



Holy Rosary Bilingual Academy Tuition & Fees 2019--2020

REGISTRATION FEE

- \$150 (1 student), \$300 (2+ Students) on/before March 22nd
- \$200 (1 student), \$400 (2+ Students) after March 22nd

TUITION *DIVIDED IN 10 MONTHS (AUGUST – MAY)

Pre-K 3 & 4 Tuition = \$7,150

KG through Grade 8

- 1 Student = \$6,200
- 2 Students = \$11,000
- 3+ Students = \$14,100

FEES

- \$50 Application Fee (New families only)
- Registration Fee
- \$40 Extended Care Registration Fee
- \$25 Earthquake Kit Supply Fee (if earthquake kit is not supplied)
- Breakfast: \$2.50; Lunch: \$3.75; Extra Milk: \$0.75 (Free and Reduced Federal Meals prices are available)
- \$100 or Sell 2 Boxes of Chocolate for the Fall Fundraiser – See Family Commitment Form
- \$25 (Minimum) Annual Giving Donation– See Family Commitment Form
- \$100 Auction Procurement Fee – See Family Commitment Form
- \$100 (Net Proceeds) for the Spring Fundraiser – See Family Commitment Form
- \$29 Fulcrum Scholarship Application (If applying for Fulcrum)

EXTENDED CARE

- Mornings (6:30 am - -7:45 am): \$150 per child per month
- Afternoons: (3:00- pm - 6:00 pm): \$300 per child per month
- Both sessions: \$400 per child per month
- Registered Drop-ins: \$15 per hour
- Unregistered Drop-ins: \$20 per hour per child
- Multiple child discounts are available (Contact Administration)

**Tuition assistance is available*



Student Packet Checklist 2019–2020

Student Name: _____ Grade Entering: _____

Step 1: **New Student Checklist**

- \$50 Student Application Fee
- Student's Birth Certificate
- Sacramental Information (if applicable)
- Student Immunization Records (Required prior to 1st day of school / updated)
- Records Request Form

Step 2: **School Review of Materials – For Office Use**

Reviewed By: _____ Date: _____

Step 3: **Meeting at School with Family – For Office Use**

- Parent Interview / Tour _____
- Entrance Exam (if applicable)
- Shadow Day for Student

Step 4: **Decision Made by School, Announcement to Family - For Office Use**

Accepted: _____ Date: _____

Step 5: **Final Materials/Fees – FOR ALL FAMILIES – OFFICE USE**

- Registration Fee (for all families)
- Student/Family Information
- Parent Commitment Form
- Financial Agreement Form
- Tuition Payment Preference Form
- Technology / Internet Use Consent Form
- Photo, Sound, Video Consent Form
- Extended Care Contract– if applicable
- Meals Program Application
- Home Language Application *New students only. Sent home in September.
- Updated Student Immunization Records– if applicable
- Other: _____

****Missing documents will place the enrollment process on hold*



MISSION STATEMENT

.....
Founded to serve any family committed to Catholic education, Holy Rosary Bilingual Academy strives to educate every child in a Christ-centered environment providing both an excellent education and a strong moral foundation in a culturally diverse Catholic community.

STATEMENT ON OUR SCHOOL’S CATHOLIC IDENTITY

.....
We are a Catholic school. As part of our school program, all students study our religion curriculum, pray with the school community, attend and participate in school liturgies through prayer and song, and learn and practice Catholic values.

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NON-DISCRIMINATION POLICY

.....
Holy Rosary Bilingual Academy welcomes students of all national and ethnic origins. It does not discriminate on the basis of national or ethnic origin in its admissions, educational policies, athletics, and other school activities, or in granting scholarships or financial assistance.

My signature below attests to the fact that I have read the mission statement and the statement on the school’s Catholic identity and I will support them. It also indicates that I have accurately represented my family and child(ren) on this application.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____



Student & Family Information 2019-2020

*If you are a returning family, only fill out the sections with *.*

STUDENT INFORMATION

Last Name*	First Name*	Middle Name	
Birthdate*	Birth Place	Gender*	Current Age*

Child resides with*: Both Parents Mother Father Guardian Other Arrangement

Parental Marital Status*: Married Widowed Divorced Separated

If separated or divorced, who has legal custody? _____

Child is*: Biological Adopted Foster Child Other

Ethnic Background for Reporting Purposes (optional). Please circle one:

Native American Asian Black Hispanic Pacific Islander White (not Hispanic origin) Mixed Race

Are you aware of any learning, physical, or emotional difficulties with your child? Yes _____ No _____

If yes, please explain:

Has your child ever had counselling? Yes _____ No _____

If yes, please explain:

Does your child have any allergies?* Yes _____ No _____ If yes, please explain allergy, reaction and medication to be given. If doctor prescribed, please bring in doctor's note along with instructions on giving medication.

Is there any other important information that we should be aware of?

PARENT/GUARDIAN Catholic YES NO Registered in _____ Parish

Last Name*	First Name*	Cell Phone*
Home Address*	City/State/Zip	
Employer/Occupation	Work Phone*	
Email (required)*	Alternate Email	Other

PARENT/GUARDIAN Catholic YES NO Registered in _____ Parish

Last Name	First Name	Cell Phone*
Home Address	City/State/Zip	
Employer/Occupation	Work Phone	
Email (required)*	Alternate Email	Other

EMERGENCY CONSENT*

- I give permission for my child to be given first aid/emergency treatment by qualified staff at HRBA when I cannot be contacted. **Initial:** _____
- I authorize and consent medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or paramedic when deemed necessary or advisable by the physician or paramedic to safeguard my child's health. **Initial:** _____
- I waive my right of informed consent to such treatment. **Initial:** _____

EMERGENCY CONTACT INFORMATION* – Local Contacts Only Please

Persons to contact in case of an emergency (if parent/guardian cannot be reached) and who are authorized to pick up the student at school.

Emergency Contact Person 1*	Cell Phone	Other Phone	Relationship
Emergency Contact Person 2*	Cell Phone	Other Phone	Relationship
Emergency Contact Person 3	Cell Phone	Other Phone	Relationship
Emergency Contact Person 4	Cell Phone	Other Phone	Relationship
Emergency Contact Person 5	Cell Phone	Other Phone	Relationship
Babysitter/Daycare Name	Business Phone	Other	Notes:
Local Physician*	Address	Insurance / Policy Number	Phone Number
Local Dentist*	Address	Insurance / Policy Number	Phone Number

STUDENT SACRAMENTAL INFORMATION:

Baptism Date	Church	City/State/zip
First Eucharist Date	Church	City/State/zip
First Reconciliation	Church	City/State/zip

I certify under penalty of perjury under the Law of Washington that all the information provided in this registration packet is true and correct. I understand that by signing I am responsible for providing all required forms such as certificate of immunization, birth certificates, fees etc.

Signature: _____ Date: _____



Family Commitment Form 2019-2020

Parental involvement is a very important part of Holy Rosary Bilingual Academy. When parents are seen volunteering and sharing, children realize how committed their parents are to the success of Holy Rosary and to their own education. Children learn to share and volunteer, as well. Each family is required to give a minimum of 30 hours of service each year (15 hours for single parent families). **Important: Parents who volunteer at/on behalf of the school must meet all Safe Environment requirements and adhere to proper conduct while volunteering, including respecting the privacy of children, parents, and members of the HRBA Staff. Additionally, volunteers must act in a manner that demonstrates respect for HRBA and its community.**

If you are not able to complete your hours of service by May 1, 2020, you will be billed \$20 per hour. Families can pre-pay their hours.

Sign and return this form with registration contract.

_____	_____	_____
Parent's Name (Print)	Phone	E-Mail
_____		_____
Signature		Student Name(s)

Initial Below to Show Agreement with these Expectations/Requirements:

_____ **RULES/ EXPECTATIONS:**

- The Family Handbook will be posted online. Families will not receive individual copies..
- Students need to be on time and in attendance every school day. I agree to abide by all attendance regulations and understand that financial aid may be jeopardized by chronic attendance problems..
- Any changes to the handbook will involve notification in the weekly newsletter.
- Parents need to support the teachers and work with administration. They should follow proper protocol for communication and concerns.

_____ **COMMUNICATION:**

- The weekly newsletter will be sent via e-mail and posted online. Parents must review this for important weekly information. If you are not receiving this weekly, contact the office immediately.
- Grades, progress reports, and test results will be sent home in communication folder. End of the year report cards will be sent home. Grades/report cards will be held for past due balances.

_____ **FUNDRAISING EXPECTATIONS FOR THE YEAR:**

- Sept. - Each Family Sells 2 Boxes of Chocolate or Pays \$100 (buy out in advance of the sale).
- Nov. - Minimum of \$25 Annual Fund Donation Due for Each Family (If not made by Nov. 15th, a \$50 charge will be billed out for Dec. statement)
- Feb. - \$100 Donation/Gift Card Due for Auction (Per Family)
- Apr. - \$100 (net proceeds) Due for Spring Fundraiser (Annual Event TBD) for Each Family
- ***Reminder of Other Annual Costs: Re-Registration Fees Begin in Late January and Fulcrum Application Fees are due by December.

TOTAL FAMILY HOURS REQUIRED: _____ (Initials: _____)



Financial Agreement and Enrollment Contract 2019–2020

PARENT FULL NAME: _____

NAME OF STUDENT TO BE ENROLLED:

_____ Grade _____ Grade _____
_____ Grade _____ Grade _____

I. APPLICATION FEE

A non-refundable fee of \$50 per application must be submitted at the time the application is received. (For new students only)

II. REGISTRATION FEE

Registration Fee is \$150 per student (max of \$300 per family) before March 22nd. After March 22nd, the fee is \$200 per student (max of \$400 per family).

III. TUITION TOTALS*

o Pre-K 3, 4 (Full-Day): \$7,150
o KG through Grade 8:

- One Student: \$6,200
- Two Students: \$11,000
- Three (or more) Students: \$14,100

Service Hours: _____ **15 (Single Parent)**
(Annually) _____ **30 (Dual Parent)**
 _____ **115 (Single plus extra subsidy)**
 _____ **130 (Dual plus extra subsidy)**

Total Tuition: \$ _____

IV. FINANCIAL AID:

- Fulcrum Tuition Grant (y/n) _____
- Parish Subsidy (y/n) _____
- Other Assistance: _____
- Additional Financial Assistance Requested: \$ _____ (Additional service hours required)

Total Financial Assistance Granted: \$ _____

Total Tuition Due: \$ _____ (\$ _____/month). I will make the tuition payment(s) in the method selected on the Tuition Payment Options Form. **Monthly tuition payments are Aug – May and are due by the 10th of the month.**

FAILURE TO MEET CONTRACTED FINANCIAL OBLIGATIONS:

Failure to make full payment of tuition, fees, fundraising commitments, or failure to complete commitment hours by May 1, 2020 may result in your account being sent to collections, denial of report cards, holding other school records, dismissal from school, and/or denial of future registration. Families withdrawing prior to the end of the school year will be charged on a prorated monthly basis for their commitment hours and fundraising commitment. Families withdrawing students prior to the first day of school shall be charged 5% of their total tuition. The registration fee is non-refundable. I/We understand that this agreement will be in effect for the 2019-20 school year. Tuition payments will be the responsibility of the party/ies whose signature(s) appear below.

PRINT NAME(s) _____ DATE _____

SIGNATURE(s) _____ DATE _____

PRINCIPAL _____ DATE _____



Tuition Preference Form 2019--2020

Tuition for the 2019-20 school year will be paid by:

_____ **Option 1- Single payment due on or before Friday, June 28, 2019.**

Amount due: \$ _____ Pay this amount and receive a 4% discount.

_____ **Option 2- FACTS monthly tuition & fee collection.** *All bills (tuition, extended care, fees, meals) will be debited from your account monthly.* Receive a 2% discount on tuition for choosing this option. You will receive an email from FACTS notifying you that changes have been made to your account. Payments are from August through June and can be made on the 10th or 25th or both. Registration is done on-line.

_____ **Option 3- FACTS monthly payment plan (tuition only)** - Payments are from August through May and can be made on the 10th or 25th of the month or both. Registration is done on-line.

_____ **Option 4- Pay through the office - 10 monthly payments from August 10th through May 10th.**

- Tuition payments received after the due date (10th of the month, unless you are on FACTS) will be assessed a late fee of \$50. **Initial:** _____
- Any family who is late 2 times during the contract year will be required to use FACTS for their payment of tuition/fees. **Initial:** _____

Referral: Have you referred a newly enrolled family to HRBA?

Name: _____

Referrals are eligible for a credit of up to \$250* per family for the referring family.

**RESTRICTIONS APPLY – see bookkeeper for details.*

Important Information Regarding Late Payments:

- Extended care, meal, and fundraising charges are due one week after billed on statement (emailed/sent home in weekly envelope). Parents who are more than one month behind on either of these will lose privileges. **Initial:** _____
- An early termination fee of \$150 will be required of all contracts that are terminated before the end of the contract. **Initial:** _____
- Families with checks returned for insufficient funds are required to pay any fees incurred by HRBA and the account will be considered late. **Initial:** _____
- Families with returned payments for insufficient funds on their FACTS account are required to pay the FACTS NSF fees. **Initial:** _____
- Families who have an account that is past due 60 days or more (Main Office or Facts account) will be unenrolled from the school. Written notice will be provided to the family at least 2 weeks prior to un-enrolling the student(s). **Initial:** _____

Signature: _____

Date: _____

Signature: _____

Date: _____



Photograph, Video and Sound Release Form 2019–2020

I hereby give Holy Rosary Bilingual Academy permission to use the photograph/video/sound of the minor(s) or myself listed below for their publicity, promotion, news releases, videos, and web use. This may also apply to the written composition or visual art of the minor, or of me if it is published.

Holy Rosary Bilingual Academy agrees that the students' name, picture, art, written work, voice, photograph, video or verbal statements shall only be used for public relations, public information, publicity and/or instruction. The school further agrees that students will not be identified by personal details other than first/last name.

Pictures of one to three students are permitted as long as an appropriate release form has been signed by the parent/guardian of each individual shown in the picture. Pictures of four or more students are permitted without a release form and will be printed without first and last names.

No monetary consideration shall be paid.

Consent and release have been given without coercion or duress.

The photo, video or student statements may be used in subsequent years.

If the Student and/or Parent/Guardian wish to rescind this agreement they may do so at any time with written notice.

Holy Rosary Bilingual Academy has no control of media use of pictures/statements which are taken without our permission.

Students Name(s): _____

I give permission to HRBA to publish the image or work of my child(ren) or myself.

OR

I do not give permission to HRBA to publish the image or work of my child(ren) or myself.

Parent/Guardian: _____
(Print) (Signature)

Date: _____



Technology Use Consent Form 2019–2020

In consideration of the privilege of my child using the school’s electronic communications system*, and in consideration of the privilege of having access to the public networks, I hereby release the school, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child’s use of, or inability to use, the system, including, without limitation, the types of damage identified in the school’s policy and administrative regulations.

Parent or Guardian:

___ I give permission for my child(ren) to use electronic communications systems such as iPads, laptops, computers including the internet and school emails. I understand that my child is expected to use all technology in an appropriate manner (visiting proper websites, maintaining the privacy of other students, treating technology/equipment in a respectful manner with the understanding that they will be billed for items that are broken in their care).

OR

___ I do not give permission for my child(ren) to use electronic communications systems as iPads, laptops, computers including the internet and school emails.

Parent/Guardian: _____
(Print) (Signature)

Date: _____



Extended Care Contract 2019 - 2020

_____ Daily am only – 1 child	\$150 per month
_____ Daily pm only – 1 child	\$300 per month
_____ Daily am & pm – 1 child	\$400 per month
_____ Drop in am & pm (per day)	\$15.00 per hour/ registered \$20 per hour/per child unregistered

Multiple child discounts are available

- I, _____ agree to pay a \$40.00 registration fee prior to the first day of using this program, and the fee designated above within one week of the statement billing the following month.
- I agree to abide by the Extended Care regulations as outlined in the Family handbook. Inappropriate behavior can cause the loss of Extended Care privileges for a student.
- I agree to read the weekly newsletters and school calendar which indicate when Extended Care is not available (1/2 days, PD, No school etc.)
- I understand that I must sign in my child every morning (after 6:30 am) and must sign my child out by 6:00 pm.
- If for any reason I cannot fulfill the obligation of this payment, I will contact the Principal prior to the payment due date to make another arrangement.
- I understand that if I fall behind on Extended Care payments or fail to follow the rules above, my child can be denied Extended Care services.
- I understand that I will be charged \$10.00 per every 10 minutes late after 6:00pm.

Students Name(s): _____

Monthly Payment Amount _____

Parent/guardian signature

Date