



506 Jackson Street, Anoka, MN 55303
tel 763.421.3236 fax 763.712.7433
www.ststephenchurch.org/school

Dear Family:

Thank you for your interest in St. Stephen's Catholic School. I am pleased that you are considering our school as an educational choice for your child. St. Stephen's provides spiritual development and educational opportunities for students in preschool through eighth grade.

In this folder you'll find information about the school, registration forms and our school calendar which also serves as a school handbook. Please take a moment to review the handbook as it contains much information about the day to day procedures of the school. I have also included information about our enrichment opportunities and our extended care program.

I appreciate your interest and invite you to come and see the school. Please feel free to contact me with any questions you might have or to set up an appointment for a tour; I've enclosed my business card with all of my contact information.

Sincerely,

A handwritten signature in black ink that reads "Rebecca Gustafson". The signature is written in a cursive, flowing style.

Rebecca Gustafson
Principal



St. Stephen's Catholic School

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2012/2013 Enrollment Form

REGISTRATION FEE

Each student Preschool-8 will be assessed a non refundable registration fee. The fees are Kindergarten-8th Grade: \$75.00, Preschool: \$50.00. The maximum registration fees charged to each family will not exceed \$200.00. Registration fees are due with this enrollment form. Students will not be placed on class lists until the registration fee is paid in full.

STUDENT INFORMATION

Please list each child(ren) attending St. Stephen School in **2012-2013**

NAME GRADE

(first name only except if different from family name)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

My child(ren) will not be returning to St. Stephen's School in 2012/2013

STUDENT'S RELIGION

- Catholic
- Non-Catholic

Student's religion is used only to identify sacrament needs and obligations. It is not used for registration or enrollment

REGISTRATION DEADLINE

Registration deadline #1 is February 10, 2012. Student registrations received prior to February 10, 2012 will be reviewed based on a priority hierarchy. After February 10, 2012 all Enrollment Forms will be reviewed on a first come first served basis. Students will be placed in classrooms until classroom maximum is obtained.

Family Name (primary family last name)

FATHER (House Hold # _____)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME: (_____) _____ - _____

WORK: (_____) _____ - _____

CELL: (_____) _____ - _____

Email: _____

MOTHER (House Hold # _____)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME: (_____) _____ - _____

WORK: (_____) _____ - _____

CELL: (_____) _____ - _____

Email: _____

OTHER: PARENT, GRAND PARENT, GUARDIAN (House Hold # _____)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME: (_____) _____ - _____

WORK: (_____) _____ - _____

CELL: (_____) _____ - _____

Email: _____

HOUSEHOLD INFORMATION (Please check one)

- Student (s) resides at 1 household 100% of the time
- Student (s) Resides at multiple households

(Household 1 ___% of the time Household 2 ___% of the time)

TUITION:

The ACTUAL COST of providing your child a Catholic education at St. Stephen’s School in Grades K-8, is \$5,934.00 a year. The parish invests a large percentage of this cost to help provide this education for your child(ren). It is important to the future of our school that you: (1) continue your stewardship gifts to the parish and, (2) consider paying the actual cost, or a higher percentage of the actual cost, of your child’s tuition if you are financially able to do so.

ANNUAL SUBSIDIZED TUITION INVESTMENT

	Pre-School (2 day)	Pre-School (3 Day)	Kindergarten	Grade 1	Grades 2-8
First Child	\$825.00	\$1,125.00	\$2,750.00	\$3,025.00	\$3,300.00
Additional Children	\$763.12	\$1,040.63	\$2,543.75	\$2,798.13	\$3,052.50

FINANCIAL AID:

Families may apply for financial aid through April 1, 2012 as the school and church have limited resources. Applications received after this date will be reviewed on a case by case basis and awards may be granted based on resources available to the church and school.

Families who receive financial aid will be required to uphold the timescale for tuition payments. Those who fail to uphold the timescale will not be eligible for future financial aid awards.

Any family receiving financial aid from the Church of St. Stephen will not be eligible to receive a further discounted tuition. Financial Aid awards may be granted based on financial need or extraordinary circumstances.

St. Stephen’s School uses TADS to process Financial Aid applications. There are two ways to apply:

- On-line at www.tads.com, click on the ‘Financial Aid Assessment’ button to begin. Use School Code SP234120000;
- Call TADS at 1-800-477-8237 to request an application. TADS Worksheets are available in our school office; however, this is not an application.

DISCOUNTS:

A 5% discount is given for paying your tuition in full before school starts.
A 7.50% multiple student discount is given for each additional student in the same family.

Tuition Discounts may be available to St Stephen’s Catholic School families. In the event a discount is available, the following guidelines will apply.

Each family may receive only one type of discount; i.e., a family can receive a multi student discount or a single prepayment discount that is due prior to the start of school.

<p><u>PAYMENT PLAN:</u></p> <p>A Tuition Contract will be sent out at a later date. All families agree to be bound by the terms of the tuition contract hereafter known as the “agreement” until the amount owed is paid in full. TADS (an agent for the School) may invoice, collect and remit all funds on behalf of the School. All amounts will be due as indicated on the invoices. Invoicing and fees will be assessed as indicated in the agreement.</p> <p style="text-align: center;"><i>2012/2013 Tuition will be paid in a : <input type="radio"/> Single payment <input type="radio"/> Multiple payments per TADS Tuition Agreement</i></p> <p>Tuition Repayment:</p> <p><input type="radio"/> Tuition will be paid from 100% from household # _____</p> <p><input type="radio"/> Tuition will be paid multiple households:</p> <p style="text-align: center;">Please bill household 1 ____% or \$_____. Please bill household 2 ____% or \$_____.</p>
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ACTIVITY FEE:

Each family is required to pay a onetime-non-refundable activity fee for each student enrolled at St. Stephen’s. These funds will be used for miscellaneous student needs such as field trip fees, classroom project fees, weekly newspapers, assignment notebooks etc.

FUNDRAISER EXPECTATION:

All families are expected to raise at least \$120/per student for the School Marathon for Non-Public Education. Additional optional fundraisers are listed in the Parent/Student Handbook.

AUTHORIZING SIGNATURES: *(all parties responsible for tuition and fundraising obligations must sign.)*

Father: _____ Date: _____

Mother: _____ Date: _____

Other: _____ Date: _____

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RELIGIOUS AFFILIATION

- Yes, our family is registered as members of St. Stephen's Catholic Church.
- No, our family is not registered at St. Stephen's Catholic Church. We are registered at:

SACRAMENT HISTORY

- Baptism ___/___/___
- First Eucharist ___/___/___
- Reconciliation ___/___/___

EDUCATION INFORMATION

- School last attended?

- Grade last attended? _____
- What public school would your child attend if they were not attend St. Stephen's?

STUDENT'S ETHNIC ORIGIN

- Caucasian
- African American
- Asian/Pacific
- American Indian
- Latino
- Multiracial

Language(s) spoken in the home

REGISTRATION DOCUMENTS

First thru Eighth Grade

- Registration Form
- Enrollment Form (1 per family)
- Records Release Request
- Copy of Birth Certificate
- Immunization Records

Kindergarten

- Registration Form
- Enrollment Form (1 per family)
- Preschool Screening Release
- Copy of Birth Certificate
- Immunization Record

Student	Full Name: _____
	Name to be used at school: _____
	Gender: Male Female Date of Birth ___/___/___ Age (on the date of registration: ___
	Registering for Grade: K 1 2 3 4 5 6 7 8
	Child resides with: _____
	Birthplace (City State): _____
Student's Religion: _____	

Father	NAME: _____ St. Stephen's Alumni: Yes No
	ADDRESS: _____
	CITY/STATE/ZIP: _____
	HOME: (_____) _____ - _____
	WORK: (_____) _____ - _____
	CELL: (_____) _____ - _____
Email: _____	

Mother	NAME: _____ St. Stephen's Alumni: Yes No
	ADDRESS: _____
	CITY/STATE/ZIP: _____
	HOME: (_____) _____ - _____
	WORK: (_____) _____ - _____
	CELL: (_____) _____ - _____
Email: _____	

Parent, Grandparent, Guardian	NAME: _____ St. Stephen's Alumni: Yes No
	ADDRESS: _____
	CITY/STATE/ZIP: _____
	HOME: (_____) _____ - _____
	WORK: (_____) _____ - _____
	CELL: (_____) _____ - _____
Email: _____	

HOUSEHOLD INFORMATION (Please check one)

- Student (s) resides at 1 household 100% of the time
- My Student has special custody arrangements. Please provide the office with a copy of the custody agreement.

Parent/Guardian Signature: _____ Date: ___/___/___

IMMUNIZATION HISTORY: Fill in the MO/DAY/YR information for children 2 months of age and older. If child received a combined shot (like Hib-hep B), write the date in all the boxes that apply. Vaccine doses that are circled ○ are not required by law.

Child Care Immunization Record

Must be on file *before* a child attends child care.

Diphtheria, Tetanus, Pertussis (DTP)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 3 doses during 1st year (at 2-month intervals) • 4th dose at 12-18 months • 5th dose at 4-6 years or at school entrance Indicate vaccine type: DTaP or DT.		1			
		2			
		3			
		4			
		⑤			
Polio (IPV and/or OPV)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 3 doses at 2-18 months • 4th dose at 4-6 years or at school entrance 		1			
		2			
		3			
		④			
Measles, Mumps, Rubella (MMR)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • Required for children 15 months and older • Must be given on or after 1st birthday • 2nd dose at 4-6 years 		1			
		②			
Haemophilus influenzae type b (Hib)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 3-4 doses for children at 2-15 months • 1 dose ≥12 months required (suspended 2008*) • 1 dose for previously unvaccinated children 15-59 months • Not indicated for children 5 years or older 		1			
		2			
		③			
		④			
Varicella (Chickenpox)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 1st dose between 12-18 months • 2nd dose at 4-6 years or at school entrance (required for kindergarten) 		1			
		②			
Disease Date:					
Pneumococcal Conjugate Vaccine (PCV)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 2-4 doses for children 2-24 months • Consider for unvaccinated children at 24-59 months in child care • Not indicated for children 5 years or older 		1			
		2			
		3			
		4			
Hepatitis B (Hep B)—required for kindergarten	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 3 doses between birth and 18 months 		①			
		②			
		③			
Rotavirus	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 2-3 doses between 2 and 6 months 		①			
		②			
		③			
Influenza (LAIV or TIV)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 1 dose annually for children ≥6 months (1st time influenza immunization requires 2 doses) 		①			
		②			
Hepatitis A (Hep A)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 2 doses separated by 6 months for children 12-24 months 		①			
		②			

* Suspended due to vaccine shortage 2008

Name: _____

Birthdate: _____ Date of Enrollment: _____

SIGNATURE(S)

A. For children who are 15 months or older and who have received all the immunizations required by law for child care:

I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.

Signature of Parent/Guardian or Physician/Public Clinic _____ Date _____

B. For children who are younger than 15 months or who have not received all the immunizations required by law for child care:

I certify that the above-named child has received the immunizations indicated to the left and:

will complete the immunizations required by law for child care within 18 months; and/or

immunization is not indicated for medical reasons or laboratory confirmation of adequate immunity exists for the following immunizations(s)

and/or

the parent/guardian is opposed to certain vaccine(s) as indicated by them in Section C below.

Signature of Physician or Public Clinic _____ Date _____

C. If the parent/guardian conscientiously opposes immunizations:

I understand that not following vaccination recommendations may endanger the health or life of my child and others that my child might come in contact with.

I hereby certify by notarization that:

I am opposed to all immunizations.

I am opposed to only the vaccines indicated and have had my physician or health care provider complete Section B above. Vaccine(s) I oppose:

Signature of Parent/Guardian _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Signature of Notary Public (A copy of the notarized statement will be forwarded to the commissioner of health.) _____



Notary Public Stamp

Child Care Immunization Record - Instructions

Immunization information must be on file **before** a child attends child care.

Who should complete and sign this form?

Who signs depends on the child's age and situation: Either the parent/guardian, physician/clinic, or child care provider can fill in the child's immunization history.

- If the child is at least 15 months old and has had all the shots required by law, a parent or guardian can sign the form in Section A.
- If the child is younger than 15 months or has not had all the shots required by law, a doctor or representative from a public health clinic must sign in Section B.
- If there are medical reasons why a child can't have or doesn't need any shot(s), a doctor or a public health nurse must sign in Section B.
- If a parent or guardian objects to a certain shot, a doctor or representative from a public health clinic must sign the form in Section B, and the parent or guardian must complete Section C and have it notarized by a notary public.
- If a parent or guardian objects to all shots, they must complete Section C and have it notarized by a notary public.

Notes for Parents

1. Give your child's immunization history to the child care provider when you enroll.

Minnesota law (Minn. Stat.121A.15) requires children enrolled in a Minnesota child care to be immunized against certain diseases or have a legal exemption. This form is designed to provide the child care with the information required by law. This or a similar form must be kept on file with the child care provider.

2. Keep track of your child's shots, and tell your child care provider each time your child gets a shot.

It will save you time if you keep a shot record for each of your children. Be sure to have the record updated each time your child receives a shot.

Child care will be the first of many times you will need the shot record. You will also need this record for school, camp, college, and if you go to a new doctor or clinic.

3. If your child is not up to date on his or her shots, you can catch up.

By law you have 18 months after enrolling for your child to have all his or her required shots. Your child doesn't have to restart a delayed series.

Minnesota children are still getting diseases like measles, mumps, and rubella. These diseases are contagious. They can spread rapidly—especially among groups of children who have not received their shots. And some of them, like pertussis (whooping cough), are much more serious for children than they are for adults. As a parent, you can protect your children by making sure they get all their shots. Most shots are due by 2 years of age.

4. If your child has had chickenpox, he or she does not need a varicella shot.

Notes for Child Care Providers

1. Be sure you have a complete immunization history on file for all children 2 months of age and older.

This specific form, or an MDH-approved form, is required by law. If you run a licensed child care facility in Minnesota you must have the information this form contains on file before a child enrolls. If a child enrolls at a younger age, you must obtain immunization information when they reach 2 months of age.

2. Keep track of the date when each child's required immunizations are due by law.

If a child is 2 months of age or older and has not yet received all their required shots, you should note the date when these immunizations will be due by law: 18 months after the child enrolls in your facility.

Unless otherwise exempt, Minnesota law requires preschoolers in child care to have shots for DTP, polio, MMR, PCV, Hib, and varicella. If the child has had chickenpox disease, he or she does not need a varicella shot. Immunization against hepatitis A, hepatitis B, rotavirus, and influenza are not required by law; however, it is strongly recommended for children in child care.

3. Be sure each child's immunization history clearly indicates whether or not they received pertussis vaccine. (DTaP and DTP contain pertussis vaccine; DT does not.)

Nationwide there has been an increase in pertussis disease (whooping cough). If an outbreak of pertussis disease occurs in your child care center, you will need to be able to quickly identify which children are protected and which are not.

4. Remind parents to immunize children on time.

As a child care provider, you are in an excellent position to help remind parents about immunizations.

Make sure the immunization records you have on file for each child are up to date, and regularly remind parents when shots are due.

Ask your local health department for an updated immunization schedule each calendar year, so you will have the latest information on hand.

Questions?

If you have a question about immunizations, call your clinic or your local public health department.



Immunization Program
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-5503 or 1-800-657-3970
www.health.state.mn.us/immunize
IC#140-0163 (MDH, 3/2009)

RELEASE OF PRE-SCHOOL SCREENING

Name of student: _____ Birth date: _____

Pre-school Screening Location:

Name: _____

Address: _____

Telephone: _____

School that record information is to be released to:



St. Stephen's Catholic School
506 Jackson Street
Anoka, MN 55303

Please release the Pre-school Screening Records, Special Education Records and any other information, which may be helpful in planning and implementing the student's school program.

I, the undersigned, give permission for the release of information as designated above.

Date

Parent/Guardian Signature

Date

Records sent by (name & title)