

School Name: St. Theodore Holy Family Catholic School Student Entering Grade \_\_\_\_\_ Date Entered \_\_\_\_\_  
**DIocese of LAKE CHARLES + CATHOLIC SCHOOLS STUDENT APPLICATION**

NAME: (LEGAL NAME) FAMILY NAME FIRST NAME MIDDLE NAME SOCIAL SECURITY #: \_\_\_\_\_ SEX: \_\_\_\_\_  
 RACE  Hispanic  American Indian  Asian  Black/African American  Native Hawaiian/Pacific Islander  White  Two or more races  
 DATE OF BIRTH (DD) / (MM) / (YY) PLACE OF BIRTH CITY STATE COUNTRY BIRTH CERTIFICATE NUMBER \_\_\_\_\_ (IF NOT INDICATED, VERIFY CERTIFICATE)  
 MAILING ADDRESS STREET CITY STATE ZIP PHONE ( ) \_\_\_\_\_

HOME LANGUAGE \_\_\_\_\_ RELIGION OF STUDENT CIURCII PARISI

CATHOLIC SACRAMENTS	DATE	CHURCH	CITY AND STATE	NAMES OF SIBLINGS	AGE	SCHOOL ATTENDING	GRADE
Baptism							
First Reconciliation							
First Eucharist							
Confirmation							

ADMISSION INFORMATION Name of Admitting School \_\_\_\_\_ Date of Admission \_\_\_\_\_  
 (ALL INFORMATION WILL BE VERIFIED)  
 Last school attended Name \_\_\_\_\_ Grade \_\_\_\_\_ Last Date of Attendance \_\_\_\_\_ Reason \_\_\_\_\_  
 Other schools attended Name \_\_\_\_\_ Grade(s) \_\_\_\_\_ Last Date of Attendance \_\_\_\_\_ Reason \_\_\_\_\_  
 This student has a current IEP  Yes  No

In which PUBLIC SCHOOL DISTRICT does the STUDENT presently live? \_\_\_\_\_  
 HEALTH INFORMATION Does the STUDENT have any health problems? \_\_\_\_\_ If YES, describe \_\_\_\_\_  
 Prescribed Medications \_\_\_\_\_

PARENTAL INFORMATION Marital Status  Single  Married  Separated  Divorced  Widowed Social Security # Father \_\_\_\_\_ Mother \_\_\_\_\_  
 FATHER'S Name LAST NAME FIRST NAME MIDDLE NAME Religion \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 As it appears on the birth certificate

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Education  High School  Some College/Technical  College Degree  Advanced Degree  
 MOTHER'S Name LAST NAME FIRST NAME MIDDLE NAME Religion \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 As it appears on the birth certificate

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Education:  High School  Some College/Technical  College Degree  Advanced Degree  
 Child lives with: NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ STREET CITY STATE ZIP  
 FIRST NAME MIDDLE NAME

Relationship to Child: \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
 Comments \_\_\_\_\_

I attest that all of the above information is accurate and true Upon acceptance of my child I agree to follow the regulations and policies of the school SUBSIDY APPROVAL  Yes  No  
 PARENT(S) SIGNATURE \_\_\_\_\_ PASTOR'S SIGNATURE \_\_\_\_\_



## St. Theodore Holy Family Catholic School

785 Sam Houston Jones Parkway • Phone (337) 855-9465 • Fax (337) 855-2809 • Lake Charles, Louisiana 70611  
Mrs. Charlotte Kohlenberg, Principal Reverend Aubrey Guilbeau, Pastor

### Registration Fee Policy Procedure 2019-2020

**Registration Fee \$200.00 per child** must accompany application form; it is nonrefundable. Fee covers enrollment and placement.

**Curriculum Fee of \$125.00 per child** must accompany application form. This fee includes textbooks and workbooks. It is non-refundable after August 1, 2019.

**Technology Fee of \$75.00 per child** must accompany application form. This fee covers software, printing, and materials. It is non-refundable after August 1, 2019.

**Building Fee of \$100.00 per family** must accompany application form. This fee is non-refundable after August 1, 2019.

**Spirit Package \$50 per family:** This fee includes a student spirit shirt, yearbook and i.d. badge and is due at time of registration..

**FOR 8<sup>th</sup> Grade PARENTS ONLY**

**8<sup>th</sup> Grade Promotion Fee of \$50.00 per 8<sup>th</sup> grade student:** to be paid with registration fee.

**\*\*\*We would appreciate registration fees payment by May 1, 2019.**



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### Enrollment Contract 2019-2020

I hereby enroll \_\_\_\_\_ at St. Theodore Holy Family Catholic School of the Diocese of Lake Charles.

Having evaluated all the facts, I believe that this school's program will provide the type of education I want my child to have.

By this enrollment, I am indicating that religious instruction should be an integral part of a person's education. I approve of my child's participation in the type of program that this Catholic school offers. I am also indicating that I accept the school's regulations and will abide by them.

I want my child to participate in all aspects of the school program; I accept the school's pledge to respect each child's religious convictions and to treat him/her in the same manner that it treats all students attending the school.

I understand that the annual tuition I will be charged will be as listed in the schedule below. Subsidized rate is granted only when registration forms are signed by pastors who agree to send full subsidy to Holy Family Catholic School

Date	Signature of Parent/Guardian
Phone	Address <span style="float: right;">City, State, Zip</span>

Subsidized Tuition	Annual Tuition PTC commitment included	10 Monthly Payments (Paid August - May) PTC commitment included	11 Monthly Payments (Paid July - May) PTC commitment included
1 Child	\$4,416.00	\$441.60	\$401.45
2 Children	\$7,627.00	\$762.70	\$693.36
3 Children	\$10,917.00	\$1,091.70	\$992.45
4 Children	\$10,917.00	\$1,091.70	\$992.45
Non-Subsidized Tuition	Annual Tuition PTC commitment included	10 Monthly Payments (Paid August - May) PTC commitment included	11 Monthly Payments (Paid July - May) PTC commitment included
1 Child	\$5,046.00	\$504.60	\$458.73
2 Children	\$8,999.00	\$899.90	\$818.09
3 Children	\$12,900.00	\$1,290.00	\$1,172.73
4 Children	\$12,900.00	\$1,290.00	\$1,172.73

**\*\*\*A \$20.00 LATE FEE will be assessed if payments are not received by the due date. \*\*\***



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## Tuition Payment Preference Form FACTS Enrollment Fee Paid by Family

This form must be completed by all parents/guardians with students attending St. Theodore Holy Family Catholic School before enrollment can be completed.

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Student(s) \_\_\_\_\_

**Please check off the Payment option you wish to use:**

- A.  **Full tuition payment option** paid directly to the school office by August 12, 2019.
- B.  **Semi-Annual payment option** Under this option you would make two payments a year through the FACTS Tuition Payment Plan: September 20, 2019 and January 20, 2020.
- C.  **Quarterly payment option** Under this option you would make 4 payments per year through the FACTS Tuition Payment Plan: July 20, 2019, October 21, 2019, January 20, 2020 and April 20, 2020.
- D.  **Monthly payment options.**
  - 1.  A monthly payment option of 11 payments (July-May) through the FACTS Tuition Payment Plan
  - 2.  A monthly payment option of 10 payments (August-May) through the FACTS Tuition Payment Plan
  - STHFCS will move all tuition payments back one month for the 2019-2020 school year to give families the opportunity to pay registration fees for the 2020-2021 school year. (No tuition payment due in March. Tuition payments will resume in April).
  - Deadline for this payment deferment will be February 20, 2020.

I agree to make tuition payments according to one of the options above. I have read St. Theodore Holy Family Catholic School's Tuition Payment Policy and agree to abide by this policy. I also understand that lunch and additional fees will be paid through FACTS.

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

\_\_\_\_\_  
Date



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### **Lunch and Extended Care Policies**

#### **Lunches**

Lunches are prepared by employees of St. Margaret Catholic School and delivered each day. Student may bring their lunches on days when the menu is not preferred. Lunch statements are sent home at the beginning of each month. Lunch payments are paid through FACTS.

#### **Extended Care**

As a special service for working parents, STHFCS provides an after-school care program from 3:30 pm to 6:00 pm. Billing is daily or monthly. Daily cost: \$10.00 for the first child and an additional \$5.00 for each child after the first. Monthly cost \$160.00 per month for first child and \$85.00 for each additional child. A \$5.00 fee will be charged for children picked up after 6:00 p.m.

Activities during after-school

- Homework
- Crafts and games
- Outdoor play time



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## Subsidy Letter 2019-2020

Attention: Office of the Principal

As registered members of St. Theodore Catholic Community, we understand and agree to the parish policy which we have personally reviewed with our pastor.

1. We will keep our registration with the parish up to date.
2. We will faithfully witness to the practice of our Catholic faith with our children. (Applicable to the Catholic parent only)
3. We will faithfully attend Sunday Mass and support the parish using our weekly envelopes.
4. We will responsibly assure the regular payment of all tuition and school fees according to the policies of St. Theodore Holy Family Catholic School.

Failure to comply with the above policies without reasonable cause may result in the cancellation of the Catholic school subsidy by the parish.

Date	Parent/Guardian Signature	Phone Number
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Address
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On behalf of the parish of St. Theodore Catholic Community, I have reviewed the Church policy with the above family. Subsidy will be provided for the students listed below for the 2019-2020 school term.

1. \_\_\_\_\_ Grade \_\_\_\_\_
2. \_\_\_\_\_ Grade \_\_\_\_\_
3. \_\_\_\_\_ Grade \_\_\_\_\_
4. \_\_\_\_\_ Grade \_\_\_\_\_
5. \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
Signature of the Pastor



LOUISIANA DEPARTMENT OF HEALTH  
OFFICE OF PUBLIC HEALTH  
**IMMUNIZATION SCHEDULE**  
2018 through 2019

Depending on the child's age, choose the appropriate initial set of immunizations. High-risk children may require additional vaccines. Individuals with an altered immune system, due to disease or medication must be evaluated by a physician prior to vaccination. Routine annual influenza vaccination is recommended for all persons aged ≥6 months that do not have contraindications.

RECOMMENDED SCHEDULE FOR IMMUNIZATION OF INFANTS AND CHILDREN		ACCELERATED SCHEDULE FOR CHILDREN STARTING IMMUNIZATIONS LATE	
AGE		CHILDREN 4 MONTHS TO 7 YEARS OF AGE	CHILDREN 7 TO 18 YEARS OF AGE
Birth	HepB	1st Visit † DTaP, Hib, IPV, HepA, HepB, MMR, VAR, PCV, Flu	1st Visit Tdap, IPV, HepA, HepB, MMR, VAR
2 Months <sup>1</sup>	DTaP, Hib, IPV, HepB, PCV, RV		2nd Visit Td, IPV, HepB, MMR <small>14 weeks after the 1st visit</small>
4 Months	DTaP, Hib, IPV, PCV, RV	2nd Visit DTaP, Hib, IPV, HepB, PCV, Flu <small>14 weeks after the 1st visit</small>	3rd Visit Td, IPV, HepA, HepB <small>18 months after the 2nd visit</small>
6 Months	DTaP, Hib, IPV, HepB, PCV, RV, Flu	3rd Visit DTaP, Hib, PCV <small>14 weeks after the 2nd visit</small>	11-12 Years Tdap, MCV, HPV (IPV, VAR, MMR, HepB if needed)
12-15 Months	DTaP, Hib, MMR, VAR, PCV, HepA		16 Years MCV, provider-patient discussion for MenB
18-23 Months	HepA		
4 Years of Age OR at School Entry	DTaP, IPV, MMR, VAR	4th Visit HepB <small>16 months after the 3rd visit</small>	
11-12 Years	Tdap, MCV, HPV (VAR, MMR, HepA, HepB if needed)	4 Years of Age <sup>1</sup> OR at School Entry DTaP, IPV, MMR, VAR	
16 Years	MCV, provider-patient discussion for MenB (HPV, VAR, MMR, HepA, HepB if needed)		

VACCINE ABBREVIATIONS

DTaP DIPHTHERIA - TETANUS - ACELLULAR PERTUSSIS VACCINE, Tdap TETANUS AND DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE, Td ADULT TYPE TETANUS AND DIPHTHERIA VACCINE, Flu INFLUENZA VACCINE, HepA HEPATITIS A VACCINE, HepB HEPATITIS B VACCINE, Hib HAEMOPHILUS INFLUENZA TYPE B VACCINE, HPV HUMAN PAPILLOMAVIRUS VACCINE, IPV INACTIVATED POLIOVIRUS VACCINE, MMR MEASLES - MUMPS - RUBELLA VACCINE, MCV MENINGOCOCCAL CONJUGATE VACCINE, MenB MENINGOCOCCAL VACCINE, PCV PNEUMOCOCCAL CONJUGATE VACCINE, RV ROTAVIRUS VACCINE, VAR VARICELLA VACCINE.

THE SCHEDULE ABOVE AND THE FOLLOWING GUIDELINES ARE SUMMARIES, FOR MORE DETAILED INFORMATION ON EACH VACCINE, REFER TO THE MANUFACTURERS' PRODUCT INSERT OR VISIT THE NATIONAL IMMUNIZATION PROGRAM WEB SITE AT [WWW.CDC.GOV/VACCINES](http://WWW.CDC.GOV/VACCINES) OR CALL THE NATIONAL IMMUNIZATION HOTLINE AT 800-232-2522 (ENGLISH) OR 800-232-0233 (SPANISH).



**DTaP** - DTaP vaccine is recommended and can be administered any time after 6 weeks through 6 years of age. The 4<sup>th</sup> dose of DTaP vaccine should be given at least 6 months after the 3<sup>rd</sup> dose. Pediatric DT (Diphtheria-Tetanus) should be substituted for DTaP when Pertussis vaccine is contraindicated. Persons aged 7 and older who are fully immunized with DTaP should receive a Tdap at 11-12 years in place of Td booster.

**Td/Tdap** - Persons aged 7 years and older who are not fully immunized with DTaP vaccine should receive Tdap vaccine as 1 (preferably the first) dose in the catch-up series; if additional doses are needed, use Td vaccine. For children 7 through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose at age 11 through 12 years should NOT be administered. Td should be administered instead 10 years after the Tdap dose. Adolescents 13-18 years who missed the 11-12 year Td/Tdap booster should also receive a single dose of Tdap if they completed the recommended childhood DTaP series. No minimum interval required between giving doses of Td and Tdap. Subsequent routine Td boosters are recommended every 10 years.

**Flu** - Routine annual influenza vaccination is recommended for all children 6 months - 18 years. Two doses administered at least 1 month apart are recommended for children aged 6 months - 8 years who are receiving the influenza vaccine for the 1<sup>st</sup> time. Children 6 months through 8 years getting vaccinated for the first time, and those who have only previously gotten one dose of vaccine, should get two doses of vaccine. All children who have previously gotten two doses of vaccine (at any time) only need one dose of vaccine each season.

**HepA** - Routine Hepatitis A vaccination is recommended for all children 12 months through 18 years of age. The two doses in the series should be administered at least 6 months apart. If the interval between the first and second doses of Hepatitis A vaccine extends beyond 18 months, it is not necessary to repeat a dose.

**HepB** - Unimmunized infants should be given a first dose of Thimerosal-free HBV when first encountered, a second dose a minimum of 1 month later, and a third dose a minimum of 4 months after the first. Children aged 11-18 years of age who have not previously received 3 doses of Hepatitis B vaccine should be vaccinated. The 2<sup>nd</sup> dose should be administered at least 1 month after the 1<sup>st</sup> dose, and the 3<sup>rd</sup> dose should be administered at least 4 months after the 1<sup>st</sup> dose and at least 2 months after the 2<sup>nd</sup> dose. The minimum age for dose #3 is 6 months. Hepatitis B vaccine is routinely recommended for all children up to 19 years of age.

**Hib** - Hib vaccine can be administered any time DTaP vaccine is given. If PRP-OMP (PedvaxHIB {Merck}) is administered at 2 and 4 months of age, a dose at 6 months is not required. Children who are 7 months of age or older at the time they receive the 1<sup>st</sup> Hib vaccination should be immunized as follows: (1) Unimmunized infants 7-11 months of age should receive a 3-dose regimen. A first dose should be given now, a second dose 1 month later, and a 3<sup>rd</sup> dose after 12 months of age, at least 2 months after the previous dose. (2) Unimmunized children 12-13 months of age should receive a primary series of one dose and a booster at age 15 months. (3) Unimmunized children 15 months of age or older who have not yet reached their 5<sup>th</sup> birthday should receive 1 dose.

**HPV** - HPV vaccine is a 2 dose series for ages 9-14 years and a 3 dose series for ages 15-26 years. Administer the first dose of HPV vaccine between 11-12 years. Administer the second dose 6-12 months after the first dose. If the series was started at 15-26 years, then a three dose series is required. Four week minimum interval between dose 1 and dose 2. A minimum interval of 12 weeks required between dose 2 and dose 3. The 3<sup>rd</sup> dose should be given at least 24 weeks after the 1<sup>st</sup> dose. Adolescents aged 9-14 years who have already received two doses of HPV vaccine less than 5 months apart, require a third dose.

**IPV** - For infants, children and adolescents up to 18 years of age, the primary sequential series of IPV consists of four doses. The primary series is administered at 2 months, 4 months, 6-15 months and 4 years of age, or as age appropriate. A minimum of 6 months is required between the last two doses of IPV.

**MMR** - Two doses of MMR vaccine after 12 months of age are required with a minimum of 28 days separating the doses. If a child has received 2 doses of MMR vaccine after 12 months of age, another dose after the 4<sup>th</sup> birthday is not necessary. Children 11-18 years of age not previously immunized with MMR should receive two doses. Individuals with one dose of MMR must receive an additional MMR vaccination. Students in schools of higher learning must receive 2 doses of MMR prior to entry.

**MCV** - Meningococcal conjugate vaccine should be administered to all children at age 11-12 years, a booster dose on/after 16 years. The minimum interval between doses of MCV vaccine is 8 weeks. Only one (1) dose is needed if first dose given on or after age 16. This vaccine provides protection against meningococcal serogroups A, C, W, and Y, but not against serogroup B.

**MenB** - Teens age 16 through 18 years may be vaccinated routinely as an Advisory Committee on Immunization Practices Category B recommendation for provider-patient discussion. The 2 dose series protects against serogroup B meningococcal disease, but not serogroups A, C, W and Y. The two MenB vaccines are not interchangeable. The same vaccine product must be used for all doses in a series. Give 2 doses of either MenB vaccine: Bexsero, 1 month apart; Trumenb, 6 months apart.

**PCV** - All children should receive a 3 dose primary series and a booster if vaccination begun at  $\leq$  6 months of age, a 2 dose primary series and a booster if vaccination is begun between 7 and 11 months of age, a 2 dose series and no booster if vaccination is begun between 12 and 23 months of age. If vaccination is initiated at  $\geq$  24 months of age, the child should receive 1 dose of PCV. Children 24 through 59 months of age should receive a single dose of PCV13. Children with underlying medical conditions, a single supplemental PCV13 is recommended following primary series. High risk or presumed high risk for pneumococcal disease should be immunized with Polysaccharide Vaccine (PPSV) depending on the number of doses of PCV that they have received. PCV vaccination is required as part of the Daycare/Head Start Immunization Requirement for children less than 24 months of age.

**RV** - The first dose should be given between 6 and 14 weeks with the maximum age of first dose being 14 weeks 6 days of age. Maximum age for any dose is 8 months of age. Minimum interval between doses is 4 weeks. Monovalent RV1 is administered at 2 months and 4 months of age, a dose at 6 months is not required. Pentavalent RV5 is administered at 2 months, 4 months and 6 - 8 months. If RV brand is unknown a total of three (3) doses are needed.

**VAR** - All susceptible children who are at least 12 months old through 18 years of age should be vaccinated. Administer the second dose of varicella vaccine at age 4 - 6 years. Varicella vaccine may be administered prior to 4-6 years, provided that  $\geq$  3 months have elapsed since the first dose and both doses are administered at  $\geq$  12 months of age. Susceptible persons aged  $\geq$  12 years should receive two doses at least 1 month apart. Children with a history of typical chickenpox can be assumed to be immune to varicella. Serologic testing of such children is not warranted. Prior history of chickenpox is not a contraindication to varicella vaccination.

§ DTaP, IPV, HibV, PCV, RV and Hib can be administered as early as 6 weeks of age and simultaneously

‡ Depending on the child's age, choose the appropriate initial set of immunizations. Sometimes a scheduled dose of vaccine may not be given on time. If this occurs, the dose should be given at the next visit. It is not necessary to restart the series of any vaccine due to extended intervals between doses.

† LOUISIANA STATE LAW requires prior to school entry: 2 doses of MMR, 3 HepB, 2 VAR and booster doses of DTaP and Polio vaccines on or after the 4<sup>th</sup> birthday and prior to school entry. A preschool dose is not necessary if the 4<sup>th</sup> dose of DTaP and the 3<sup>rd</sup> dose of IPV (provided it is administered at least 6 months after dose 2) are administered after the 4<sup>th</sup> birthday. Sixth graders (11-12 years of age) are required: 1 Tdap, 2 VAR, 2 MMR, 3 HepB, 1 MCV. Entry for institutions of higher learning requires 2 doses of MMR, 1 Td/Tdap and 2 doses of MCV4 OR 1 dose, if first dose was given on or after age 16.

**Four Day Grace Period:** All vaccine doses administered less than or equal to four days before the required minimum interval or age shall be considered valid doses when evaluating a student record for compliance with immunization requirements for schools and child care entry. The Advisory Committee on Immunization Practices (ACIP) continues to recommend that vaccine doses not be given at intervals less than the minimum intervals or earlier than the minimum age.





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### Publicity Release 2019-2020

St. Theodore Holy Family Catholic School is promoted through publicity in the local newspaper, television coverage, Holy Family website, etc. Before we can submit pictures of students, parents/guardians must give written permission to do so. Please complete the information below.

I grant permission to STHFCS to use photographs and/or video of my child for publications, television coverage, news releases, online, and communications related to the mission STHFCS.

I do not give permission for my child to be photographed.

Please print each student's name:

\_\_\_\_\_  
Student's Name – Last, First & Middle Grade

\_\_\_\_\_  
Student's Name – Last, First & Middle Grade

\_\_\_\_\_  
Student's Name – Last, First & Middle Grade

\_\_\_\_\_  
Student's Name – Last, First & Middle Grade

\_\_\_\_\_  
Student's Name – Last, First & Middle Grade

\_\_\_\_\_  
Signature of Parent/Guardian Date



# Tuition Management

FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.

To set up your payment plan, visit the school's website [WWW.STHFCS.ORG](http://WWW.STHFCS.ORG) and click on the **FACTS OVERVIEW** link location on the **ADMISSIONS** tab.

## FACTS Confirmation Notice

Once your information is received and processed by FACTS, you will receive a FACTS Confirmation Notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

## Frequently Asked Questions

- **Is my information secure?**  
Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit [FACTSmgt.com](http://FACTSmgt.com).
- **When will my payments be due?**  
Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.
- **What happens when my payment falls on a weekend or a holiday?**  
Your payment will be processed on the next business day.
- **What happens if a payment is returned?**  
Returned payments may be subject to a FACTS Returned Payment Fee; watch for a returned payment notice for additional information.
- **How do I make changes once my agreement is on the FACTS system?**  
Changes to your address, phone number, email address, or banking information can be made at <https://online.factsmgt.com> or by contacting your school or FACTS. Any changes to payment dates or amounts need to be approved by the school and the school will then need to notify FACTS. **All changes must be received by FACTS at least two (2) business days prior to the automatic payment date in order to affect the upcoming payment.**
- **What is the cost to set up a payment plan?**  
If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

## FACTS Customer Service

We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you.

**To view your payment plan details, login to your FACTS account at [online.factsmgt.com](http://online.factsmgt.com). Customer Care Representatives are also available to assist you 24/7.**

For more information, visit [FACTSmgt.com/payment-plans](http://FACTSmgt.com/payment-plans)



# ST. THEODORE HOLY FAMILY SCHOOL 2019-2020 SCHOOL SUPPLY LIST

<b>PRE-K</b>		<b>SECOND GRADE</b>		<b>FIFTH GRADE</b>
1 FISKARS 5" BLUNT SCISSORS		3 ELMER'S SMALL PURPLE WASHABLE GLUE STICK .21OZ		2 ELMER'S WASHABLE PURPLE GLUE STICK .77OZ
3 ELMER'S SMALL (6 GRAM) GLUE STICK .21OZ		1 FISKARS 5" BLUNT SCISSORS		1 FISKARS 7" SHARP SCISSORS
1 1" AVERY WHITE ECONOMY VIEW BINDER		1 9X12 DRY ERASE WHITE BOARD		36 NO2 DIXON ORIOLE PENCIL
1 ASSTORTED 5POCKET 5TAB PAPER DIVIDERS		2 EXPO LOW ODOR BLACK CHISEL DRY ERASE MARKER 1EA		2 LATEX FREE PENCIL CAP ERASERS 6PK
1 NYLON PENCIL BAG, CLEAR TOP W/ GROMT 7.25X10.25		36 NO2 DIXON ORIOLE PENCIL		1 CRAYOLA ULTRA CLEAN WASH THICK MARKERS 8CT
1 CRAYOLA 7" COLORED PRESHARPENED PENCILS 12CT		4 BIC RED MED STICK PEN		1 CRAYOLA 7" COLORED PRESHARPENED PENCILS 12CT
12 NO2 DIXON TICONDEROGA PENCIL LATEX FREE		1 CRAYOLA CLASSIC FINE MARKERS 8CT		1 EXPO LOW ODOR BLACK CHISEL DRY ERASE MARKER 1EA
1 CRAYOLA CRAYONS 24CT		2 SHARPIE ACCENT PEN STYLE HIGHLIGHTER FL. YELLOW		1 EXPO2 LOW ODOR BLUE CHISEL TIP DRY ERASE MARKER
1 CRAYOLA ULTRA CLEAN WASH THICK MARKERS 8CT		2 XEROGRAPHIC COPY PAPER REAM		1 2" AVERY ASST DURABLE D-RING BINDER
1 PRANG WASHABLE WATERCOLORS WBRUSH 8CT		1 9X12 ASST CONST PAPER 50CT		2 ASSTORTED 5POCKET 5TAB PAPER DIVIDERS
1 XEROGRAPHIC COPY PAPER REAM		2 WIDE RULE 8X10.5 FILLER PAPER 120CT		3 ASSORTED PLASTIC POCKET WITH BRAD FOLDERS
2 WETONES SENSITIVE SKIN WIPES 40CT		4 WIDE RULED BLACK MARBLE COMP BOOK 100CT		1 RED PLASTIC POCKET FOLDER
2 ONE CAN OF 4 OZ. PLAY DOH		1 BIG TAB ASST WRITE ON PAPER DIVIDERS 5TAB		1 9X12 ASST CONST PAPER 50CT
2 KLEENEX TISSUE 85CT FLAT		1 RED PLASTIC POCKET FOLDER		4 WIDE RULE 8X10.5 FILLER PAPER 120CT
8 BOUNTY PAPER TOWELS ROLL		1 BLUE PLASTIC POCKET FOLDER		2 XEROGRAPHIC COPY PAPER REAM
1 LYSOL DISINFECTANT WIPES 35CT		1 NYLON PENCIL BAG, CLEAR TOP W/ GROMT 7.25X10.25		2 SHARPIE ASST ACCENT PEN STYLE HIGHLIGHTER 1EA
1 KINDER REST MAT 5/8"X19X45-QUAD FOLD		2 LATEX FREE PENCIL CAP ERASERS 6PK		4 1SUB WIDE RULED SPIRAL ASST 70CT
1 CURAD BANDAIDS (LATEX FREE) 60CT -BOYS		2 12" 1/16" STANDARD/METRIC PLASTIC RULER		2 KLEENEX TISSUE 85CT FLAT
1 ZIPLOC/GLAD GALLON SNAP & SEAL BAGS 19CT BOX-BOYS		1 CRAYOLA 7" COLORED PRESHARPENED PENCILS 12CT		1 BOUNTY PAPER TOWELS ROLL
1 ZIPLOC/GLAD QUART BAGS BOX -GIRLS		2 KLEENEX TISSUE 85CT FLAT		1 LYSOL DISINFECTANT WIPES 35CT
		1 GERM-X HAND SANITIZER NON-FOAM PUMP 8OZ		1 ASST PLASTIC SCHOOL BOX 8.5 X 5.75 X 2.5
		4 BOUNTY PAPER TOWELS ROLL		1 CURAD BANDAIDS (LATEX FREE) 60CT -BOYS
		1 1/2" AVERY WHITE DURABLE VIEW D-RING BINDER		1 GERM-X HAND SANITIZER NON-FOAM PUMP 8OZ -GIRLS
		1 LYSOL DISINFECTANT WIPES 35CT -BOYS		
		1 WETONES SENSITIVE SKIN WIPES 40CT -GIRLS		
<b>KINDERGARTEN</b>		<b>THIRD GRADE</b>		<b>SIXTH - EIGHTH GRADES</b>
1 FISKARS 5" BLUNT SCISSORS		6 ELMER'S SMALL PURPLE WASHABLE GLUE STICK .21OZ		36 NO2 DIXON ORIOLE PENCIL
2 ELMER'S SCHOOL GLUE 4OZ		1 ELMER'S SCHOOL GLUE 4OZ		2 SHARPIE ACCENT PEN STYLE HIGHLIGHTER FL. YELLOW
2 CRAYOLA CRAYONS 24CT		1 LYSOL DISINFECTANT WIPES 35CT		1 EXPO2 LOW ODOR CHISEL TIP DRY ERASE MARKERS 4PK
2 CRAYOLA REGULAR CRAYONS 8CT		1 1/2" AVERY WHITE DURABLE VIEW D-RING BINDER		1 CRAYOLA 7" COLORED PRESHARPENED PENCILS 12CT
1 MARBLE STORY COMP BOOK RED BASELINE 100CT		1 FISKARS 5" SHARP SCISSORS		1 ELMER'S WASHABLE PURPLE GLUE STICK .77OZ
1 CRAYOLA ULTRA CLEAN WASH THICK MARKERS 8CT		36 NO2 DIXON ORIOLE PENCIL		1 SHARPIE BLACK FINE MARKER 1EA
1 XEROGRAPHIC COPY PAPER REAM		3 PINK BEVEL ERASER (LATEX FREE)		1 PINK BEVEL ERASER (LATEX FREE)
1 GREEN PLASTIC POCKET FOLDER		2 SHARPIE ACCENT PEN STYLE HIGHLIGHTER FL. YELLOW		1 NYLON PENCIL BAG, CLEAR TOP W/ GROMT 7.25X10.25
1 1" AVERY WHITE ECONOMY VIEW BINDER		1 CRAYOLA MINI TWISTABLE CRAYONS 24CT		4 COLLEGE RULED 8X10.5 FILLER PAPER 150CT
1 ASSTORTED 5POCKET 5TAB PAPER DIVIDERS		1 CRAYOLA ULTRA CLEAN WASH THICK MARKERS 8CT		1 ASSTORTED 5POCKET 5TAB PAPER DIVIDERS
1 PINK BEVEL ERASER (LATEX FREE)		1 CRAYOLA REGULAR CRAYONS 8CT		6 1SUB WIDE RULED SPIRAL ASST 70CT
1 NYLON PENCIL BAG, CLEAR TOP W/ GROMT 7.25X10.25		2 XEROGRAPHIC COPY PAPER REAM		1 RED PLASTIC POCKET WITH BRAD FOLDERS
1 LYSOL DISINFECTANT WIPES 35CT		1 9X12 ASST CONST PAPER 50CT		5 ASSORTED PLASTIC POCKET WITH BRAD FOLDERS
2 KLEENEX TISSUE 85CT FLAT		3 WIDE RULE 8X10.5 FILLER PAPER 120CT		1 1" AVERY ASST DURABLE D-RING BINDER
2 BOUNTY PAPER TOWELS ROLL		1 WIDE RULED BLACK MARBLE COMP BOOK 100CT		2 WIDE RULED BLACK MARBLE COMP BOOK 100CT
2 COLORING BOOK 7 3/4" X 10 3/4" 96PGS		1 RED PLASTIC POCKET WITH BRAD FOLDERS		1 CENTIMETER SQUARE GRAPH FILLER PAPER 25CT
1 KINDER REST MAT 5/8"X19X45-QUAD FOLD		1 BLUE PLASTIC POCKET WITH BRAD FOLDERS		1 12" 1/16" STANDARD/METRIC PLASTIC RULER
12 NO2 TICONDEROGA LADDIE TRI-WRITE PENCIL W/ERASER		1 YELLOW PLASTIC POCKET WITH BRAD FOLDERS		2 3X5 RULED WHITE INDEX CARDS 100CT
1 HUGGIES UNSCENTED BABY WIPES 64 CT TUB		1 GREEN PLASTIC POCKET WITH BRAD FOLDERS		2 KLEENEX TISSUE 85CT FLAT
1 PRANG WASHABLE WATERCOLORS WBRUSH 8CT		1 ORANGE PLASTIC POCKET WITH BRAD FOLDERS		1 GERM-X HAND SANITIZER NON-FOAM PUMP 8OZ
		1 ASST PLASTIC SCHOOL BOX 8.5 X 5.75 X 2.5		1 LYSOL DISINFECTANT WIPES 35CT
		3 WETONES SENSITIVE SKIN WIPES 40CT		2 BOUNTY PAPER TOWELS ROLL
		3 KLEENEX TISSUE 85CT FLAT		2 XEROGRAPHIC COPY PAPER REAM
		1 CURAD BANDAIDS (LATEX FREE) 60CT		1 CURAD BANDAIDS (LATEX FREE) 60CT
		2 BOUNTY PAPER TOWELS ROLL		
<b>FIRST GRADE</b>		<b>FOURTH GRADE</b>		
1 9X12 DRY ERASE WHITE BOARD		1 ELMER'S WASHABLE PURPLE GLUE STICK .77OZ		
2 SHARPIE ACCENT PEN STYLE HIGHLIGHTER FL. YELLOW		1 EXPO2 LOW ODOR BLUE CHISEL TIP DRY ERASE MARKER		
2 BIC RED MED STICK PEN		1 FISKARS 5" SHARP SCISSORS		
1 FISKARS 5" BLUNT SCISSORS		48 NO2 DIXON ORIOLE PENCIL		
2 ELMER'S SMALL PURPLE WASHABLE GLUE STICK .21OZ		2 LATEX FREE PENCIL CAP ERASERS 6PK		
24 NO2 DIXON TICONDEROGA PENCIL LATEX FREE		6 BIC RED MED STICK PEN		
1 PINK BEVEL ERASER (LATEX FREE)		6 BLUE ERASABLE PEN MED POINT		
1 LATEX FREE PENCIL CAP ERASERS 6PK		1 CRAYOLA ULTRA CLEAN WASH THICK MARKERS 8CT		
2 CRAYOLA CRAYONS 24CT		1 CRAYOLA MINI TWISTABLE CRAYONS 24CT		
2 CRAYOLA CLASSIC THICK MARKERS 10CT		1 SHARPIE ACCENT PEN STYLE HIGHLIGHTER FL. YELLOW		
2 NYLON PENCIL BAG, CLEAR TOP W/ GROMT 7.25X10.25		1 SHARPIE ACCENT PEN STYLE HIGHLIGHTER PINK		
2 1" AVERY WHITE ECONOMY VIEW BINDER		1 SHARPIE ACCENT PEN STYLE HIGHLIGHTER FL. GREEN		
1 BIG TAB POLY ZSLASH POCKETS INSERT DIVIDERS 5TAB		1 SHARPIE ACCENT PEN STYLE HIGHLIGHTER TURQUOISE		
1 CURAD BANDAIDS (LATEX FREE) 60CT		3 XEROGRAPHIC COPY PAPER REAM		
1 HUGGIES UNSCENTED BABY WIPES 64 CT TUB		2 WIDE RULE 8X10.5 FILLER PAPER 120CT		
1 KLEENEX TISSUE 85CT FLAT		1 PLASTIC SCHOOL BOX LARGE 9.25 X 6.75 X 2.63		
1 LYSOL DISINFECTANT WIPES 35CT		2 WIDE RULED BLACK MARBLE COMP BOOK 100CT		
1 RED POCKET AND BRAD FOLDER		2 ASSORTED POCKET ONLY FOLDER		
1 BOUNTY PAPER TOWELS ROLL		7 ASSORTED PLASTIC POCKET WITH BRAD FOLDERS		
1 XEROGRAPHIC COPY PAPER REAM		1 BOUNTY PAPER TOWELS ROLL		
1 EXPO2 LOW ODOR CHISEL TIP DRY ERASE MARKERS 4PK-BOYS		1 KLEENEX TISSUE 85CT FLAT		
4 EXPO LOW ODOR BLACK FINE DRY ERASE MARKER 1EA-GIRLS		1 CURAD BANDAIDS (LATEX FREE) 60CT		