

ENROLLMENT AND REGISTRATION PACKET

SCHOOL YEAR 2022-2023



***Christ the Teacher***  
**CATHOLIC SCHOOL**

5508 W. Chestnut Avenue, Yakima, WA 98908

[www.ctcsyakima.org](http://www.ctcsyakima.org)

Phone: 509-575-5604

Fax: 509-575-5605

School Year Office Hours: 8:00 AM - 4:00 PM M-F

School Hours: M-F 8:00 AM - 3:00 PM



# Christ the Teacher School Promissory Note 2022-2023

## Pre-Kindergarten

5508 West Chestnut Avenue Yakima, WA 98908

P:509-575-5604 www.ctcsyakima.org

Full Family/Guardian Name & Address

Student's Name(s)

Grade & Date of Birth

Name: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

	<p><b>Registration Fees</b></p> <p>\$100.00 per Pre-Kindergarten grade family (non-refundable)          \$100.00 per child Consumable and Materials Fee (non-refundable)</p> <p><b>All fees must accompany registration to secure your child's space</b></p>	Office use only
Tuition	<p><b>Tuition</b></p> <p>\$ 8,000.00 Per Child                      \$ _____</p>	Office use only
Payment Options	<p><b>Payment Options</b></p> <p>_____ 10 Month Payment Plan (September-June)          _____ 12 Month Payment Plan (July-June)          _____ One Time Payment with 5% Discount (due June 28, 2022 for returning families/new families payment due at time of registration)</p>	Office use only
Financial Assistance	<p><b>Tuition Assistance</b></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 financial assistance, we encourage you to fill out an application on our school website at <a href="http://www.ctcsyakima.org">www.ctcsyakima.org</a> or use the below web address:  <a href="https://online.factsmgt.com/signin/4CH2K">https://online.factsmgt.com/signin/4CH2K</a></p>	

	Tuition	Pay in Full 5% Discount	10 Month Payment Plan	12 Month Payment Plan
1 Child	\$8,000.00	\$7,600.00	\$800.00/month	\$667.00/month

Fundraiser Requirements	<p><b>*PK Family Requirements:</b></p> <p>One (1) shift at the Elephant Ear Booth                      \$300/shift          Sell at least three (3) books of 365 Raffle Tickets                      \$300</p>	
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<b>Bridge the Tuition Gap</b>	<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 Monsignor Ecker Foundation. The Foundation helps to provide tuition assistance to both current and new families in our school community. The tax deductible gift <u>reflects the value</u> you place on our child's Catholic Education, as well as the amount that is <u>commensurate with your ability to pay</u>. Please visit the MEF website at <a href="https://eckerfoundation.org/ways-to-give/">https://eckerfoundation.org/ways-to-give/</a> to make a donation. Donations may be tax deductible.</p>
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## ACKNOWLEDGEMENTS

\_\_\_\_\_ I (we) will read and agree to abide by all policies of the 2022-2023 Parent/Student Handbook  
 (initials)

\_\_\_\_\_ I (we) acknowledge that all transcripts, grades, etc. will not be release 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 1st 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.  
 (initials)

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, 2023** 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 Parent/Student Handbook.         |

**“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**

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

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

\_\_\_\_\_  
Date



# Christ the Teacher Catholic School Enrollment

## 2022-2023

### Tradition of Quality Education

#### **Student Information:**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ M/F: \_\_\_\_\_ Nickname: \_\_\_\_\_

Ethnicity:	Caucasian	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:**

**Father's Name (First, M.I., Last):** \_\_\_\_\_

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

Occupation and Employer: \_\_\_\_\_

Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

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

**Mother's Name (First, M.I., Last):** \_\_\_\_\_

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

Occupation and Employer: \_\_\_\_\_

Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

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

#### **Emergency Contact and Person(s) allowed to pick up from school/base:**

1. \_\_\_\_\_ Phone#: \_\_\_\_\_

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

2. \_\_\_\_\_ Phone#: \_\_\_\_\_

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

3. \_\_\_\_\_ Relationship: \_\_\_\_\_

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

4. \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ Date of Termination: \_\_\_\_\_



# Christ the Teacher Catholic School Enrollment

## 2022-2023

### Tradition of Quality Education

#### 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: \_\_\_\_\_

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

Name: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Date of Termination: \_\_\_\_\_



# Christ the Teacher Catholic School Enrollment

2022-2023

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: \_\_\_\_\_



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CATHOLIC SCHOOL

## Permissions

**2022-2023**

\_\_\_\_\_ 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



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## Scholarship Resources

[www.online.factsmgt.com/signin/4CH2k](http://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, 2022
- Deadline for renewal applicants: April 1, 2022
- Awards range from \$500--\$1,500/student

### Monsignor Ecker Foundation

- Based on financial need.
- Apply online with FACTS
- First Deadline: July 1, 2022
- Average award is \$1,000/student

### CTCS Scholarship

- Open to all families.
- Based on financial need.
- Apply online with FACTS.
- First Deadline: July 1, 2022
- 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 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.

**2022-2023 Family Requirements:** 3 shifts (approximately 5 hours each) per family, Kindergarten -8<sup>th</sup> grade. 1 shift per family for Preschool families. Or \$300 per shift to opt out.

### 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!

**2022-2023 Family Requirements:** Kindergarten-8<sup>th</sup> Grade 6 books of raffle tickets (10 tickets/book) per family  
Preschool 3 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! It comprises 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 can provide a cash donation to help procure auction items beforehand or sign up for a shift to work before/during/after the event.

**2022-2023 Family Requirement:** \$300 cash donation prior to the event OR 1 shift coverage per Kindergarten-8<sup>th</sup> family.

### Parent Hours

During the school year we ask parents to donate 20 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 Enrollment

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[www.ctcsyakima.org](http://www.ctcsyakima.org)

## FACTS Tuition Management Form

<https://online.factsmgt.com/>

User name: \_\_\_\_\_

Password: \_\_\_\_\_

### Welcome New Families!

FACTS is our online tuition management program. We use this program to easily track charges and payments related to tuition. This also allows parents to make payments online using a monthly payment plan that automatically withdraws the payment from your bank account or credit card. Below is the process of enrolling on FACTS:

1. Complete all enrollment documents and registration paperwork and return to front office.
2. Front Office will process your information and create a parent/ student ID number and account in Option C.
3. A FACTS account will be created with the ID number and relevant charges.
4. An email from FACTS will be sent to the email address provided in registration paperwork inviting you to enroll in an online payment plan. This is REQUIRED before the first day of school, so payments can begin processing.
5. Select payment plan options and finalize on FACTS website.
6. Any questions regarding FACTS or payment plans can be directed to CTCS bookkeeper Karen Johnson.
7. All families are required to be on monthly payment plans or paid in full, exceptions are taken on a case by case basis.

If any changes need to be made to your upcoming payment, you need to contact the school 2 business days in advance of payment date. After that, no changes can be made to that specific payment.

FACTS customer service number: 1-866-412-4637

Karen Johnson Phone Number: 509-966-0830 email: [bookkeeper@holyyfamilyyakima.org](mailto:bookkeeper@holyyfamilyyakima.org)



## Frequently Used Websites

School Website: [www.ctcsyakima.org](http://www.ctcsyakima.org)

Parent/Classroom Portal: [www.optionc.com](http://www.optionc.com)

Tuition Payments: [www.online.factsmgt.com](http://www.online.factsmgt.com)

**Please follow us on social media to keep up with all our activities around campus**

Facebook: <https://www.facebook.com/CTCSYakima/>

You Tube: [https://www.youtube.com/channel/UCsJPcc9\\_Zxi8nWYIGfZmwGg](https://www.youtube.com/channel/UCsJPcc9_Zxi8nWYIGfZmwGg)

Instagram: <https://www.instagram.com/ctcsyakima/>