

Champagnat Catholic School



1851 Palm Avenue
Hialeah, FL 33010
305-888-3760
Fax: 305-883-1174



www.ChampagnatCatholicSchool.com

Dear Parents:

December 2016

We have once again reached the time of the year to enroll your children for the next school term 2017-2018. We are enclosing with this letter the forms to fill out and return to school with the registration fee of \$500.00 which includes the miscellaneous fees.

All students (6-12) registering before March 15th will receive a discount of \$50.00.

Tuition for the 2017-2018 school year will be as follows:

Grades 9th through 12th \$5,200.00 (\$520 a month)
Grades 6th through 8th \$5,100.00 (\$510 a month)

Lunch\$130.00 a month
Study Hall (2:30-4:00PM) \$80.00 a month

Curriculum Fee 9th through 12th \$650.00
Includes iPad Rental Fee, Digital Books, College Prep Curriculum, Computer Lab Fees and Misc Materials
Curriculum Fee 6th through 8th\$550.00
Includes Texts, Workbooks and Misc Materials

Recommend a friend
for a **\$100** discount*
*redeemable in October

There is a 25% discount for
each sibling enrolled

Please be mindful of the following:

- *****Payments made after the 10th day of each month will incur a \$20.00 late fee.*****
- Scholarship students must renew all applications, both at school and with their respective programs. Parents are responsible for any fees not covered by scholarship payments. A deposit fee of \$50.00 is required to assist in applying. This fee will be credited to your child's tuition.
- Payment for curriculum must be made in the month of September.
- Every student is committed to sell a minimum of 2 boxes of chocolates (\$120.00)
- Full uniform is required for admittance to school.
 - Included in this regulation: no facial hair (on boys), socks must cover the ankles of boys and girls alike, girls' skirts must reach the knees, boys' pants must reach the ankle but not fold over the shoes, a black belt is part of the uniform of every boy, boys will wear short conventional hair cuts and girls wear long hair in pony tails all through the school day. Students failing to show readiness for school in their looks will not be allowed in school and remain the responsibility of parents.
- Misbehavior that results in suspension (not exclusively): disrespect for the staff, fighting or touching someone, disrespect for school property, repetitive misconduct.
- Champagnat Catholic School attends mass once a month. As a catholic school all students must attend mass when we go as a school. By signing this registration form you allow permission for your son/daughter to travel to church on mass days.
- Students assigned to detention may not change the day or time to serve unless in agreement with the teacher. Failure to complete a punishment on time will result in a longer punishment. If in doubt, see the principal.
- Champagnat Catholic School has a no refund policy.
- Required vaccinations for all students must be completed prior to attendance in school and documented appropriately with the Department of Health medical forms 3040 and 680.
- Students and parents are expected to read and follow the rules and regulations as listed in the school agenda. Please follow its calendar as well. Grades will only be accessible via Rediker Online.

We thank you for entrusting us your children's education,
The Administration

Parents' or tutors' signatures: _____

One signature will make both parents/tutors responsible for their commitment to the school.

Champagnat Catholic School

1851 Palm Avenue
Hialeah, FL 33010
305-888-3760
Fax: 305-883-1174

www.ChampagnatCatholicSchool.com

REGISTRATION FORM

ALL spaces must be filled out

DATE ENROLLED: _____ SCHOOL YEAR 20____ / 20_____

CHILD'S NAME _____ SOCIAL SECURITY # _____ - _____ - _____

AGE _____ PLACE OF BIRTH _____ DATE OF BIRTH ____/____/____

ADDRESS _____ CITY _____ ZIP CODE _____

PHONE(S) _____ CEL PHONE _____

FAX _____ GENDER M F RACE _____

RELIGION _____ BAPTIZED? FIRST COMMUNION? CONFIRMED?

SCHOOL LAST ATTENDED _____ GRADE COMPLETED _____

FATHER'S/TUTOR'S NAME _____ OCCUPATION _____

BUSINESS ADDRESS _____ PHONE _____ - _____ - _____

EMAIL _____ MOTHER'S SOCIAL SECURITY # _____ - _____ - _____

MOTHER'S NAME _____ OCCUPATION _____

BUSINESS ADDRESS _____ PHONE _____ - _____ - _____

EMERGENCY CONTACTS (if other) _____ PHONE _____ - _____ - _____

_____ PHONE _____ - _____ - _____

WHO ARE ALLOWED TO REMOVE CHILD FROM SCHOOL? _____

Report Cards can only be viewed online via Rediker Online. If you have not received your Activation Code by September 15th, please contact the school office.

***** **Initial here:** _____ *****

I, parent, guardian, responsible parties and/or the above mentioned are hereby referred to and known as "I".

"I" acknowledge that registration of the above mentioned ("Child") for enrollment in Champagnat Catholic School and/or its affiliates ("School") constitutes an agreement and shall be enforced as such. The "School" reserves the right to admittance and continued enrollment status. School fees are non-refundable regardless of circumstance, situation, or term of enrollment. "I" am liable for abiding by the "School" regulations seen in the agenda which is required to be purchased and used. The "Child" is required to attend all activities and classes in full uniform as set forth by the "School". The "Child" is hereby committed to sell a minimum 2 cases of chocolates during the fund drive.

"I" waive, release and discharge the "School", administrators, employees, heirs, or successors from any claims, losses or liabilities for death, personal injury, partial or permanent disability, property damage, medical or

Champagnat Catholic School

1851 Palm Avenue
Hialeah, FL 33010
305-888-3760
Fax: 305-883-1174

www.ChampagnatCatholicSchool.com

hospital bills, theft or damage of any kind including economic losses, which may arise in the future. "I" hereby indemnify and hold harmless the "School" from any and all claims made or liabilities assessed against them. Under any circumstances, set forth, or otherwise, "I" shall be responsible for all tuition costs, amount incurred on collection of said tuition, attorney fees and court costs if it is required to enforce any terms or provisions of this agreement, or otherwise needed by the "School".

Parents/tutors are responsible for what their child breaks. We will bill the cost of replacing. If any piece of school property is broken and no one claims responsibility, the cost of replacement will be shared by all students of that classroom.

"I" waive permission for the use of photography or film of my "Child" for "School" related purposes. "I" do permit and authorize the "School" and its employees, agents, and personnel who are acting on behalf of the School to use my child's photograph or other likeness for purposes related to the educational mission of the School, including publicity, marketing, and promotion of the "School" and its various programs. "I" understand the photograph or likeness may be copied and distributed by means of various media, including video presentations, television, news bulletins, mailouts, billboards or signs, brochures, placement on "School" websites, or newspapers. "I" understand that, although the "School" will endeavor to use the photograph or likeness in accordance with standards of good judgment, the "School" cannot warranty or guarantee that any further dissemination of the photograph or likeness will be subject to the "School's" supervision or control. Accordingly, "I" release the "School" from any and all liability related to dissemination of said photograph or likeness.

The undersigned executing parent or legal guardian's signature obligates the other parent to the regulations.

(In case of dangerous weather or unusual situations, we will go with the Miami Dade County Public School system decision to open or close the school.)

No personal visit is allowed except by invitation from the Administration to observe 6th through 12th grades.

"I" have inspected the condition of the physical plant and find it suitable for my "Child".

I hereby affirm that "I" have read this document and understand its contents. "I" am advised that "I" may seek my own legal counsel in reviewing this agreement. (Si es necesario reconozco que puedo buscar un traductor, y/o uno es proporcionado por requerimiento, en el repaso de este acuerdo.)

I ACCEPT ALL RULES AND REGULATIONS OF CHAMPAGNAT CATHOLIC SCHOOL AND I HEREBY AGREE TO ASSUME ALL FINANCIAL OBLIGATIONS STIPULATED.

PARENTS'/TUTORS' SIGNATURES

Champagnat Catholic School

1851 Palm Avenue
Hialeah, FL 33010
305-888-3760
Fax: 305-883-1174

www.ChampagnatCatholicSchool.com

HEALTH RECORD

STUDENT NAME: _____ GRADE: _____

Is this student under medical treatment or taking medication? _____/ Yes _____/ No

If answer is "yes", give details:

What hospital should be contacted in case of emergency? _____

Do you have hospital insurance?

Name? _____ Policy # _____

Has the student ever been hospitalized? _____/ Yes _____/ No

If answer is "Yes", give details

HOSPITAL	REASON	DATE
_____	_____	_____
_____	_____	_____

Does this student suffer from any of the following?

___/ Problems of hearing ___/ Eye problems ___/ Speech impediments
 ___/ Emotional problems ___/ Fainting Spells ___/ Allergy to _____
 ___/ Learning disabilities ___/ Diabetes ___/ Others

IF YOU HAVE MARKED ANY, PLEASE GIVE DETAILS BELOW:

Please bring the Department of Health medical forms 680 and 3040 for the school Health Records.

No medication will be administered to pupils in school except by the pupil's parent or legal guardian acting on a written and signed order from the pupil's private physician. Self-administration of medication by pupils is not permitted.

SICK CHILD'S ATTENDANCE LIMITATIONS:

A child with a contagious disease, a feverish temperature, flu like symptoms, or a child too sick to learn must stay home until well. School may require doctor's note for return to school.

"I" authorize any agent or employee of the "School" to call for medical care or to transport to a medical facility or hospital the "Child" if, in the opinion of such personnel, medical treatment is needed, however, "I" waive any claim for liability due to the action or inaction of such personnel. "I" agree to pay all costs associated with such medical care and transportation not covered by insurance.

Parents'/Tutors' Signature

Champagnat Catholic School

1851 Palm Avenue
Hialeah, FL 33010
305-888-3760
Fax: 305-883-1174

www.ChampagnatCatholicSchool.com

Helpful Information About Child:

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date