

OFFICE USE ONLY		OFFICE USE ONLY			
<div>Date Received _____ Fee Received: Cash _____ Check No. _____ Signed Handbook Agreement _____ Y N Transcripts Received: _____ Y N Birth Certificate Received: _____ Y N Immunization Record Received: _____ Y N Photo Release: _____ Y N Baptism Record Received: _____ Y N Physical 1st, 3rd, 5th, 6th, 7th, 8th _____ Y N</div>		<div>2021-2022 Enrollment Application St. Joseph Catholic School Father Richard F. Cristler Joanne Myers, Principal 323 N. Virginia Muskogee, OK 74403 Student Data</div>		<div>Withdraw Date: _____ School Transferred To: _____ Address: _____ City: _____ State / Zip: _____ Referred By: _____</div>	
<div>First Name: _____ Middle Name: _____ Last Name: _____ Student Address: _____ City / State / Zip: _____ Social Security No.: _____</div>		<div>Age: _____ Grade Entering: _____ Birthday: _____ Birthplace: _____ Gender: M F Enroll Date: _____</div>		<div>Sibling Name/Social Security _____ Grade _____ Birth Date _____ SS# _____ SS# _____</div>	
School Transferred From: _____ City / State / Zip: _____					
FOR REPORTING PURPOSES ONLY:					
Race (Circle one): Native American/Alaskan		Asian		Black	
Ethnicity (Circle one): Hispanic		Non-Hispanic		Native Hawaiian/Pacific Islander	
Religion: _____		Church Attending: _____		White	
				Two or More Races	
				City: _____	
MEDICAL INFORMATION:		Family Doctor _____ Phone No. _____ Insurance _____ Family Dentist _____ Phone No. _____ Insurance _____		Date: _____	
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 _____					
List those persons authorized to pick up your child:					
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	
Primary Custody:		Mother		Father	
		Divorced		Deceased	
		Other _____		Mother / Father	
				Custody Order on File in Office: Y N	

MOTHER: Name: _____ Address: _____ City / State / Zip: _____		Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____ Occupation: _____ Employer: _____	
FATHER: Name: _____ Address: _____ City / State / Zip: _____		Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____ Occupation: _____ Employer: _____	
OTHER GUARDIAN: Relationship: _____ Name: _____ Address: _____ City / State / Zip: _____		Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____ Occupation: _____ Employer: _____	
RECORD OF SACRAMENTS: Baptism: _____ Holy Eucharist: _____ First Reconciliation: _____ Confirmation: _____		Church	City / State
PHOTO RELEASE: Your signature below gives permission for the Diocese of Tulsa to use photographs of your child. Your signature must be in ink. 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 _____			

2021-2022
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

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

2021-2022

10 Month Tuition Payments _____
12 Month Tuition Payments _____

Three Time payments of Reg. /Book Fee____

late fee.

Grade _____
Grade _____
Grade _____
Grade _____
Grade _____

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.

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 1st payment/all payment	Registration Fees Due
July 10 th - April 10 th After 21st Late Fee \$25	June 11 th - May 11 th After 21st Late Fee \$25	1st Installment due upon Enrollment	May 11 th , June 11 th , July 10 th , After 21st of each month \$25


Claims Court incurring additional charges.

6. We understand that by executing this document we become liable both jointly and severally for any financial obligations arising hereunder.

Signature of Student

St. Joseph Catholic School
2021-2022 Registration Fees

First Payment of Tuition (10 month pay) is due July 10th. Tuition is due on the 10th of each month (July 2021-April 2022).
First Payment of Tuition (12 month pay) is due June 10th. Tuition is due on the 10th of each month (June 2021-May 2022).

	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 20th of each month, a \$25 late fee will be charged.
Automatic withdraw is available for tuition, lunch, aftercare and registration.

2021-2022 Tuition Rates (K thru 8th)

Per Year	St. Joseph Catholic Church Parishioner	Non-Catholic
1 Child	\$4,762	\$5,993
2 Children	\$7,462	\$10,174
3 Children	\$9,985	\$14,385
4 Children	\$12,871	\$18,797

2021-2022 Tuition Rates (Preschool)

Per Year	3 year olds	4 year olds
Mon. thru Friday 8:00-11:30	\$2,698	\$2,698
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 th & 5th	6 th	7 th /8 th
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 4th dose of DTP/DTaP and/or 3rd dose of Polio are administered on or after the child's 4th birthday, then the 5th dose of DTP/DTaP and/or 4th 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.