

ENROLLMENT & REGISTRATION PACKET
2023-2024



Christ the Teacher
CATHOLIC SCHOOL

School Year Office Hours: 7:30am-4:00pm

School Hours: M-TH 8:00am-3:00pm Friday 8:00am-2:00pm

5508 W. Chestnut Avenue
Yakima, WA. 98908
Phone: 509-575-5604



Christ the Teacher Catholic School Promissory Note 2023-2024 | Kindergarten - 8th Grade

5508 West Chestnut Avenue Yakima, WA 98908 (509) 575.5604 www.ctcsyakima.org

Full Family/Guardian Name & Address	Student Name(s)	DOB	Grade
Name: _____	_____	_____	_____
Address: _____	_____	_____	_____
City: _____ Zip: _____	_____	_____	_____
Cell Phone: _____	_____	_____	_____
Email: _____	_____	_____	_____

For academic services provided to my child(ren) by Christ the Teacher Catholic School. I agree to pay as follows:

Registration	<p>Registration Fees</p> <p>\$100.00 per K-8th grade family (non-refundable) \$200.00 per child for iPad and Consumable Fee (non-refundable)</p> <p style="text-align: center;">All fees must accompany registration to secure your child's space</p>	<p>Office use only</p> <p>Cash _____</p> <p>Credit Card _____</p> <p>Check _____</p>																								
Tuition	<p>Full Cost Tuition (No Fundraising Hours Required)</p> <table border="0"> <tr> <td>One Child</td> <td>\$ 9,525</td> <td>\$ _____</td> </tr> <tr> <td>Two Children</td> <td>\$ 17,125</td> <td>\$ _____</td> </tr> <tr> <td>Three Children</td> <td>\$ 23,825</td> <td>\$ _____</td> </tr> <tr> <td>Additional Children</td> <td>\$ 0 per child</td> <td>\$ _____</td> </tr> </table> <p>Tuition with Fundraising Hours</p> <table border="0"> <tr> <td>One Child</td> <td>\$ 7,625.00</td> <td>\$ _____</td> </tr> <tr> <td>Two Children</td> <td>\$ 13,325.00</td> <td>\$ _____</td> </tr> <tr> <td>Three Children</td> <td>\$ 18,125.00</td> <td>\$ _____</td> </tr> <tr> <td>Additional Children</td> <td>\$0 per child</td> <td>\$ _____</td> </tr> </table>	One Child	\$ 9,525	\$ _____	Two Children	\$ 17,125	\$ _____	Three Children	\$ 23,825	\$ _____	Additional Children	\$ 0 per child	\$ _____	One Child	\$ 7,625.00	\$ _____	Two Children	\$ 13,325.00	\$ _____	Three Children	\$ 18,125.00	\$ _____	Additional Children	\$0 per child	\$ _____	<p>Office use only</p> <p>Office use only</p>
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Payment Options	<p>Payment Options</p> <p>_____ 10 Month Payment Plan (September-June)</p> <p>_____ 12 Month Payment Plan (July-June)</p> <p>_____ One Time Payment with 5% Discount (payment due by June 30, 2023)</p>	<p>Office use only</p>																								
Tuition Assistance	<p>Tuition Assistance</p> <p>We believe that an exemplary education and respectable moral environment should be available to all children regardless of the ability to pay. If you are interested in need-based tuition assistance, we encourage you to fill out an application on our school website at www.ctcsyakima.org or use the below web address: https://online.factsmgt.com/signin/4CH2K or contact Karen Johnson at (509) 966.0830</p>	<p>Office use only</p>																								

	Tuition	Pay in Full 5% Discount	10 Month Payment Plan	12 Month Payment Plan
1 Child	\$7,625	\$7,243.75	\$762.50/month	\$635.42/month
2 Children	\$13,325	\$12,658.75	\$1,332.50/month	\$1,110.42/month
3+ Children	\$18,125	\$17,218.75	\$1,812.50/month	\$1,510.42/month

Fundraiser Requirements	<p>TUITION WITH FUNDRAISING HOURS REQUIREMENTS</p> <p>*K-8 Family Requirements:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">- 25 Volunteer hours in addition to shift requirements below</td> <td style="text-align: right;">Hours required (\$35/hour)</td> </tr> <tr> <td>- Three (3) Shifts at the Elephant Ear Booth</td> <td style="text-align: right;">\$300/shift or \$900 total</td> </tr> <tr> <td>- One (1) Shift at Mardi Gras or \$300 contribution.</td> <td style="text-align: right;">\$300</td> </tr> <tr> <td>- Sell at least six (6) books of 365 Day Raffle Ticket</td> <td style="text-align: right;">\$300</td> </tr> </table> <p>*If one or all of these requirements are uncompleted, families will be billed and payment will be due for failing to complete requirements. Values attached represent billable monetary value for each requirement.*</p>	- 25 Volunteer hours in addition to shift requirements below	Hours required (\$35/hour)	- Three (3) Shifts at the Elephant Ear Booth	\$300/shift or \$900 total	- One (1) Shift at Mardi Gras or \$300 contribution.	\$300	- Sell at least six (6) books of 365 Day Raffle Ticket	\$300
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Parent Pledge to Help Bridge the Gap	<p>The cost to educate a student at CTCS is much higher than the reflected tuition. As such, we are asking all parents to help us "bridge the gap" by investing in our Parent Pledge Program. The tax deductible gift reflects the value you place on your child's Catholic Education, as well as the amount that is <u>commensurate with your ability to pay</u>. Donations may be tax deductible.</p> <p>_____ I/We have selected to pay—FULL COST TUITION. We acknowledge that \$1,900 of that amount is a tax-deductible gift.</p> <p>_____ I/We pledge: _____ \$2,000 _____ \$1,000 _____ \$500 _____ \$250 _____ \$100 _____ \$50 Other \$ _____</p> <p>Pledges can be added to your tuition account and billed per selected payment plan.</p> <p>_____ Please add the Parent Pledge to my tuition account. _____ I/We will provide the Parent Pledge via cash, check, or card.</p> <p>Name: _____ Signature: _____ Date: _____</p> <p>Name: _____ Signature: _____ Date: _____</p>								

ACKNOWLEDGEMENTS

- _____
(initials) I (we) will read and agree to abide by all policies of the 2023-2024 Family Handbook
- _____
(initials) I (we) acknowledge that all transcripts, grades, etc. will not be released until all financial obligations under this tuition contract have been satisfied, including transfers to another school.
- _____
(initials) I (we) understand that failure to complete all school/fundraising commitments by June 1, 2024, will result in additional fees.
- _____
(initials) I (we) understand that tuition may rise annually to cover increased operating expenses, however that will be carefully assessed each year before rates are approved.

I understand that I have a moral and legal obligation to fulfill my responsibilities under this promissory note. I further understand that failure to sign up and/or complete required Elephant Ear Booth or Mardi Gras shifts as stated above, will result in appropriate billing as spelled out in the fundraiser section. I understand that failure to comply with the elected payment schedule, failure to complete or schedule my volunteer hours by **May 31, 2024**, may result in...

- | | |
|---|---|
| a) Withholding of school records and/or report cards. | d) The institution of legal proceedings. |
| b) Enforcement of delinquency policy, plus interest on past due amount charged. | e) CTCS has the right to terminate this agreement at any time |
| c) Loss of eligibility for re-registering at levels less than full cost. | f) Further clarification see Family Handbook. |

_____ Signature of Parent/Guardian Financially Responsible Person	_____ Signature of Parent/Guardian Financially Responsible Person	_____ Date
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“Catholic education aims not only to communicate facts, but also to transmit a coherent, comprehensive vision of life, in the conviction that the truths contained in that vision liberate students in the most profound meaning of human freedom.” St. Pope John Paul II



Christ the Teacher Catholic School Enrollment 2023-2024

Tradition of Quality Education

A copy of Birth Certificate and Immunization record are required to register your child.

Student Information:

First Name: _____ Last Name: _____ M.I. _____

Birthdate: _____ M/F: _____ Nickname: _____ Grade Entering: _____

Mailing Address: _____

Physical Address: _____

City/State: _____ Zip: _____ Primary Language Spoken at Home: _____

Ethnicity: White Hispanic/Latino Native American or Native Alaskan Asian
 Pacific Islander Black Two or more races

Religion: Catholic Protestant Lutheran Baptist Presbyterian Methodist Non-Denominational

Other: _____

Church Attending: _____ School Attended Prior: _____

Family Information:

Mother's Name (First, M.I., Last): _____

Address: _____

Occupation and Employer: _____

Work#: _____ Cell#: _____

Email Address: _____

Father's Name (First, M.I., Last): _____

Address: _____

Occupation and Employer: _____

Work#: _____ Cell#: _____

Email Address: _____

Parent Relationship: _____

Who should be the first person we contact in case of an emergency? _____

Emergency Contact and Person(s) allowed to pick up from school/base: Please List at Least 3

1. _____ Phone#: _____ Relationship: _____

2. _____ Phone#: _____ Relationship: _____

3. _____ Phone#: _____ Relationship: _____

4. _____ Phone#: _____ Relationship: _____

5. _____ Phone#: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____

Option C # _____

Name: _____

Date of Enrollment: _____

Date of Termination: _____



Christ the Teacher Catholic School Enrollment 2023-2024

Tradition of Quality Education

Name: _____

Date of Enrollment: _____

Date of Termination: _____

Person(s) NOT ALLOWED to have access to my child:

1. _____ Relationship: _____

2. _____ Relationship: _____

****If a restraining order is in effect, court documentation is required****

Sacraments:

Baptism Date: _____ Performed by: _____

Church & City: _____

Reconciliation Date: _____ Performed by: _____

Church & City: _____

First Communion Date: _____ Performed by: _____

Church & City: _____

Medical Information

I hereby, give permission that my child may be given emergency treatment (First Aid, CPR) by a qualified staff member at Christ the Teacher Catholic School:

Parent Signature: _____

I give permission in a medical emergency, including emergency surgery, if I cannot be reached, for treatment by the Doctor named below, or the emergency room at _____ hospital.

Parent Signature: _____

Doctor/Clinic Name: _____ Phone _____

Dentist/Clinic Name: _____ Phone _____

Date of students last physical: _____

List ALL medical problems: _____

List ALL restricted activities &/ or health concerns: _____

List ALL daily medication/ dosing needed during school (must fill out additional paperwork): _____

Parent Signature: _____ Date: _____



Christ the Teacher Catholic School Enrollment

2023-2024

Tradition of Quality Education

Name: _____ Date of Enrollment: _____ Date of Termination: _____

Allergies:

Drug /Food/Bee Stings/Other: _____

-List Reactions: _____

-List Medications: _____

List any important medical information we need to be aware of: _____

Has Epi-Pen been prescribed (Y/N): _____

Asthma: Please indicate which level applies to your students.

_____ Severe: In addition to daily oral medications, my child is using a nebulizer &/or inhaler daily.

-List medications: _____

_____ Moderate: Required daily medication to control condition, will need inhaler occasionally.

-List medications: _____

_____ Mild: Requiring medication occasionally, such as flare-up from a cold &/or seasonal allergies.

-List medications: _____

Diabetes:

_____ Type 1: Insulin Dependent

_____ Type 2: Control w/ diet

-Insulin required/Self administered (Y/N) _____

-Oral Medication (Hypoglycemic) (Y/N) _____

Heart Condition: _____

Blood Conditions: _____

Digestive Disorders: _____

Hearing Loss: _____

Neurological Disorder (C.P., Hydrocephalus): _____

Orthopedic Problems (Arthritis, MS): _____

Respiratory Conditions: _____

Seizures (Epilepsy): _____

Other Condition: _____

Medication for listed condition(s): _____

Parent Signature: _____ Date: _____



Christ the Teacher
CATHOLIC SCHOOL

Permissions
2023-2024

_____ I give permission for my child(ren) to be photographed (including still photos, digital photos, and video recordings) during school activities and/or functions. I understand that these photographs may be used in publications for Christ the Teacher Catholic School. Monsignor Ecker Foundation. Diocese of Yakima and/or local television stations.

_____ I give permission for my child(ren) to use computers in the classroom and to access the internet. I understand that my child must follow the rules set by Christ the Teacher Catholic School Administration.

_____ I give permission to Christ the Teacher Catholic School to add my contact information to the school directory.

Parent Signature: _____ Date: _____



Christ the Teacher
CATHOLIC SCHOOL

WHY CTCS?

Parents: Why do you want your child(ren) at CTCS?

Students: Why do you want to attend CTCS?



Christ the Teacher
CATHOLIC SCHOOL

MAJOR FUNDRAISERS

Elephant Ear Booth at the Central Washington State Fair

Time frame: End of September to early October (runs entire length of the fair).

What is it? The EEB is a booth run entirely by CTCS families. Families sign up for their required shifts and work together alongside their school community and cook delicious elephant ears for fair goers! This is our second largest fundraiser and by far the most labor intensive, which means we truly rely on each and every shift being filled. Invite our family members, neighbors, and friends to come out and support a great cause while having FUN! Not to mention, free fair admission.

2023-2024 Family Requirements: Kindergarten-8th Grade Three (3) Shifts at the Elephant Ear Booth or \$300/Shift

365 Raffle

Time frame: October through December

What is it? Our 365 Raffle Fundraiser is our year long raffle. These tickets are drawn daily in our front office and prizes range from \$10-\$500 cash! Winners are announced daily on our morning announcements. This is a fun way to get kids involved in asking grandparents, neighbors, or friends to purchase a raffle ticket! Plus, they get to cheer in their classrooms when they hear a name they recognize!

2023-2024 Family Requirements: Kindergarten-8th Grade 6 books of raffle tickets (10 tickets/book) per family .Preschool 6 books of raffle tickets (10 tickets/book) per family.

Mardi Gras

Time frame: February

What is it? Mardi Gras is our largest, most successful fundraiser each year! Is comprise of a live auction, silent auction, dinner and dancing. Mardi Gras is more fun than just a fun night for our families, it is a community event. Parents have the opportunity to provide a cash donation to help procure auction items beforehand or sign up for a shift to work before/during/after the event.

2023-2024 Family Requirement: \$300 cash donation prior to the event OR 1 shift coverage per Kindergarten-8th family.

Parent Hours

During the school year we ask parents to donate 25 hours of their time. These hours can be completed by working in a classroom, driving on fieldtrips or to sports games, working extra shifts, (above the required shifts at E.E.B. or Mardi Gras) or helping with events.



Christ the Teacher
CATHOLIC SCHOOL

SCHOLARSHIP RESOURCES

www.online.factsmgt.com/signin/4CH2k

Central Washington Catholic Foundation:

- Based on Financial need.
- Families apply online and submit via FACTS. Handwritten applications are not accepted. Please contact the office if you are unable to complete the application online.
- Deadline for new applicants: May 1, 2023
- Deadline for renewal applicants: **April 1, 2023**
- Awards range from \$500--\$1,500/student

Monsignor Ecker Foundation:

- Based on financial need.
- Apply online with FACTS
- First Deadline: July 1, 2023
- Average award is \$1,000/student

CTCS Scholarship:

- Open to all families.
- Based on financial need.
- Apply online with FACTS.
- First Deadline: July 1, 2023
- Awards range from \$700- \$1,000/student

Our mission is to provide every family who values Catholic education an excellent Educational and moral environment for their children. Additional tuition assistance is applied on a case by case basis. Please inquire at the front office for additional information.



Christ the Teacher
CATHOLIC SCHOOL

Frequently Used Websites

School Website: www.ctcsyakima.org

Parent/Student Portal: www.optionc.com

Tuition/Lunch/BASE Payments: www.online.factsmgt.com

Keep Up With Us On Social Media

@ctcsyakima

