


OFFICE USE ONLY		2020-2021 Enrollment Application		OFFICE USE ONLY	
Date Received _____ Fee Received: Cash _____ Check No. _____ Signed Handbook Agreement _____ Transcripts Received: _____ Birth Certificate Received: _____ Immunization Record Received: _____ Photo Release: _____ Baptism Record Received: _____ Physical 1 <sup>st</sup> , 3 <sup>rd</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup> _____		St. Joseph Catholic School Father Richard F. Cristler Joanne Myers, Principal 323 N. Virginia Muskogee, OK 74403 <b>Student Data</b>		Withdraw Date: _____ School Transferred To: _____ Address: _____ City: _____ State / Zip: _____ Referred By: _____	
First Name: _____ Middle Name: _____ Last Name: _____ Student Address: _____ City / State / Zip: _____ Social Security No.: _____		Age: _____ Grade Entering: _____ Birthday: _____ Birthplace: _____ Gender: _____ M _____ F _____ Enroll Date: _____		Sibling Name/Social Security _____ Grade _____ Birth Date _____ SS# _____ SS# _____	
School Transferred From: _____ City / State / Zip: _____					
<b>FOR REPORTING PURPOSES ONLY:</b>					
Race (Circle one): _____ Native American/Alaskan _____ Asian _____ Black _____ Native Hawaiian/Pacific Islander _____ White _____ Two or More Races _____					
Ethnicity (Circle one): _____ Hispanic _____ Non-Hispanic _____					
Religion: _____ Church Attending: _____ City: _____					
<b>MEDICAL INFORMATION:</b> Family Doctor _____ Phone No. _____ Insurance _____ Family Dentist _____ Phone No. _____ Insurance _____					
If you and the physician of your choice, as indicated above, cannot be reached in an emergency and, if in the judgment of the school authorities immediate medical and/or hospital attention is indicated, I hereby authorize the school authorities to send my child (properly accompanied) to an available hospital or physician.					
Parent / Legal Guardian Signature _____ Date: _____					
<b>List those persons authorized to pick up your child:</b>					
Name _____ Phone (w) _____ (h) _____ Cell _____					
Name _____ Phone (w) _____ (h) _____ Cell _____					
Name _____ Phone (w) _____ (h) _____ Cell _____					
Name _____ Phone(w) _____ (h) _____ Cell _____					
Name _____ Phone(w) _____ (h) _____ Cell _____					
Parents (circle one): _____ Married _____ Separated _____ Divorced _____ Deceased _____ Primary Custody: _____ Mother _____ Other _____ Mother / Father _____ Custody Order on File in Office: _____ Y _____ N _____					

<b>MOTHER:</b> Name: _____ Address: _____ City / State / Zip: _____	Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____ Occupation: _____ Employer: _____
<b>FATHER:</b> Name: _____ Address: _____ City / State / Zip: _____	Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____ Occupation: _____ Employer: _____
<b>OTHER GUARDIAN:</b> Relationship: _____ Name: _____ Address: _____ City / State / Zip: _____	Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____ Occupation: _____ Employer: _____
<b>RECORD OF SACRAMENTS:</b> Baptism: _____ Holy Eucharist: _____ First Reconciliation: _____ Confirmation: _____	Church _____ Date _____ City / State _____
<b>PHOTO RELEASE: Your signature below gives permission for the Diocese of Tulsa to use photographs of your child. Your signature must be in ink.</b> I hereby consent that the photographs, videotapes, and/or motion picture film in which my child appears and/or audio recordings made of my child's voice may be used by the Diocese of Tulsa and its assigns in whatever way they may desire, including television; I consent that any such photographs, films and recordings, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to duplicate and reproduce and make other such use of said photographs as they desire without any claim on my part. Parent / Guardian Signature _____ Date _____	



**St. Joseph Catholic School**  
**2020-2021 Registration Fees**

**First Payment of Tuition (10 month pay) is due July 10<sup>th</sup>. Tuition is due on the 10<sup>th</sup> of each month (July 2020-April 2021).**  
**First Payment of Tuition (12 month pay) is due June 10<sup>th</sup>. Tuition is due on the 10<sup>th</sup> of each month (June 2020-May 2021).**

	Reg./Book Fee Price on/before May 8th	After May 8th
1 Child	*\$350	*\$375
2 Children	*\$500	*\$525
3 Children	*\$650	*\$675
Each additional child	*\$175	*\$200

**\*All fees are non-refundable.** Registration Fee includes but is not limited to:  
Textbooks, consumables, Home & School dues, Religion material and testing material.

**If tuition is paid after the 20<sup>th</sup> of each month, a \$25 late fee will be charged.**  
**Automatic withdraw is available for tuition, lunch, aftercare and registration.**

**2020-2021 Tuition Rates (K thru 8th)**

Per Year	St. Joseph Catholic Church Parishioner	Non-Catholic
1 Child	\$4,662	\$5,893
2 Children	\$7,262	\$9,974
3 Children	\$9,685	\$14,085
4 Children	\$12,471	\$18,397

**2020-2021 Tuition Rates (Preschool)**

Per Year	3 year olds	4 year olds
Mon. thru Friday 8:00-11:30	\$2,598	\$2,598
Optional extended day 11:30-3:00	\$16.50 per day	\$16.50 per day
Optional extended day 3:00-5:15	\$4.50 per hour	\$4.50 per hour

Hot Lunch – Pre-Paid Hot Lunch Accounts Due at the Beginning of the month.  
Hot Lunch Cost per day \$3.50 single lunch w/ milk. Cost per day \$5.00 double lunch w/ milk.  
Prices are subject to change

**Guide to Immunization Requirements in Oklahoma**

EXTENDED CARE	PRE-SCHOOL	KDG thru 3rd	4 <sup>th</sup> & 5th	6 <sup>th</sup>	7 <sup>th</sup> /8 <sup>th</sup>
4 DTP/DTaP/Td	4 DTP/DTaP/Td	5 DTP/DTaP/Td	5 DTP/DTaP/Td	5 DTP/Td	6 Tdap
3 Polio	3 Polio	4 Polio	4 Polio	4 Polio	4 Polio
1 MMR	1 MMR	2 MMR	2 MMR	2 MMR	2 MMR
1-4 Hib					
3 Hep B	3 Hep B	3 Hep B			
2 Hep A	2 Hep A	2 Hep A			
Varicella	Varicella	Varicella	Varicella	Varicella	Varicella

- Children must be up-to-date for their age for the vaccines listed
- All Measles, mumps and rubella and varicella vaccine doses must have been administered on or after the child's first birthday
- If the 4<sup>th</sup> dose of DTP/DTaP and/or 3<sup>rd</sup> dose of Polio are administered on or after the child's 4<sup>th</sup> birthday, then the 5<sup>th</sup> dose of DTP/DTaP and/or 4<sup>th</sup> dose of Polio are not required
- A parental history of a child having varicella disease is acceptable in lieu of varicella vaccine
- Hib vaccine is not required for students in pre-kindergarten/kindergarten through grade twelve, but is required for children in day care.
- Longer than recommended time periods between doses of multi-dose vaccines do not diminish the effectiveness of these vaccines. It is not necessary to restart the series of any vaccine due to extended time periods between doses.
- Children may be allowed to attend school if they have received the first dose in the series of any multi-dose vaccine but must complete the series on schedule.

## Enrollment Agreement 2020-2021

Please check one:

10 Month Tuition Payments \_\_\_\_\_  
12 Month Tuition Payments \_\_\_\_\_

One Time payment of Reg. /Book Fee \_\_\_\_\_

Three Time payments of Reg. /Book Fee \_\_\_\_\_

**Tuition due 10<sup>th</sup> of each month. Tuition paid after the 21<sup>st</sup> of each month will be charged \$25 late fee.**

Student \_\_\_\_\_  
Student \_\_\_\_\_  
Student \_\_\_\_\_  
Student \_\_\_\_\_  
Student \_\_\_\_\_

Grade \_\_\_\_\_  
Grade \_\_\_\_\_  
Grade \_\_\_\_\_  
Grade \_\_\_\_\_  
Grade \_\_\_\_\_

In consideration of the mutual promises and covenant herein contained, the parties agree as follows:

1. **ACCEPTANCE OF STUDENT:** St. Joseph Catholic School agrees to accept the above named individual(s) in the grade(s) specified during this school year, provided that the required registration fee and an executed copy of this agreement are delivered to the School upon enrollment for the new year.
2. **RESPONSIBILITIES OF PARENT OR GUARDIAN AND STUDENTS(S):** The undersigned parents or guardians and students(s) agree to:
  - A. Accept their joint education responsibility as outlined in the Parent/Student Handbook;
  - B. Practice their faith;
  - C. Maintain academic standards;
  - D. Accept and comply with all rules and regulations of St. Joseph Catholic School;
  - E. Fulfill the Time and Talent Volunteer commitment;
  - F. Submit to the discipline policies of St. Joseph Catholic School;
  - G. Conduct themselves at school and away from school in a manner that models their religious values;
  - H. Be supportive members of the community and model the faith and values that are being taught to the children; and,
  - I. Have students at school at 8:00 a.m. Classroom instruction begins promptly to 8:15 a.m.
  - J. Comply with the school uniform regulations.
3. **TUITION FEES AND CHARGES:** Tuition fees and charges for the year shall be specified in the Tuition Fees and Charges Schedule for such year. No reduction or allowance shall be made for absence. **To qualify for the year Catholic rate the parent(s) must attend Mass regularly and contribute to the financial support of the parish.**
4. **PAYMENT PLAN:** Tuition fees shall be paid in accordance with the following plan:

Tuition Fees 10 Month Plan	Tuition Fees 12 Month Plan	Registration/Book Fee 1 <sup>st</sup> payment/all payment	Registration Fees Due
July 10 <sup>th</sup> - April 10 <sup>th</sup> After 21 <sup>st</sup> Late Fee \$25	June 11 <sup>th</sup> - May 11 <sup>th</sup> After 21 <sup>st</sup> Late Fee \$25	1 <sup>st</sup> Installment due upon Enrollment	May 11 <sup>th</sup> , June 11 <sup>th</sup> , July 10 <sup>th</sup> , After 21 <sup>st</sup> of each month \$25

**Tuition is due on the 10<sup>th</sup> of each month in the school office. There is a "grace" period of ten days. A late fee will be charged on the 21<sup>st</sup> of each month in the amount of \$25.00 if tuition is unpaid.** It is critical that tuition is paid in a timely manner. If a situation arises that would prohibit payment, please contact the principal immediately. **Accounts past due longer than 90 days may be sent to Small Claims Court incurring additional charges.**

5. **NON-LIABILITY:** This agreement is made upon the express condition that St. Joseph Catholic Church, St. Joseph Catholic School and the agents, employees, servants, officers and advisory board members of St. Joseph Catholic Church and St. Joseph Catholic School shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury or injuries to the person or property or the Parent/Guardian and advisory board members. Parent/Guardian and Student(s) covenant and agree to indemnify and save harmless St. Joseph Catholic Church, St. Joseph Catholic School and their agents, employees, servants officers and advisory board member from all liabilities, charges, expenses (including counsel fees) and costs on account of or by reason of any such injury and injuries, liabilities, claims suits or losses however occurring or damages growing out of same.
6. We understand that by executing this document we become liable both jointly and severally for any financial obligations arising hereunder.

Signature of Father \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_

Signature of Student \_\_\_\_\_

Signature of Student \_\_\_\_\_

Signature of Student \_\_\_\_\_



2020-2021  
ST. JOSEPH CATHOLIC SCHOOL  
MEDICAL HEALTH RECORDS

Please answer all of the following questions YES or NO. If yes, please write any additional information you may have.

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Student's name \_\_\_\_\_ Grade \_\_\_\_\_

1. Is this student allergic to any insect bites and/or stings? Yes \_\_\_\_\_ No \_\_\_\_\_
  - If yes, what insect? \_\_\_\_\_
2. Are there any other health-related problems that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_
  - If yes, please describe \_\_\_\_\_

***Please answer these questions: (Please circle one)***

Any hearing loss or repeated ear infections?.....Yes/No

Any severe or repeated skin infections?.....Yes/No

Any blindness, color blindness, double/blurred vision, glasses, contacts?.....Yes/No

Any asthma, wheezing, chronic cough, unusual shortness of breath?.....Yes/No

Any chest pain or chest discomfort?.....Yes/No

Any history of irregular or unusually fast heart rate, high blood pressure,  
passing out, heart murmur, turning blue, rheumatic fever?.....Yes/No

Any kidney infections, kidney stones, or repeated bladder infections?.....Yes/No

Any swelling, pain, or stiffness in joints?.....Yes/No

Any hernia or rupture?  
.....Yes/No

Any anemia or unusual bleeding? .....Yes/No

Any history or abnormally high or low blood sugar, diabetes, thyroid problem,  
or other endocrine or gland problems? .....Yes/No

Any back or neck pain?.....Yes/No

Has he/she ever induced vomiting, participated in binge eating or purging?.....Yes/No

Any menstrual irregularities?  
(Females).....Yes/No

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**PARENT OR GUARDIAN SIGNATURE REQUIRED**

My signature confirms that I have reviewed this questionnaire and have made corrections/updates as necessary. (I have initiated and dated all changes and additions made to this form.)

Signature \_\_\_\_\_

Date \_\_\_\_\_

