



St. Joseph Catholic Elementary School

A CATHOLIC INDEPENDENT SCHOOL OF THE NELSON DIOCESE

Dear Parents,

Welcome to St. Joseph Catholic Elementary School. Thank you for your interest in Catholic Education. We look forward to working with you in educating your child in a Christian environment. Attached, please find the registration package. In addition to the attached forms we also require a copy of your child's:

- Birth certificate
- Landed immigrant status (if not born in Canada)
- Baptismal certificate
- First communion certificate
- Immunization records (Health Passport)
- Tuition fee payment
- Participation fee payment
- Copy of most recent report card
- Criminal Record Check (if you will be driving/supervising field trips or helping in class)

Please return the completed registration package to the school with **all** required documentation. The child's registration will only be processed when **all** required documentation has been submitted.

Sincerely,

Andrew Wallace
Principal

839 SUTHERLAND AVENUE, KELOWNA, B.C. V1Y 5X4 TELEPHONE (250) 763-3371 FAX (250) 763-2740

E-Mail: school@stjosephkelowna.ca

Website: www.stjosephkelowna.ca

Legal Residency of Parent – Form A

(If parents are deceased, use Form B)

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian attach copy of court order appointing you as legal guardian).

1. I am (please X one):

_____ A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)

_____ A landed immigrant (attach photocopy of landed immigrant status paper)

_____ Lawfully admitted to Canada under one of the following documents (please mark the the appropriate space below and attach photocopy of document):

_____ Admission as a refugee claimant

_____ A person claiming refugee status who has a letter of no objection

_____ Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)

_____ Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)

_____ A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)

_____ Other – Document description: _____

(Must be cleared with Immigration Canada)

2. I am a resident of British Columbia (please X one):

_____ Yes

Residency Address: _____

_____ No, I am not a resident of British Columbia

3. Parent's/Legal Guardian's Name: _____

Parent's/Legal Guardian's Signature _____

Date: _____

Legal Residency of Parents (Deceased) – FORM B

To be completed and signed by the student or a knowledgeable adult (one who knows the student’s parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document.

1. The student’s deceased parent was at time of death:

_____ A Canadian citizen

_____ A landed immigrant

2. The student’s deceased parent was at the time of death a resident of British Columbia

_____ Yes

Residency Address: _____

_____ No, I was not a resident of British Columbia

Signed by:

Knowledgeable Adult’s Name: _____

Knowledgeable Adult’s Signature: _____

(Knowledgeable adult is one who knows the student’s parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document.)

Date: _____

FIELD TRIP CONSENT FORM

St. Joseph Catholic Elementary School
839 Sutherland Avenue
Kelowna, B.C. V1Y 5X4

PARENT/GUARDIAN CONSENT FOR STUDENT TRAVEL

Curricular and extra-curricular field trips are provided by the school as a part of the program to enrich the course of studies through observation of “real world” situations, or as a logical extension of participating in an extra-curricular program provided by the school. Care is taken to assure that a field trip is carried out in a safe manner by requiring the use of duly authorized drivers and means of transportation. Parents will be informed well in advance of any field trips that are planned during the year, so if there are concerns the parents have plenty of time to contact the teacher.

The purpose of this form is to request your parental authorization for your child to participate in the local (not overnight) field trips that are planned for your child while they are a student at St. Joseph Elementary School for the 2011/12 school year.

No student will be allowed to attend a field trip without the written consent of the parent/guardian. To have your child included in the local field trips that are planned, please complete the form below.

PARENT/GUARDIAN CONSENT:

Consent is given for _____
Name of Student

To participate in the local field trips planned for him/her at St. Joseph Elementary School for the 2011/12 school year.

Please indicate any medical condition(s) of your child that the supervising teacher should be aware of when taking your child on a field trip.

I understand that all the requirements of the School Code of Conduct will apply while students are on field trips and that any field trip will be planned according to the directives of the Kelowna Catholic Independent School Council.

_____ _____
Date Parent/Guardian Signature

Students Name _____ Grade _____

**Used by Independent Schools for parents and students as they pertain to the PIPA legislation.
(January 2004)**

I consent to having **St. Joseph Elementary School** collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of **St. Joseph Elementary School** (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with **St. Joseph Elementary School**, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in **St. Joseph Elementary School's** Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of **St. Joseph Elementary School**.

*This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer for **St. Joseph Elementary School** is the **school principal** and may be reached at 763-3371 ext 207.*

Signature: _____ Date: _____

It is the tradition in the school to allow staff, parents, and media to photograph individual students and groups of students for promotional material, to commemorate events, and to promote various educational, sports, and cultural events taking place in the school. While these add to the community life of the school, they are not required for educational purposes. Students' names, photographs and comments may be published on the school newsletter, school reports or in the news media. I permit the publication of my child's name, photograph and comments for the purposes consistent with the above.

Signature: _____ Date: _____

The school includes a class list in the family phone directory. I consent to having my child's name and child's grade listed in the school family directory.

Signature: _____ Date: _____

The school prepares class phone lists at each grade level to be used by school personnel for various school purposes. We sometimes have parents involved in phoning to fan out information for school purposes. I consent to our address and phone number being on the school phone lists.

Signature: _____ Date: _____

Parent Personal Information

I acknowledge that my vehicle insurance information and driving record are required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.

Signature: _____ Date: _____

Release and Storage of Parent Personal Information

St. Joseph Elementary School acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

Signature: _____ (**Name of School Privacy Officer**)

Title: **Principal** Phone: 763-3371

MEDICAL INFORMATION 2011-2012

Student Name: _____

Date Form Completed: _____

Parent/Guardian Name: _____

Home Phone: _____ **Business Phone:** _____ **Ext:** _____

1. My child has a: (see list of these conditions attached)

_____ emergency condition

The name of the condition is:

_____ non-emergency condition

Emergency Conditions

Diabetes

Epilepsy

Heart Disease

Hemophilia

Seizure (medication)

Severe Allergies to _____

Causing symptoms such as:

Hives

Difficulty breathing

Swelling(esp. eyes, lips, face & tongue)

Throat tightness/closing

Fainting/loss of consciousness

Specify others _____

Severe Asthma causing:

Extreme difficulty breathing

Uncontrollable coughing

Wheezing not relieved with medication

Non-Emergency Conditions

Mild Allergies(controlled with medication)

Anorexia

Mild Asthma(controlled with medication)

Cancer

Depression(treated with medication)

Dyslexia

Migraine headache

Narcolepsy

Medication allergy e.g. Antibiotics

Schizophrenia

Lupus

Hyperactive condition (treated with medication)

Aggressive condition

Hearing impaired

Visually impaired(eg. color blind/deficient, poor vision)

Attention condition (treated with medication)

Specify others

If an emergency condition exists please complete #2 in detail. If a non-emergency condition exists please move to #3.

2. Emergency Condition

a) Symptoms to watch for:

b) Precautions in the classroom

c) Emergency plan staff must follow (step by step):

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____

3. Does your child take medication? Yes _____ No _____

If yes, the name of the medication is _____

4. Does your child administer it themselves? Yes _____ No _____

If no, how often, how much, when is staff to administer the medication?

A "Request for Administration of Medication at School" form **must** be completed if staff are required to administer the medication. This form **must** be completed **every** September. If you have already completed a form for this year you do not need to do this again. If not, please pick up a form up at the office as soon as possible.

Other medical information you feel the school should be aware of:

IMMUNIZATION HISTORY

This information is important for updating immunization records and is being collected under the authority of the Health Act. It will be used for updating immunization records and requesting records. The information collected on this form will be protected under the freedom of information and privacy act. Questions about the collection and use of this information should be directed to the:

KELOWNA HEALTH CENTRE 1340 ELLIS STREET KELOWNA BC V1Y 9N1 868-7700

B.C. Care Card # _____

Child's Name: _____ Date of Birth: _____

Parents/Legal Guardians: _____ Phone: _____

Current Address: _____
Street City/Town Postal Code

Name of School: St. Joseph Elementary School Kindergarten A.M.
Kindergarten All Day or Grade _____

Has your child been immunized? YES NO

IF YES,

- Please attach a photocopy of your child's immunization record.
- Are your child's records at the local health unit? YES NO
- If records not at local health unit, complete form below.

CONSENT FOR RELEASE OF IMMUNIZATION RECORDS:

Child's Name: _____ Birth Date: _____

Siblings: Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

I hereby consent to release of Immunization Records

to: _____

Name of Health Unit

Date: _____

Signature of Parent or Legal Guardian

Address

Immunization Records are available from:

Name of Health Unit or Doctor

Address of Health unit or Doctor

Please return this form to the School

CRIMINAL RECORD CHECK (CRC)

I acknowledge that a current CRC is required to be filed in the school office should I volunteer to drive and/or work with or supervise children.

If I am a member of a professional organization requiring CRC, I will provide the school with a copy of my current membership card.

CRC must be reviewed every five (5) years.

Signature _____ Date: _____

St. Joseph Elementary Use of Electronics

Cell phone use at school: While we understand that some parents may want their child to have a cell phone for emergencies, please know that there is a phone at school for student use during the day (8:30 – 4:00). If you require your child to have a personal phone at school, please fill in the form below and return it to the school. While on school property, student phones must be kept in backpacks and must be turned off.

PLEASE FILL IN THE FORM AND RETURN TO SCHOOL

I understand that my child's cell phone must be stored in his/her backpack and must be turned off at all times while on school property. Unauthorized use for phoning, texting, browsing the NET, picture taking, etc. while on school property will result in the phone being confiscated and to be retrieved by a parent.

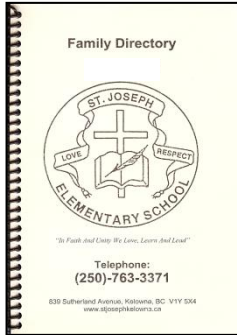
Student Name: _____

Class: _____

Parent Signature: _____

Family Surname _____ We Do / Do Not wish to be in the Family Directory

*Involvement is strictly voluntary, but this form **MUST** be filled-out to be listed in the directory.*



Each year the St. Joseph PSG compiles a school family directory. This directory provides the school community (staff, parents and students) with a list of the families in our school along with a list of businesses owned by our school families. It also lists important phone numbers, emails, school staff, school council, PSG executive, our parishes, and other school related information. This directory will help parents contact one another when necessary and enable students to call each other for help with homework, etc. The directory will also allow our community to support each other's services in the business sector. It will not be used to solicit donation or discounts. Thank you, St. Joseph PSG

*****FAMILY SECTION*****

Complete information based on the next school year

Father's Last Name _____ First Name _____

Mother's Last Name _____ First Name _____

Children's Last Name _____ First Name _____ Gr. _____

_____ First Name _____ Gr. _____

_____ First Name _____ Gr. _____

_____ First Name _____ Gr. _____

Phone # (____) _____ (home) Phone # (____) _____ (2nd optional phone)

Home address _____

_____ Postal Code _____

E-mail address _____

*****BUSINESS SECTION*****

If you wish your business to be in the directory please complete this form and return with your child's registration. Businesses will be listed in a separate section of the directory. **There is an advertising fee of \$25 per business** (this includes a brief description of your product or service). Please include a business card and your payment with the return of this form.

Cheques are to be made payable to: St. Joseph PSG.

Business Name _____

Owner's Name _____

Website _____ Email address _____

Business Address _____ Postal Code _____

Phone number (____) _____

Brief Description _____

KELOWNA CATHOLIC SCHOOLS
Tuition Information

Reason for Tuition Fees

Kelowna Catholic Schools are recognized by the Ministry of Education as Group I Independent Schools. This means we are able to have maximum funding available to an Independent School, 50% of the per student operating costs of the local public school district. These are for operating costs only, and do not include capital expenditures. Other sources of revenue are required to operate the schools. There are three other sources of revenues: tuition fees, parish subsidies and donations.

Reason for a “Practicing Catholic” Tuition Rate

Kelowna Catholic Schools accept practicing Catholic, non-practicing Catholic and non-Catholic students. There are four principal sources of revenue: tuitions, government grants, parish subsidies and donations. Catholic and non-Catholic families pay tuition and indirectly support the school through government grants (we all pay taxes!) It is the third source of revenue, parish subsidies, in which non-practicing Catholic and non-Catholic families do not participate. Because of this, a subsidized tuition rate has been set which reflects that those already supporting the school financially through their own parish should enjoy some benefit from a lower tuition rate. Stated the other way, a family who is not active in a Catholic church which financially supports our schools, should in fairness play an equally supportive role in the area of school finances by paying a higher tuition.

Fair Policy

There is a reason for having a Catholic family request the parish subsidized rate if they are an active parish family. This attempts to uphold an integrity to the policy of a two tiered tuition rate. A family requesting a Catholic rate must actually qualify for the lower rate, to be fair to three groups of people:

- 1)Non-Catholics. If a non-Catholic family pays a higher tuition rate it must be because the Catholic families are actually supporting the school through their own contribution in the Sunday collection on a regular committed basis. Otherwise, it would be blatantly discriminatory to charge people different tuition rates simply on the basis of religious denomination.
- 2)Parishioners of the Catholic parishes in Kelowna and area financially subsidize Catholic schools to a total annual amount of \$190,000. It would be unfair to expect the parishes to subsidize families who are not in turn sharing in the financial responsibilities of the parish.
- 3)The staff in our Catholic schools accept a lower salary than their public counterparts as part of their commitment to Catholic education. It would certainly be a double-standard to expect one thing from the staff and, at the same time, not expect families to be offering such example to their children.

Catholic Rate Criteria

While the practice of the Catholic faith involves the sacramental life of the church, moral living consistent with the gospel, responsible stewardship in supporting the Church, and prayer and bible reading, the focus of the Catholic tuition rate relates to financial stewardship.

- 1)Unless excused for an acceptable reason, the precept of the Church specifies that, on Sundays and other Holy days of obligation, the faithful are bound to participate in the Mass (see Catholic Catechism #2180).
- 2)The faithful should participate in the activities of the parish in a visible way so that, together, all parishioners may continue the mission of the Church, i.e., to make Jesus known to the community.
- 3)A Catholic makes regular, sacrificial contributions to their parish in the Sunday collection, which includes planned giving through the use of contribution envelopes.

THEREFORE IN REQUESTING THE SUBSIDIZED PRACTISING CATHOLIC PARISH RATE, YOU ARE ASKING THE PARISH TO AFFIRM THE PRACTICE OF YOUR FAITH AS IDENTIFIED ABOVE.

NOTE: If you are moving to or have recently moved to Kelowna, please provide a letter of reference from your current pastor.

TUITION FEE SCHEDULE

2011-2012 School Year

ST. JOSEPH ELEMENTARY AND IMMACULATA REGIONAL HIGH SCHOOLS

CATEGORY I – STANDARD TUITION FOR BRITISH COLUMBIA RESIDENTS

	ST. JOSEPH ELEMENTARY	IMMACULATA HIGH
1 st student (oldest)	\$475/mo for 10 months	\$520/mo for 10 months
2 nd student	\$315/mo for 10 months	\$335/mo for 10 months
3 rd student	\$195/mo for 10 months	\$220/mo for 10 months
Kindergarten	\$475/mo for 10 months	
Maximum	\$985/mo for 10 months	\$1,075/mo for 10 months

CATEGORY II – CONTRIBUTING MEMBER OF A CATHOLIC PARISH

	ST. JOSEPH ELEMENTARY	IMMACULATA HIGH
1 st student (oldest)	\$270/mo for 10 months	\$285/mo for 10 months
2 nd student	\$170/mo for 10 months	\$185/mo for 10 months
3 rd student	\$105/mo for 10 months	\$115/mo for 10 months
Kindergarten	\$270/mo for 10 months	
Maximum	\$545/mo for 10 months	\$585/mo for 10 months

The Catholic Parishes in the Kelowna area subsidize the Catholic school system. Since active members of these parishes contribute to the schools through church contributions, reduced tuition is charged but must be applied for.

CATEGORY III – INTERNATIONAL AND OUT OF PROVINCE STUDENTS

PREPAID UPON REGISTRATION

ST. JOSEPH AND IMMACULATA: \$14,500 for full year (10 months)

This tuition level reflects the cost of educating a student in the Central Okanagan. Government funding is available only for students who are Canadian citizens or landed immigrants, whose parent or legal guardians are residents of British Columbia.

CATEGORY IV – OTHER CANADIAN STUDENTS FUNDED FEDERALLY

Equivalent of current provincial funding plus tuition fees applicable to Category I or Category II funding as appropriate.

TUITION FEES ARE PAYABLE BY ONE OF TWO OPTIONS:

1. Pre-authorized payment established for monthly withdrawals for 10 months.
2. Prepayment in full prior to September 14th

The first month's tuition for **all** families is payable by automatic debit, cash or cheque on July 6th. Automatic debit or total prepayment applies for remaining months (October – June).

One of the above methods of payment must be submitted with the registration forms.

CHEQUES ARE PAYABLE TO KELOWNA CATHOLIC INDEPENDENT SCHOOL COUNCIL.

New families to our schools are required to pay the first month's tuition fee and the \$125 participation fee upon registration. The first month's tuition is non-refundable should the student not attend.

Any family who has prepaid tuitions and received a Charitable Donation Receipt, and subsequently withdraws, is not eligible for any tuition refund.

**IMMACULATA REGIONAL HIGH SCHOOL
ST. JOSEPH ELEMENTARY SCHOOL
STUDENT RESERVATION AGREEMENT 2011/12**

As parents/guardians we are responsible for the payment of all tuition fees and incidentals. We understand and accept the following terms and obligations: Students will be officially registered only upon receipt of this form, the registration form, the payment of the parent participation fee of \$125.00 (per family), payment of the first month's tuition. New families to Kelowna must provide a letter of reference from the Pastor at their last parish. No places will be held for students whose forms and fees are not received by the deadline of March 31, 2011.

PAYMENT OF FEES

Tuition is due monthly, with payment by direct withdrawal from your bank account on the 6th of each month, July and October – June. **The first month of tuition is non-refundable for all families.** Alternatively, the entire tuition for the year can be prepaid by September 14th. **Any family prepaying tuitions and receiving a Charitable Donation Receipt is not eligible for any tuition refund if they withdraw after the charitable donation receipt has been issued. (tax time)**

The parents or guardians of families who are new to the schools must prepay the first month's tuition fees at the time reservation forms are signed. A cheque for the September tuition must also be received by April 8th and can be dated July 6th. If the student withdraws before commencement of school, the September tuition prepayment will be forfeited.

PARENT PARTICIPATION

All parents or guardians are required to contribute a set amount of participation hours (to be determined at the end of February) per year per family of service time in school activities and/or projects. The parent participation fee (to be set by March 1st) is refundable after participation hours have been met; alternatively, an income tax receipt will be given for those donating the fee to the school and for fees unclaimed by December 31st of the year following payment.

I/We agree to pay the tuition fees: (please check one)

- _____ Annually in advance by September 14th (post dated cheque and September tuition cheque dated July 6th attached)
 _____ Monthly by direct withdrawal on the 6th of each month (void cheque attached)
(JULY, OCTOBER – JUNE)

 Student Name School Grade **(2011/12)**

 Student Name School Grade **(2011/12)**

 Student Name School Grade **(2011/12)**

 Student Name School Grade **(2011/12)**

 Date Signature of Parent/Guardian

 Date Signature of Parent/Guardian

Parish _____ Envelope # _____

PLEASE COMPLETE ONLY ONE FORM IF YOU HAVE CHILDREN IN BOTH SCHOOLS.

PRACTISING CATHOLIC TUITION RATE REQUEST

Please read the tuition information attached. If you meet the requirements as outlined in the practising Catholic rate criteria, complete this form and return it to the school. In doing so, you are publicly stating that you are a practising Catholic family and request the parish-subsidized Catholic tuition rate. Financial support from the parishes to help children receive a Catholic education is taken directly from Sunday collections. **NOTE – forms must be returned by September 15TH for consideration for the practising Catholic tuition rate.**

BY HONESTLY ANSWERING “YES” TO THE FOLLOWING STATEMENTS WE ARE REQUESTING THE PRACTISING CATHOLIC TUITION RATE.

We have been registered parish members at a Catholic church for at least the last 3 months.

YES _____ NO _____

The Church we attend is _____

Our envelope number is _____

Our child _____ was baptized at _____ Catholic Church in the city of _____ on _____ (date)

Our child _____ was baptized at _____ Catholic Church in the city of _____ on _____ (date)

Our child _____ was baptized at _____ Catholic Church in the city of _____ on _____ (date)

2. We attend Sunday Mass weekly.
YES _____ NO _____

3. We contribute financially for the work of the parish.
YES _____ NO _____

We are involved in the following parish ministries and/or parish groups:

STUDENT’S NAME	GRADE(2011/12)	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We, the parents/guardians are practising Catholics and we request the parish subsidized Catholic tuition rate for this year.

PARENT/GUARDIAN SIGNATURE

DATE

NOTE: Should you not qualify at this time please disregard this form. You may contact the school when your situation changes to request the practising Catholic tuition rate.