



REGISTRATION FORM 2020-2021
 St. Mary of Mt. Carmel Education School
 425 Central Avenue Long Prairie, MN 56347
 (320)357-0814 www.stmaryslp.org

Date: _____

Father's Name: _____

Mother's Name: _____

Home Address of Child: _____

Child lives with Father Mother Both Parents

Home Phone: _____

Email address: _____

Cell Phone Dad: _____

Cell Phone Mom: _____

Is your family registered at St. Mary of Mt. Carmel Parish? Yes/No

If not registered, in which parish or church are you a member? _____

(Non-subsidizing **NEW** families (who don't belong to St. Mary's Church and are first time attendees at St. Mary's School) will pay additional tuition of \$200/student, excluding pre-school students. See tuition chart below.)

Please list names and grades of children who will attend St. Mary of Mt. Carmel School in 2020-2021

CHILD'S NAME	Grades K to 6 as of 9/1/2020	Preschool Morning 3 & 4 yrs. 2 days/wk	Preschool Morning 3 & 4 yrs. 3 days/wk	Preschool Morning 3 & 4 yrs. 5 days/wk	Preschool Afternoon 4 yrs. 5 days/wk

If your child is transferring from another school, please list the name and address of the former school.

2020-2021 TUITION

Student	St. Mary's Subsidizing Families	Non-Subsidizing New Families
First Child	\$1,735.00	\$1,935.00
Second Child	\$1,485.00	\$1,685.00
Third Child	\$ 710.00	\$ 910.00
Fourth Child	Free	\$ 200.00
PRESCHOOL:		
3 & 4 yrs. Mornings T/Th	\$ 625.00	\$ 625.00
3 & 4 yrs. Mornings M/W/F	\$ 900.00	\$ 900.00
3 & 4 yrs. Mornings MTWTF	\$1,450.00	\$1,450.00
PreK 4 Afternoons M-F	\$1,450.00	\$1,450.00

In addition to tuition, there is a separate **\$65.00 registration fee per student** to cover the cost of school t-shirts, assignment books, pre-k and kindergarten snacks, calculators and a portion of fieldtrips.

TUITION PAYMENT AGREEMENT FORM 2020-2021

A A A A A (BACK)

St. Mary of Mt. Carmel Catholic School
425 Central Avenue
Long Prairie, MN 56347
320-357-0814 ldinkel@stmaryslp.org

For the 2020-2021 school year, I will pay my family's tuition by the Tuition Payment Agreement option checked below.

_____ PAYMENT IN FULL no later than September 8, 2020.

_____ MONTHLY AUTOMATIC BANK OR CREDIT CARD WITHDRAWL in **Ten monthly payments** made on the 15th of each month, September-June, by electronic transfer from your checking or savings account or credit card.

_____ MONTHLY AUTOMATIC BANK OR CREDIT CARD WITHDRAWL in **12 monthly payments** made on the 15th of each month, September-August, by electronic transfer from your checking or savings account or credit card.

_____ FINAL, LUMP SUM PAYMENT IN FULL no later than May 1, 2021 **as approved in a meeting with the Principal by August 31, 2020.** This option requires a minimum monthly Automatic Withdraw or Payment amount agreed to by both parties of approximately 3 to 6% of your total bill for the eight months prior to full payment.

When an account becomes 60 days past due, the principal will contact families to establish a past due tuition payment plan.

When an account becomes 90 days past due, one or two of the following (Principal, Pastor, Trustees) will meet with the family to discuss payment of past due tuition.

I agree to make tuition payments for the 2020-2021 school year according to the above noted agreement.
(All financially responsible parties must sign.)

Responsible Party Signature

Date

Responsible Party Signature

Date

**REGISTRATION FEE OF \$65.00 IS DUE WITH THIS REGISTRATION FORM
TO RESERVE YOUR CHILD'S ENROLLMENT.
STUDENTS MUST HAVE ALL PAPERWORK COMPLETED BEFORE THE FIRST DAY OF SCHOOL.**

Family Emergency Contact and Medical Information 2020-2021

B B B B B B

Child's First & Last Name

Child's First & Last Name

Child's First & Last Name

Child's First & Last Name

Mother/Guardian's First & Last Name

Father/Guardian's First & Last Name

Mother's CELLPHONE

Father's CELLPHONE

Mother's Work Phone

Father's Work Phone

Street Address & City

Street Address & City

Email Address

Email Address

Alternative Emergency Contacts – MUST BE COMPLETED!!

Primary Emergency Contact

Secondary Emergency Contact

Cell Phone & Home Phone

Cell Phone & Home Phone

Street Address & City

Street Address & City

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Allergies/Special Health Considerations/Medications

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release St. Mary's School and individuals from liability in case of accident during activities related to St. Mary of Mt. Carmel School, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

2020-2021 VOLUNTEER RESPONSIBILITIES AND SIGN-UP

All families are required to volunteer 10 hours per year (excluding those with only Preschool students). Many families volunteer much more time than this, and this is greatly appreciated and much needed. Parents/guardians will sign up for volunteering at the Fall Family Meeting. Daytime volunteers are needed for: recess, lunchroom, classroom assistant, or atrium assistant during the school day. Special Event volunteers are needed for: working various fundraising events, Christmas Cookie Bake, etc. Volunteer hours will be recorded by the fundraising chairpersons or by the teacher-in-charge or school secretary. **It is the volunteer's responsibility to make sure their hours are recorded.**

RECORDING HOURS AND PAYMENT OF UNFULFILLED HOURS

1. Parents will receive reports of their volunteer hours quarterly on their monthly statements.
2. All volunteer hours must be completed by MAY 15, 2021.
3. **A charge for incomplete volunteer hours will be added to you May invoice at the rate of \$20 per unfulfilled hour.**

DURING SCHOOL DAY VOLUNTEER OPPORTUNITIES

ACTIVITY: VOLUNTEERS NEEDED EVERY DAY	Monday	Tuesday	Wednesday	Thursday	Friday
PLAYGROUND SUPERVISOR 11:30 to 12:00 (1st, 5 th & 6 th grade) Help staff supervise students at recess.					
LUNCH SERVER 12:00 to 12:35 Help serve lunch.					
LUNCH DISHWASHER/CLEANER/SANITIZING 12:30 to 1:15 Wash Dishes, clean kitchen and dining area.					
PLAYGROUND SUPERVISOR 12:30 to 1:00 (Kindergarten, 2 nd , 3 rd , 4 th) Help staff supervise students at recess.					
OTHERS: Library Helper, Pre-School or Kindergarten Aid, Catechesis of the Good Shepherd Aid, Art Lesson Preparation. Contact the Office for times and days.					

SPECIAL EVENT VOLUNTEER OPPORTUNITIES

ACTIVITY	Time of Year	Chairperson	Check if You would like to be contacted
FALL FUNDRAISER: To be determined	September/October	Needed	
CHRISTMAS COOKIE BAKE & FUNDRAISER	November 1 to December 15th	Amanda Zigan (Committed Assistant Needed!)	
CARWASH BOOK SALES	January 29 to March 5th	Needed	
AUCTION DINNER (or alternative)	Spring	Jessica Elmer	
MEXICAN MEAL FUNDRAISER	To be Determined		

Parent's Name: _____ Date: _____



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Personal Electronic Device Policy 2020-2021

(Including but not limited to: cell phones, iPads, game devices, etc.)

Use of any personal electronic device, including cell phones, tablets, computers, etc., without the express permission of teacher or staff, is not permitted on school grounds. This includes regular school hours, early arrival at school, and After School Care on locations including St. Mary's Church, Family Center, school and playgrounds. Your student deserves instruction that is free of the distractions these devices impose on everyone. In addition, St. Mary's School is responsible for all student internet safety. Since we cannot control what is viewable on personal devices, we will control access to these devices on school and church grounds.

Policy Guidelines

- Students are required to silence cell phones and place them in their locker, backpack, or designated collection spot upon arrival in the classroom.
- We discourage any other devices being brought to school and cannot be responsible for their safety. However, if brought, they must be stored in a locker or backpack.
- Students are not allowed to check phones during the day, **unless the school is notified by the parents of an important reason for an exception.**

Discipline Guidelines

- **First Violation:** A warning to put the device away.
- **Second Violation:** The device taken away by the classroom teacher and returned at the end of the school day.
- **Third Violation:** The device will be given to the principal and can be retrieved by the student at the end the school day.
- **Fourth Violation:** The device can be retrieved by the parents at the principal's office.

Student User: _____

Student User: _____

Student User: _____

Parent(s): _____

Date: _____



St. Mary of Mt. Carmel Catholic School

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320-357-0813 ~ office@stmaryslp.org

ST. MARY OF MT. CARMEL CATHOLIC SCHOOL PHOTO RELEASE FORM 2020-2021

I, the parent/legal guardian of, _____,

_____, _____, _____ grant my expressed permission for Saint Mary of Mt. Carmel School to exhibit photographs or likenesses and names of the above-named student.

(Please initial to indicate permission, write in "no" to indicate refusal.)

_____ School publications (principal's newsletter, photo albums, class projects, etc.)

_____ Press/media releases (newspaper articles, fundraising brochures, school profile, etc.)

_____ St. Mary of Mt. Carmel School website www.stmaryslp.org (no names will be included)

By signing this release, I acknowledge that I hereby release and forever discharge St. Mary of Mt. Carmel Catholic School and the Diocese of St. Cloud and the trustees, officers, agents, and employees of the School and Diocese from and against any and all claims, damages or suits which may arise from the use of the St. Mary of Mt. Carmel Catholic School publications, press/media releases, or website, including, but not limited to, the exhibition of the above-named student's photograph or likeness or publication of the student's name.

Parent Signature _____ Date _____

Student Name _____ Class _____

Student Name _____ Class _____

Student Name _____ Class _____

Student Name _____ Class _____

(Please print)



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Blanket Permission Form for 2020-2021

During the school year, teachers may plan activities which take students and their teacher off school premises. Examples of activities include: visiting the nursing home to sing, etc.; visiting the senior center to sing; visiting the post office, court house; going to the public school for a lyceum; participating in Track and Field Day at the track; and individual class trips taken at the end of the school year. You will be informed specifically each time one of these activities occurs. Should there ever be an activity you do not want your child to participate in, either call or write a note to inform your child’s teacher or the principal.

PLEASE SIGN AND RETURN TO ST. MARY OF MT. CARMEL SCHOOL BEFORE THE FIRST DAY OF SCHOOL.

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARTICIPANT’S NAME _____

PARTICIPANT’S NAME _____

PARTICIPANT’S NAME _____

PARTICIPANT’S NAME _____

PARENT/GUARDIAN’S NAME: _____

HOME ADDRESS: _____

HOME/CELL PHONE: _____ WORK PHONE: _____

I, _____, (Parents’/Guardians’ Names) grant permission for the above-named children to participate in any St. Mary of Mt. Carmel School/Church event at a location away from the St. Mary of Mt. Carmel School/ Church site requiring transportation. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Mary of Mt. Carmel School/Church.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor(s).

I agree on behalf of myself, my child(ren) named herein, successors, and assignees, to hold harmless and defend St. Mary of Mt. Carmel School/Church, its officers, directors and agents, and the St. Cloud Diocese, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate St. Mary of Mt. Carmel School/Church, its officers, directors and agents, and the St. Cloud Diocese, chaperones, or representatives associated with the event for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: _____ Date: _____

See Back

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____

Phone: _____

Family Doctor: _____

Phone: _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of St. Mary of Mt. Carmel School/Church, its officers, directors and agents, and the St. Cloud Diocese, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ Date: _____