

## St. Clare of Assisi Catholic School General Information

St. Clare of Assisi Catholic School was first opened in the fall of 1995. We currently offer classes for Preschool 3 & 4 (must be potty trained) through the Eighth Grade. We offer full day sessions of PK3, PK4, and Kindergarten. We accept no more than 12 students in PK3, no more than 15 students in PK4, and no more than 18 students in Kindergarten. School hours for all Grades, including PK3/4 and Kindergarten, are from 8:00 a.m. until 3:00 p.m. We enroll no more than 18 students in Grades 1- 5, and up to 20 students in each of our Middle School classes. Our students do wear school uniforms.

Students in PK and Kindergarten receive instruction in all the core subjects in addition to Religion, Music, PE/Health and Library. Students in First through Eighth Grade receive instruction in all the core subjects in addition to Religion, Spanish, Computer, Music, PE/Health, Theatre, Art and Library. Computers are available in each classroom and in the Computer Lab.

The Home and School Association offers an optional three times a week hot lunch program, on Mondays, Wednesdays and Fridays, for an additional fee. All students who do not participate in the hot lunch program need to bring a lunch to school every day. They generally eat lunch in the Social Hall and (weather permitting) in the outdoor lunch area. Families are invited to join students at lunch time as well as for Star breakfasts (held one Friday every other month).

All of our teachers are experienced, degreed and qualified. We are fully accredited through the Texas Catholic Conference Education Department, which is recognized by the Texas Educational Agency (TEA). We are under the supervision of the Archdiocese of Galveston-Houston Catholic School Office. Our Superintendent is Sister Kevina Keating, our Principal is Dr. Al Varisco, and our Pastor is Father Dominic Pistone, Jr.

Applications are available upon request. There is no charge to apply. You will receive notification from the school office when an opening is available and instructions on how to complete the registration process. We thank you for your interest in St. Clare of Assisi Catholic School and look forward to working with you to provide an excellent Catholic education for your child.

**St. Clare of Assisi Catholic School**  
**2010-2011**  
**Fee & Class Schedule**  
**Grades PK3 – 8**

**Enrollment Fee - \$275.00 (per student) Non-Refundable**

Fee includes:

- \$110.00 – Registration
- \$30.00 – Library/Media Center Fee
- \$ 50.00 – Technology Fee
- \$ 35.00 – Diocesan Fees  
(Insurance, School Tax, Parent Advocacy)
- \$ 25.00 – Home & School Association Fee
- \$ 25.00 – Student Publications & Programs Fee

Enrollment fee is due at the time registration forms are submitted.

**ACH (Automated Clearing House) Fee - \$35.00 (per family) Non-Refundable**

ACH fee is due at the time registration forms are submitted.  
ACH fee is waived if tuition is paid annually or semi-annually.

**Extended Day Program Fee - \$75.00 (per family) Non-Refundable**

Extended Day fee is due at the time registration forms are submitted.

**Books/Supplies/Consumables Fee (per student) Non-Refundable**

<u>Grade(s)</u>	<u>Fee</u>
PK3 & PK4	\$ 280.00
Kindergarten	\$ 330.00
1 <sup>st</sup> – 5 <sup>th</sup>	\$ 445.00
6 <sup>th</sup> – 8 <sup>th</sup>	\$ 475.00 (Includes Science Lab Fee)

**Annual Tuition**

Please see the attached Tuition Schedule for information on the multiple child discounts.

**Class Schedule**

<u>Grades</u>	<u>School Hours</u>
Pk3– 8 <sup>th</sup>	Monday – Friday, 8 AM – 3 PM

**St. Clare of Assisi Catholic School  
2010-2011 Tuition Discount Tables**

**No. of Payments 11  
(July 1 - May 1)**

**FAMILY PLAN**

K-8th		
ANNUAL TUITION		\$ 5,240.00
	Discount	Monthly Cost
1st Child		476.36
2nd Child	10%	428.73
3rd Child	15%	404.91
4th+ Child	20%	381.09

PreK 3 & 4		
ANNUAL TUITION		\$4,300.00
	Discount	Monthly Cost
1st Child		390.91
2nd Child	10%	351.82
3rd Child	15%	332.27
4th+ Child	20%	312.73

**Notes:**  
**Family discounts apply only to tuition.** Tuition discounts are calculated from the oldest to the youngest child.  
 Discounts are also applied to the students in Preschool and Kindergarten

# St. Clare of Assisi Catholic School

3131 El Dorado Blvd.

Houston, Texas 77059

Phone: 281-286-3395 Fax: 281-461-6585

Email: al.varisco@stclarehouston.org

Website: www.stclarehouston.org

## APPLICATION FORM

2010-2011

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

Application for Grade: \_\_\_\_\_

Accepted for Grade: \_\_\_\_\_

By means of this application, the Administration of St. Clare of Assisi Catholic School welcomes your interest. Prior to the scheduling of an interview, we would appreciate the following information.

Dr. Al Varisco, Principal

Rev. Dominic J. Pistone, Jr., Pastor

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

*\*If applying from out of city or state, please list current address and phone number.*

Parents/Guardians \_\_\_\_\_

(Please check which apply) Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Work Phone Numbers: Mother ( ) \_\_\_\_\_ Father ( ) \_\_\_\_\_

Previous School Attended \_\_\_\_\_ Current Grade \_\_\_\_\_

School Address \_\_\_\_\_

Principal \_\_\_\_\_ School Phone ( ) \_\_\_\_\_

Church/Parish in which family is registered \_\_\_\_\_

Religion (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

**-Over-**

How did you hear about us?

\_\_\_ Church Bulletin \_\_\_ St. Clare School Family (Please provide name.) \_\_\_\_\_

\_\_\_ Newspaper \_\_\_ Community Newsletter \_\_\_ Radio Ad \_\_\_ Website \_\_\_ Phone book

Please list any **allergies to foods or materials:** \_\_\_\_\_

Describe any tutoring or special help the child is receiving or has received: \_\_\_\_\_

Speech Therapy \_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_

Occupational Therapy \_\_\_\_\_ Physical Therapy \_\_\_\_\_ Vision Therapy \_\_\_\_\_

Other: \_\_\_\_\_

Please list any medications the child is currently taking:

Daily basis: \_\_\_\_\_ occasionally: \_\_\_\_\_

Number of children in the family and the name of school each child attends:

_____	_____	_____
Name	Grade	School

_____	_____	_____
Name	Grade	School

_____	_____	_____
Name	Grade	School

_____	_____	_____
Name	Grade	School

Please indicate the grade for which you are submitting this application:

\_\_\_ PK3 (Monday-Friday 8AM-3PM)

\_\_\_ PK4 (Monday-Friday 8AM-3PM)

\_\_\_ Kindergarten (Monday-Friday 8AM-3PM)

\_\_\_ Elementary Grades 1<sup>st</sup>-5<sup>th</sup> (Monday-Friday 8AM-3PM)

\_\_\_ Middle School Grades 6<sup>th</sup>-8<sup>th</sup> (Monday-Friday 8AM-3PM)

I am interested in \_\_\_\_\_ before-school care \_\_\_\_\_ after-school care \_\_\_\_\_ both.

# 2010-2011 Extended Day Program Enrollment and Emergency Information Form

## STUDENT INFORMATION

Name of Student \_\_\_\_\_ Grade (2010-2011) \_\_\_\_\_

Address \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth \_\_\_\_\_

City and Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Child resides with \_\_\_\_\_

## FATHER/GUARDIAN INFORMATION

Name \_\_\_\_\_

Employed By \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Business Phone \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Pager \_\_\_\_\_

## MOTHER/GUARDIAN INFORMATION

Name \_\_\_\_\_

Employed By \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Business Phone \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Pager \_\_\_\_\_

## EMERGENCY CONTACTS (When unable to reach parents/guardians)

NAME	PHONE	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Doctor's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group Policy # \_\_\_\_\_

Allergies (drug, food, environment) \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Medication taken daily or as needed \_\_\_\_\_

I do hereby authorize the school administration to render first aid for illness or injury to my child named above. In the event of a medical emergency, I authorize the school administration to have my child transported to the nearest hospital/emergency care center for emergency medical or surgical treatment and to contact my child's physician and one of the persons listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency.

I do hereby release, hold harmless and indemnify Cardinal Daniel DiNardo, Archbishop of Galveston-Houston and his successors in office, the Archdiocese of Galveston-Houston, St. Clare of Assisi Catholic School/Church and any of their officers, agents, employees or representatives ("Released Parties") from any and all liability, claims, losses or expenses arising from personal injury, death, or loss of or damage to property arising from any medical treatment received and/or transportation to the nearest hospital/emergency care center, including any claims allegedly caused or contributed to by the negligence or willful misconduct of the Released Parties.

\_\_\_\_\_  
Signature of Parent/Guardian Responsible for Payment

\_\_\_\_\_  
Date

### **TUITION AGREEMENT**

Please check all that apply. My child's attendance in the Extended Day Program will be:

- \_\_\_\_\_ Before School (6:45 – 7:45 a.m.)
- \_\_\_\_\_ After School (3:00-6:00 pm)
- \_\_\_\_\_ Occasional Use (Applies to Before & After School Only. Pre-Registration is required.)

I agree to pay a \$75.00 registration fee (**per family**) to enroll in the Extended Day Program. In addition to the registration fee, I agree to select only one rate plan per calendar month and be responsible for payment prior to my child receiving services in the Extended Day Program. Any change in attendance will require an additional form and parent signature. Only students attending St. Clare School will be allowed to participate in the Extended Day Program. **The Extended Day Program operates only on days when school is in session. Please refer to the school calendar for days and hours of operation. When the school day ends at 11:00 a.m., the Extended Day Program also ends at 11:00 a.m.**

- \_\_\_\_\_ Single Child Monthly Rate: \$75.00 Before School/\$235.00 After School per child per month
- \_\_\_\_\_ Family Monthly Rates: 2 Children - \$100.00 Before School/\$325.00 After School per month  
3 Children - \$130.00 Before School/\$405.00 After School per month  
4+ Children - \$160.00 Before School/\$495.00 After School per month
- \_\_\_\_\_ Occasional Use: \$7.00 Before School/\$21.00 After School per child per day, due at the time of service.  
(There is no sibling discount for the occasional use rate.)

All payments for the monthly rates are due on the first school day of the month. A late charge of \$1.00 per minute past 6:05 p.m. will be assessed and is due at the time of late pick-up. In the event that my child needs to leave the Extended Day Program early due to illness or any other reason, I, or one of my designated emergency contacts, will be called to pick up my child. I may be asked to withdraw my child from the Extended Day Program if the stated school rules are not consistently met. My child may be re-enrolled in the Extended Day Program at the discretion of the Principal and the Extended Day Director.

\_\_\_\_\_  
Signature of Parent/Guardian Responsible for Payment

\_\_\_\_\_  
Date

# CHILD PROFILE

**Child's Name:** \_\_\_\_\_

**Name child would like to be called at school** \_\_\_\_\_

**Child's Age** \_\_\_\_\_ **Birthday** \_\_\_\_\_

**Name and ages of other children in your family** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child's previous school experiences**  
\_\_\_\_\_  
\_\_\_\_\_

**Is your child right or left handed?** \_\_\_\_\_

**Please List ALL allergies to food or materials:**  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any NEW problems, needs or fears, and any other information that will give me a better understanding of your child and his/her needs:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Father's Name** \_\_\_\_\_  
**Address (if different from child)** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Home**

**Work**

**Cell**

**E-mail Address** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Address (if different from child)** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Home**

**Work**

**Cell**

**E-mail Address** \_\_\_\_\_

**May I call a parent at work if necessary?** \_\_\_\_\_

**Is there anyone who is not allowed to pick up your child(ren) from school?**

\_\_\_\_\_

**What will be your child's mode of transportation home from school?**

\_\_\_\_\_

**Name and phone number of childcare provider or daycare facility:**

\_\_\_\_\_

## **SPECIAL NEEDS INFORMATION**

We at St. Clare of Assisi Catholic School enter in to a partnership with you, the parent(s)/guardian(s), to provide the best education for your child/our student. To be successful in this task, it is necessary that all pertinent data concerning your child's medical, psychological, behavioral, emotional or educational history, which may affect their learning environment or educational progress of the child, be disclosed. Failure to provide this information may prohibit the staff at St. Clare of Assisi Catholic School from meeting the individual needs of your child, and consequently, present reason to request that your child not continue his/her education at this school.

### **ALL INFORMATION IS HELD IN STRICT CONFIDENCE.**

Has your child been tested for any special concerns: academic, attention difficulties, learning problems, behavioral or other? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child ever been referred for Special Education Services (testing or classes)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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Has your child ever needed medication for his/her emotional health in order to function in a school setting? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to share any of the test results with the Administration of this school?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Would you allow a copy of the test results to be placed in a confidential file at this school? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date