

## 2020 – 2021 Enrollment Checklist

*The following forms must be completed and submitted to complete enrollment. Please contact the Office for a Registration packet. All enrollment forms will be posted and can be downloaded from our website [www.stphilipneri.net](http://www.stphilipneri.net) and SchoolSpeak Announcement page.*

- 2020-2021 Enrollment Application Form
- Registration Fee: \$400
  - \$100 at time of initial enrollment (Early enrollment fees apply)
    - Pay \$50 (by February 28, 2020) - \$50 discount
    - Pay \$75 (by March 31, 2020) - \$25 discount
  - \$300 due BEFORE 1<sup>st</sup> day of school: August 26, 2020
- ACH Tuition Management Contract
  - Includes \$40 Processing Fee
- Emergency Card
- Food & Allergy Form
- Parent Non-Commercial Release Form (ADLA)
- SchoolSpeak Registration Form
- 2020-2021 Tuition Contract
- New Students are required to submit:
  - Birth Certificate
  - Communion Certificate (if applicable)
  - Current Immunization Record
  - Copy of Last Report Card / Transcripts

# SAINT PHILIP NERI CATHOLIC SCHOOL

12522 Stoneacre Ave.

Lynwood, CA 90262

(310) 638-0341

## ENROLLMENT APPLICATION

## 2020-2021

TODAY'S DATE: \_\_\_\_\_

| STUDENT INFORMATION   |   |  |                         |  | GRADE ENTERING          | RELIGION             |                            |
|---|---|--|-------------------------|--|-------------------------|----------------------|----------------------------|
| LAST NAME   | FIRST NAME  | MIDDLE   |                         |  |                         |                      |                            |
| ADDRESS   |   | CITY   | ZIP CODE                |  | LANGUAGE SPOKEN AT HOME |                      |                            |
| BIRTH DATE:   |   | BIRTH PLACE  | SEX (circle):<br>M    F |  | PHONE (    )            |                      |                            |
|   |   |  |                         |  | E-mail:                 |                      |                            |
| STUDENT LIVES WITH: (CIRCLE ALL THAT APPLY)   |   |  |                         |  |                         |                      |                            |
| FATHER  |   | MOTHER   | BOTH                    | STEPFATHER                                     | STEPMOTHER              | GUARDIAN             |                            |
| FAMILY INFORMATION  | FATHER:   | LAST NAME                      FIRST                      MIDDLE |                         |  | RELIGION                | BIRTHPLACE           |                            |
|   | OCCUPATION  |  | WORK TELEPHONE #        | PLACE OF WORK                                  |                         |                      |                            |
|   | CELL PHONE NUMBER   |  |                         | WORK ADDRESS                                   |                         | ZIP CODE             |                            |
|   | MARITAL STATUS (CIRCLE ONE):<br>SINGLE    MARRIED    DIVORCED<br>WIDOWER    DECEASED  |  |                         | SPEAKS:    ENGLISH___<br>SPANISH___    BOTH___ |                         | ETHNICITY (Optional) | HIGHEST LEVEL OF EDUCATION |
|   | MOTHER:   | LAST NAME                      FIRST                      MIDDLE |                         |  | RELIGION                | BIRTHPLACE           |                            |
|   | OCCUPATION  |  | WORK TELEPHONE #        | PLACE OF WORK                                  |                         |                      |                            |
|   | CELL PHONE NUMBER   |  |                         | WORK ADDRESS                                   |                         | ZIP CODE             |                            |
|   | MARITAL STATUS (CIRCLE ONE):<br>SINGLE    MARRIED    DIVORCED<br>WIDOWER    DECEASED  |  |                         | SPEAKS:    ENGLISH___<br>SPANISH___    BOTH___ |                         | ETHNICITY (Optional) | HIGHEST LEVEL OF EDUCATION |
|   | GUARDIAN:   | LAST NAME                      FIRST                      MIDDLE |                         |  | RELIGION                | BIRTHPLACE           |                            |
|   | OCCUPATION  |  | WORK TELEPHONE #        | PLACE OF WORK                                  |                         |                      |                            |
|   | CELL PHONE NUMBER   |  |                         | WORK ADDRESS                                   |                         | ZIP CODE             |                            |
|   | MARITAL STATUS (CIRCLE ONE):<br>SINGLE    MARRIED    DIVORCED<br>WIDOWER    DECEASED  |  |                         | SPEAKS:    ENGLISH___<br>SPANISH___    BOTH___ |                         | ETHNICITY (Optional) | HIGHEST LEVEL OF EDUCATION |
| RELATIONSHIP TO STUDENT:  |   |  |                         |  |                         |                      |                            |
| PARISH INFORMATION:   | ARE YOU A REGISTERED MEMBER OF SAINT PHILIP NERI PARISH?                      YES _____                      NO _____                           |  |                         |  |                         |                      |                            |
|   | IF YES, YEAR OF REGISTRATION: _____   |  |                         |  |                         |                      |                            |
|   | IF NO, WHAT IS YOUR PARISH? _____   |  |                         |  |                         |                      |                            |
|   | DO YOU USE YOUR PARISH CONTRIBUTION ENVELOPES?                      YES _____                      NO _____                      NUMBER#: _____ |  |                         |  |                         |                      |                            |
|   | DO YOU ATTEND MASS REGULARLY AS A FAMILY?                      YES _____                      NO _____  |  |                         |  |                         |                      |                            |
|   | LIST AREAS OF INVOLVEMENT IN THE PARISH, PLEASE BE SPECIFIC:<br>_____<br>_____  |  |                         |  |                         |                      |                            |
| IF YOUR FAMILY IS NEW TO THE AREA, LIST INVOLVEMENT IN PREVIOUS PARISH:<br>_____<br>_____ |   |  |                         |  |                         |                      |                            |
| L updated: 02 18  |   |  |                         |  |                         |                      |                            |

**SCHOOL LAST ATTENDED:**

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**ALUMNI:**

Are there any family members that have attended Saint Philip Neri School? (parents, aunts, uncles, cousins, etc.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

**BROTHERS AND SISTERS:**

| NAME  | GRADE | SCHOOL ATTENDING* | GRADUATED FROM | YEAR  |
|-------|-------|-------------------|----------------|-------|
| _____ | _____ | _____             | _____          | _____ |
| _____ | _____ | _____             | _____          | _____ |
| _____ | _____ | _____             | _____          | _____ |
| _____ | _____ | _____             | _____          | _____ |
| _____ | _____ | _____             | _____          | _____ |
| _____ | _____ | _____             | _____          | _____ |

\* IF ATTENDING SAINT PHILIP NERI SCHOOL:

VERIFIED BY: \_\_\_\_\_ COMPLETE: \_\_\_\_\_ INCOMPLETE: \_\_\_\_\_

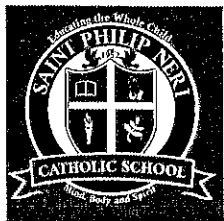
PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THE FOLLOWING DOCUMENTS MUST BE TURNED IN WITH THE APPLICATION (NEW STUDENTS ONLY):**

|   |  |                                       |
|---|--|---------------------------------------|
| Birth Certificate   | Copy of Last Report Card/Transcripts                           | Emergency Kit                         |
| Baptismal Certificate (if applicable)                         | ACH Contract, Voided Check & Fee                               | (Due 8/28/20 or \$25 will be charged) |
| Communion Certificate (if applicable)                         | Allergy & Medication Form                                      | Parent Non-Commercial Release Form    |
| Registration Fee (\$ _____ Date: _____)                       | School Speak Registration Form                                 | NSLP Food Program Application         |
| Emergency Card  | CEFA Application & 2018 Income Tax (Financial Assistance Only) |                                       |
| Current Immunization Record (New & Current TK, K & 7th Grade) |  |                                       |

|                        |                  |                                    |
|------------------------|------------------|------------------------------------|
| <b>For Office Use:</b> |                  | Test Results: _____                |
| Date Received: _____   | Test Date: _____ | Acceptance Status: _____           |
| By: _____              | Test Time: _____ | Grade: _____                       |
|                        |                  | Cum. Records: <input type="text"/> |





# Saint Philip Neri School 2020 – 2021 Tuition & Fees

SCHOOL OFFICE HOURS ARE:

MONDAY – THURSDAY 7:30 am - 3:30 pm

FRIDAYS 7:30 am TO 12:30 pm

12522 Stoneacre Avenue

Lynwood, CA 90262

[www.stphilipneri.net](http://www.stphilipneri.net)

Phone: (310) 638-0341

Fax (310) 632-5119

Fr. Ernesto Jaramillo, Pastor

Mrs. Alexandra Gonzales, Principal

Ms. Adryann Padilla, Vice-Principal

## **ANNUAL FEES PER CHILD:** (Non-Refundable)

### **\$400 PER CHILD**

(After April 1, 2020 - \$100 Due at time of enrollment)

**Includes:** Administrative Fees, Book rental, Technology, Insurance, etc.)

### **Early Registration Discount:**

**By February 28<sup>th</sup> - \$350 / (\$50 Discount)**

-\$50 due at time of enrollment)

**By March 31<sup>st</sup> - \$375 (\$25 Savings)**

-\$75 due at time of enrollment)

**\$300 Balance Due by 1<sup>st</sup> Day of School: August 26, 2020**

## **TUITION** *Yearly Rate:*

1 child: \$3,905.00 or 11 payments of \$355.00 (Aug – June)  
Families with K or 8<sup>th</sup> Grade children must pay in 10 payments (Aug – May)

Any additional child: \$2750 per year

Tuition collected on the 20<sup>th</sup> of each month

\*\$50 LATE FEE (after the 20<sup>th</sup> of each month)

\*\$35 RETURNED CHECK/UNPROCESSED ACH FEE

**5% DISCOUNT ON TUITION ONLY IF PAID IN FULL ON OR BEFORE THE FIRST DAY OF SCHOOL**

## **ACH:** *Tuition Management*

Every family **MUST** be in the ACH program (\$40 annual processing fee). Otherwise a \$100.00 annual penalty fee will apply. **NO EXCEPTIONS**  
Please provide a **VOIDED** check with the application.

## **FUNDRAISING** **Mandatory**

- Pre-sale PTO/Parish Event (2 tickets min) \$50
- Parish Carnival Raffle Tickets (10/31/20) \$200
- Winter Frozen Dessert (December)-sell \$375 /\$150 buyout
- Cinco de Mayo Prize Raffle Tickets (5/1/21) \$200
- Spring Chocolate Drive (February) -sell \$300/\$150 buyout

*Classroom Sunday Sale (per child): \$25 donation, a 12 pack of soda and 5 hours shift (\$125 buy-out or missed mandatory service hour fee will apply)*

## **OTHER FEES MAY APPLY!**

|   |          |
|---|----------|
| 8th Grade Graduation                        | \$300.00 |
| Kindergarten Graduation                     | \$150.00 |
| First Communion                             | \$ 75.00 |
| Missing Emergency Kit (DUE Friday 09-06-19) | \$25.00  |
| Missed Mandatory Parent Meeting Fee         | \$25.00  |

\* There are 2 mandatory meetings per year: Back to School & End of Year.

## **UNIFORMS**

IT IS MANDATORY TO WEAR UNIFORMS

Regular School Uniforms must be worn Monday thru Thursdays with formal uniforms worn on Fridays and any special event days. P.E. Uniforms are worn on P.E. days. Free Dress/Non-Uniform Days will be announced.

HILDA'S UNIFORM SHOP

1001 E. COMPTON BLVD.

COMPTON, CA 90221

(310) 631-7474

P.E. UNIFORMS ARE SOLD IN THE SCHOOL OFFICE AT \$35.00 A SET.

## **SERVICE HOURS**

There are **30 mandatory** service hours per family (20 for the school; 5hrs Sunday Class/PTO sale; 5 hours for the Parish Carnival) OR \$25.00 per hour Buy Out. Families who do not pay full tuition work extra hours according to their contract.

## **AFTER SCHOOL DAY CARE**

Daycare is provided for an additional fee and is held Mornings 7am-7:30 am and after school from 3:00 p.m. to 6:00 p.m. (regular days) and 12:15 p.m. to 6:00 p.m. on minimum days. Late fees will apply.

Fees: \$ 50.00 Annual Registration fee per child

\$110.00 Monthly Fee - 1 Child (\$60 each additional child)

**\*\$25 LATE FEE \*\* NO EXTRA CHARGE FOR AM DAYCARE! FOR MORNING DAYCARE ONLY \$50 a month per child**

## **FINANCIAL ASSISTANCE**

All applicants **MUST** first attend a Financial Assistance Information Meeting on Feb. 24, 2020 or March 16, 2020. A CEF scholarship application must be submitted by **April 1, 2020** along with a copy of the 2018 filed income tax (1040) or Notarized Statement of Income. An appointment with the principal will then be scheduled after receiving all documents. **NO EXCEPTIONS!**

*"Educating the Whole Child: Body, Mind and Spirit"*

AÑO ESCOLAR 2020-2021  
**St. Philip Neri Catholic School**  
12522 Stoneacre Ave., Lynwood CA 90262 (310) 638 0341

**ACH Recurring Payment Authorization Form**

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated each billing period. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes.

**Person Responsible for Payment:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_ (Parent/Uncle/Aunt/Brother/Guardian, etc.)

I authorize St. Philip Neri Catholic School to charge my bank account indicated below on the **20<sup>th</sup>** of each month for payment of my child/children's tuition and/or daycare fees. This Authorization will remain valid while the student(s) is/are enrolled at St. Philip Neri Catholic School.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

VOIDED CHECK MUST BE ATTACHED

|   |  |                |                |           |                  |
|---|--|----------------|----------------|-----------|------------------|
| Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings  | Total Tuition \$ _____                                 |                |                |           |                  |
| Name on Acct _____  | Monthly Tuition \$ _____                               |                |                |           |                  |
| Bank Name _____   |  |                |                |           |                  |
| Account Number _____  |  |                |                |           |                  |
| Bank Routing # _____  |  |                |                |           |                  |
| <table border="1" style="margin: auto;"><tr><td style="text-align: center;">Routing Number</td><td style="text-align: center;">Account Number</td></tr><tr><td style="text-align: center;">222222222</td><td style="text-align: center;">000 111 555 1027</td></tr></table> |  | Routing Number | Account Number | 222222222 | 000 111 555 1027 |
| Routing Number  | Account Number   |                |                |           |                  |
| 222222222   | 000 111 555 1027                                       |                |                |           |                  |
| Number of Payments Each School Year: _____  | Start Date: _____ End Date: _____                      |                |                |           |                  |
| Daycare: <input type="checkbox"/> Total Fees \$ _____   | Monthly Fee \$ _____ Start Date: _____ End Date: _____ |                |                |           |                  |

**Name(s) of Student(s) Enrolled:**

- |          |              |
|----------|--------------|
| 1. _____ | Grade: _____ |
| 2. _____ | Grade: _____ |
| 3. _____ | Grade: _____ |
| 4. _____ | Grade: _____ |

SIGNATURE \_\_\_\_\_  
(Authorized Signer on the Account)

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify St. Philip Neri Catholic School in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF), I understand that St. Philip Neri Catholic School may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30 and up to \$60 charge for each attempt (20<sup>th</sup>, second attempt 30<sup>th</sup>) which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

FAMILY'S LAST NAME:  
APELLIDO FAMILIAR

ARCHDIOCESE OF LOS ANGELES  
EMERGENCY - EARTHQUAKE - DISASTER INFORMATION

FAMILY INFORMATION/INFORMACION FAMILIAR

Home Phone #: ( ) ( ) ( ) Home address: City: State: Zip: (circle)

Mother's Work Phone # ( ) ( ) ( ) Pager # ( ) ( ) ( ) Cellular Phone # ( ) ( ) ( ) Call: 1<sup>st</sup> 2<sup>nd</sup> (circle)

Father's Work Phone # ( ) ( ) ( ) Pager # ( ) ( ) ( ) Cellular Phone # ( ) ( ) ( ) Call: 1<sup>st</sup> 2<sup>nd</sup> (circle)

Child/children live with  Both natural Parents/Ambos padres naturales  Mother only/unicamente con la madre  Father/Stepmother/Padre/madrastro  Guardian  Other

Alumnos/os viven con:  Father only/unicamente con el padre  Mother/Stepfather/Madre/padrastro  Guardian  Other

Mother's Name/Nombre de la Madre: Mother's maiden name/apellido de soltera

Occupation/ocupación Hours of employment/horas de empleo: City: State: Zip:

Employer/empleador Work Address/dirección City: State: Zip:

Father's Name/Nombre del Padre: Hours of employment/horas de empleo: City: State: Zip:

Occupation/ocupación Work Address/dirección City: State: Zip:

Employer/empleador Work Address/dirección City: State: Zip:

STUDENT'S INFORMATION/INFORMACION DEL ALUMNO Complete information for each child/complete la información por cada alumno

1. Last name/Apellido First/Nombre: Middle/Segundo nombre

|   |  |                      |                                   |  |
|---|--|----------------------|-----------------------------------|--|
| Grade/Grado:  | Social Security # (optional)   | Birthdate            | Birthplace                        | FOR OFFICE<br>USE ONLY<br>PARA USO<br>DE LA<br>OFICINA<br>UNICAMENTE |
| Sex/Sexo: <b>M F</b> (circle one)   | Wears/usa: Glasses/Anteojos Contact lenses/lentes De Contacto (circle one) | Fecha de nacimiento: | Lugar de Nacimiento:              |  |
| Medical Alert/Alerta Médica: Conditions requiring special emergency care/Condiciones que requieren cuidados de emergencia especiales. | Health Problems/Problemas de Salud Medication/Medicamento                  | Yes/Si No (circle)   | Student's HMO enrollment #: _____ |  |

History of seizures/Historia de ataques Yes/Si No (circle) Student's HMO enrollment #: \_\_\_\_\_

STUDENT'S INFORMATION/INFORMACION DEL ALUMNO Complete information for each child/complete la información por cada alumno

2. Last name/Apellido First/Nombre: Middle/Segundo nombre

|                                   |  |                      |                      |  |
|-----------------------------------|--|----------------------|----------------------|--|
| Grade/Grado:                      | Social Security # (optional)   | Birthdate            | Birthplace           | FOR OFFICE<br>USE ONLY<br>PARA USO<br>DE LA<br>OFICINA<br>UNICAMENTE |
| Sex/Sexo: <b>M F</b> (circle one) | Wears/usa: Glasses/Anteojos Contact lenses/lentes De Contacto (circle one) | Fecha de nacimiento: | Lugar de Nacimiento: |  |

Medical Alert/Alerta Médica: Conditions requiring special emergency care/Condiciones que requieren cuidados de emergencia especiales.

Asthma/Allergies Health Problems/Problemas de Salud Medication/Medicamento

History of seizures/Historia de ataques Yes/Si No (circle) Student's HMO enrollment #: \_\_\_\_\_

STUDENT'S INFORMATION/INFORMACION DEL ALUMNO Complete information for each child/complete la información por cada alumno  
 3. Last name/Apellido First/Nombre: Middle/Segundo nombre

Grade/Grado: Social Security # (optional) Birthdate Fecha de nacimiento: Birthplace Lugar de Nacimiento:

Sex/Sexo: **M F** (Circle one) Wears/Usa: Glasses/Anteojos Contact lenses/lentes De Contacto (circle one)  
 Medical Alert/Alerta Médica: Conditions requiring special emergency care/Condiciones que requieran cuidados de emergencia especiales.  
 Asthma/Alergies Health Problems/Problemas de Salud Medication/Medicamento  
 History of seizures/Historia de ataques Yes/Si No (circle) Student's HMO enrollment #: FOR OFFICE USE ONLY PARA USO DE LA OFICINA ÚNICAMENTE

| EMERGENCY CARE INFORMATION/INFORMACION DE CUIDADO DE EMERGENCIA |                        |        |
|---|------------------------|--------|
| Name/Nombre:  | Relationship/Relación: | Phone# |
| Name/Nombre:  | Relationship/Relación: | Phone# |
| Name/Nombre:  | Relationship/Relación: | Phone# |

HEALTH INSURANCE/ASEGURANZA MEDICA Carrier Name & Address: Subscriber Number/numero de subscripción  
 Group Number/Numero de Grupo: Address/Dirección  
 Doctor's Name/Nombre del Doctor: Phone #/ de Telefono:  
 Dentist's Name/Nombre del Dentista Phone #/ de Telefono: Address/Dirección

| EARTHQUAKE-DISASTER RELEASE INFORMATION/INFORMACION DE EMERGENCIA Y TERREMOTO<br><small>TO BE COMPLETED FOR EACH STUDENT BY SCHOOL OFFICIAL IN THE EVENT OF AN EARTHQUAKE-DISASTER<br/>       A SER COMPLETADA PARA CADA ALUMNO POR UN OFICIAL ESCOLAR EN EL EVENTO DE UN TERREMOTO O DESASTRE</small> |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| 1. Student's Name/Nombre del alumno  | 2. Student's Name/Nombre del alumno | 3. Student's Name/Nombre del alumno |
| Was released to/se le entregó a:   |                                     | Date/Fecha: Time/Hora:              |
| Location to where the child was taken/lugar a donde se llevó al alumno:  |                                     |                                     |
| School official releasing the child/Oficial escolar que entregó al alumno:   |                                     |                                     |

**CONSENT/ACUERDO**  
 I understand that the school does not assume responsibility for payment of physician. However, in an emergency the school may choose a physician. In an emergency I give the school permission to have my child receive medical treatment.  
 Entiendo que la escuela no asume responsabilidad por pago a doctores. Sin embargo, en caso de emergencia la escuela puede elegir un doctor. En caso de emergencia le doy autorización para que mi hijo/a reciba tratamiento médico.  
**Signature of/Firma de**

Parent/Guardian Date Parent/Guardian

SAINT PHILIP NERI CATHOLIC SCHOOL  
ALLERGY & MEDICATION FORM  
2020-2021 SCHOOL YEAR

Dear Parents/Guardians:

On occasion, parents ask to bring treats (birthdays, etc) for class. WE MUST HAVE THIS FORM ON FILE IF YOUR CHILD IS TO PARTICIPATE IN THE OCCASIONAL FOOD TREATS. Also, we need to know if your child requires medication to be taken at school

**ALLERGY INFORMATION:**

- My child has **NO** food allergies. \_\_\_\_\_ (Please initial)
- My child **HAS** the following allergies: (Please specify below) \_\_\_\_\_

**PERMISSION TO PARTICIPATE IN CLASSROOM PARTIES:**

- My child **MAY** eat treats for classroom parties (e.g. birthdays and/or special events).

Please circle one:  YES  NO

**MEDICATION AUTHORIZATION:** If you answer yes, you must complete the *Medication Authorization and Permission Form* so that medication can be stored in the office and taken at school if needed.

- My child needs to take medication at school:  YES  NO

○ Please specify (name of medication): \_\_\_\_\_ Reason: \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**Parent Name (Print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR  
(NONCOMMERCIAL)**

---

*This section to be completed by the Archdiocesan entity (school/parish/ACC) sponsoring the activity ("Location"):*

Name of Location: St. Philip Neri School

The Location intends to use your child's image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below.

Description of events/activities to which this Release applies:  
All classroom, church and school related events.

Duration of Release: School Year 2020-2021

---

*This section to be completed by Parent/Guardian:*

I, \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_, a minor.

I hereby authorize the Location to use the following personal information about my child:  
(Please initial the applicable boxes)

Image: yes no    Voice: yes no    Name: yes no    Work: yes no

I understand and agree that my child's image, voice, name and/or work ("Personal Information") relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child's Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ("Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.



I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

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

Print Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

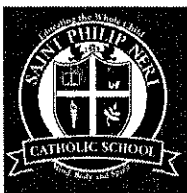
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_





## 2020-2021 School Speak Registration Form

School Speak is the Student Information and Parent Communication Attendance and Grading system we are using. Parents can have access to posted classroom announcements, homework assignments, attendance and grades. In order to have online access, parents/guardians and must provide the following information. Please complete and return to the office with your registration packet. You will receive an email with a username and password.

One Parent Access to receive student information:

|                       |                   |       |                            |
|-----------------------|-------------------|-------|----------------------------|
| _____                 | _____             | _____ | _____-_____-_____<br>_____ |
| Student #1 First Name | Student Last Name | Grade | Date of Birth              |
| _____                 | _____             | _____ | _____-_____-_____<br>_____ |
| Student #2 First Name | Student Last Name | Grade | Date of Birth              |
| _____                 | _____             | _____ | _____-_____-_____<br>_____ |
| Student #3 First Name | Student Last Name | Grade | Date of Birth              |

|                      |                  |                          |
|----------------------|------------------|--------------------------|
| _____                | _____            | Cell phone # _____       |
| Parent First Name    | Parent Last Name | For Future Text Messages |
| Home Address: _____  | _____            | CA _____                 |
| Street Number & Name | City             | Zip Code                 |
| E-Mail: _____        | @ _____          |                          |

If you would like to authorize a second person to receive this information please provide us with the following information and sign at the bottom.

|               |           |                    |
|---------------|-----------|--------------------|
| _____         | _____     | Cell phone # _____ |
| First Name    | Last Name |                    |
| E-Mail: _____ | @ _____   |                    |

|                            |           |
|----------------------------|-----------|
| Authorized by: _____       | _____     |
| Print First and Last Names | Signature |

**MEDICATION AUTHORIZATION AND PERMISSION FORM**

**Location:** \_\_\_\_\_

Part A to be completed by a licensed physician unless copy of prescription and original prescription bottle is provided containing the information requested in Part A.

**I hereby request that my son/daughter be allowed to take the following medication(s) at the Location identified above and/or at a Location sponsored field trip, event or activity.**

\_\_\_\_\_

|                    |            |     |            |
|--------------------|------------|-----|------------|
| Last Name of Minor | First Name | Sex | Birth Date |
|--------------------|------------|-----|------------|

Name of Medication: \_\_\_\_\_

**A. Physician's Instructions.** (Complete where applicable)

\_\_\_\_\_

Purpose of Medication or Diagnosis

\_\_\_\_\_

|                   |                    |                           |
|-------------------|--------------------|---------------------------|
| Dosage Prescribed | Date/Time Schedule | Dose Form (tablet/liquid) |
|-------------------|--------------------|---------------------------|

Please notify this office if patient misses medication  Yes  No

Medication may have adverse effects (explain) \_\_\_\_\_

Special instructions and/or comments: \_\_\_\_\_

\_\_\_\_\_

|                                  |                                 |      |
|----------------------------------|---------------------------------|------|
| Print Name of Licensed Physician | Signature of Licensed Physician | Date |
|----------------------------------|---------------------------------|------|

\_\_\_\_\_

Physician Address and Phone Number

**B. Permission for Administration of Medication and/or Testing at Location and/or at Location sponsored Field Trip/Event/Activity:** I request that my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at the Location identified above and/or at a Location sponsored field trip/event/activity as prescribed by the physician above. I acknowledge and understand that no health care professional or other trained adult may be available at the Location or at the field trip/event/activity to assist, monitor or supervise my son/daughter's self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that Location staff/chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor the Location shall be liable for any adverse consequences or injury. I hereby give the Location staff/chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose. For all other medications, my son/daughter and I will comply with the Location's policies and procedures and will provide the Location with any medication my son/daughter requires in its original prescription bottle.

Parent/Guardian Name: \_\_\_\_\_ Emergency phone number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# EMERGENCY DISASTER KIT

## 2020-2021

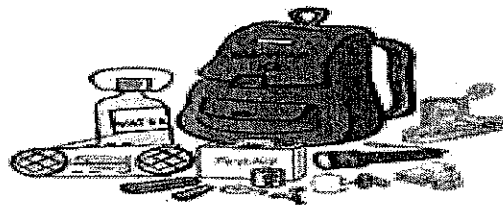
- (2) 16.9oz water bottles
- (4) Granola Bars/Protein Bars/Tuna (Protein)
- A favorite book
- A pair of socks
- A pair of underwear
- (1) large garbage bag
- A small package of wipes
- A small package of tissue
- (6) bandages large & small



A reassuring letter and picture from parent to child

Everything must be turned in a 1 Gallon Sized Zip Lock bag

Mark the bag with child's name and grade



MUST BE BROUGHT TO THE CLASSROOM BY **FRIDAY, AUGUST 28, 2020**  
OTHERWISE THE SCHOOL WILL PROVIDE ONE FOR EACH ONE OF YOUR CHILDREN  
AND A \$25 PER STUDENT CHARGE WILL BE ADDED TO YOUR ACCOUNT!!