

**ST. PAUL CATHOLIC SCHOOL  
1900 12<sup>TH</sup> STREET NORTH  
ST. PETERSBURG, FL. 33704  
727-823-6144**

**School Policy on Admissions and Re-registration**

St. Paul Catholic School is a parochial school sponsored by the Catholic people of St. Paul Church. Priority admission into the school (and for re-registration in subsequent years) is given to Catholic children who are attending Sunday Mass weekly and whose parents or guardians are registered in the parish, are participating in Sunday Mass weekly, and are supporting the parish through use of the Sunday envelopes. Enrollment in the school in a particular year does not guarantee the child a place in the school in the following year unless these requirements are met.

*I have read the above policy and understand it. I acknowledge that I have received a copy of this policy.*

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**St. Paul Catholic School**  
**1900 12<sup>th</sup> Street North**  
**St. Petersburg, FL 33704**  
**PH# (727) 823-6144 FX# 896-0609**

**General Information 2018-2019**  
**NOT TO BE RETURNED**

**Dear Parent (s)/ Guardians:**

In order to ensure a reserved seat for each student returning, it is imperative that every form be completed in its entirety and returned with the appropriate fee (s). Please note if any form is not **completely** filled out, it will be returned to you.

**Grades EC 3 to Grade 8**

**Application Fee:** \$100.00 per child - *This will include 1 class t-shirt*

**Technology Fee:** \$100.00 per child

**Class Funds:** \$40.00 per child - This amount replaces the funds originally collected by liaisons at the beginning of the school year. (covers class parties, auction crafts, monthly staff lunches, teacher and teacher assistant gifts).

**Class T- Shirts:** \$7.00 per shirt – *If you choose to purchase an additional shirt*

**Extended Day Registration:** \$15.00 per child – if applicable

**New Families:** *New families* are also required to pay the **first month's tuition** at the time of registration.

**General Info:** **All fees are non-refundable and due at time of registration.** St. Paul's has a book rental program, which allows us to provide books to our students at a much lower cost. Consumable books are purchased each year, and hardback books are re-used until a replacement is necessary.

**Eighth Grade Only: \$60 Graduation fee**

**KINDERGARTEN - GRADE 8 (Early Childhood is NOT included in the family rate)**

|            | <b>In Parish Rate</b> | <b>Tuition per Year</b> | <b>Books &amp; Supplies</b> | <b>Total Monthly Payment</b>               |
|------------|-----------------------|-------------------------|-----------------------------|--|
| 1 Child    |                       | \$ 5,249                | \$ 235                      | \$ 457 /mo for 12 installments: \$ 5,484   |
| 2 Children |                       | \$ 9,178                | \$ 470                      | \$ 804 /mo for 12 installments: \$ 9,648   |
| 3 Children |                       | \$ 12,927               | \$ 705                      | \$1,136 /mo for 12 installments: \$ 13,632 |
| 4 Children |                       | \$ 16,364               | \$ 940                      | \$1,442 /mo for 12 installments: \$ 17,304 |

**Early Childhood 3**

|             |  |          |        |   |
|-------------|--|----------|--------|---|
| 5 Full Days |  | \$ 5,249 | \$ 235 | \$ 457 / mo for 12 installments: \$ 5,484 |
| 5 Half Days |  | \$ 4,373 | \$ 235 | \$ 384 / mo for 12 installments: \$ 4,608 |

**Early Childhood 4**

|             |  |          |        |   |
|-------------|--|----------|--------|---|
| 5 Full Days |  | \$ 5,249 | \$ 235 | \$ 457 /mo for 12 installments: \$ 5,484  |
| 5 Half Days |  | \$ 4,373 | \$ 235 | \$ 384 / mo for 12 installments: \$ 4,608 |

**Out of Parish Rate Per Child**

|   |  |          |        |  |
|---|--|----------|--------|--|
| - |  | \$ 6,401 | \$ 235 | \$ 553 /mo for 12 installments: \$ 6,636 |
|---|--|----------|--------|--|

## METHODS OF PAYMENT

- One Yearly Payment (due 7/1/18)
- Two Yearly Installments (due 7/1/18 and 1/01/19)
- SMART Tuition Management (automatic bank deduction) June 2018-May 2019
- NEW FAMILIES - SMART Tuition Management (automatic bank deduction) July 2018-May 2019**

## NEW STUDENTS

*The following records MUST accompany the Registration forms for New Students:*

- Child's **Original** Birth Certificate
- Baptismal Certificate
- Current Health Form (HRS3040-dated within last 12 months)
- Current Immunization - Blue Card (dated within last 12 months)

## RETURNING STUDENTS

*The following records MUST accompany the Re-registration forms for Current Students:*

- Current Health Form (HRS3040-dated within last 12 months)
- Current Immunization –
- (dated within last 12 months) for children entering EC3, EC4, and 7<sup>th</sup> grade

Children entering Early Childhood (EC) 3, EC4, Kindergarten, and 7<sup>th</sup> grade MUST be compliant with the Pinellas County Health Immunization requirements.

- Children enrolling in the St. Paul EC 3 year old Program **MUST be 3 on or before September 1, 2018**
- Children enrolling in the St. Paul EC 4 year old program **MUST be 4 on or before September 1, 2018**
- Children enrolling in St. Paul Kindergarten **MUST be 5 years old on or before September 1, 2018**

**Early Childhood children MUST be toilet trained**

**FORMS MARKED pclb (Pinellas County License Board) are for EC 3 & EC 4 ONLY)**

**EXTENDED DAY RATES ARE NOT INCLUDED IN TUITION**

**Registration Fee: \$15.00 per child due at time of registration.**

**Weekly Rates: See Extended Day Information Sheet**



**St. Paul Catholic School**  
**1900 12<sup>th</sup> St. No.**  
**St. Petersburg, FL. 33704**  
**PH 727-823-6144 / FX 727-896-0609**

|                                     |  |
|-------------------------------------|--|
| <b>(For Office Use Only) Parish</b> |  |
| Affiliation: _____                  |  |
| New Family: _____                   |  |
| Grade: _____                        |  |

**Registration 2018 - 2019**

**NOTE:** Please complete the following application. Incomplete applications will NOT be accepted. Completed Application Forms for each child must be accompanied by the \$100 Registration Fee and the \$75 Technology Fee.

Please check:  New Student     Re-Registration

|  |
|--|
| <b>Entering Grade:</b> <input style="width: 100%;" type="text"/> |
|--|

| Full Student Name:  |       |   |                                   |                                       | Sex  |
|---|-------|---|-----------------------------------|---------------------------------------|--|
| Last  | First | Middle  | Nickname                          |                                       |  |
|   |       |   |                                   |                                       | <input type="checkbox"/> Male<br><input type="checkbox"/> Female     |
| Home Address:   |       | Changed since last registration?                        |                                   | City:                                 | State:    ZIP:   |
|   |       |   |                                   |                                       |  |
| Land Line #: <b>If Applicable</b>   |       | Place of Birth (City, State):                           |                                   |                                       | Date of Birth:   |
|   |       |   |                                   |                                       |  |
| <i>Ethnic Origin: (Information is required to comply with government reports)</i>   |       |   |                                   |                                       |  |
| <input type="checkbox"/> Black, Not Hispanic  |       | <input type="checkbox"/> White, Not Hispanic            |                                   | <input type="checkbox"/> Hispanic     |  |
| <input type="checkbox"/> Asian/Pacific Islander   |       | <input type="checkbox"/> American Indian/Alaskan Native |                                   | <input type="checkbox"/> Other: _____ |  |
| Mother/Guardian Name:   |       | Occupation:   |                                   | Religion:                             |  |
|   |       |   |                                   |                                       |  |
| Address: <input type="checkbox"/> Same as Student   |       | City:   | State:                            | ZIP:                                  | Email:   |
|   |       |   |                                   |                                       |  |
| Work Phone #:   |       | Land Line #: <b>If Applicable</b>                       |                                   | Other:    Cell                        |  |
|   |       |   |                                   |                                       |  |
| Father/Guardian Name:   |       | Occupation:   |                                   | Religion:                             |  |
|   |       |   |                                   |                                       |  |
| Address: <input type="checkbox"/> Same as Student   |       | City:   | State:                            | ZIP:                                  | Email:   |
|   |       |   |                                   |                                       |  |
| Work Phone #:   |       | Land Line #: <b>If Applicable</b>                       |                                   | Other:    Cell                        |  |
|   |       |   |                                   |                                       |  |
| Marital Status: <i>(Check One)</i> :  |       |   | <input type="checkbox"/> Together | <input type="checkbox"/> Divorced*    | <input type="checkbox"/> Separated* <input type="checkbox"/> Widowed |
| *Student Resides With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian <input type="checkbox"/> Other:<br><i>(copy of custody agreement must be provided)</i> |       |   |                                   |                                       |  |

| <b>Step Parents/Guardian Information (if applicable)</b>   |  |  |   |
|--|--|--|---|
| Name & Address:  | Relationship:  | Phone Number:  | Other: Cell   |
|  |  |  |   |
| <b>The following individuals are authorized to pick up my child/children: (Attach additional list if necessary)</b>  |  |  |   |
| Name & Address:  | Relationship:  | Phone Number:  | Other: Cell   |
|  |  |  |   |
| Name & Address:  | Relationship:  | Phone Number:  | Other: Cell   |
|  |  |  |   |
| <b>In the event that I cannot be reached in an emergency or illness situation, I authorize the following individuals to be notified and act in my absence: (Attach additional list if necessary)</b> |  |  |   |
| Name & Address:  | Relationship:  | Phone Number:  | Other: Cell   |
|  |  |  |   |
| Name & Address:  | Relationship:  | Phone Number:  | Other: Cell   |
|  |  |  |   |
| <b>Special Medical Instructions (if any), including any medications the child takes. (Attach separate sheet if necessary)</b>  |  |  |   |
|  |  |  |   |
| Last School Attended:  | City/State:  | Phone Number:  | Grade:  |
|  |  |  |   |
| Parents Parish Affiliation:<br>(Please check one)  | <input type="checkbox"/> St. Paul Parish<br>Envelope # _____ | <input type="checkbox"/> Blessed Trinity<br>Envelope # _____ | <input type="checkbox"/> Other Parish<br>Parish Name: _____ |
|  | <input type="checkbox"/> Non-Catholic                        |  |   |
| Was Child Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>What Religion? _____   | Date:  | City/State:  | Name of Church:   |
| First Reconciliation? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Date:  | City/State:  | Name of Church:   |
| First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Date:  | City/State:  | Name of Church:   |



**ST. PAUL CATHOLIC SCHOOL EMERGENCY FORM  
FOR KINDERGARTEN THROUGH GRADE 8**

TO WHOM IT MAY CONCERN:

I hereby give my consent to \_\_\_\_\_ Hospital to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I give my consent to transport by ambulance if the situation so warrants.

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S KNOWN ALLERGIES: \_\_\_\_\_

HAS THIS CHILD HAD SURGERY?                      Yes              No  
*If yes, please describe:*

HAS THIS CHILD HAD SEIZURES?                      Yes              No  
*If yes, list the medication the child is taking for the seizures:* \_\_\_\_\_

DATE OF LAST TETANUS/DPT: \_\_\_\_\_

INSURANCE COMPANY COVERING CHILD: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

*Note any other information that might be helpful in case of an emergency:*

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

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

before me came \_\_\_\_\_, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that he/she executed the same.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

**(complete one per child)**





Since 1930

**INFORMATION ONLY – DO NOT RETURN**

## **St. Paul Catholic School**

**Extended Day**

**2018-2019**

As a service to you, St. Paul Catholic School provides after school care for children of working parents. We ask that all students be registered for this program. In the event that you are late in picking up your child/children, we will automatically send them to Extended Day and therefore, they must be registered.

To track your payments and to meet the school budget as well as to have sufficient personnel on duty, the following policy is in place:

**Registration fee is \$15.00 per child – Must be returned with the Enrollment Form.**

Families who register to use the program from 2:50 to 4:30 p.m. will automatically be charged \$25 per week/per child. Families who register to use the program from 2:50 to 5:30 p.m. will automatically be charged \$35 per week/per child. If your child is not in school for the full week, you will still be required to pay for the full week. This means that if your child is out sick for the entire week, you are still responsible to pay for the week so as to secure a spot for your child. Payment is due every Monday to avoid a \$15 late fee. Families who are delinquent in paying their weekly fee will be asked to make other after school arrangements for their child/children. There will be no charge for the partial week before Christmas vacation week and before Easter break. All other weeks that school is in session you will be billed at the full rate.

Families who occasionally use the services of Extended Day will pay the drop-in fee of \$10 per child (\$15 on noon dismissal days). This fee must be paid on the day of drop-in. If it is not paid on the same day the fee will be \$15 and \$20 for half day per student.

For full time attendance, a discount of \$5.00 of the total weekly bill will be given to families with more than one child enrolled.

Please indicate on the following sheet the option for Extended Day that you will be using for your child/children.

**INFORMATION ONLY – DO NOT RETURN**

**ST. PAUL CATHOLIC SCHOOL  
EXTENDED DAY ENROLLMENT FORM  
2018- 2019**

**Family Name:** \_\_\_\_\_

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_ My child(ren) will attend Extended Day and will be picked up each day before 4:30 (\$25/child/week fee).

\_\_\_\_ My child(ren) will attend Extended Day and will be picked up each day by 5:30 (\$35/child/week fee).

\_\_\_\_ My child(ren) will attend Extended Day on a drop in basis and \$10/child will be paid at the time of pick-up (\$15/ child on noon dismissal days). **(PLEASE NOTE - This service may not be used more than once a week.)**

\_\_\_\_ I have enclosed a \$15 registration fee for each child (no family rate on registration fees), and have completed the emergency information below

**IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY OR ILLNESS, I AUTHORIZE THE FOLLOWING TO BE NOTIFIED AND TO ACT IN MY ABSENCE.**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ (WORK) : \_\_\_\_\_ (CELL) : \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ (WORK) : \_\_\_\_\_ (CELL) : \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

SPECIAL INSTRUCTIONS / ALLERGIES: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ (Work) : \_\_\_\_\_ (Cell) : \_\_\_\_\_ (Home) : \_\_\_\_\_

Father's Name: \_\_\_\_\_ (Work) : \_\_\_\_\_ (Cell) : \_\_\_\_\_ (Home) : \_\_\_\_\_

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

\_\_\_\_\_  
Date

**ST. PAUL PARISH VERIFICATION FORM  
2018 - 2019**

St. Paul Catholic School is an educational ministry of St. Paul Parish. While our school does provide an excellent academic program, our school's primary purpose is to proclaim and live the gospel of Jesus through the teachings and sacramental life of the Catholic Church. The success of our mission depends upon the cooperation and active participation of the parents or guardians of the child.

This opportunity for your child's Catholic education is made possible by the direct financial subsidy the two parishes make to the school. Tuition payments alone do not cover the high cost of operating the school. All Catholics are bound by their baptismal commitment to attend Mass every Sunday and to contribute to the financial support of their parish.

The parish community of St. Paul's offers to subsidize the tuition obligations of any family who are active supporting members of the parish by providing a reduced "in-parish" tuition rate, if the family demonstrates that it meets and agrees to continue meeting the following requirements : **PLEASE INITIAL**

1. \_\_\_\_\_ Our family is registered in the parish.
2. \_\_\_\_\_ Our family attends Mass every Sunday.
3. \_\_\_\_\_ Our family contributes to the support of the parish through the use of weekly offertory envelopes. Our Envelope No. is: \_\_\_\_\_
4. \_\_\_\_\_ Our family will complete and return to the parish our Stewardship of Treasure Commitment form for 2018, indicating the amount we pledge to contribute weekly in the parish Sunday offertory

**CHECK ONE:**

Our family **does** fulfill the above requirements and requests the "in-parish" tuition rate for our child/children.

Our family **does not** fulfill the above requirements, and we will pay the out-of-parish rate

Parish families who cannot afford the "in-parish" tuition rate are encouraged to apply for additional financial aid through the parish office. **These applications, with all supporting documentation, must be completed and returned to the parish office by February 16, 2018. Scholarships or grant applications must be returned to the school office by April 13, 2018.**

**PLEASE PRINT:**

Name of Parent(s): \_\_\_\_\_ Date: \_\_\_\_\_

Student(s): \_\_\_\_\_

Address: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*

**FOR PARISH USE ONLY**

Verified: \_\_\_\_\_ Not Verified: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

**2018-2019 PARISH VERIFICATION FORM**

**BLESSED TRINITY PARISH**

NAME OF  
PARENT

---

ADDRESS

---

NAME OF  
STUDENTS

---

GRADE(S)  
ENTERING

---

Dear Father:

We are registered members of Blessed Trinity Parish, and we practice our Catholic faith by worshipping at Blessed Trinity with our children each week when we are in town.

As one way of expressing our appreciation to Blessed Trinity Parish, whose financial support of Catholic education has made it possible for us to enroll our children at St. Paul Catholic School at a greatly reduced tuition rate, we will contribute a minimum of \$10.00 per week through the weekly use of our parish envelopes.

We ask you to advise St. Paul Catholic School Administration of our commitment to Blessed Trinity Parish by signing this form and affixing the Church Seal to it. Thank you.

\_\_\_\_\_

Date

\_\_\_\_\_

Date

\_\_\_\_\_

Parent

\_\_\_\_\_

Pastor

A statement of your yearly contributions will be mailed from the church office. If you recently moved to Blessed Trinity Parish from another parish, please supply a report of your contributions to that parish.

Students of Catholic affiliation who re-register must provide a Parish Verification Form each year BEFORE in-Parish rates are granted.

Students of Catholic affiliation who are registering for the first time at St. Paul Catholic School must provide a Parish Verification Form WITH the Registration Form showing they meet the requirements stated on this form.

**Beginning with the school year 2015-2016, to qualify for a subsidy from Blessed Trinity students at St. Paul Catholic School from Blessed Trinity parish are required to receive sacramental preparation, and receive the sacraments of First Communion, First Penance, and Confirmation at Blessed Trinity.**

## Promotional Media Release

### ***New families only*** (unless you need to update information).

During the school year, St. Paul Catholic School may reproduce or participate in videotape, motion picture, audio recording or still photograph productions that involve the use of students' names, likenesses or voices. Such productions may be used for educational or exhibition purposes by St. Paul Catholic School in perpetuity and may be copied, copyrighted, edited and distributed by St. Paul Catholic School in perpetuity unless said consent is revoked in writing.

News media, including representatives of television, radio, newspapers and magazines, also often are permitted on school property and may take notes, still photos, sound recordings and/or moving pictures that may include your child. These items may appear or be used in news or feature stories by print, television or radio media.

You have the right to object to the use of your child's name, picture or voice in these productions and may do so by completing the form below and returning it to the Administrator of, St. Paul Catholic School. If you have any questions, please contact the school office at: 727-823-6144. Please return this form by the beginning of school.

I / We, the undersigned, ( DO / DO NOT) please circle      hereby consent that:

St. Paul Catholic School may use the name, portrait, or other likeness of my child for St. Paul School website, news releases, media and promotional activities.

This consent is renewed at the beginning of each school year unless rescinded in writing.  
(complete one for each child)

Student's Name

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

Father or Legal Guardian's Name (PRINT)

Father or Legal Guardian's Signature

\_\_\_\_\_  
(Date)

Mother or Legal Guardian's Name (PRINT)

Mother or Legal Guardian's Signature

\_\_\_\_\_  
(Date)

## **Diocese of St. Petersburg Student Internet Use Policy**

This document sets forth the rights and responsibilities for students under the Diocese of St. Petersburg Student Internet Use Policy. This Student Internet Use Policy is, by reference, a part of the Student Internet Account Agreement which must be executed by each Student and each Student's Parent or Guardian.

### **A. EDUCATIONAL PURPOSE:**

1. The School Internet system has been established for a limited educational purpose. Educational purposes include classroom activities, continuing education, professional or career development, and high-quality, educationally enriching personal research.
2. The School Internet system has not been established as a public access service or a public forum. The Diocese and school has the right to place restrictions on the material you access or post through the School Internet system. You are expected to follow the rules set forth in this policy, the student disciplinary code, and the law in your use of the School Internet system. The student disciplinary code will govern any violations of this policy.
3. You may not use the School Internet system for commercial purposes. This means you may not offer, provide, or purchase products or services through the School Internet system.

### **B. ACCESS TO ONLINE MATERIALS:**

1. The material you access through the School Internet system should be for class assignments or for personal research on subjects you study in a class or would otherwise research in the school library. Use for entertainment purposes is not allowed.
2. You are not allowed to use the School Internet system to access inappropriate information, which includes, but is not limited to, the following: obscene material, child pornography, material which depicts or describes in an offensive way violence, nudity, sex, death, or bodily functions, material designated as for adults only, material which promotes or advocates illegal activities, material which promotes the use of alcohol or tobacco, school cheating, or weapons, or material advocating participation in hate groups or other potentially dangerous groups.
3. If you mistakenly access inappropriate information through the School Internet system, you are required to immediately report this access in the manner specified by your school. This will protect you against a claim you have intentionally violated this policy.
4. The school has installed filtering software to attempt to prevent access to inappropriate material.

- a. If you feel filtering software is blocking your access to an appropriate site, report this to your teacher.
- b. You are not allowed to seek to bypass the filtering software by using a proxy site or some other technology.

C. PRIVACY AND COMMUNICATION SAFETY REQUIREMENTS:

1. "Personal contact information" includes your full name, together with other information which would allow an individual to locate you, including your family name, your home address or location, your work address or location, or your phone number.
2. If you are an elementary or middle school student, you are not allowed to use the School Internet system to disclose your full name or any other personal contact information online for any reason.
3. If you are a high school student, you may disclose, through the School Internet system, personal contact information to educational institutions, companies or other entities for continuing education, professional or career development purposes with specific staff approval.
4. You are not allowed to disclose names, personal contact information, or any other private or personal contact information about other students. You are not allowed to forward a message sent to you privately without documented permission from the person who sent you the message.
5. You are required to promptly disclose to your teacher or other school staff member any message you receive through the School Internet system which is inappropriate or makes you feel uncomfortable. You should not delete such messages until instructed to do so by a teacher or other staff member.

D. UNLAWFUL, UNAUTHORIZED, AND INAPPROPRIATE USES AND ACTIVITIES:

1. Unlawful activities:
  - a. You are not allowed to attempt to gain unauthorized access to the School Internet system or to any other computer system through the School Internet system or go beyond your authorized access. This prohibition includes attempting to log-in through another person's account or to access another person's files.
  - b. You are not allowed to disrupt or attempt to disrupt the School Internet system or any other computer system or destroy data by spreading computer viruses, or by any other means, using the School Internet system.
  - c. You are not allowed to use the School Internet system to engage in any unlawful act, including but not limited to arranging the sale or purchase of drugs or alcohol, engaging in criminal gang activity, or threatening the safety of any person.



2. Inappropriate language:
  - a. Restrictions against inappropriate language apply to all speech communicated through the School Internet system, including public messages, private messages, and material posted on Web pages.
  - b. You are not allowed to use obscene, profane, lewd, vulgar, rude, inflammatory, threatening, or disrespectful language on the School Internet system.
  - c. You are not allowed to post information which could cause damage or a danger of disruption to your school or any other organization or person on the School Internet system.
  - d. You are not allowed to engage in personal attacks, including prejudicial or discriminatory attacks on the School Internet system.
  - e. You are not allowed to harass or bully another person on the School Internet system.
  - f. You are not allowed to post false or defamatory information about a person or organization on the School Internet system.
  - g. You are required to promptly disclose to your teacher or another school employee any message you receive on the School Internet system in violation of the restrictions on inappropriate language.
  
3. Plagiarism and copyright infringement:
  - a. You are not allowed to plagiarize works you find on the Internet. Plagiarism is taking the ideas or writings of others, and presenting them as if they were yours, without proper attribution.
  - b. You are required to respect the rights of copyright owners in your use of materials found on, disseminated through, or posted to the Internet. Copyright infringement occurs when you inappropriately reproduce a work that is protected by a copyright.
  
4. Specific Activities prohibited:
  - a. Inappropriate activities subject to discipline under this policy include but are not limited to:
    - i. The transmission of material, information or software in violation of school policy, or local, state and federal law,
    - ii. Changing of Windows/Mac platform settings (desktop, screensavers, etc.),
    - iii. Downloading software or plug-ins into the School Internet system,
    - iv. The use of web-based email accounts,
    - v. Online chatting or any instant messaging,
    - vi. Making purchases via the internet,
    - vii. The installation of any software on the system by a student. Software can only be installed by the School, using software purchased by the School and appropriately licensed by law for use on School computers,
    - viii. Violating copyright or other laws,
    - ix. Accessing personal files belonging to others,
    - x. Accessing areas of the network which are not designated for

your use.

5. Limited Privacy:

- a. You are notified by reading and signing this document that you have only a limited expectation of privacy in your files on the School Internet system and in the records of your online activity. All student use of the School Internet system may be supervised and is subject to being closely monitored at all times. You are notified that the school's monitoring of Internet usage can reveal all activities you engage in using the School Internet system.
- b. Routine maintenance and random monitoring of the School Internet system may disclose information indicating you have violated this policy, the student disciplinary code, or the law. A detailed search of your individual School Internet system account, and its historical activity, may be conducted if there is reasonable suspicion you have violated this policy, the student disciplinary code, or the law.

E. SYSTEM SECURITY AND RESOURCE LIMITS:

1. System security:

- a. You are responsible for your School Internet system individual account and should take all reasonable precautions to prevent others from being able to use your account. You should not provide your password to another person.
- b. You are required to immediately notify a teacher or the system administrator if you have identified a possible security problem involving the School Internet system. However, you are not required to look for security problems; this may be construed as an unlawful attempt to gain access.
- c. You are required to avoid the inadvertent spread of computer viruses by following the school virus protection procedures.

2. Resource limits:

- a. You are required to use the School Internet system only for educational, professional or career development activities and limited, high-quality personal research.
- b. You are not allowed to download large files from or to any computer on the School Internet system unless absolutely necessary, and then only with approval of a teacher or another school employee. If necessary, and allowed, you may download large files when the system is not being heavily used; you are required to immediately remove the file from the School Internet system computer as soon as possible after appropriate copying or use.
- c. You are not allowed to use Diocesan, school, or personal distribution lists or discussion groups for sending irrelevant messages.

F. DISCIPLINE

Violations of this Student Internet Use Policy can result in termination of the student's account, denial of access to the School Internet system, suspension, expulsion, or referral of matters to the appropriate law enforcement agency, depending on the severity of the actions. Such determination is within the sole discretion of the School and the Diocese.

G. LIMITATION OF LIABILITY:

Neither the Diocese nor school guarantees the functions or services provided through the School Internet system or its internet service provider will be without error. The Diocese and/or school will not be responsible for any damage you may suffer, including but not limited to loss of data, interruptions of service, or exposure to inappropriate material or people. The Diocese and/or school will not be responsible for the accuracy or quality of the information obtained through the School Internet system. The Diocese and/or school will not be responsible for financial obligations arising through the unauthorized use of the School Internet system. Your parents can be held financially responsible for any harm resulting from your use or misuse of the School Internet system. You may use the School Internet system only if your parents have signed a disclaimer of claims for damages against the school and Diocese.

## Student Internet Account Agreement

### I. Student Section

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

I have read the Diocesan Student Internet Use Policy, which is made a part of this Agreement, by reference. I agree to follow the rules contained in this policy. I understand if I violate the rules, my account can be terminated and I may face other disciplinary measures.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student User Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### II. Parent or Guardian Section

I have read the Diocesan Student Internet Use Policy, which is made a part of this Agreement, by reference. I hereby release the Diocese and school, its personnel, and any institutions with which it is affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the School Internet system, including but not limited to claims arising from the unauthorized use of the system to purchase products or services or exposure to potentially harmful or inappropriate material or people. I understand I can be held liable for damages caused by my child's use or misuse of the School Internet system.

I will instruct my child regarding restrictions against accessing material in addition to the restrictions set forth in the Diocesan/school policy. I will emphasize to my child the importance of following the rules for personal safety.

I hereby give permission for my child to use the School Internet system. I understand this permission includes permission for my child to access information on-line through the World Wide Web, receive e-mail communications through a class account or individual e-mail account, if applicable, and engage in other educationally relevant electronic communication activities.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CHILD'S ENROLLMENT RECORD

|                            |
|----------------------------|
| <b>DIRECTOR'S USE ONLY</b> |
| Date enrolled _____        |

Child's full legal name \_\_\_\_\_  
First Middle Last

Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's preferred name/nickname \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Primary hours child will be in the children's center \_\_\_\_\_

Days of week child will be in the children's center \_\_\_\_\_

Who has legal custody \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Place of Employment \_\_\_\_\_

Address of Employer \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Place of Employment \_\_\_\_\_

Address of Employer \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone \_\_\_\_\_

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

CONTINUED ON BACK

**CHILD'S ENROLLMENT RECORD**

**(Back Page)**

**Child's Physician/Health Resource** \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

**Hospital Preference** \_\_\_\_\_

**Name of Dentist** \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

**MISCELLANEOUS INFORMATION**

List all known allergies \_\_\_\_\_

List all identifying scars, birthmarks, skin discolorations \_\_\_\_\_

Special medical or dietary needs of child \_\_\_\_\_

List any areas of concern \_\_\_\_\_

**My signature below verifies that:**

**I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.**

**I have received a copy of the "Know Your Child's Children's Center" brochure, and a copy of the children's center discipline policy.**

**I was notified that the snacks/meals served daily are:** Breakfast AM Snack Lunch PM Snack Dinner

**I verify that the information on this enrollment form is complete and accurate.**

\_\_\_\_\_  
**Signature of Custodial Parent or Legal Guardian**

\_\_\_\_\_  
**Date**



### EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

#### Please Print Information

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicines Routinely Taken: \_\_\_\_\_

Name of Custodial Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Family Physician's Name/Health Care Resource: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone ( ) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_  
Name City

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency Contact (if custodial parent/guardian cannot be reached): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

#### Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

#### Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me on \_\_\_\_\_ 20\_\_\_\_\_  
(Month) (Day) (Year)

by \_\_\_\_\_, who is personally known to me or who has  
(Name of Affiant)

produced \_\_\_\_\_ as identification.  
(Type of Identification)

SEAL OF NOTARY

Signed: \_\_\_\_\_ (Signature of Notary)



# CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE

(To be completed by parent or guardian)

Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Name of Parent or Guardian completing form \_\_\_\_\_

*Please answer the questions on this form. We feel this information will help us be more effective in working with your child.*

| <u>Childhood Disease Child has had</u> | <u>Date</u>                                     |
|--|---|
| Chicken Pox                            | _____   |
| Measles                                | 3 Day (Rubella) _____<br>10 Day (Rubella) _____ |
| Scarlet Fever                          | _____   |
| Rheumatic Fever                        | _____   |
| Mumps                                  | _____   |
| Strep Throat                           | _____   |

Is your child taking over-the-counter or prescribed medication regularly at home?      Yes      No

If yes, what? \_\_\_\_\_

Is your child taking vitamins regularly at home?      Yes      No

If yes, what? \_\_\_\_\_

List any known allergies to food or environment \_\_\_\_\_

Describe the allergic reaction \_\_\_\_\_

Does your child complain of feeling ill often?      Yes      No

Have you ever suspected your child of having seizures?      Yes      No



Describe your child's appetite \_\_\_\_\_

Does your child dislike any foods?      Yes              No      If so, what? \_\_\_\_\_

What does your child usually eat for breakfast before arriving at the center? \_\_\_\_\_

How easily does your child fall asleep? \_\_\_\_\_

What is the usual bedtime? \_\_\_\_\_ Wake up time? \_\_\_\_\_

What is the usual naptime? \_\_\_\_\_ Wake up time? \_\_\_\_\_

Is the child completely toilet trained?      Yes              No

Does the child remain dry all night?      Yes              No

When did the child begin to walk alone? \_\_\_\_\_

Are other adults (not family) able to understand the child's speech? \_\_\_\_\_

Does your child have a regular playmate?      Yes      No      Same Age      Yes      No

Older      Yes      No      Younger      Yes      No

What is your child's favorite toy or activity at home? \_\_\_\_\_

Does your child have temper tantrums?      Yes              No

Does your child bite his nails?      Yes              No      Twist his hair?      Yes              No

If you could describe your child in one word, what would it be? \_\_\_\_\_

Please list your child's strong points, such as happy, curious, loving, etc. \_\_\_\_\_

Is there anything else, medical or otherwise, that we need to know about your child? \_\_\_\_\_