



**OUR LADY OF LOURDES
CATHOLIC SCHOOL**

10114 Hwy. 6

Hitchcock, TX 77563

(409) 925-3224 ~ Fax: (409) 925-5094

Dear Parents of New Students,

February 22, 2010

Attached is the registration packet to enroll your child in Our Lady of Lourdes Catholic School for the 2010-2011 school year. The top pages contain information on tuition and health care procedures. These pages are for you to keep. Please read them carefully. The rest of the packet contains the registration form, tuition agreement, Income Eligibility Survey, Health Care Inventory, TB Screening form, Special Needs Form and Request for Records. Please fill them out carefully and return them to the school office.

Tuition is based on a set yearly rate, payable in 10 equal installments from July through April. In order to register your child, you must turn in your registration fee with the packet. Registration fees for all new students will be \$250 per child through April 30th. After April 30th, registration fees will increase to \$325 per child, payable in full when you register. A current tuition fee/registration fee schedule is attached. In order to receive the parishioner rate, you must be Catholic and be registered with the parish as a parishioner.

All health care forms need to be filled out correctly and carefully since we don't have a full time nurse on staff. When medical attention for a student is required at school, your child will be attended to by a staff member. You will be contacted when necessary. Please read over the Exclusion and Re-Admitting guidelines carefully.

When you fill out the registration form you will also be registering for the Extended Day Program (after school care). Whether you plan for your child to use it or not, we must have your information on file in case an emergency arises and your child must stay.

Included in this packet are a tuition agreement form and the Economic Eligibility Form. It is very important that you fill this out as it enables us to get money from the federal government for our school.

All Pre-K students must be completely potty trained before entering school. If your child is entering our Pre-K or Kindergarten for the first time, we will need:

- Certified copy of Birth Certificate (not the hospital copy)
- Copy of Baptismal Certificate (if baptized in the Catholic Church)
- Immunization records
- Social Security Card

If your child is entering 1st -6th grade, and is coming from another school, you will need to fill out the Record Request Form so we can send for his/her records.

If you have any questions please feel free to contact us at 409-925-3224.

Thank you.

Earl Routh
Principal, Our Lady of Lourdes School

TUITION/REGISTRATION RATES 2010-2011 SCHOOL YEAR

Tuition Rates for Parishioners:

All grades:	First Child	\$3900/yr =	\$3900	\$390.00/mo
	Second Child	2613/yr. =	\$6513	651.30/mo
	Third Child	1287/yr. =	7800	780.00/mo

Tuition Rates for Non-Parishioners:

All grades:	First Child	\$4125/yr =	\$4125	\$412.50/mo
	Second Child	2764/yr =	6889	688.90/mo
	Third Child	1361/yr =	8250	825.00/mo

Registration Fees:

Early Registration \$205. (Returning students only, by March 31, 2010)
\$105 at early registration, \$100 with first tuition payment.

Returning: \$225. (April 1st to April 30, 2010)
New: 250. (April 1st to April 30, 2010)

After May 1, 2010 registration fees: \$325.00

Tuition Payable in 10 installments: on the first day of July, August, September, October, November, December, January, February, March and April.

Late Tuition Payment Fee: \$20 (payment after the current month) Added to next month's tuition.

Home and School fund raising activities raised approximately **\$485 per student**, last year. As a parent, we need you to actively participate in Home and School fundraising activities. For example, working several hours at the Halloween Carnival, helping out with at least one Friendship Friday, spending several hours parking cars during the Fair and Rodeo season, and actively soliciting sales in the various fundraisers during the school year.

Extended Day Program:

The rate for EDP is \$5.00 per hour per child. If your child stays 15 minutes into the hour, you will be charged for an additional hour. If your child is picked up after 6:00 p.m. you will be billed \$2.00 per minute per child. You will be notified each Monday of your balance. This must be paid upon notification unless other arrangements are made with the EDP director.

Extended Day Hours of Operation:

6:30 a.m. until 7:45 a.m. – No Charge
3:00 p.m. until 6:00 p.m. Monday through Thursday
2:00 p.m. until 6:00 p.m. Friday

OUR LADY OF LOURDES SCHOOL
REGISTRATION FORM

DATE _____

Child's Name _____ Age on Sept. 1 _____ Grade in Aug. _____

Sex: M F SS# _____ DOB _____ Place of Birth _____

Ethnic Background (needed for Arch Diocesan government reports)

White _____ Black _____ Hispanic _____ Multi-Racial _____ Native American _____ Asian _____

Hawaiin/Pacific Islander _____

Public School District you are living in: _____

Parent Information

Mother's Name _____ Maiden Name _____

Physical Address: _____

Mailing Address if different: _____

Home Phone _____ Cell Phone _____

Place of Employment _____ Phone _____

Occupation: _____ Email _____

Are you Catholic Y N Are you an alumni of OLL School Y N Year: _____

Father's Name _____

Physical Address _____

Mailing Address if different _____

Home Phone _____ Cell Phone _____

Place of Employment: _____ Phone _____

Occupation _____ E-mail _____

Are you Catholic Y N Are you an alumni of OLL School Y N Year _____

Are you a **registered** member of Our Lady of Lourdes Church Y N Env. # _____

Has your child been baptized in the Catholic Church? Y N
Church _____ City/State _____ Date _____

Has your child received First Communion? Y N
Church _____ City/State) _____ Date _____

Documents needed for new students:

Copies of: **Certified Birth Certificate, SS Card, Immunization Records, Baptismal Certificate (if Catholic), Signed Record Request Form for Grades 1-6.**

(Over)

Emergency Contacts:

The following people can be contacted about your child if the parent cannot be reached. These people are also able to pick up your child from school and/or the Extended Day Program.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Will your child be attending Extended Day. Y N
Regular use _____

Occasional use _____

Medical Contacts:

Physician: _____ Phone _____

Dentist: _____ Phone _____

Hospital Preference: _____ Phone: _____

Insurance Carrier: _____ Group Policy # _____

I, _____, (parent), do hereby authorize school administrations to render first aid for illness or injury to my child named above. In the event of a medical emergency, I authorize school administration to have my child transported to the hospital listed above for emergency medical or surgical treatment and to contact me, or one of my emergency contacts listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency.

I do hereby release, hold harmless and indemnify Cardinal Daniel N. DiNardo, of the Arch Diocese of Galveston-Houston and his successors in office, the Arch Diocese of Galveston-Houston, Our Lady of Lourdes Catholic School and any other of their officers, agents, employees or representatives ("Released Parties") from any and all liability, claims, losses or expensed arising from personal injury, death, or loss of or damage to property arising from any medical treatment received and/or transportation to the hospital listed above.

Parent Signature

Date

**Our Lady of Lourdes Catholic School
Health Care Inventory**

Child's Name: _____ Birth date: _____
Grade Entering _____ Age as of Sept 1 _____

Indicate if your child has any health problems that school personnel should be aware of:

If your child has a severe health problem such as diabetes, asthma, epilepsy, severe allergies, heart conditions or other serious conditions, then a meeting with the teacher, nurse, and principal needs to be done before the child starts school. At this meeting doctors orders, health care plans, and medication will be discussed for your child.

Please list any medications that your child takes on a regular basis:

Any medication (prescription or over-the-counter), must have a physician note along with the parent signature, attached to the medication before it will be given at school. Cough drops, ointments, and vitamins are considered to be a medication. The parent must provide all medication in the original containers to the school. The prescription medication must have a pharmacy label that matches the doctor's orders. All medication must be brought to the school by the parent.

Indicate if your child has had any usual childhood diseases: Measles ___ Mumps ___
Chicken Pox ___ Date of disease or immunization date _____

The Diocese of Galveston-Houston Catholic Schools complies with the State of Texas Immunization requirements. Up-to-date immunization records are required to be returned to the school before registration is complete.

Does your child have allergies? Yes ___ No ___ If yes, what allergies? _____
Do they need a medical prescription for treatment in case of an attack? Yes ___ No ___
Prescription _____

If your child must carry medication such as an emergency asthma inhaler or Epipens, we must have a copy of doctor's order and proper procedure for the medication on file. If certain medications need to be in the classroom or with other personal the child may encounter on a daily basis, a duplicate medication must be in the clinic as a backup. Parents will have to provide both.

As part of our School Health Services, your child will be provided with Vision, Hearing and Scoliosis Screenings. You will be informed if your child is found to have a deviation from normal so that he/she can be further checked by your private physician.
Do you give your permission for your child to participate in these screening programs?
Yes ___ No ___

Parent/Guardian Signature

Date

Student TB Screening Questionnaire

Name of Child _____

School _____ Date _____

Tuberculosis (TB) is a disease caused by TB germs and is transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever chills, and night sweats.

A person can have TB germs in their body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is available to use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis. All information obtained herein will be kept in strict confidence.

	Yes	No
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: Has your child been around any adult with these symptoms or problems? Has your child had any of these symptoms or problems? Has your child been around anyone sick with TB?		
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?		
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, which country/countries?		
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?		

Has your child ever had a positive TB skin test? Yes _____ (if yes, specify date ____/____/____) No _____

Signature of Parent/Guardian

Date

Our Lady of Lourdes School
10114 Highway 6
Hitchcock, TX 77563

SPECIAL NEEDS INFORMATION

We, at Our Lady of Lourdes School, are in a partnership with you, the parent/guardian, to provide the best education for your child. Any information you can give that benefits us in that task ultimately and directly benefits your son or daughter. The following information is requested to insure that each student's individual learning needs are met to the best of our ability. Failure to provide this information may prohibit the staff of Our Lady of Lourdes School from meeting the individual needs of your child and consequently, present reason to request that your child not continue at Our Lady of Lourdes.

PLEASE NOTE THAT ALL INFORMATION IS HELD IN THE STRICTEST CONFIDENCE

Has your child ever been retained? Yes _____ No _____

If so, what grade and reason

Has your child ever been referred for Special Services? Yes _____ No _____

If so, what type? _____

Has your child been tested for any "special concerns" Academic _____
Behavioral _____
Other _____

Has your child had special services provided? Yes _____ No _____

Describe

Are you willing to share the test results with the Administration of Our Lady of Lourdes School?
Yes _____ No _____

Would you allow a copy of these test results to be placed in a confidential student file at Our Lady of Lourdes School?

Yes _____ No _____

Parent/Guardian Signature

Date

OUR LADY OF LOURDES SCHOOL
19114 HIGHWAY 6
HITCHCOCK, TX 77563

TERMS OF CONDITIONAL ACCEPTANCE

The administration of Our Lady of Lourdes School agrees to accept _____
as a full-time student at Our Lady of Lourdes School for a period of four (4) weeks.

This conditional acceptance is granted to determine the student's ability to meet the expectations of the school program. The student must maintain passing grades* and acceptable behavior as outlined in the current Our Lady of Lourdes School Handbook.

The Administration of Our Lady of Lourdes School will determine the status of continued enrollment at the end of four weeks.

I/We have read and understand the terms of the above. I/We do accept these terms and choose to enroll our son/daughter at Our Lady of Lourdes School under the above terms. I/We are fully aware that there is no guarantee of re-enrollment if these terms are not satisfactorily met.

Administrator

Date

Parent/Guardian

Date

*Modified, if necessary

TUITION AGREEMENT

PLEASE RETURN
THIS COPY

Upon enrolling my child/children in Our Lady of Lourdes School, I agree to keep my tuition payments current as outlined in the Our Lady of Lourdes School Family Handbook, page 4.

I understand that if I fall two months behind on tuition, my child/children may not be allowed to continue until all payments are brought up to date. Report cards will be held if tuition is owed at the end of a semester.

I understand also that tuition is due on the 1st of the month. If my payment is received after the 15th of the month, I will be assessed a late fee of \$20.00 for each month that I am behind. If I do not pay the late fee at the time I pay my tuition, it will be added on to my balance at the end of the year. If I owe tuition, I will not be allowed to register my child/children for the next school year until my payments are up to date.

Finally, if I owe tuition, or any other payments, at the end of the school year, (or at any other time that I withdraw my child from school) report cards will be held and no records will be sent to another school until all payments are made. I also may not re-enroll until all outstanding fees are paid.

Our Lady of Lourdes Board of Education

Signature – Parent/Guardian

Date

OUR LADY OF LOURDES SCHOOL
10114 HIGHWAY 6
HITCHCOCK, TX 77563
409-925-3224
409-925-5094 (FAX)

REQUEST FOR RELEASE OF STUDENT RECORDS

Student's Name _____

Date of Birth _____

School last attended _____

School Address _____
Street City State Zip Code

Grade child was enrolled in _____

Please mail or fax to the above information.

Signature of Parent or Guardian

Please send the following records:

- | | |
|---|--------------------------------|
| _____ Report Card Records | _____ Standardized Test Scores |
| _____ Grades from current reporting period | _____ Health Records |
| _____ Information on remedial or other special programs if applicable | |
| _____ Birth Certificate | _____ Copy of SS Card |
| _____ Special Ed Records if applicable | |