

**Epiphany Catholic School**  
1937 SW Epiphany Ct.  
Lake City, FL 32025  
(386) 752-2320  
[epiphanyeagles@yahoo.com](mailto:epiphanyeagles@yahoo.com)

Dear Parents:

Thank you for applying to Epiphany Catholic School. We commend you for seeking a Catholic education for your child. By choosing Epiphany Catholic School, your child will receive the benefits of a faith-filled environment, which will nourish and encourage him/her in faith and knowledge.

To ensure your child's application is processed in a timely manner, please return the following information to the school:

- \*Student Registration Form- one per student
- \*Diocese of Saint Augustine Enrollment Application- one per family
- \*Registration Fee: \$125 per student (by March 15<sup>th</sup>); \$150 per student (after March 15<sup>th</sup>); non-refundable
  
- \*New Students: Copy of Birth Certificate  
Copy of Baptismal Certificate (if Catholic)  
Copy of latest report card  
Copy of IEP paperwork (if applicable)  
Documentation of Custody (if applicable)  
Copy of Social Security Card  
Gold Physical Form  
Blue Immunization Card
  
- \*Kindergarten students must be 5 years old on or before September 1, 2010. First graders must be 6 years old on or before September 1, 2010, and have completed Kindergarten.

- \*Registration with FACTS Management for monthly tuition payment retrieval is required for any families who are not paying the tuition in full or in 2 equal payments to receive the discount; re-enrollment is necessary for returning students and may be completed online.
- \*Students who are entering the 7<sup>th</sup> grade should return their immunization form indicating that they have had the tetanus-diphtheria-pertussis (Tdap) shot before the start of school
- \*Resource Fee: \$325 per student is due by June 1<sup>st</sup>, 2010; these fees are used for the purchase of books, testing materials, and technology supplies; non-refundable
- \*Families who would like to be considered for a partial scholarship (other than McKay or Step-Up Scholarships), need to file a needs assessment application with FACTS Management, that will be used by the church finance committee to determine eligibility.
- \*An After School Care program will be available provided we have at least 5 students enrolled and participating on a daily basis. The cost of the program will be \$9.00 per day per child or \$160 per month per child. Payment for after school services must be made each month.
- \*Lunch selections are available at a cost of \$1.50 per item. Lunch tickets may be purchased at a cost of \$30. Payment for lunch tickets must be made in advance or at the time of billing. Students will receive a menu listing the days and food selections at Orientation.
- \*Epiphany Catholic School families are required to volunteer 15 hours during the school year. Five of the 15 hours must be related to fundraising activities. According to the Office of Youth Protection at the U.S. Conference of Catholic Bishops, every volunteer at Epiphany Catholic School must be fingerprinted through the Diocese of St. Augustine and complete a free safe environment training class, "Protecting God's Children". Please contact the school office for information regarding sign-ups for this class.

***Epiphany Catholic School  
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Parents,

Epiphany Catholic School is once again making use of the FACTS Payment Program and is providing you with the option of filling out an agreement online via **e-Cashier** conveniently from your home or work. You can select from the following payment methods and options that Epiphany Catholic School is offering for the 2010-2011 school year.

**Payment Methods**

Checking Account ACH  
Savings Account ACH

**Payments Options**

Monthly Payments  
Semi-Annual Payments  
Annual Payments

Simply type this website address in the address bar of your Internet browser. Website address: <https://ecashierk12.factstuition.com/ecashierk12/Controller?&query=06871/32025>  
Fill in the Institution ID and Pin Number to complete the FACTS Tuition Agreement. The Institution ID is **06871** and the Pin Number is **32025**.

If you have any questions, click on the help button at the tops of the screen or feel free to call FACTS Technical Department at 1-800-624-7092.

Sincerely,



Rita Klenk  
Principal

## Epiphany Catholic School Fees and Tuition Schedule

**1937 SW Epiphany Court  
Lake City, FL 32025  
(386)752-2320**

### **Kindergarten-Eighth Grade 2010-2011**

**Registration: \$125.00 until March 15<sup>th</sup>.  
150.00 after March 15<sup>th</sup>.      Registration is Non-Refundable**

**Resource Fee: \$325.00 due by June 1<sup>st</sup>.      Non-Refundable**

**Tuition:** Tuition is paid in **ten (10) \*eleven (11) monthly payments beginning in June.** Payments will be made through the FACTS Management payment system. Payment plan options and information will be forthcoming.

**\*11 payments with approval by Finance Board.**

**Active Parishioner:** In order to receive parishioner rates, you must attend church regularly, be registered with the church office, receive offertory envelopes and contribute a minimum of \$40/month to the church. We will verify the information with the church office upon receipt of your registration.

Each Child	\$447.50 monthly (10months) *\$406.82 monthly (11months)	\$4475.00 annually
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**Non Parishioner:**

Each Child	\$499.50 monthly (10months) *\$454.09 monthly (11months)	\$4995.00 annually
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**\*\*A \$400.00 discount towards tuition will be given for each additional child registered per family – Parishioner or Non Parishioner. (This discount does not apply to students receiving any type of Scholarship.)**

**\*\*As usual a 4% discount will be given for payments made in full by June 1<sup>st</sup>. A 2% discount will be given if paid semi- annually with ½ paid June 1<sup>st</sup>, and balance paid by December 1<sup>st</sup>. THIS DISCOUNT APPLIES TO TUITION ONLY.**

**Our policy of admission of students is in full accord with the statement of non-discrimination set forth by the Diocese of St. Augustine, which allows no discrimination on the basis of race, color, creed, sex, or country of origin.**

## Authorization for Emergency Care

In case of accident or serious illness and the school is unable to reach a parent/guardian, I hereby authorize the school to contact the physician indicated on the emergency card and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements necessary to provide care and treatment for my child.

In case of an accident or serious illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at the school, the school will contact a parent/guardian to arrange transportation for my child. If the school is unable to reach a parent or guardian, I authorize the school to contact one of the persons listed on the emergency card and request them to come to the school and transport my child.

## Medication Policy

No medication may be given to a child by any staff member of the school, unless a separate Medication Authorization Form is completed. This includes prescription and non-prescription medication. Before any medication can be administered, a statement from the physician or parent concerning the medicine, the dosage and time administered, must be on file at the school. All medicines are to be sent to the school office and clearly labeled. No student may have any medicine on his or her person or in his or her belongings at any time.

## General Release of Liability

The undersigned hereby releases and forever discharges Epiphany Catholic School, their officers, agents and employees, from all claims and demands, rights and causes of action of any kind the undersigned now has or hereafter may have on account of or in any way arising from personal injuries known or unknown to the undersigned at the present time and property damage resulting or that results from any occurrence which may happen to our child(ren) (or legal ward), during his/her stay at Epiphany Catholic School.

## Parent Authorization

Please initial each appropriate box and sign accordingly.

**Initial:**

       **1. Parent/ Teacher Handbook**

I agree to read the student handbook and will support the policies as described, including but not limited to Epiphany Catholic School discipline code, conduct policies and sport rules.

       **2. Diocese of St. Augustine Photo/Video Permission**

I understand that during the course of the year videos and pictures may be taken of the Epiphany Catholic School students. These pictures may be used for school use only.

       I **do** give consent for videos and pictures of my child(ren) for school use only.

       I **do not** give consent for videos and pictures of my child(ren) for school use only.

       **3. School Directory**

       I wish to be included in the school directory.

       I do not wish to be included in the school directory.

       **4. Diocese of St. Augustine Volunteer Requirements**

The Diocese of St. Augustine requires that all volunteers must be fingerprinted, have background clearance, and have taken Protecting God's Children Program. There are no exceptions.

## Financial Responsibility

*Epiphany Catholic School, like our families or businesses in the community, has certain operating expenses. Epiphany counts on the prompt and faithful payment of tuition and other expenses from the families of its students. We agree that if we are ever late in making any payment, we will immediately contact the Epiphany administration to arrange for payment. We understand that if we are three (3) months delinquent, Epiphany Catholic School will withdraw our student and will not release any academic records until such time as our account is brought current. In the event we do not pay our outstanding balance, we agree that we may be liable for any legal fees that are incurred.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*"All information provided by the family for this student will be protected by the school personnel who will use it only for the benefit of the student entrusted to the school. It will be shared only with appropriate emergency medical or law enforcement personnel if the school administration deems it necessary."*





# Medical Information

Is student currently taking medication\* on a regular basis? If yes, please specify in the box below.

Prescription (medication prescribed by a physician)

Diagnosis (i.e. Asthma)	Medication	Dosage	Frequency

Non-Prescription (over-the-counter medication)

Condition	Medication	Dosage	Frequency

\*Please refer to school handbook for medication policy. Medication forms are available in the office.

Does your child have any allergies? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Does your child have asthma? \_\_\_\_\_ Current treatment: \_\_\_\_\_

The following information must be enclosed with the application:

- ❖ Birth Certificate
- ❖ Baptismal Certificate (Catholic)
- ❖ Recent report card and previous two years report cards (if applicable)
- ❖ Standardized Tests (grades 3-8)
- ❖ Psychological Test Results (if applicable)

I, \_\_\_\_\_  
 (Print First & Last Name)

acknowledge that I have completed the application, student enrollment and medical information forms to the best of my knowledge. If any information changes I will notify the school office in writing as soon as it occurs.

\_\_\_\_\_

**Signature**                      **Date**

**Florida Department of Health**  
**\*\*OFFICIAL USE ONLY\*\***

Student Health Examinations (Gold/Yellow Form)

Date: \_\_\_\_\_

Certificate of Immunization (Blue Form)

Completed: \_\_\_\_\_ Date to be completed by: \_\_\_\_\_