

Espirito Santo School Tuition Rates: 2022-2023 School Year

Tuition Rate – Grades K to 8 <i>For entry to Kindergarten, the student(s) must be 5 by September 1st.</i>	\$4,050.00	Second Child	\$3,950.00
		Third Child	\$3,850.00
		Fourth Child	\$3,750.00
Pre-Kindergarten (4 year olds) <i>For entry to Pre-Kindergarten, the student(s) must be 4 by September 1st.</i>	\$4,370.00	<i>The program is a full, 5-day program, from 7:45am – 2:30pm.</i>	
Pre-School (3 year olds) <i>For entry to Pre-School, the student(s) must be 3 (or as early as 2.9 years old) by September 1st and must be <u>fully potty trained</u>.</i> This program is available in the following options: Full-time Student: 7:45 AM - 2:30PM Part-time Student: 7:45 AM- 11:15AM	\$4,370.00/\$2,930.00	5 full days/5 half days	
	\$3,940.00/\$2,360.00	4 full days/ 4 half days (circle) M T W Th F	
	\$3,550.00/\$2,170.00	3 full days/ 3 half days (circle) M T W Th F	
	\$2,570.00/\$1,580.00	2 full days/ 2 half days (circle) M T W Th F	

_____ I agree to pay tuition on either a 10 or 12-month plan, beginning on July 1st, 2022. (circle one) Payments are to be made every 1st of the month. This agreement is considered to be binding and legal action will be taken should you default and all legal fees will be absorbed by parents.

Non-Refundable Scholastic & Technology Fee (due at registration)	Child's (Children's) Name	Grade entering in August
\$200.00 – First & Second Child		
\$150.00 – Third Child		
\$100.00 – Fourth Child		

Fundraising \$300.00 per family Please sign attached document	Morning Care 7:00am-7:45am \$3.00 per day Morning and extended care rates are per student only if program is provided	Extended Care: 2:30pm -3:30pm \$4.00 per day 2:30pm-4:00pm \$5.50 per day 2:30pm-4:30pm \$7.50 per day 2:30pm-5:00pm \$9.00 per day
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I/We have read the above statement and agree to be responsible for the tuition and fees of the student(s) listed above. Enclosed is my non-refundable scholastic for each child. Separation and/or divorce has no bearing on the responsibility for your child's education as it affects third parties. Both parents are responsible for the charges that year. Espirito Santo School does not participate in payment disputes between parents.

Parent signature: _____

Date: _____

Parent signature: _____

Date: _____

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Fundraising Agreement Form: 2022-2023

Tuition and fees do not pay for all the school expenses. Therefore, additional funds from fundraising events are needed to balance the budget. In order for fundraising to be successful, we ask all families to participate, not just through financial contributions but by sharing their time, as well. If every family would commit to spending a minimum of five hours throughout the year chairing a committee to plan an event, assisting at a school sponsored event, volunteering for a school clean-up, working at the book fair, etc. it would be most helpful.

Here at Espirito Santo School, families have the option of agreeing to raise a minimum profit of \$300.00 during fundraising events or to make a donation of \$300.00 that goes into the school's fundraising fund. By doing this, all families are sharing the financial responsibility associated with operating the school.

Please note that if you have not fulfilled your obligation by the end of the school year, the remaining balance will be added to your tuition account. In addition, any fundraising above the \$300.00 is considered a donation to the school to benefit special programs or services.

The two major fundraisers that help you raise your fundraising quota are Cookies (in August/September), and Chocolate Bars (in the Spring). Other smaller fundraisers that occur help benefit special programs or services at our school, and do not count toward the fundraising quota.

Please indicate your choice below:

_____ I agree to raise a minimum profit of \$300.00 by participating in the scheduled fundraising activities.
Example: If the product is being sold for \$15.00 each and the school's cost of that product is 60%, your profit would be the 40% which is \$6.00.

_____ I will make a donation of \$300.00. This may be paid in monthly installments that coincide with tuition.

Student's name _____ Grade _____

Student's name _____ Grade _____

Student's name _____ Grade _____

Parent Signature: _____ Date _____

Parent Signature: _____ Date _____

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Uniform Policy: 2022-2023 School Year

It is the expectation that each parent who makes the choice to send a child to Espirito Santo Parochial School agrees to follow the uniform dress code established for the year. The code for the next academic year is as follows. **Please note: unauthorized outerwear or custom made spirit wear is not allowed, unless approved by the school.**

Type of Clothing	Boys	Girls
Bottoms	Navy Blue Pants (No Cargo Pants) <i>A Belt must be worn with the pants</i>	Knee length plaid jumper (Pre-S to Grade 3) Knee length plaid skort (Grade 4 to 8) Navy Blue Pants (Pre-S to Grade 8) <i>A Belt must be worn with the pants</i>
Sweater/Vest	Pullover ESS V-Neck Sweater Sleeveless Vest <i>Sweaters should be worn during the cold months</i>	Pullover ESS V-Neck Sweater Sleeveless Vest <i>Sweaters should be worn during the cold months</i>
Shirt	White Polo Shirt w/ School Logo Red Polo Shirt w/ School Logo White Dress Shirt w/ School Necktie <i>Shirts may be long or short sleeve</i>	White blouse with Peter Pan collar, to be worn with jumper White or Red turtle neck (Pre-S to Gr. 3) White Blouse/Oxford Button-down White Polo Shirt w/ School Logo Red Polo Shirt w/ School Logo (Grade 4-8) with Pants/Shorts/Skorts
Socks	Navy or Black Socks <i>No white socks</i>	Navy or White knee high socks or tights
Shoes	Solid Black Shoes (low cut oxford style) Solid Black Leather Low Cut Sneaker (soles and all)	Solid black leather shoe or sneaker (Mary Jane Style or tie) Saddle Shoes (Black and white)
Gym Uniform	Sweater suit w/ school logo T-shirt/ shorts w/ school logo Sneakers (any style/color)	Sweater suit w/ school logo T-shirt/ shorts w/ school logo Sneakers (any style/color)
Spirit Wear	Must be order through the school.	Can be worn as outerwear, or on selected Spirit Wear days, as determined by the Principal.

Please note that all items with the school logo or name must be ordered from Donnelly's. Students may wear uniform shorts from Donnelly's during the months of May, June, August and September, or at the discretion of the Principal. Girls may wear white or blue short socks during those same months. ESS gym shorts and t-shirts may be worn on gym days during warm weather, as the discretion of the Principal.

I have read and agree to follow the uniform policy at Espirito Santo Parochial School as stated above.

Student's Name: _____ Grade(s): _____

Parent Signature: _____ Date: _____

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Espirito Santo Parochial School

143 Everett Street, Fall River, MA 02723

Emergency Contact & Health Information

Father's Name: _____

Father's Occupation: _____

Name of Company: _____

Business Address: _____

Business Phone: _____

Cell Phone: _____

Email Address: _____

Address of Non-Custodial Parent:

(Legal Documents Required for Student File)

Mother's Name: _____

Mother's Occupation: _____

Name of Company: _____

Business Address: _____

Business Phone: _____

Cell Phone: _____

Email Address: _____

Address of Non-Custodial Parent:

(Legal Documents Required for Student File)

List available relatives/friends who could assume temporary care of your student(s) should you not be available (attach additional if needed):

Name: _____

Relation: _____

Phone: _____

Name: _____

Relation: _____

Phone: _____

Name: _____

Relation: _____

Phone: _____

Are there any individuals who are restricted from picking up your student(s)? _____ Yes _____ No

(Legal Documents Required for Student File)

Name: _____

Relation: _____

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Name: _____ Grade: _____

Please fill in the following information, which is important in the case of serious illness or emergency. Please notify the school of any changes in student(s) health history or changes in medication.

Health Insurance Company: _____ Policy#: _____

Does your student(s) have any allergies? ____ Yes ____ No

Please detail here:

Is your student affected by any health issues, that the school should be aware of? ____ Yes ____ No

Please detail here:

Is your student currently any medications, that the school should be aware of? ____ Yes ____ No

Please include name, dosage, frequency. (Please attach current doctor orders if to be dispensed at school.)

In case of an emergency, the school will attempt to contact parent/guardian before calling student's primary care provider (physician). Your child will be transported by ambulance to an emergency care facility if necessary.

Physician's Name: _____ Phone#: _____

Dentist's Name: _____ Phone#: _____

A written order from a doctor AND parent is necessary if medication is to be taken in school. Aspirin, cough drops, and/or over-the counter medication cannot be given unless above orders and medication are provided by parent/guardian, in original packaging, or Rx bottle. Please contact the nurses office for these forms.

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I give permission to the school to share this information relevant to my student(s) health condition with appropriate school personnel when needed to meet my student(s) health safety needs and to exchange information with my student(s) primary care physician for the purpose of referral, diagnosis, and treatment.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____