ST. MATTHEW'S CATHOLIC SCHOOL

REGISTRATION PACKET

2019-2020

ST. MATTHEW'S CATHOLIC SCHOOL

602 South Main Street, Kalispell, MT 59901

Phone: 406-752-6303 Fax: 406-756-8248

www.stmattsaints.org

School hours:

Monday through Friday 8:15 am – 3:15 pm

ST. MATTHEW'S CATHOLIC SCHOOL
PHONE: 406-752-6303 † FAX: 406-756-8248
602 SOUTH MAIN ST., KALISPELL, MT 59901
EMAIL: OFFICE@STMATTSAINTS.ORG † WWW.STMATTSAINTS.ORG

LAUREN SMITH, PRINCIPAL FR. ROD ERMATINGER, PASTOR

February 12, 2019

Dear St. Matthew's Parent(s) or Guardian:

Thank you for selecting St. Matthew's Catholic School for your child(ren).

Registration is now in process for the 2019-2020 school year. The enclosed information is to help make registration for school as smooth as possible. Please take a few minutes to review this information, and ***fill out the registration forms completely.***

The registration fee is $200.00 per new family.

Families applying for tuition assistance will need to go through the FACTS Grant and Aid. You can apply for FACTS Grant and Aid online through our school Website, www.stmattsaints.org.

Please do not hesitate to stop by the registrar's office, call or email with any questions regarding the registration process.

Thank you.

Sincerely,

Theresa Swynt
Registrar
751-6811
Registrar@stmattsaints.org

2019-2020 School Year

Thank you for applying to St. Matthew's Catholic School. Listed below is the information required to complete the application process.

Registration Packet which includes:

- Registration Form
- Transfer Form (those transferring from another school)
- Tuition Payment Form
- Service Hours Program Form
- Photo Release Form
- Food Allergy Action Plan Form
- Medical Forms
- Immunization Records (Kindergarten)
  - ❖ Td booster prior to entering the 7th grade
- Registration Fee ($200.00 New Family) K-8
- Baptismal Certificate (2nd grade)
- Birth Certificate (Kindergarten)

Thank you for your prompt attention.

Theresa
Registrar
(406) 751-6811
Registrar@stmattsaints.org

St. Matthew's Catholic School

602 South Main Street, Kalispell, MT 59901
406.752-6303 (Office) 406.756-8248 (Fax)

REGISTRATION 2019-2020

I. STUDENT'S NAME (All information must be complete)

Last Name	First Name	Middle Initial	Birth Date	Male/Female	Grade Entering	Allergies & Health Concerns School should be aware of
1.						
2.						
3.						
4.						
5.						

Child(ren) lives with (check one): Both Parents _____ Father _____ Mother _____ Other _____

Ethnicity (**check all that apply**): White (Caucasian) _____ African American _____ Hispanic _____
Pacific Islander _____ Asian _____ Native American/Alaskan Native _____ Other _____

What school would your child attend in the public school system? _____

II. Family Biographical Information (All information must be complete)

Father's/Guardian Name _____
Last First Middle Initial

Address: _____
Street City State Zip

Home Phone: _____ Email Address: _____

Occupation: _____ Work Phone: _____

Place of Work: _____ Cell Phone: _____

Catholic: ☐ Yes ☐ No Parish Affiliation _____

Mother's Name: _____
Maiden Name Last First Middle Initial

Address: _____
Street City State Zip

Home Phone: _____ Email Address: _____

Occupation: _____ Work Phone: _____

Place of Work: _____ Cell Phone: _____

Catholic: ☐ Yes ☐ No Parish Affiliation _____

III. Student Emergency Contact & Health Information (All information must be complete)

If your child is injured or ill at school and parent(s) are not available, the school is authorized to contact (name other than parent(s):

Name _____ Home _____ Work _____

Name _____ Home _____ Work _____

Family Physician _____ Office Phone _____

IV. Registration Fee

A registration fee: **$50 per family for Pre-School, $100 per family for returning students K-8, and $200 per family for new students K-8.** Students will not be considered enrolled until this fee is received. This is a non-refundable recording fee.

V. Family Directory

Each year the school publishes a "Family Directory" for all families in St. Matthew's Catholic School. By initialing, I give permission to publish my information in the "Family Directory".

_____ Yes _____ No (Please Initial)

VI. Parent / Student Handbook Agreement

In consideration of my child(ren) attending St. Matthew's Catholic School, I agree that the Administration, Faculty, and Support Staff have the right to expect that all children and parents will comply with the terms, principles, rules and regulations, as outlined in the Parent / Student Handbook. As a condition of attending the Catholic school, each family is responsible for a tuition obligation. All tuition assessments, payments, and assistance are established by the Registrar's Office. Failure to communicate or remit tuition may result in student dismissal. I acknowledge that if, in the opinion of the School Administration, student or parental behavior, actions, or words interfere with the teaching, learning, mission, environment, or reputation of the Catholic school, the school reserves the right to dismiss the student and/or dissolve its relationship with the family. I acknowledge that attending a Catholic school is a privilege and that it is my responsibility to cooperate with the school for the spiritual development, education and welfare of all students attending the Catholic school. I understand that the Catholic school will make every reasonable effort to educate my child(ren) and accommodate all student spiritual development and environmental needs. I understand that as a parent, I am the primary educator of faith formation for my child(ren). If Catholic, I am expected to actively participate in the life of my parish by attending Mass, contributing financially to its support, and conscientiously developing a sense of Catholic community among my family, my parish, and school. If non-Catholic, I will respect and support the teachings, practices, and beliefs of the Roman Catholic faith and Catholic school program.

VII. Scrip Program

The $crip Program is currently used as a tuition reduction program. The program generates funding to your $crip Account by you purchasing gift cards/gift certificates ($crip) for many stores where you already shop. The $crip Office purchases these gift cards/gift certificates at a discount from local and national merchants and sells them to you at face value. With over 100 merchants to choose from, you can earn tuition credit (less an administrative fee) towards your next year's tuition. The $crip Program is no longer mandatory, but we hope families will use $crip proactively and consistently to directly impact their tuition bill with every possible purchase. The $crip Office is located in the school office.

VIII. Family Service Hours

In an effort to reduce the operational costs of the school and increase the fundraising capacity of our Foundation, St. Matthew's Catholic School requires thirty (30) hours of parental service each year. Ten (10) hours are dedicated to Fundraising with a minimum of five (5) hours for the Auction, and twenty (20) hours are dedicated to help in school operations and/or classroom environment. This may include service as a room parent, teacher's aide, or student tutor. It may also include areas such as helping in the lunchroom, organizing open house, or helping with a student activity. Please contact the school secretary, the principal, or your child's teacher for areas that you may be able to be of service to the school. Single parent families must complete fifteen (15) service hours per academic year with a minimum of five (5) hours for the Auction. Service hours not completed will be invoiced for the next school year.

IX Racial Nondiscrimination Policy

St. Matthew's Catholic School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

_____ _____

Parent Signature Date

_____ _____

Parent Signature Date

St. Matthew's Catholic School
602 S. Main Street
Kalispell, MT 59901
406-752-6303
Fax: 406-756-8248
www.stmattsaints.org

2019-2020

TRANSFER FORM -REQUEST FOR STUDENT TRANSCRIPT AND CUMULATIVE RECORDS

Student's Name: _____

Current School: _____
Address: _____
_____

Phone Number: _____

Attention: _____

_____has enrolled at St. Matthew's Catholic School, Kalispell, Montana.

Would you please release the following records to St. Matthew's Catholic School:

____Transcript of Grades

____Attendance Record

____Standardized Test Scores

____Other_____

_____ _____
Parent/Guardian Signature Date

SEND FILES TO:

ST. MATTHEW'S CATHOLIC SCHOOL
602 S. MAIN STREET
KALISPELL, MONTANA 59901

St. Matthew's Catholic School
Registration Office
602 South Main Street
Kalispell, MT 59901
406-751-6811

Tuition Payment Form
2019 – 2020

Family Name: _____

Student Name(s) and Grade(s):

1) _____ _____ 5) _____ _____

2) _____ _____ 6) _____ _____

3) _____ _____ 7) _____ _____

4) _____ _____ 8) _____ _____

Please select one of the following payment options for tuition A or B below:

☐ **A) 2019 –2020 tuition will be paid "IN FULL" before August 31, 2019 at the school.**
- ☐ By Cash
- ☐ By Check

☐ **B) 2019 – 2020 tuition will be paid through "MONTHLY" installments using the FACTS electronic payment program ($45 annual fee). Current users will be electronically Re-enrolled.**

- ☐ 3-12 monthly payments (July 2019 through June 2020) $45.00 annual fee
- ☐ 4 payments (July, October 2019, Jan & April 2020) $45.00 annual fee
- ☐ 2 payments (July 2019/Jan 2020) $10.00 annual fee
- ☐ 1 payments (August 31, 2019) No annual fee paid through FACTS

Scholarship

If you are applying for FACTS Grant and Aid and/or ACE Scholarship please check the box below.

- ☐ FACTS Grant and Aid (Application fee $35.00)
- ☐ ACE Scholarship (Application fee $0.00)

For more information on Scholarships, please call the school or stop by the Registrar's office.

By signing below, I acknowledge receiving the St. Matthew's Catholic School Financial Obligation Information and Credit Policy and agree to the terms.

Signed: _____ **Date:** _____
(Person responsible for paying tuition)

St. Matthew's School

Credit Policy

Consistent with the mission to provide a Catholic education to those who wish to obtain one and consistent with the obligation to maintain a financially viable Catholic school system, the following policy will be referenced when handling the collection of accounts owing the St. Matthew's School.

- As a condition of attending St. Matthew's School, each family is responsible for a tuition obligation. All tuition assessments, payments and assistance are established through the Registrar's Office.

- St. Matthew's School offers two payment plans, they are:

  1) Payment in full on or before **August 31, 2019**

  2) Payments using the **FACTS** electronic payment program
     (12 payments, July 2019-June 2020 is the maximum)
     (4 payments, July & Oct, 2019, Jan & April, 2020)
     (2 payments July 2019/Jan 2020)
     (1 payments August 2019)

Parents must complete all tuition related paperwork and remit their first payment to St. Matthew's School either through FACTS or in house prior to the first day of class in order for their child (ren) to attend.

Families found to be out of compliance with their tuition agreement will be contacted by the Registrar's Office and asked to meet to resolve the delinquency in a confidential manner.

- **Student Transfers**

  - If a student withdraws within the first two weeks of a semester, tuition is equal to
    - 25% of the semester tuition assessment.

  - If a student withdraws after the first two weeks of a semester, tuition is due for the semester.

  - If a student is accepted after the start of a semester, the annual tuition assessed will be prorated by semester.

  - Refunds for overpayment of tuition will be made in a timely manner by semester.

TIME, GIFTS AND TALENT

Service Hours Program 2019-2020

30 Hours Per Family

Name:_____ Phone Number: _____

Email: _____

Student(s) /Grade:_____

Schools function best when they belong to a community of interested, involved individuals, and families. You can bring a lot to our school in the form of your energy, time, ideas, special talents, or donations.

Coach ❑ Boys Basketball ❑Girls Basketball ❑Football ❑Volleyball ❑Track

Library ❑Shelving/fixing books ❑Aide ❑Book Fair ❑AR Store

❑Room Parent ❑ **Kindergarten** ❑ **1st** ❑**2nd** ❑**3rd** ❑**4th** ❑**5th** ❑ **6th** ❑ **7th** ❑**8th**

❑Holy Hoops ❑Technology ❑Science Fair ❑Amazing Shake ❑Catholic Schools Week

Please, do not be shy about sharing your ***special talents*** as this will be helpful knowledge to build a strong volunteer program. Perhaps you have computer skills, technical abilities, crafting, etc. *Please list*

.....

.....

Remember volunteers need to complete a VIRTUS training.

Photo Release Form 2019-2020

St. Matthew's School includes photos of students, teachers, and school activities on its website, Social Media sites (Facebook, Instagram, etc.) and various print publications. Though the names of faculty, staff, and administration will regularly be used, it is our policy that the names of students will **NOT**. **Names of students will NEVER be used** in conjunction with a photo we've published, online or otherwise. We occasionally forward photos of special events to the Montana Catholic, Daily Interlake and Flathead Beacon, for publication in articles about St. Matthew's School. This Photo Release will be in effect for the duration of your child's attendance at St. Matthew's unless the school office is notified.

_____ I hereby give permission for St. Matthew's School to publish photos of my child (children) on the school website, Social Media sites (Facebook, Instagram, etc.) and various print publications.

_____ I hereby do **NOT** give permission for St. Matthew's School to publish photos of my child (children)on the school website, Social Media sites (Facebook, Instagram, etc.) and various print publications.

We would also like to produce promotional videos featuring staff and students that could be published on the internet or shown in large group settings (such as 8th grade graduation video, Auction promotion videos, etc.). Names of students will **NOT** be used in videos.

_____ I hereby give permission for St. Matthew's School to publish videos that include my child (children).

_____ I hereby **DO NOT** give permission for St. Matthew's School to publish videos that include my child (children).

Children's names: _____ grade _____

_____ grade _____

_____ grade _____

_____ grade _____

_____ grade _____

Parent or Guardian Signature:

_____ Date _____

2019-2020

Diocese of Helena
Catholic Schools Office
PO Box 4851 - Missoula, MT 59806
406.594.1461
www.dioceseofhelena.org/schools

Our Catholic schools exist to provide students with the best Catholic education possible, to be the redeeming message of God's love, and to form an active community of believers.

Food Allergy Action Plan Form

DO NOT HESITATE TO CALL 911

Place Child's Picture Here

ALLERGY TO: _____

Student's Name: _____ DOB: _____

Student's Teacher: _____ Grade: _____

Asthmatic: ☐ YES (High Risk for Severe Reaction) ☐ No:

System	Symptoms
MOUTH	itching & swelling of the lips, tongue, or mouth
THROAT*	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
SKIN	hives, itchy rash, and/or swelling about the face or extremities
GUT	nausea, abdominal cramps, vomiting, and/or diarrhea
LUNG*	shortness of breath, repetitive coughing, and/or wheezing
HEART*	"thready" pulse, "passing out"

The severity of symptoms can quickly change. ***All above symptoms can potentially progress to a life threatening situation.**

ACTION for MINOR Allergic Reaction:

If only symptoms are: _____, give _____
medication / dose / route

Then call: ☐ Mother ☐ Father ☐ Emergency Contacts, (*on file in the school office*)

PH:_____ PH: _____

☐ If condition does not improve in ten (10) minutes, follow the steps for MAJOR Reaction (below)

ACTION for MAJOR Allergic Reaction:

If the student has ingested food that he/she is known to be allergic to or is he/she is suspected to have ingested food or if the symptoms are: _____,

give _____ **IMMEDIATELY!**
medication / dose / route

Then call: 911 ☐ Mother ☐ Father ☐ Emergency Contacts, (*on file in the school office*)

PH:_____ PH: _____

Montana Catholic Schools Office

The Diocese of Helena & The Diocese of Great Falls-Billings

www.dioceseofhelena.org ~ www.dioceseofgfb.org

STUDENT MEDICAL INFORMATION

☐ **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:

Student Name & Relationship	Phone:
Family Doctor:	Phone:
Family Health Plan Carrier:	Policy Number

☐ **Other Medical Treatment:**

In the event it comes to the attention of the schools, its officers, directors, agents, 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.

☐ **Medications:**

My child is taking medications at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows: (Please write on back of this page if more space is needed).

Medication:	Dosage and Directions
Medication:	Dosage and Directions

☐ **No Medication:**

No medication of any type whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

☐ **Non Prescription Medication:**

I hereby grant permission for non-prescription medication to be given to my child, if deemed appropriate.

Parent / Guardian Signature *Date*

Montana Catholic Schools Office

The Diocese of Helena & The Diocese of Great Falls-Billings

www.dioceseofhelena.org ~ www.dioceseofgfb.org

Specific Medical Information:

The Catholic school will take care to see that the following information is held in confidence.

Student / Participant:
Allergic reactions (medications, foods, plants, insects, etc.)
Any physical limitations?
Does child have a medically prescribed diet?
Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition:
Immunizations: Date of last tetanus/diphtheria immunization:
Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?
You should be aware of these special medical conditions of my child:

Signature	*Date*

Registration
ST. MATTHEW'S SCHOOL (SMS)
Financial Obligation Information 2019 - 2020

Calendar

- **February 04, 2019 – February 08 Discounted Registration Fee**
  - Registration fee $ 50.00 for returning family K-8
  - Registration fee $ 25.00 for returning family Pre-school

- **February 11, 2019 – Open Enrollment**
  - Families begin application process through FACTS Grant & Aid Assessment. Register by going to www.stmattsaints.org

- **February 11, 2019**
  - ACE Application

- **April 11, 2019**
  - *Round-Up for preschoolers and new Kindergartners (4-7 p.m.)*

- **April 15, 2019**
  - *FACTS Grant & Aid last day to achieve verified status*
  - *ACE Scholarship applications due*

- **July 02, 2019**
  - Tuition invoicing begins
  - Families who use FACTS tuition management will be rolled over in July of 2019 for the 2019-2020 school year.

- **August 31, 2019**
  - Tuition Due for those who want to pay in full

Tuition

- **Philosophy**
  - SMS tuition is a **"Cost-Based; Need Based"** tuition program.
  - **"Cost Based"** in that tuition amounts assessed are based on the cost to educate a projected student population.
  - **"Need Based"** in that a family's ability to pay tuition is determined through the FACTS Grant & Aid Assessment for Kindergarten through 8th grade students. FACTS is a third-party service provider who objectively determines a family's ability to pay tuition based on information provided by the family.

- **Application**
  - Each student is assessed a tuition amount ranging from Full tuition to a Minimum tuition obligation.

  - Financial Aid Distribution Criteria is determined by
    - FACTS G&AA ability to pay

Rate	**Annual Tuition**
Grade K-8 (one child)	$ 5,300.00
Grades K-8 (2nd child) 15%	$ 4,505.00
Grades K-8 (3rd child +) 40%	$ 3,180.00
PreK4 (T, W & TH 8:30-11:30AM)	$ 1,855.00
PreK3 (T & TH 8:30-11AM)	$ 1,350.00

- **Student Transfers**

  - If a student withdraws within the first two weeks of a semester, tuition is equal to
    - 25% of the semester tuition assessment.

  - If a student withdraws after the first two weeks of a semester, tuition is due for the semester.

  - If a student is accepted after the start of a semester, the annual tuition assessed will be prorated by semester.

  - Refunds for overpayment of tuition will be made in a timely manner by semester.

Other Obligations

$crip Program
The $crip Program is currently used as a **tuition reduction program**. The program generates funding to your $crip Account by you purchasing gift cards/gift certificates ($crip) for many stores where you already shop. The $crip Office purchases these gift cards/gift certificates at a discount from local and national merchants and sells them to you at face value. With over 100 merchants to choose from, you can earn tuition credit (less an administrative fee) towards your next year's tuition. The $crip Program is no longer mandatory, but we hope families will use $crip proactively and consistently to directly impact their tuition bill with every possible purchase.

Service Hours

- It is the responsibility of all SMS families to volunteer their time in serving the school.
- Two parent families must complete 30 service hours per academic year. Single parent families must complete 15 service hours per academic year.
- Service hours shall be recorded in RenWeb no later than 30 days after the end of each month.
- Service hours not completed will be invoiced at $10 per hour.

Student Fees

Registration per family

- A **non-refundable** registration fee is due at registration submittal. Students will not be considered for acceptance or re-enrolled until this deposit is received.

• Pre-School Per Family	$ 50
• Returning student K-8 Per Family	$100
• New student K-8 Per Family	$200

Uniform Vendors (K-8th grade)

LANDS END
WWW.LANDSEND.COM

OLD NAVY
WWW.OLDNAVY.COM

STUMPTOWN STITCH CUSTOM EMBROIDERY (FOR LOGO)
505 WISCONSIN AVENUE
WHITEFISH, MT 59937
406-862-4676

PLEASE SEE MORE INFORMATION AT OUR WEBSITE AT WWW.STMATTSAINTS.ORG
SCRIP IS AVAILABE FOR LANDS END AND OLD NAVY.