



ST. STEPHEN CATHOLIC SCHOOL REGISTRATION PACKET – New Families

Please find attached the necessary information to complete the registration process for your child(ren).

We have also included brief but very pertinent information below. Please make sure to read through this. Thank you and welcome to St. Stephen Catholic School.

PARISH AFFILIATION: The Archbishop requests that all parishes help subsidize the Catholic education of their parishioners attending Catholic schools. Therefore, the tuition of those Catholic families affiliated with a Catholic parish is subsidized, and consequently is lower than those not affiliated with a Catholic parish. Families are eligible to receive the affiliated Catholic tuition rate if they meet the following guidelines:

1. The family has been registered in a Catholic parish for at least six (6) months.
2. The family verifiably contributes, according to their means, on a regular basis to the financial support of the Catholic parish.
3. The family attends weekend Mass regularly and is involved in the activities, organizations and programs at the parish.

St. Stephen Parish invites you to examine and renew your spiritual life and participation in the Church. If you feel you need additional support about any personal or sacramental matters, and want to address them personally, please feel free to contact Father Bert, Father Memo, or the priest in your Catholic parish.

SCHOLARSHIP FUND: St. Stephen School believes in making Catholic education available to all parish families and community members in our valley. This goal is contingent upon scholarship and grant funds. We truly appreciate any contributions to this fund. Not only does this thoughtful gesture of sponsoring the tuition of a student or students help a family in need during difficult financial situations but also is a tax deductible donation.

UNIFORMS: School uniforms are an important aspect of school identity. The policy is enforced. We ask that families be as supportive as possible. A copy of the uniform policy can be found on the school website (www.scsglenwood.org) or on the Sycamore Education site under documents. No uniform changes for the 2017-2018 school year.

FUNDRAISING: Our tuition covers approximately 75% of our operating budget, so fundraising is vital to assist with the school budget. We have several fundraisers where your financial support is necessary. These include (not limited to): Festival of Diversity – purchase or sell 10 tickets (\$100 value), Spaghetti Dinner – purchase or sell \$60 worth of tickets, Scrip Program – purchase or sell \$500 worth of scrip cards and a spring fundraiser, yet to be determined. *You can opt out of this financial responsibility, by donating \$550.00.*

SERVICE HOUR PROGRAM: Your active participation in your child's school learning and experience is critical to his/her success. St. Stephen School is dependent upon parent volunteers to continue to offer the best education possible to your children while keeping the cost of education affordable. Forty hours of service has been the suggested minimum for parents. Please seriously consider that your participation in service hours comes from our fundamental Catholic beliefs in building relationships and community by serving one another. Therefore, we are not only raising funds but as we serve we are getting to know one another and helping each other as a school family. The St. Stephen Parent Teacher Association (SSPTA) and School Advisory Council (SAC) have suggested a fee of \$550 in lieu of service hours if a family prefers not to participate in the service hour program. The service hour program or \$550 stipend will assist the school as we maintain our instructional program.

INCOMING KINDERGARTEN FAMILIES: If an existing family has a child that will be attending kindergarten, please see the office for additional forms that will need to be filled out.

CLASSROOM SUPPLY LISTS, SCHOOL YEAR CALENDAR, AND OTHER: The classroom supply list, 2017-2018 School Year Calendar, and any other pertinent information will be e-mailed to you over the summer.



March 2017

Dear Parents of St. Stephen School:

As a Catholic School Parish we proudly join the Archdiocese in its mission "Worthy of the Investment," promoting Catholic Education. We thank you and your children for being an integral part in that sacred mission.

Welcome to our new families, and welcome back to our returning families. Newcomers, we promise you an investment in a Catholic family that will bring the best possible spiritual and academic formation your child will ever have. Old Timers, your faithful trust in us proves the grace and excellence that we celebrate here at St. Stephen School.

If you are a Catholic, please recommit yourself and your children to the practice of the faith. Not only have you pledged that as an Affiliated member of St. Stephen or another local parish, but most importantly, participating in the Mass and Sacraments is our very life source in God.

Our Capital Campaign is doing very well. Our total Capital Project Goal is to raise six million for the remodel of our basement and to build a new school. We spent one million of our Capital Campaign funds and we completed the remodel of the church basement, converting it into our Parish Hall in November of 2016. Thank you to those who have pledged.

We have reached our phase one \$3 million parish goal generously pledged by parish and school families. It is not too late for those who have not pledged to please do so at the school or parish office. We are halfway to meeting our Capital Campaign \$6 million goal!

The remaining two million we have raised from phase one will go toward building our new school. This leads us to the phase two of the Capital Campaign. We will seek the additional \$3 million in donations from benefactors, alumni, grants, foundations, and friends of St. Stephen. Any help and recommendations to obtain these donors are much appreciated! Our goal is to build the school in two to four years.

Please know that Mrs. Glenda Oliver, our Principal, and I are here for you. Do call us with concerns, needs, or anything you would like to discuss. Looking forward to seeing you at many of our events and activities this blessed school year!

Your servants in Christ,

Fr. Bert Chilson – Pastor

Mrs. Glenda Oliver - Principal

NEW FAMILY REGISTRATION CHECK-LIST:

- Registration Form
- Additional Information Sheet
- Emergency Information Form
- Catholic Church Affiliation Form
- Media Waiver Form
- Called to Protect Permission Form
- Annual Income Eligibility (E-Rate) Funding Form
- General Walking Field Trip Permission Form
- Emergency Card
- Copy of Immunization Records
- Copy of Baptismal Certificate

- \$250** – Placement Deposit per family (applied towards total tuition)

ST. STEPHEN CATHOLIC SCHOOL REGISTRATION FORM

IT IS UNDERSTOOD AND AGREED THAT:

Student applicants for the 2017-2018 academic school year

STUDENT INFORMATION

Name	Current Grade	Birthdate	Gender	
_____	_____	_____	Male	Female
_____	_____	_____	Male	Female
_____	_____	_____	Male	Female
_____	_____	_____	Male	Female



PARENT/GUARDIAN INFORMATION

Father/Step-Father/Guardian Info:

Name: _____
 Employment: _____
 Work Phone _____
 Work Email _____

Mother/Step-Mother/Guardian Info:

Name: _____
 Employment: _____
 Work Phone _____
 Work Email _____

Please check the box if the below information is the same as what was provided on the Enrollment Form.

Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Religious Affiliation _____	Religious Affiliation _____

Ethnicity: ___ Non-Hispanic/Latino ___ Hispanic/Latino
Race: ___ African American ___ Asian ___ Native American ___ Pacific Islands ___ Multi Racial ___ White
Marital Status: ___ Married ___ Single ___ Separated ___ Divorced*

* **If Divorced:** The school requests that you provide a copy of the custody settlement to have on record.

Which parent is the primary contact: _____

CATHOLIC: YES _____ NO _____ PARISH OF REGISTRATION _____ Affiliation Form of approval required _____

Our current status is: **(select one)** ___ Catholic ___ Non-Affiliated Catholic ___ Non-Catholic

Re-registration for the following school year is contingent upon all current year tuition and fees being paid up-to-date.

St. Stephen's does not discriminate based on race, handicap, national or ethnic origin in the administration of their educational policies, admission policy, scholarships, athletic and other school administered programs.

THIS AGREEMENT SHALL BE CONSIDERED A BINDING CONTRACT.

 Father / Guardian (Print)

 Father / Guardian (Signature Required)

 Mother / Guardian (Print)

 Mother / Guardian (Signature Required)

 Principal (Signature Required)

 Date

Return this completed form with the Registration Deposit fee of \$250 by March 31, 2017

FOR OFFICE USE ONLY

Placement Deposit: \$250 per family
 Paid \$ _____ Date _____
 Method: Cash Check Credit Card

ADDITIONAL INFORMATION SHEET

This form must be completed in full and must be attached to the Registration Form.

CHILD'S NAME	GRADE IN FALL	CURRENT GRADE	CURRENT SCHOOL

If you transferred from another school, please list below:

CHILD _____ REASON _____

SCHOOL _____ ADDRESS _____

CHILDREN NOT CURRENTLY ATTENDING ST. STEPHEN'S

Number of older sisters _____

Number of older brothers _____

Number of younger sisters _____

Number of younger brothers _____

Ages _____, _____, _____, _____

Ages _____, _____, _____, _____

COMMUNICATION

We use email, Sycamore Education and our website as our main ways of communication. In order to make sure you are up to date with our school news, please list any additional emails you want to receive communication emails to below. If you already listed them on the registration form, you do not need to list again.

Additional Emails Address for Communication:

Person's Name

Email address

Person's Name

Email address

Emergency Text Messaging:

There are instances when we need to cancel school or send out an emergency message on very short notice, so we send out a group text message for those instances. Please fill out the information below for each cell phone number you want to receive emergency text messages to:

Parent name

Cell Phone number

Carrier (ie. Verizon, Sprint, AT&T, etc)

Parent name

Cell Phone number

Carrier (ie. Verizon, Sprint, AT&T, etc)

STUDENT INFORMATION

STUDENT FULL NAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

DATE SACRAMENT RECEIVED AT CHURCH/CITY/STATE

BAPTISM: _____

PENANCE: _____

1ST COMM: _____

A copy of the baptismal certificate must be on file in the office.

STUDENT FULL NAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

DATE SACRAMENT RECEIVED AT CHURCH/CITY/STATE

BAPTISM: _____

PENANCE: _____

1ST COMM: _____

A copy of the baptismal certificate must be on file in the office.

STUDENT FULL NAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

DATE SACRAMENT RECEIVED AT CHURCH/CITY/STATE

BAPTISM: _____

PENANCE: _____

1ST COMM: _____

A copy of the baptismal certificate must be on file in the office.

STUDENT FULL NAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

DATE SACRAMENT RECEIVED AT CHURCH/CITY/STATE

BAPTISM: _____

PENANCE: _____

1ST COMM: _____

A copy of the baptismal certificate must be on file in the office.

EMERGENCY INFORMATION

(Must be completed for each child)

Child's Name: _____ Nickname: _____
Date of Birth: _____ Sex: ___ Male ___ Female Home Phone #: _____
Student Lives With: Both Parents - Father - Mother If Catholic, Parish Affiliation: _____
In case of illness or emergency, who should be contacted first? _____

Father/Guardian Information:

First Name: _____ Middle Initial: _____ Last Name: _____
Address: _____ City: _____ State: ___ Zip: _____
Mailing Address: _____ City: _____ State: ___ Zip: _____
Home Phone: _____ Cell Phone _____ Email: _____
Place of Employment: _____
Address of Employment: _____
City: _____ State: ___ Zip: _____ Work Phone: _____ ext: _____

Mother/Guardian Information:

First Name: _____ Middle Initial: _____ Last Name: _____
Address: _____ City: _____ State: ___ Zip: _____
Mailing Address: _____ City: _____ State: ___ Zip: _____
Home Phone: _____ Cell Phone _____ Email: _____
Place of Employment: _____
Address of Employment: _____
City: _____ State: ___ Zip: _____ Work Phone: _____ ext: _____

Special instructions for reaching parent or guardian: _____

PERSONS AUTHORIZED TO PICK UP CHILD

(Including Parents/Grandparents/Guardians)

Under no circumstances will the child be released to anyone not known to the school without written authorization from the parents/legal guardians

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

EMERGENCY CONTACT PERSONS

(other than parent/guardians)

Name: _____ Relationship to Child: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Name: _____ Relationship to Child: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

SPECIFIC PERSONS NOT AUTHORIZED TO PICK UP CHILD

(Please include a copy of appropriate court order or legal documentation)

Last Name: _____ First Name: _____ Relationship: _____

Last Name: _____ First Name: _____ Relationship: _____

MEDICAL INFORMATION

Physician's Name: _____ Phone Number: _____

Physician's Address: _____ City: _____ State: _____ Zip: _____

List any Chronic Medical conditions: _____

Does your child have a health care plan? Yes No – if Yes, the health care plan must be provided on or before September 28, 2017

Is your child fully immunized? Yes No – A copy of the completed immunization records must be provided or see the school office for a Medical Exempt Form by September 28, 2017.

HEALTH HISTORY:

(chronic or recurring-list last known date)

Ear Infection: _____

Diabetes: _____

Heart Disease/Defect: _____

Convulsion/Seizures: _____

Asthma: _____

Nosebleeds: _____

Measles: _____

Mumps: _____

Chicken Pox: _____

Flu or Flu Shot: _____

Other: _____

ALLERGIES:

(nature of reaction)

Hay Fever: _____

Plant Poisoning: _____

Insect Stings: _____

Penicillin: _____

Other drugs: _____

Animals: _____

Food: _____

Other: _____

Operations or serious injuries (list with dates): _____

Is the child on any medications? Yes No – If yes, Explain _____

Is medication needed at school? Yes No – Name of Medication: _____

If Yes, you must complete the medication from located in the school handbook or you can get from the office.

Physical Limitations: Yes No – If yes, explain _____

Dietary Limitations: Yes No – if yes, explain _____

Vision-date of last known exam: _____ Hearing – date of last known exam: _____

Are there any activities that you prefer your child NOT participate in? Yes No

If Yes, please explain _____

Hospital Preference: _____ City: _____

Medical Insurance Company: _____ Policy Number: _____

Dentist's Name: _____ Phone: _____

Dentist's Address: _____ City: _____ State: _____ Zip: _____

MEDICAL AUTHORIZATION

I give the school my permission to take my child to a hospital to receive emergency treatment. I hereby consent to any x-ray examination, medical or surgical diagnosis or treatment, and hospital care to be rendered to my child under the general or direct supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act. I also consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to my child by a dentist under the provision of the Dental Practice Act. I authorize the medical facility to release my child into the custody of a school representative should hospital care no longer be needed. I understand that this is only in an extreme emergency and when the parent or legal guardian cannot be reached. I understand that I am responsible for any expenses incurred by the medical and/or dental diagnosis or treatment. I agree to pick up my child if he/she is sick or injured. If I cannot be reached, the above emergency contact can be called to pick up my child.

I understand that I must keep my child's record up to date with the office and on Sycamore Education with current information.

Father's Signature

Date

Mother's Signature

Date

Legal Guardian's Signature

Date



FAMILY IN-PARISH AFFILIATION
ST. STEPHEN CATHOLIC SCHOOL

414 S. Hyland Park Drive
Glenwood Springs, CO 81601



2017-2018 Academic School Year

The family in-parish affiliation form is used to determine if a family/parent/guardian qualifies for the affiliated tuition rate as a registered member of their school's parish. On an annual basis, the family in-parish affiliation form must be submitted by the family and signed by the pastor in order for the family/parent/guardian to receive the affiliated tuition rate. Parish affiliation is defined as families who are registered members of Archdiocese of Denver parishes with a parish school, and whose children are enrolled in that parish elementary school for Kindergarten or a higher grade. These families are eligible to receive the affiliated Catholic tuition rate if they meet the following criteria:

1. The family has been registered in the parish for at least six (6) months.
2. The family verifiably contributes, according to their means, on a regular basis to the financial support of the parish.
3. The family attends weekend Mass regularly and is involved in the activities, organizations of programs at the parish.

To be completed by Family/Parent/Guardian

Name: _____ Phone Number: _____

Address: _____

City, State and Zip: _____

Student Name: _____ Grade: _____ Student Name: _____ Grade: _____

Student Name: _____ Grade: _____ Student Name: _____ Grade: _____

I/We have read and understand the parish affiliation policy and criteria used to determine parish affiliation and qualifying for the affiliated tuition rate. I/We understand that the information provided is subject to verification. If it is determined that I/we do not qualify, I/we will be notified and agree that the tuition rate will be increased to the unaffiliated rate for the school year. I/We understand that all paperwork and associated confirmation of parish affiliation must be on file with the school on or before September 15.

Parent/Guardian Signature: _____ Date: _____

Please fill out the reverse side of this form for use by the Parish Office.

To be completed by Parish Office

- This family is eligible to receive the affiliated tuition rate at St. Stephen Catholic School.
- This family is not eligible to receive the affiliated tuition rate at St. Stephen Catholic School.

Pastor Signature: _____ Date: _____

Comments:

This form is to be completed on an annual basis.
Refer to Policy #5010 – Tuition in the AoDCS Administrator’s Manual.

MY COMMITMENT TO SERVE MY PARISH

Please select all areas in which you would like to serve or the areas in which you are already serving.

<p>LITURGY</p> <p><input type="checkbox"/> Altar Server <input type="checkbox"/> Greeter <input type="checkbox"/> Usher <input type="checkbox"/> Lector <input type="checkbox"/> Commentator <input type="checkbox"/> Eucharistic Minister <input type="checkbox"/> Choir <input type="checkbox"/> Cantor <input type="checkbox"/> Organist <input type="checkbox"/> Pianist <input type="checkbox"/> Guitarist <input type="checkbox"/> Other Musical Instrument Specify _____ <input type="checkbox"/> Liturgy Committee</p> <p>COMMUNICATIONS</p> <p><input type="checkbox"/> Newsletter <input type="checkbox"/> Directory/Photography <input type="checkbox"/> Phone Calls <input type="checkbox"/> Publicity <input type="checkbox"/> Communications Committee</p> <p>GENERAL OFFICE</p> <p><input type="checkbox"/> Secretarial <input type="checkbox"/> Mailings</p> <p>FUNDRAISING</p> <p><input type="checkbox"/> Ideas <input type="checkbox"/> Organizing <input type="checkbox"/> Publicity <input type="checkbox"/> Fund Raising Committee</p> <p>CHRISTIAN SERVICE</p> <p><input type="checkbox"/> Visiting Shut-in's <input type="checkbox"/> Social Concerns & Issues <input type="checkbox"/> Catholic Charities <input type="checkbox"/> Lift Up/Food Baskets <input type="checkbox"/> Extended Table <input type="checkbox"/> Funeral Dinners <input type="checkbox"/> Prayer Chain <input type="checkbox"/> Welcome Committee</p>	<p>RELIGIOUS EDUCATION</p> <p>Teachers</p> <p><input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Adult <input type="checkbox"/> Aide/Substitute <input type="checkbox"/> Driver <input type="checkbox"/> Snack Maker <input type="checkbox"/> Prayer Sponsor</p> <p>BUILDING & MAINTENANCE</p> <p><input type="checkbox"/> Carpenter <input type="checkbox"/> Computers <input type="checkbox"/> Electrician <input type="checkbox"/> Engineer/Planner <input type="checkbox"/> Gardening/Landscaping <input type="checkbox"/> Painter <input type="checkbox"/> Plumber <input type="checkbox"/> Tile Work</p> <p>YOUTH GROUPS</p> <p><input type="checkbox"/> Advisor <input type="checkbox"/> Activities</p> <p>CIRCLE GROUPS</p> <p><input type="checkbox"/> St. Bridget's <input type="checkbox"/> Immaculate Heart <input type="checkbox"/> St. Rita's</p> <p>MEN'S GROUPS</p> <p><input type="checkbox"/> Knights of Columbus <input type="checkbox"/> 2nd & 4th Saturday Prayer Breakfast</p> <p>MISCELLANEOUS</p> <p><input type="checkbox"/> Library <input type="checkbox"/> Gift Shop <input type="checkbox"/> Coffee and Donuts Host/Hostess <input type="checkbox"/> Young Adults Group <input type="checkbox"/> Hiking Group <input type="checkbox"/> Stitch and Pray <input type="checkbox"/> Babysitting</p>
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Other Ideas: _____

Contact Information:

Name: _____ Email Address: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____



FAMILY OUT-OF-PARISH AFFILIATION

ST. STEPHEN CATHOLIC SCHOOL

414 S. Hyland Park Drive
Glenwood Springs, CO 81601



2017-2018 Academic School Year

The family out of parish affiliation form is used to determine if a family/parent/guardian qualifies for the affiliated tuition rate as a registered member of their parish. On an annual basis, the family out of parish affiliation form must be submitted by the family and signed by their pastor in order for the family/parent/guardian to receive the affiliated tuition rate. Parish affiliation is defined as families who are registered members of Archdiocese of Denver parishes, and whose children are enrolled in an elementary school not in their parish of membership for Kindergarten or a higher grade, or one of the two Archdiocesan-operated high schools. These families are eligible to receive the affiliated Catholic tuition rate if they meet the following criteria:

1. The family has been registered in the parish for at least six (6) months.
2. The family verifiably contributes, according to their means, on a regular basis to the financial support of the parish.
3. The family attends weekend Mass regularly and is involved in the activities, organizations of programs at the parish.

To be completed by Family/Parent/Guardian

Name: _____ Phone Number: _____

Address: _____

City, State and Zip: _____

Student Name: _____ Grade: _____ Student Name: _____ Grade: _____

Student Name: _____ Grade: _____ Student Name: _____ Grade: _____

I/We have read and understand the parish affiliation policy and criteria used to determine parish affiliation and qualifying for the affiliated tuition rate. I/We understand that the information provided is subject to verification. If it is determined that I/we do not qualify, I/we will be notified and agree that the tuition rate will be increased to the unaffiliated rate for the school year. I/We understand that all paperwork and associated confirmation of parish affiliation must be on file with the school on or before September 15.

Parent/Guardian Signature: _____ Date: _____

To be completed by Parish Office

- This family **is** eligible to receive the affiliated tuition rate at St. Stephen Catholic School.
- This family **is not** eligible to receive the affiliated tuition rate at St. Stephen Catholic School.

If approved by the pastor, students in grades Kindergarten-12 qualify as Out-of-Parish Affiliated Students (OPAS).

Pastor Signature: _____ Date: _____

Comments:

This form is to be completed on an annual basis.

Refer to Policy #5010 – Tuition in the AoDCS Administrator’s Manual.

Out of Parish Affiliated Students (OPAS)

The Archdiocese of Denver Catholic Schools distributes a portion of the Catholic Schools Assistance Fund Plus (CSAF+) monies to schools based upon the number of out-of-parish affiliated students (OPAS) in grades Kindergarten-12 registered and attending school for the current academic school year. All OPAS must be accounted for on an annual basis using the Archdiocese of Denver Catholic Schools "Family Out-of-Parish Affiliation" form.

DEFINITION – OUT-OF-PARISH AFFILIATED STUDENT

The family out-of-parish affiliation form is used to determine if a family/parent/guardian qualifies for the affiliated tuition rate as a registered member of their parish. On an annual basis, the family out-of-parish affiliation form must be submitted by the family and signed by their pastor in order for the family/parent/guardian to receive the affiliated tuition rate. Parish affiliation is defined as families who are registered members of Archdiocese of Denver parishes and whose children are enrolled in an archdiocesan elementary school not in their parish of membership for Kindergarten or a higher grade, or one of the two archdiocesan-operated high schools. These families are eligible to receive the affiliated Catholic tuition if they meet the following criteria:

1. The family has been registered in the parish for at least six (6) months.
2. The family verifiably contributes, according to their means, on a regular basis to the financial support of the parish.
3. The family attends weekend Mass regularly and is involved in the activities, organizations or programs at the parish.

If the form is signed by the pastor and returned to the school, students in grades Kindergarten-12 are considered and counted as OPAS.

PROCESS – ON AN ANNUAL BASIS

1. The school provides the registering family with the Archdiocese of Denver Catholic School Family Out-of-Parish Affiliation form to be completed for the upcoming academic school year.
2. The family provides the Family Out-of-Parish Affiliation form to the pastor of their parish for verification and signature.
3. If the family meets the criteria to receive the affiliated tuition rate, the pastor signs the form and returns it to the family. No other signatures will be considered valid. The pastor must sign the form for the family to receive the affiliated tuition rate and be considered an OPAS.
4. The family returns the completed, signed Family Out-of-Parish Affiliation form to the school by September 15.
5. The school returns the completed, signed Family Out-of-Parish Affiliation form with the tuition contract paperwork.
6. An additional copy of the School Out-of-Parish Affiliation form can be kept in the school office to be used for reference during the current academic school year.

PARISH AFFILIATION VERIFICATION

Verification of Parish Affiliation must be completed on an annual basis. In order for students in grades Kindergarten-12 to be considered an OPAS on the October 1 official enrollment count, a signed Family Out-of-Parish Affiliation form for the current academic school year must be filed with the school by September 15.

OUT-OF-PARISH AFFILIATED STUDENTS (OPAS)

In order to be counted as an OPAS in the October 1 official enrollment count and for the school to receive CSAF+ funds:

1. A student must have on file with the school the signed Family Out-of-Parish Affiliation form by September 15.
2. The Family Out-of-Parish Affiliation form must be signed by a pastor from a church in the Archdiocese of Denver.

OPAS ARE NOT COUNTED IF...

- Family Out-of-Parish Affiliation forms from Catholic churches outside of the Archdiocese of Denver DO NOT qualify the student as an OPAS; the family may receive the affiliated tuition rate, but they do not count as an OPAS.
- Family Out-of-Parish Affiliation forms from non-Catholic churches DO NOT qualify the student as an OPAS and the family does not qualify for the affiliated tuition rate.
- Preschool and Pre-Kindergarten students DO NOT qualify for CSAF+ funds and are not considered OPAS.





MEDIA WAIVER / PARENT CONSENT FORM

Policy #2350

Before the use of name, likeness, whether in still, motion pictures, audio or video tape, photograph and/or other reproduction of a student, including voice and features with or without name of student for any promotional purposes involving the Archdiocese of Denver or parish/school, news or feature stories in any media or other purpose whatsoever, written permission for publication of this information must be secured from parents on an annual basis. This permission shall be kept on file for the length of time the student is at the school.

In the interest of promoting the successful programs of St. Stephen Catholic School and improving outside communications, we may utilize photographs and video footage of students in our school for presentations or publications, on our website and on Facebook. This agreement constitutes permission to use photographs and video of the student named below in presentations about our school, programs, and people which may be distributed by St. Stephen Catholic School and/or the Office of Catholic Schools of the Archdiocese of Denver. All photographs and video footage shall remain the sole property of St. Stephen Catholic School and the Archdiocese of Denver. I understand that no compensation will be made to me or my student for use. Mark all options that apply for either giving permission or not for St. Stephen Catholic School and/or the Archdiocese of Denver to use photographs and/or video footage of my child for information and possible distribution about its school, programs and people.

- Yes – Newsletter and Website
- No – Newsletter and Website
- Yes – Sycamore Education Site (only current school families has access to this web-based program)
- No – Sycamore Education Site
- Yes – Facebook (upon use of pictures, we will not tag any student names in pictures used on Facebook)
- No – Facebook
- Yes – Advertising materials, including but not limited to brochures, newspaper ads and flyers
- No – Advertising materials, including but not limited to brochures, newspaper ads and flyers

Electronic / Print Media

Due to interest in Catholic education, print and electronic media sometimes will request to visit our school for stories about programs and current events. In accordance with such activities, school policy requires parental approval be obtained before the media may take close-up pictures of students, or use a student's photo in non-school publications.

Please indicate by checking the appropriate box whether you will allow your child to be interviewed and/or photographed by the print and/or electronic media.

- Yes, I give my permission for the media to interview and/or photograph my child.
- No, I do not want my child interviewed or photographed by the media.

I ACKNOWLEDGE BY MY SIGNATURE BELOW THAT I UNDERSTAND THE ABOVE-STATED INFORMATION.

Student Name _____ Grade _____

Signature of Father or Guardian _____

Signature of Mother or Guardian _____

PLEASE SIGN AND RETURN TO SCHOOL WITH REGISTRATION PACKET

March 2016

Dear Parents,

Your child will be presented a classroom training titled “Building Boundaries; Called to Protect for Young Children” during the 2016-2017 school year. Called to Protect for Young Children provides teachers with brief lesson plans that include hands-on activities for each grade level. The lessons are designed to teach children appropriate boundaries and how to protect their boundaries. The lessons are sensitive and suitable for each child in their respective grade level.

Called to Protect for Young Children teaches age-specific skill development goals to each grade level:

- **Kindergarten**- Rules about the Body
- **Grade 1** - Rules for Interacting with Others (includes information regarding bullying)
- **Grade 2** - Listening to Your Intuition
- **Grade 3** - Secrets: Those You Keep and Those You Share
- **Grade 4** - Healthy Friendships (includes information on peer to peer abuse)
- **Grade 5** - Healthy Privacy (includes information on Internet safety)

Middle School Grades: This is a 3 part lesson that will be taught during the health segment of our curriculum.

Part 1: Defines the three types of boundaries: physical, emotional and behavioral.

Part 2: They will learn what to do if someone tries to violate those boundaries

Part 3: Helps kids learn how to tell their parents or another trusted adult if they feel their boundaries were violated, so they can get the protection and help they deserve.

Each session concludes with a suggested bible passage and prayer that build on the core lesson.

As the primary educator of your child you always have the right to opt out of this type of training. If you choose to opt your child out of these lessons, they will be given some worksheets to complete during the time that their teacher is presenting the lesson from Called to Protect. Please fill out the form below and return it to school with your registration packet.

Thank you.

_____ You have permission to present the Called To Protect program to my child(ren).

_____ You DO NOT have permission to present the Called To Protect program to my child(ren).

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Parent’s Printed Name _____

Parent Signature _____ Date _____

SCHOOL NAME

DATE

DIOCESE

**DIOCESAN ADVOCATES, INC.
ANNUAL INCOME ELIGIBILITY PARENT SURVEY
Erate Funding Year 21**

RETURN IN A SEALED ENVELOPE TO SCHOOL PRINCIPAL

Please complete and return the survey below. In order for this survey to be considered a valid measure, **the survey must be returned to the principal even if your income does not meet any of the criteria.** The purpose of this survey is to collect data that will be used to determine the school's federal funding allocation. Use the chart below to find your family size. Family size may include a foster child, an emancipated youth or a special education student over age 18. *If you are paid on a weekly or monthly basis, please multiply that amount by the number of weeks or months actually worked each year to determine your "Annual Gross Income."*

PLEASE CIRCLE HOUSEHOLD SIZE IN TABLE BELOW:

Household Size	Annual	Month	Twice Per Month	Every Two Weeks	Week
1	\$ 21,590	\$ 1,800	\$900	\$ 831	\$416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66, 656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
For each additional family member, add:	+7,511	+626	+313	+289	+145

Example:	Family Size	Annual Income
	4	\$44,123
	8	\$74,167

Please circle your answer

1. If your family income is the same or less than the amount shown on the chart beside your family size, circle yes. If more than the amount shown, circle NO and move to the bottom portion. YES NO
2. Is your family eligible for food stamps? YES NO
3. Are you receiving public assistance? Food stamps, or TANF (formerly AFDC) YES NO
4. Are any of your children eligible for the "Medicaid" program? YES NO
5. Are you receiving full scholarship based on need for your child/children? YES NO
6. Are you receiving free or reduced tuition for your child/children? YES NO
7. Does your family live in a housing project or have poor housing conditions? YES NO
8. Do you have an unusual financial burden? If yes, please explain: (If necessary use back of page) YES NO

FAMILY NAME (PRINT): _____

FAMILY ADDRESS: _____

PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE: _____

List the name of all school age children living in your home, including which school they attend and their grade level.

NAME OF CHILD	NAME OF SCHOOL	GRADE LEVEL



ARCHDIOCESE OF DENVER

RISK MANAGEMENT PROPERTY/CASUALTY INSURANCE TRUST

RETURN COMPLETED FORM TO PARISH/SCHOOL/ECCLESIASTICAL ORGANIZATION

FIELD TRIP AUTHORIZATION

The Parish/School/Organization is planning an activity off the premises (a "Field Trip"). We welcome your child's participation in the Field Trip, but before your child may participate, we require that you review and sign this authorization. Please return this form no later than: _____

Parish/School/Organization: _____

Child's name: _____

Destination and purpose of Field Trip: _____

Date and time of departure: _____

Date and time of return: _____

Designated supervisor (s): _____

Cost: _____ Method of transportation: _____

(or) I will transport my child to and from the destination: _____

Parent/Guardian Name: _____

Home Address: _____

Home phone: _____ Business Phone: _____

I understand and acknowledge that participation in the Field Trip involves inherent risks of injury to my child, including risks associated with transportation by motor vehicle. I acknowledge that this vehicle may be operated by a volunteer driver.

I authorize the Designated Supervisor(s) of the Field Trip to authorize and consent to any medical care for my child that he or she reasonably believes necessary, including, but not limited to, hospitalization or surgery. I agree to pay any expenses related to such medical care. I understand and acknowledge that the Designated Supervisor(s) of the Field Trip will attempt to obtain my permission by telephone before authorizing or consenting to any medical care for my child if time and conditions permit.

I understand and acknowledge that any medical expenses related to illness or injury to my child while on the Field Trip are not covered by any insurance program maintained by the Parish/School/Organization or the Archdiocese of Denver, and that I am primarily responsible for such expenses.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor (child).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the above-named Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with the event, and the Archdiocese of Denver from any claims arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with the event, and the Archdiocese of Denver for reasonable attorney's fees and expenses arising in connection therewith.

I hereby consent to my child's participation in the Field Trip. I have carefully read this Field Trip Authorization, and I understand and agree to each of the covenants and conditions set forth above.

Parent or Guardian Signature: _____

Date: _____ Emergency Telephone Number: _____

ST. STEPHEN CATHOLIC SCHOOL HOME LANGUAGE QUESTIONNAIRE (HLQ)

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated. Your responses to these questions will not impact the quality of instruction provided to your child. Thank you!

Student Name (Please Print)

Grade

Date of Birth

1. What language(s) is spoken in the student's home or residence?

English

Other

specify

2. What language(s) are spoken most of the time to the student, in the home or residence?

English

Other

specify

3. What language(s) does the student understand?

If English only, skip questions 4, 5, 6 and 7

English

Other

specify

4. What language(s) does the student speak?

English

Other

specify

5. What language(s) does the student read?

English

Other

Does Not Read

specify

6. What language(s) does the student write?

English

Other

Does Not Write

specify

7. In your opinion, how well does the student understand, speak, read and write English?

Very well

Only a little

Not at all

Understands English

Speaks English

Reads English

Writes English

Signature of Parent or Guardian

Date

TO BE COMPLETED BY SCHOOL PERSONNEL

Determination

Exposure to any language besides English

Exposure to English only

Name/Position of School Personnel completing the form

Date