

St. Therese Catholic School
REGISTRATION REQUIREMENTS RETURNING FAMILIES
2019-2020 SCHOOL YEAR



Please carefully review the student registration checklist below and follow the individual instructions on each form. Promptly return the completed forms to the school office. **Deadline for the return of this packet is Friday, March 29, 2019.** If you have any questions concerning the process, contact the secretary, Marcia Furuto at (719) 561-1121.

In order to process a student's admission packet, the parents must be in good standing with tuition and financial commitments from the previous School Year 2018-19 and provide all of the following items:

- ☐ 1. Must be in good standing with tuition and financial commitments from the previous school year (as per Parent Handbook)
- ☐ 2. Re-enrolled on TADS
- ☐ 3. Universal Medical Information/Emergency Contact/Release and Consent Form
- ☐ 4. Consent and release for Activities, Projects, and Field Trips
- ☐ 5. Copy of student's updated immunization record (if applicable)
- ☐ 6. Values and Principles Statement Form (1 per family)
- ☐ 7. Parental Agreement Form (1 per family)
- ☐ 8. Tuition Payment Agreement (1 per family)
- ☐ 9. Release of Liability/Waiver of Claims/Express Assumption of Risks (1 per family)
- ☐ 10. Volunteer Form (1 per family)
- ☐ 11. Alliance of Catholic Education Commitment Agreement (1 per family)

Parent/Student Handbook: A student will not be accepted for enrollment in the next school year until all delinquent tuition for the current year has been paid. Should registration fees for the ensuing school year be paid, they will be held in escrow to be applied to the delinquent tuition and fees for the current school year.

We will begin processing your application for admission upon receipt of all materials listed above. An incomplete application will delay the admissions process and could affect acceptance into the school.

Gerard Flores

Gerard Flores

Principal

St. Therese Catholic School

St. Therese Catholic School
**UNIVERSAL MEDICAL INFORMATION/EMERGENCY CONTRACT/
RELEASE AND CONSENT FORM**
2019-2020



**CONSENT TO TREATMENT OF CHILD
AND HANDLING OF CONFIDENTIAL INFORMATION**

I am a parent or legal guardian of _____,
_____, ("MY CHILD") WHO IS A STUDENT AT St. Therese Catholic School. I
have read, understand and consent to the following concerning my child:

Allergies: (for example, hay fever, strawberries, peanuts, etc.)

Medications:

Allergies to Medications:

Medicines to be Self-Administered by the Child: (See Below): _____

Dosage: _____ Frequency: _____

Medical Conditions: (for example, diabetes, epilepsy, heart conditions, etc.)

Disabilities:

**CONSENT TO TREATMENT OF CHILD
AND HANDLING OF CONFIDENTIAL INFORMATION**

I am a parent or legal guardian of _____,
_____, ("MY CHILD") WHO IS A STUDENT AT St. Therese Catholic School. I
have read, understand and consent to the following concerning my child:

1. **First-Aid/Emergency Treatment:** Without limiting other emergency powers that may be provided by law; I authorize school personnel to administer first aid to my child if the school administration deems it necessary or appropriate to preserve the life, limb or well-being of my child. If the school administration believes, in its sole discretion, that a medical necessity exists beyond that which can be reasonably be dealt with on school grounds by school personnel, I authorize the school to contact and engage qualified medical personnel and arrange for emergency treatment of my child, including transportation either by school staff or by professional transport for medical, dental, surgical or hospital care of diagnosis, and I consent to that treatment for my child. Arrangements for treatment will be made in the following order of priority: 1) The "emergency physician" listed above; 2) the "primary physician" listed above; 3) another physician or health-care professional licensed by the State of Colorado. I understand and agree that I will be financially responsible for any such medical treatment.

St. Therese Catholic School



UNIVERSAL MEDICAL INFORMATION/EMERGENCY CONTRACT/ RELEASE AND CONSENT FORM *(continued)*

2. **Medical Supervision /Administration of Medicines:** I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. If I have indicated, by signing this paragraph below, that the school may administer medications to my child, and if the school has agreed to administer medications by signing this paragraph below, I authorize the school to administer the medicines listed on this form, as indicated, but recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication or medical program or ongoing, routine or non-emergency needs of my child, all of which remain my responsibility. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

NOTE: ALL MEDICINES TO BE TAKEN ON SCHOOL GROUNDS, WHETHER SELF-ADMINISTERED OR ADMINISTERED BY THE SCHOOL (IF SCHOOL AGREES TO DO SO), MUST BE ARRANGED FOR IN ADVANCE, AND MUST BE PROVIDED IN THEIR ORIGINAL PHARMACY CONTAINER, INCLUDING THE CHILD'S NAME AND DOCTOR'S INSTRUCTIONS.

THE SCHOOL WILL NOT ADMINISTER MEDICINES UNLESS A PHYSICIAN'S WRITTEN AND SIGNED AUTHORIZATION, INCLUDING COMPLETE INSTRUCTIONS, IS ATTACHED TO THIS FORM.

In consideration of the arrangement indicated above, the undersigned hereby releases and discharges the Diocese of Pueblo, its constituent organizations, including but not limited to the School, and their respective officers, agents and employees for any and all claims for personal injuries or property damage that I or my child may suffer as a result of this arrangement whether or not such injuries or damages be caused by the negligence (whether active or passive) of any of the entities or individuals named or described above, excepting only injuries or damage resulting from Diocese's willful misconduct. I authorize and request the school to administer the above medications to my child on these terms.

Signature of Parent/Legal Guardian

On behalf of the School, I agree to supervise administration of the above medications, consistent with the terms contained herein.

Signature of School Principal

St. Therese Catholic School



UNIVERSAL MEDICAL INFORMATION/EMERGENCY CONTRACT/ RELEASE AND CONSENT FORM (*continued*)

3. ***Release of Student to Qualified emergency/Medical Personnel and Third Parties:*** Without Limiting other emergency powers as may be allowed by law, in the event of disaster of medical necessity involving the life, limb or well being of my child in which it is necessary in the opinion of the school administration to transport my child from school property, or if it is necessary to evacuate the school grounds, the school will make a reasonable effort (in view of the nature of the necessity) to first contact a parent or legal guardian. If no parent/legal guardian is available, I authorize the school to release my child into the custody of third parties for the purpose of transporting my child from school grounds and arranging for such care as my child may need, in the following order of priority: 1) the persons listed above as emergency contacts; 2) qualified medical/emergency professionals; 3) another responsible adult.
4. ***Gathering, Use and Release of Medical Information:*** Without limiting other emergency powers that may be provided by law, in the event of disaster or medical emergency, I specifically authorize the gathering, use and release to, from, and among the school personnel and to, from and among any medical professionals, of any medical information reasonably necessary to provide emergency medical care and otherwise ensure the life, limb and well-being of my child, including without limitation, the information contained in this form, until I can reasonably be notified and take custody of my child.

I understand that this information will be requested, gathered and/or released only for the purpose of providing first-aid or emergency medical care necessary in the absence of a parent or legal guardian, or as otherwise allowed by law.

5. ***School Athletics:*** As a condition of participating in school athletics, the school reserves the right to obtain medical information regarding any physical or emotional condition or injury that pertains to my child's ability to participate safely and constructively in school sports, and to require a written medical clearance at any time before my child may participate in, or return to participation in, school sports activities during the school year. This information will be used solely to evaluate my child's ability to participate in school sports activities and will not be obtained by or disseminated to any third parties, except the school's coaches, administrators, trainers and athletic staff, and only for these purposes or as otherwise allowed by law.
6. ***Psychological and Educational Information:*** I understand that if any counseling services offered through the School, they are primarily short-term, temporary services aimed at the more effective education and socialization of my child within the school community, and to provide the means for teachers and the School Administration to serve my child and the school community more effectively. These services may involve the individual participation of my child, or the participation of my child in conjunction with family, teacher(s) and/or the School Administration. I understand that these services are not intended as a substitute for emergency psychological intervention, nor do they take the place of permanent, long-term, or comprehensive psychological counseling, therapy or medication, which are not responsibility of the School. I acknowledge that it is my sole responsibility to determine whether additional or different services are necessary, and whether to seek them for my child. I hereby give my consent for my child to receive counseling services through the School on these terms.

St. Therese Catholic School



UNIVERSAL MEDICAL INFORMATION/EMERGENCY CONTRACT/ RELEASE AND CONSENT FORM *(continued)*

Because these School counseling services are primarily intended to serve my child as a member of the school community, in addition to circumstances otherwise allowed or required by law I authorize the counselor, in his or her discretion, to share any information, diagnosis or recommendation derived from these services, and only such information, with me or another parent or legal guardian of my child, my child's teacher(s), the school principal or other school administrators. Such information will be used only for the purposes of facilitating the education or socialization of my child or of the School community.

Date: _____

Parent/Guardian's Signature: _____

7. ***Children with Disabilities:*** I understand that the school is not legally obligated to accept children with disabilities nor does it have the same level of funding for personnel, equipment, and other resources that may be available to private and/or government supported institutions to care for individuals with disabilities. I understand and agree that the School will try, but in fact may fail in its attempt, to adhere to the special needs and circumstances pertaining to my child, and I specifically agree to assume the risk that the school may fail in its attempt, including but not limited to, its attempts to provide proper supervision and/or to prevent classroom/playground bumps, falls, and other incidental contact and/or any related cuts, scrapes, etc. I also understand that any special accommodations or programs that may be made for my child or other children may be discontinued in the discretion of the School administration.

If I have indicated above that my child has a disability, in consideration of my child's enrollment in the school I authorize the school to perform whatever tasks and to impose whatever conditions the school deems in the best interests and safety of my child, including limitations on activities, or provision of special activities or supervision, and I authorize the school personnel and administration to gather, use and disseminate to other school personnel information concerning my child's disability as is reasonably necessary to further the education of my child and the efficient operation of the school community.

I hereby release and discharge the Bishop of Pueblo, a Corporation Sole (Diocese of Pueblo) and its constituent organizations, including but not limited to the School, and their officers, agents and employees from any and all claims for personal injuries or property damage that I or my child may suffer while my child is enrolled at the school which arise out of or relate to my child's physical condition and the school's oversight of that condition, whether or not such injuries or damage are caused by the negligence (whether active or passive) of the Diocese, excepting only such injuries or damage resulting from the Diocese's willful misconduct.

INITIALS OF PARENT/GUARDIAN: _____

St. Therese Catholic School
**UNIVERSAL MEDICAL INFORMATION/EMERGENCY CONTRACT/
RELEASE AND CONSENT FORM (continued)**



8. General Terms and Parental Consent:

CONFIDENTIAL MEDICAL OR EDUCATIONAL INFORMATION AS DESCRIBED IN THIS FORM WILL BE GATHERED, USED AND DISSEMINATED ONLY BY THE PERSONS AND ONLY FOR THE PURPOSES DESCRIBED IN THIS FORM OR AS OTHERWISE ALLOWED BY LAW.

THIS AUTHORIZATION IS EFFECTIVE ONLY FOR SCHOOL YEAR LISTED ABOVE, AND WILL EXPIRE ON JUNE 15, 2020. IT MAY BE REVOKED AT ANY TIME BY A WRITING SIGNED BY THE PARENTS. IF REVOKED, HOWEVER, THE SCHOOL RESERVES THE RIGHT TO SUSPEND OR TERMINATE THE ATTENDANCE OF THE CHILD AT THE SCHOOL.

I AGREE TO AND CONSENT TO THE ACTIONS DESCRIBED ABOVE AND HEREBY GRANT AUTHORIZATION OF THE SCHOOL TO OBTAIN AND USE MEDICAL INFORMATION AND RECORDS BY THE PERSONS, FOR THE PURPOSES, AND DURING THE TIME DESCRIBED ABOVE.

I UNDERSTAND THAT I HAVE THE RIGHT TO RECEIVE A TRUE COPY OF THIS AUTHORIZATION. BY MY SIGNATURE, I ACKNOWLEDGE THAT A TRUE COPY OF THIS AUTHORIZATION HAS BEEN RECEIVED BY ME.

DATED: _____

Signed: _____

Relationship to child: _____

Print name: _____

St. Therese Catholic School

CONSENT AND RELEASE FOR SCHOOL ACTIVITIES, PROJECTS, AND FIELD TRIPS



The Undersigned Parent or Legal Guardian of _____, a minor child (student) who is enrolled as a student at St. Therese Catholic School, hereby authorizes the student to participate in the activities of St. Therese Catholic School.

The undersigned also acknowledges and understands that some of the activities include projects and field trips away from the school. The undersigned consents and gives permission to the school to arrange transportation for the student to and from these activities, projects and field trips, and also gives the student permission to participate in the activities, projects and trips that are conducted by the school away from school property.

The undersigned understands all drivers and activities supervisors must meet Diocesan Volunteer Guidelines and must submit a photocopy of a valid driver's license and insurance information. The school will arrange transportation, sometimes by bus, and sometimes by private individuals in their own motor vehicles. These private individuals may not have children enrolled at the school. The school makes no representation or guaranty as to the condition of the motor vehicles used for transportation or the amount, type or kind of liability insurance carried by the owner or the driver of the motor vehicle.

To facilitate transportation for the field trips, activities and projects away from school property by the administrators and faculty of the school, the undersigned agrees to allow the student to participate in these activities, field trips or projects in which the student participates while enrolled at the school.

In addition, consent is given to St. Therese Catholic School to use photos of school activities containing images of my child, publish works produced by my child as a part of the curricula, and utilize photos or film footage of my child in advertising the school program or as a part of a bona fide effort to promote the mission of the school.

This consent and release shall be in effect for the school year 2019-2020. To rescind this permission; there must be a written notice from the undersigned.

Print Student's Name

Date

Parent or Guardian Signature*

Parent or Guardian Signature*

**If parents are divorced and there is a joint custody, both parents must sign.*

St. Therese Catholic School
Values and Principles Statement



Family Name _____

Students:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

We have chosen to send our child(ren) to St. Therese Catholic School. In doing so, we understand that we are expected to adhere to the educational policies of the school as described in the St. Therese Catholic School Parent/Student Handbook.

We understand and accept that the school teaches and follows a Catholic value system. However, a parental role model and family environment lived in accord with one's religious beliefs is equally, if not more effective way to demonstrate to impressionable children the importance of living the faith, in addition to knowing the faith. It is expected that Catholic families will provide this environment for their children.

We understand the Sacramental preparation, i.e. first communion and first reconciliation, will be addressed on a parish level. Catholic parents are expected to enroll their children in these sacramental programs.

We understand that parents of another faith, who have enrolled their children in the St. Therese Catholic School, are expected to be active in the practice of their faith.

We understand that parents will be held to cooperate with the administration and the faculty in accord with policies of the school as outlined in the Parent/Student Handbook.

Parent Signature _____ **Date** _____

Your signature indicates your agreement to accept to the above stated principles

St. Therese Catholic School
PARENTAL AGREEMENT FORM



Enrollment Policy Statements for the School Year 2019-2020

- Tuition will be \$3,600 for the first child, \$3,500 for the second child, \$3,400 for the third child and for each additional child, tuition will be waived for the new school year term 2019-2020.
- ***Tuition for the school is not refundable after the school year has begun. Beginning on that date, there is in effect a binding contractual commitment to pay the tuition for the months services were rendered as stated in the agreement. An exception to this is the family relocating to another area of the country, for example, 30 or more miles outside the Pueblo area.***
- A registration fee of \$75 per family will be charged and a \$250 book/activity fee will be charged per student; neither of these will be refundable.
- Each family is responsible for providing transportation in accordance with arrival and dismissal times and all tardy policies. Please acquaint yourself with these policies as defined in the handbook.
- The parents/custodial parent must sign the Parental Agreement Form.

I understand these enrollment policies

Signed _____ Date _____

Signed _____ Date _____

(This is to be signed by both parents. If parents are divorced, the signature of the custodial parent is sufficient).

St. Therese Catholic School
TUITION PAYMENT AGREEMENT



Tuition for the 2019-2020 academic School Year is \$3,600

Tuition	Initial child enrolled	\$ 3,600.00
	2 nd student enrolled @ \$3,500 per student	\$ _____
	3 rd student enrolled @ \$3,400 per student	\$ _____

Registration Fee*	\$75 per family	\$ 75.00
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Book/Activity Fee* # of students enrolled _____ @ \$250 per student \$ _____

Pre-School Student Enrolled at STCS* will receive a 10% discount for enrolling in our Kindergarten classroom. \$ _____

TOTAL DUE \$ _____

Those families who can easily manage the full cost per student are encouraged to make a donation for the additional amount to the school operating or scholarship funds. Such donations, in excess of the amount actually charged, shall be considered as tax deductible contributions.

Families who cannot meet the established tuition obligation are encouraged to seek assistance through the school financial assistance/scholarship process.

*NOTE: Registration and book/activity fees are to be paid at the time of registration. They are not refundable.

After August 15, 2019, tuition is not refundable. Beginning on that date, there is in effect a binding contractual commitment to pay the entire tuition for the months services were rendered as stated on this agreement.

I understand and accept the conditions of this agreement.

SIGNED _____

Parent/Guardian

Dated _____

***Please note that financial aid will be credited toward individual accounts as service commitment hours are fulfilled.*

Mission Statement

The mission of St. Therese Catholic School is to provide for the academic and Spiritual growth and development of each student within an environment formed by the values of sacred scripture and the traditions

St. Therese Catholic School
SCHOLARSHIP POLICY



Application for financial aid can be made at any time. However, to reserve space in a class, payment of the registration and book fee is required and is non refundable.

If a child/children enrollment in the school is contingent upon receiving financial assistance and the book/activity fee and registration fee are not paid the child/children may be placed on a waiting list for enrollment but a place will not be reserved. It takes a minimum of 30 days from the date the material is submitted to determine eligibility for financial assistance.

Applications for financial aid can be found by clicking on the financial aid tab or the link provided at the end of the enrollment process on TADS. Your application will be evaluated and a recommendation made to the scholarship committee, who will make a decision based on the recommendation. The committee will inform you in writing of their decision.

Scholarship money is limited. Awards will be made not only on the basis of financial need but also on parental commitment to the school. Commitment will be evaluated on the applicant's history of participation in the Alliance for Catholic Education and volunteer time given to the fund raising efforts of the school. When the applicant is a new registration, a commitment to participate in both the Alliance and fund raising activities including Bingo will be required.

Mission Statement

The mission of St. Therese Catholic School is to provide for the academic and Spiritual growth and development of each student within an environment formed by the values of sacred scripture and the traditions of the Catholic Church.

St. Therese Catholic School
RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS
ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT



In consideration of my Child's participating in field trips and/or educational activities (the "Field Trips"), offered as part of the course curriculum to St. Therese Catholic School students enrolled during the 2019-2020 school year, I hereby agree as follows:

I, _____ enter into this agreement individually and on behalf of _____ [insert name of child], my son or daughter, who is not eighteen (18) years of age. For myself and my Child, and for our respective estates, heirs, administrators, executors, and assigns, I hereby release and hold harmless St. Therese Catholic School, its Executive Board, its officers, directors, employees, representatives, agents, and volunteers (collectively, the "Releases"), from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of actions that I or my Child, or our respective estates, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to my child's participation in the Field Trips, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASES or otherwise.

I fully understand that there are potential risks and hazards associated with the Field Trips and its related travel, including, but not limited to, possible injury or loss of life. Despite the potential risks and hazards associated with the Field Trips, I, individually and on my Child's behalf, wish for him or her to proceed, and freely accept and assume all risks and hazards that may arise from his or her participation in the Field Trips and that could result in loss, illness, personal injury, death, or property damage to him or her, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES or otherwise.

I further hereby agree to indemnify and hold harmless the Releases from any judgment, settlement, loss, liability, damage, or costs, including court costs and attorney fees from both the trial and appellate levels, that Releases may incur as a proximate result of any negligent or deliberate act or omission by my Child during his or her participation in the Field Trips.

In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age, fully competent, and the legal parent or guardian of my Child. I hereby agree that this agreement shall be construed in accordance with the local law and the state of Colorado, without respect to the conflict of law rules of Colorado or any other jurisdiction.

I HAVE READ THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND AGREE INDIVIDUALLY AND ON BEHALF OF MY CHILD TO BE BOUND BY IT.

PARENT'S NAME (PRINTED) _____

PARENT'S SIGNATURE _____

DATE _____

St. Therese Catholic School

VOLUNTEER FORM

2019-2020



Name _____
Home Phone _____ Cell Phone _____ Work Phone _____
Address _____ City _____ State _____ Zip _____

CLERICAL

_____ Secretarial Aid
_____ Library Aid
_____ Media (TV, Radio, News)
_____ Student/Family Directory
_____ **STCS Yearbook**
_____ **Website Update**
_____ Tabulate Volunteer Hours
_____ Newsletter Coordinator
_____ **School Lunch Coordinator**

FACILITIES

_____ **School Lunch Service**
_____ Summer School Cleaning
_____ STCS Yard Maintenance
_____ Lawn Maintenance
_____ Grounds Maintenance
_____ Painting
_____ Windows Maintenance
_____ Computer Technology

ACE VOLUNTEERS

_____ Fund Raising Volunteer
_____ Bingo Volunteer (Sunday)
_____ Bingo Volunteer (Wednesday)
_____ Bingo Volunteer (Thursday)
_____ Room Parent Coordinator
_____ ACE Officer
_____ Chair person
_____ Knight Run
_____ Fall Festival
_____ Dinner/Auction
_____ Box Tops

TEACHER SUBSTITUTE

_____ **Preschool**
_____ **Primary (K, 1, 2)**
_____ **Intermediate (3, 4, 5)**
_____ **Middle School (6, 7, 8)**
_____ PE
_____ Spanish
_____ Religion
_____ Music

OTHER SCHOOL RELATED ACTIVITIES

_____ Teacher Helper
_____ **Grant Writing**
_____ Marketing Committee
_____ School Historian/Photographer
_____ Secretary Substitute
_____ Remedial Tutor

_____ Please specify other

St. Therese Catholic School
Parent – Teacher Organization (A.C.E.) Agreement



The Alliance for Catholic Education (**A.C.E.**) is the Parent-Teacher Organization at St. Therese Catholic School. One of its purposes is to coordinate and increase parental and family involvement with the school through class presentations, social functions, fundraisers, volunteer activities, and quarterly reports from the school's leadership.

The primary fundraising function is to provide at least 20% of the annual operational expenses of St. Therese Catholic School through weekly BINGO sponsorship, the annual Dinner Auction, Fall Festival, the Knight Run and other miscellaneous fundraisers.

It is parental support of these activities that allows St. Therese Catholic School to avoid Tuition increases to cover operating costs.

Each year, the St. Therese School Board meets with the PTO officers to share them an overview of current goals for the school and to set down the amount of supplemental income that will be needed to meet the school's expenses for the coming year. It is the responsibility of the PTO officers to develop a plan to meet this commitment.

Fundraising for the operational expenses of the school is a given. If tuition were raised to meet the total operational costs of the school sufficiently, it would be prohibitive for many of our families. It is the continued philosophy of St. Therese Catholic School and its leadership to increase the opportunity for families in Pueblo to send their children to STCS, not to restrict the opportunity due to high tuition costs. It is in the spirit of this philosophy that we require a commitment from each family.

In order for A.C.E. to meet its financial obligations, the following guidelines have been established.

1. Each family is asked to make a minimal financial commitment of \$150.00 or \$300.00 a month in Scrip Cards.

AND

2. Each family is asked to make a service commitment of **70 hours** per year, **of which 24 hours are to be fulfilled by volunteering over a 12 month period at bingo.** This commitment helps reduce operational expenses and fosters a sense of camaraderie and the school spirit in our community. Families may contact the school office to inquire about opportunities for fulfilling service commitments. **OR**
3. **Families who are unable to meet the annual 70-hour service commitment may buy-out all or a portion of the obligation at the rate of \$5.00 per service hour or \$350.00 total.**

Parent/Guardian Signature

Date

Our Children And Staff Thank You In Advance For Your Commitment To St. Therese Catholic School.