important to our school and is used basically as a mailing list for our Newsletters, grandparent activities, Annual Fund Campaign that is essential for our operational budget, and for other events. If you object to HRCS using this information please indicate in writing.

### LIST ALL LIVING GRANDPARENTS:

(If grandparents reside at same address, only one address is needed. Write '**SAME**' for duplicate addresses.)

**FATHER'S PARENTS:** Parents separated/divorced? Y / N

GRANDFATHER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
mailing address city state zip

GRANDMOTHER: \_\_\_\_\_ PHONE: \_\_\_\_\_

SAME  ADDRESS: \_\_\_\_\_  
mailing address city state zip

**MOTHER'S PARENTS:** Parents separated/divorced? Y / N

GRANDFATHER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
mailing address city state zip

GRANDMOTHER: \_\_\_\_\_ PHONE: \_\_\_\_\_

SAME  ADDRESS: \_\_\_\_\_  
mailing address city state zip



February 16, 2011

Dear Parents,

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

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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.

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Parent(s) Name

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Signature

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Date