

January, 2020

Dear Families,

Thank you for choosing St. Helen. We are looking forward to welcoming you and your child into our school community.

Our teachers will be in their classrooms during an Open House on Sunday, January 26, from 10:00a.m. – noon. Please save the date to learn more about our school and chat with the teachers. Your children are welcome to attend.

The application for enrollment is attached. Please complete all the documents and return to the school. The first day for the acceptance of enrollment applications is January 18 at 8:00a.m. A registration fee of $300.00 payable to St. Helen School is required when the documents are returned. A copy of your child’s birth certificate is also needed with the registration documents. Acceptance is based on “first come – first served”. The registration payment can be made in the form of a check, cash or money order. You will know at the time of registration if your child has been accepted into St. Helen School.

There will be several family activities throughout the summer to welcome you and your child (ren). The events include the Dad’s Club Pig Roast and the 16th Annual Carnival.

I look forward to seeing you soon.

Best,



Marianne Johnson Principal

Archdiocese of Chicago Student Data Form

**STUDENT INFO**

Total Enrolled Children in Family (1, 2, 3, etc.) Last Name First Name Middle Name Date of Birth Oldest or Only Child In School (Y/ N) Youngest or Only Child In School (Y/ N) Gender (M/ F) Is Student Hispanic/ Latino (Yes=1, No=0) Race N=American Indian,

A=Asian, B=Black or

African American, M=Multi-racial, P=Native Hawaiian/ Pacific Islander, W=White

Country of Birth (If Not USA) Year Immigrated (If Applicable) Current Grade Level

Catholic=Catholic, NC=NonCatholic Last School Attended

Public School Student Would Attend Public District Student Would Attend

Student Lives With (Both Parents, Mother, etc.) Address 1

City State

Zip Code

Address 2 **(Only If Needed)**

City State

Zip Code Home Phone

**SACRAMENTALS**

Baptism Date Baptism Church Baptism City Baptism State Made First Reconciliation (Y/ N) Reconciliation Date Reconciliation Church Reconciliation City Reconciliation State First Communion Date First Communion Church First Communion City First Communion State Confirmation Date Confirmation Church Confirmation City Confirmation State

|  |
| --- |
| **PARENT INFO** |
| Mother Title (Ms., Mrs., Dr.) |  |  |
| Mother's Name |  |  |
| Mother's Home Phone |  |  |
| Mother's Cell Phone |  |  |
| Mother's Email |  |  |
| Mother's Work Number |  |  |
| Mother's Place of Employment |  |  |
| Mother's Occupation |  |  |
| Mother's Work Address |  |  |
| Mother Alumna of School (Yes=1, No=0 | ) |  |
| Father Title (Mr., Dr.) |  |  |
| Father's Name |  |  |
| Father's Home Phone |  |  |
| Father's Cell Phone |  |  |
| Father's Email |  |  |
| Father's Work Phone |  |  |
| Father's Place of Employment |  |  |
| Father's Occupation |  |  |
| Father's Work Address |  |  |
| Father Alumnus of School (Yes=1, No=0 | ) |  |
| Guardian's Cell Phone |  |  |
| Guardian's Email Address |  |  |
| Guardian's Name |  |  |
| Guardian Day Phone |  |  |
| Guardian Place of Employment |  |  |
| Guardian Occupation |  |  |
| Guardian Work Phone |  |  |
| Guardian Work Address |  |  |
| Is this family a parishioner (Y/ N) |  |  |
| Parent's Marital Status |  |  |
| Step-Mother's Name (if applicable) |  |  |
| Step-Father's Name (if applicable) |  |  |
| Envelope Number |  |  |
| Parish Where Family Is a Member |  |  |
| Parents agree to share parent contactinformation with Archdiocesan High Schools(Do not share=0) |  |  |
| **EMERGENCY INFO** |  |  |
| Doctor Name |  |  |
| Doctor Phone Number |  |  |
| Dentist Name |  |  |

Dentist Phone Emergency Contact # 1 Relationship

Phone Type (Home, Cell, Work) Phone Number

Emergency Contact # 2 Relationship

Phone Type Phone Number Allergies

Medical Considerations Medical Alert Text to Show In PowerSchool

**Signature:**

**Statement of Fees 2020-2021**

# Family Name

**Grades of Children**

**Non-refundable Registration New Families - $300.00**

**Date Payment/Check #**

**Non-refundable Registration Returning Families**

**$150.00 (One Child)**

**$200.00 (Family)**

**Date Payment/Check #**

**Sacramental Preparation Fee**

**First Communion & Reconciliation – 2nd Grade $ 50.00**

**Confirmation 7th & 8th Grade $100.00**

**Graduation Fee – Grade 8th $100.00**

**Kindergarten Graduation Fee $ 25.00**

**New Family \_\_\_\_\_**

**Returning Family \_\_\_\_\_**

**Emergency Form 2020-2021**

Please print

Family name:

In case of emergency, contact (please include two contacts other than parents/guardians): Name Relationship to student Phone #1 Phone #2

Name of child Date of birth Allergies/Disabilities

Name of child’s primary doctor: Phone: Medical insurance company: Medical insurance policy number: Other important information:

It may occur that St. Helen School may have to bring your child to the Emergency Room for treatment. Any person 17 years of age or younger cannot authorize treatment for himself/herself.

If you wish to authorize treatment in the event we are unable to reach you, both parents should sign below. You are not required to fill out this portion of the Emergency Form.

To Dr. or Emergency Physician on

duty. This is to authorize any treatment for our children in the event that neither of us can be readily located to give permission.

Signature of Parent/Guardian Date Signature of Parent/Guardian Date

# Photo Release Form 2020-2021

Please print

Family name:

Name of child Grade Entering

Name of child Grade Entering

Name of child Grade Entering

Name of child Grade Entering

Please check one

 I give permission for St. Helen School to use photographs of my child(ren) in its promotional materials, including advertisements and newspaper stories. This permission will be effective until I ask that it be rescinded.

 I do NOT give St. Helen School permission to use photographs of my child(ren) on the

school’s website and in its promotional materials.

Parent/Guardian name

Parent/Guardian signature: Date:

# Child Pick-up Permission Form School Year 2020-2021

Please print

Family name:

If you arrange for someone else to pick up your child(ren) from school, you must inform the office. Please do not rely on your child(ren) to deliver the message. We will only accept a change in plan if you send a note or call the office. Please inform friends and relatives that your child(ren)’s teacher may ask for identification when your child is picked up.

## Name of child Grade entering

I give the following individuals permission to pick up my child(ren) from school: Name of person Relationship to student(s)

Parent/Guardian name:

Parent/Guardian signature: Date:

# Technology Use Consent Form 2020-2021

Please print

Family name:

Access to school technology resources is not private, and the school will monitor students’ activities on any of those resources including, but not limited to, the stand-alone computers, electronic files, Internet access, email, fax, and phone. Violation of these provisions may result in suspension or revocation of system access. Any actions taken through the school networks that are in violation of the school disciplinary code will be handled in accord with the code and appropriate legal authorities may be contacted if there is any suspicion of illegal activity.

Please check one

 I have read and agree to the School’s regulations for the use of the technology resources and have discussed with my child(ren). 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/Guardian name: Parent/Guardian signature: Date:

I have read and discussed with my parent/guardian the regulation for the school’s technology

resources and agree to abide by its provisions.

Student name(s): Student signature(s): Date:

**Tuition & Fee Schedule 2020-2021**

Please note that all fees (books and materials, technology, fundraising and field trips (with the exception of the 8th grade Springfield trip) are included in the tuition. All families are required to purchase or sell a Christmas Cash Raffle ticket in December. The cost of the raffle ticket is $100.00.

St. Helen Catholic School is tuition based. The cost to educate each child is $8,500. Therefore, fundraising is a vital component to the efficient management of school finances and to close the gap between the cost to educate each child and the published rate of tuition. It is understood that not all families can participate monetarily in the fundraisers. However, all families are expected to volunteer at fundraisers throughout the year.

St. Helen Catholic School sponsors a robust athletic program. Fees are kept to a minimum so that play is inclusive. It is expected that parents volunteer at games and outings in order to ensure a safe and well managed athletic program.

**Tuition**

Grades K-8

One Child $ 6,750.00

Two Children $11.200.00

Three Children $14,200.00

Four Children $15,959.00

Preschool $ 7,950.00

2 Children in Preschool $13,500.00

Part-time Preschool $ 7,250.00

**Registration Fees – Non-refundable**

New Families $300.00

Returning Families $150.00 One Child

 $200.00 Family Rate

First Communion Fee Grade 2 $ 50.00

Graduation Fees 8th Grade $ 100.00

Confirmation 7th & 8th Grade $ 100.00

Kindergarten Graduation Kindergarten $ 25.00

Before/After Care Morning 7:00-7:45 Afternoon 3:00-6:00

One Child 45.00/month or $4.25 daily 160.00 per month

Family Rate 60.00/month or $4.25 daily 260.00 per month

# Tuition Contract 2020-2021

We appreciate the sacrifices our families make to invest in their child’s education and faith formation. The published tuition rates do not cover the full cost of education. The operation of the school is tuition-based and therefore, families must honor all financial obligations for the school to operate efficiently. All families must be registered with the FACTS Tuition Management Company. The registration process is not complete if your FACTS enrollment form is not received. All consideration for financial assistance is based upon an application created through FACTS. The online application must be submitted before financial assistance can be awarded to a family. There are no exceptions. Each family must submit an application by

March 1, 2019. Scholarships may not be available after that date. Families that receive financial assistance must also apply for a Tuition Tax Credit Scholarship in January.

If a family is beyond thirty days in arrears, attendance interruption days will take place each month. Arrangements for payment need to be made with the principal to avoid the attendance interruption days.

I understand that I must be enrolled in the FACTS Tuition Management Plan in order for the registration process to be complete. I understand that attendance interruption days for my child may take place if my tuition account is beyond 30days overdue. I understand that my child may be excluded from athletics if the tuition payment is in arrears.

Parent Signature Printed Name

Student Name

# Walking Trip Permission Form 2020-2021

Please print Family name:

Name of child **Grade entering**

Please check one

 I give permission for my child(ren) to take short walking trips around the block for classroom or physical education activities. I understand that the activity will be supervised by a teacher.

 I do NOT give permission for my child(ren) to take short walking trips off campus.

Parent/Guardian name:

Parent/Guardian signature: Date:

## Morning and Afternoon After-Care Registration 2020-2021

**Please Print**

**Family Name**

|  |  |  |
| --- | --- | --- |
| **Child’s Name**   | **Grade** |  |
| **Child’s Name**   | **Grade** |  |
| **Child’s Name**   | **Grade** |  |
| **Child’s Name**  | **Grade** |  |
| **Parent’s Name** |  | **Phone**  |
| **Parent’s Name** |  | **Phone**  |
| **Address** |  | **Zip Code**  |
| **Home Phone** |  | **Work Phone**  |

**Children will release from the After-Care program only to those people whom you have authorized. Please list below the names of people other than the parents authorized to pick up your child(ren).**

**Name Name Name Name**

**Relationship Relationship Relationship Relationship**

**Emergency Numbers**

**Please list adult (18 years or older empowered to make decisions regarding your child(ren)in the case of any emergency when you cannot be contacted. The must be available and the listed telephone number between the hours of 3:00-6:00 p.m.**

**Name Name Name**

**Phone Phone Phone**

**Please indicate the services that you will be using.**

 **Morning Care (7:00-7:45) am Afternoon Care (3:00 – 6:00 pm)**

**Monthly payment is billed as an incidental expense to your FACTS account. Accounts in arrears will jeopardize your child’s continued acceptance in the program.**

# THANK YOU SO MUCH FOR WANTING TO CHAPERONE!

Here are the steps that need to be completed before taking a field trip with your child’s

classroom:

1. Fill out the attached CANTS form and return to the Main Office. This form is to be completed annually.
2. Go to Archdiocese of Chicago website following the steps below:
	1. [www.archchicago.org](http://www.archdioceseofchicago.org/)
	2. Child Protection
	3. Compliance Resources
	4. Compliance for Volunteers
	5. Volunteer Online Criminal Background Check (Register here)
	6. Virtus Online Training Class, please submit to the office, a copy of participation.

Once there, click on the “Criminal Background Screening” link and then register for a User ID and Password (our school’s access code is **“protection”**). Once you have obtained the User ID and password, please complete the online Background check. Make sure to submit.

1. Let your Childs’ teacher know if you have completed the above steps so we can ensure

that you can join them on their trip.

Please contact Martha Torres-Santiago in the office if you have any questions, thank you. marthatorressantiago@yahoo.com

773-486-1055

**2020-2021**

**Illinois Department of Children and Family Services**

**AUTHORIZATION FOR BACKGROUND CHECK**

## Child Abuse and Neglect Tracking System (CANTS)

**For Programs NOT Licensed by DCFS**

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

**Name: Last First Middle**

**Date of Birth: Gender (circle): Male Female Race:**

**Current Address:**

**Street/Apt.**

**City:**

**State:**

**Zipcode:**

**Parish/School/Agency:**

## Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

**List all addresses at which you have resided in the past five years:**

**List maiden name and/or all other names by which you have been known: (last, first, middle)**

**I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.**

**Signature Date**

**Archdiocese of Chicago (Agency Name) Jan Slattery (Contact Person)**

**835 N Rush St. (Address)**

**Chicago, IL 60611 (City/State/Zip)**

**Mail this request to: Department of Children and Family Services**

**406 E. Monroe – Station #30**

**Springfield, IL 62701**

DCFS