

Epiphany Catholic School Fees and Tuition Schedule

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

Kindergarten-Eighth Grade 2011-2012

Registration: \$125.00 until March 1st
150.00 after March 1st

Registration is Non-Refundable

Resource Fee: \$325.00 due by June 1st

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	\$469.90 monthly (10months)	\$4699.00 annually
	*\$427.18 monthly (11months)	

Non Parishioner:

Each Child	\$524.50 monthly (10months)	\$5245.00 annually
	*\$476.82 monthly (11months)	

****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 1st. A 2% discount will be given if paid semi- annually with ½ paid June 1st, and balance paid by December 1st. 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."

Student Registration Form

SCHOOL YEAR: 2011-2012

Complete one form per child (front & back)

GRADE:

<u>Child's Name</u>	<u>Sex</u>	<u>Address</u>
Last: _____	Male <input type="checkbox"/>	Street: _____
First: _____	Female <input type="checkbox"/>	City: _____
Middle: _____	<u>US Citizen</u>	State: _____ Zip _____
Nickname: _____	Yes <input type="checkbox"/>	Phone Number: (____) _____ - _____
	No <input type="checkbox"/>	

<u>Birth Date</u> ____ / ____ / ____	<u>Resides with (check one)</u>
<u>Birth Place:</u>	Both <input type="checkbox"/> *Mother <input type="checkbox"/>
City _____	*Father <input type="checkbox"/> *Other <input type="checkbox"/> : _____
County _____ State _____	<i>*If checked, a Court Ordered Final Judgment (custody papers) must be submitted to the Main Office.</i>
Country (if outside USA) _____	Does other parent have shared custody?
	Yes <input type="checkbox"/> No <input type="checkbox"/>

Ethnic Origin of Child
(This is used for State/Diocesan statistical purposes.)

Caucasian Hispanic

African-American Asian/Pacific Islander

Native American Multi-Racial

Language spoken at home: _____

Academic Information

Transferring From (if applicable):

School Name _____

Street Address _____

City _____ State _____ Zip _____

Sacraments

Catholic (please check all sacraments your child has received)

Baptism Penance

Holy Eucharist Confirmation

Non-Catholic

Baptism

Religion _____

Church _____

***Kindergarten Use Only:** Did the student attend VPK? Yes No

Has the student ever repeated a grade? Yes No

If so, which Grade(s)? _____

Has the student ever been suspended/expelled from any school? Yes No

Psychological

****Please submit psychological test results****

N/A ADD ADHD

SLD Please list disability _____

Is your child taking any medication associated with this disability?

Yes No

If yes, please specify: _____

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: _____