

534 Front Street, Chicopee, MA 01013
Tel: (413) 592-5135 / Fax: (413) 594-0187
ststanis@saintstansschool.org

Website: saintstansschool.org
IG: @saintstanschicopee
FB: @ststanislauschicopee



Kindergarten Registration Information and Checklist 2021-2022

Thank you for considering St. Stanislaus School for your child's education. Please use the list below to help complete your application. All completed forms and documentation must be submitted before your child can be accepted.

Documentation to Complete & Turn in:

- Family Registration Fee
- Application
- Tuition Agreement
- Contact Information Form
- Transportation Request Form (Chicopee Residents Only)
- Birth Certificate
- Baptism Certificate
- Immunization Record
- Copy of Recent Physical Exam

534 Front Street, Chicopee, MA 01013
Tel: (413) 592-5135 / Fax: (413) 594-0187
ststanis@saintstansschool.org

Website: saintstansschool.org
IG: @saintstanschicopee
FB: @ststanislauschicopee



TUITION SCHEDULES

2021-2022 SCHOOL YEAR

TUITION RATES

One Child: \$4,497.00 per year
Two Children: \$8,570.00 per year
Three Children: \$12,643.00 per year
Four or More Children: \$16,716.00 per year

COST TO EDUCATE

The current cost at St. Stanislaus School to educate each child in grades Kindergarten to eight is \$7,340.33. It is through the generous support of our benefactors, alumni, parishioners, and supporters, along with our many fundraising efforts, that we are able to offer tuition rates at a discount below our actual costs to operate. Thank you to all who continue to support the mission of St. Stanislaus School. An investment in a Catholic Franciscan education provides lifelong benefits to your child.

FEES & IMPORTANT DATES

Non-Refundable Registration Fee: \$150.00 paid to the school with the application

Workbooks & Materials Fee: *due by September 30, 2021*

One Child \$100.00
Second Child \$100.00
Third Child \$50.00
Fourth Child \$50.00

Service Commitment Hours

Each family is required to provide 10 volunteer service hours per year or the monetary equivalent of \$25.00 per service hour will be added to your tuition.

TUITION PROCEDURES

- Tuition is paid through FACTS Management (please see enclosed sheet).
- These payments are to be paid by the 15th of the month.
- Late payments (after the 15th of the month) will be assessed at \$15.00 late fee per month
- There is a \$25.00 fee for checks returned for insufficient funds.
- If the entire tuition bill is paid before July 15, 2021, there will be a 2% reduction in tuition.
- No student will be admitted in August, unless tuition and fees for the prior school year, 2020-2021, have been paid.
- No transcripts, grades, or diplomas will be released to any agency, or forwarded to a new school, until all financial obligations to St. Stanislaus School have been fulfilled.

WITHDRAWAL POLICY

- Families must notify the school, in writing, if a student is withdrawn from the school.
- Registered students who withdraw between the first day of school and December 15th are responsible for ½ of the full tuition amount. Registered students who withdraw after December 15th are responsible for the full tuition amount.
- **No tuition refunds will be given after September 30th**

FINANCIAL AID

Applications for all Financial Aid opportunities are available on the FACTS website at www.online.factsmgt.com through **June 30, 2021** or until funds are depleted, whichever comes first. It is extremely important that you start the application process before you have your tax returns done. Once your tax returns are completed, you can complete your application. Please follow up on any notifications that you receive, if you are missing information on your application. Your application is not finalized until you get the verification notice. **All financial aid will be processed in March, April, May, and June 2021.** Financial Aid is awarded on a first-come-first-serve basis.

St. Stanislaus School Aid requires that families participate in commitment hours on a monthly basis from July 1st through June 30th.

ALL AID IS NEED BASED and DEPENDENT UPON FILING AN APPLICATION WITH FACTS GRANT & AID ASSESSMENT. Tuition aid is not available for preschool students.

TUITION AGREEMENT 2021-2022

Parent 1:	First	Last	Address	City	Zip
				Yes / No	
	Religion	Parish	City	Parish School?	
Parent 2:	First	Last	Address	City	Zip
				Yes / No	
	Religion	Parish	City	Parish School?	
Person Responsible for Tuition:	First	Last	Address	City	Zip
	Phone	Relationship to Student(s)			
				Yes / No	
	Religion	Parish	City	Parish School?	

Student Information				
Student 1:	First & Last Name	Grade	Lives With	Religion
Student 2:	First & Last Name	Grade	Lives With	Religion
Student 3:	First & Last Name	Grade	Lives With	Religion

Payment Information	
Please Choose Your Payment Plan:	<input type="checkbox"/> Paid In Full <input type="checkbox"/> 10 Monthly Payments
Will you be applying for Financial Aid? (FACTS Application must be filed for consideration)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you an Active military member?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Yearly Fees
Family Registration Fee: Registration Fee \$150.00 applies. Workbook & Materials Fee due by September 30. One child \$100.00. Second child \$100.00. Third & Fourth child \$50.00

As the parent(s) or legal guardian(s) of our child(ren), students at St. Stanislaus School, I (we) agree to pay the annual tuition cost for our child(ren) as noted above. Payment is understood and agreed to be paid, either in full prior to July 15, 2020 with a 2% discount, or in ten (10) equal monthly installments beginning July 15, 2021 and ending with the final payment due no later than April 15, 2022.

I (We) understand that there is a \$15.00 per month late charge if tuition is not paid by the 15th of the month. Further, I (we) understand that there is a \$25.00 fee charged for every check returned by the bank for insufficient funds.

I (We) acknowledge that if I (we) fail to follow the installment schedule as stated in the St. Stanislaus School Handbook, the school may refuse attendance of my child(ren).

I (We) understand that there is an annual \$100.00 per child Workbooks and Materials Fee. I (We) understand that payment of this fee must be made between July 2021 and September 30, 2021.

I (We) realize that if the entire tuition balance is not paid in full by the end of the current school year, the account will be sent to a collection agency and legal action will be taken. I (We) will be responsible for any fees or costs incurred in this process.

I (We) agree to all policies and regulations as so defined in the St. Stanislaus School Handbook.

_____ Parent/Guardian Signature	_____ Date	_____ Parent/Guardian Signature	_____ Date
------------------------------------	---------------	------------------------------------	---------------



**534 FRONT ST. CHICOPEE, MA – 413-592-5135 – SAINTSTANSSCHOOL.ORG
KINDERGARTEN APPLICATION**

Enrollment for Academic Year: 2021-2022				Grade: K	
STUDENT INFORMATION					
Last Name:		First Name:		Middle Name:	
Birth Date: / /				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth:	Child's Primary Language:	Is your child of Hispanic/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		Child's Race: (Please Select One) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> 2 or more races	
Address (P.O. Box if applicable):			City:	State:	Zip Code:
Primary Phone # (REQUIRED):		Primary Email (REQUIRED):		Student Lives With:	
This number will be used for snow days and other mass communications.		This email will be used for memos, notices, and all other mass communications.		<input type="checkbox"/> Both Parents, Same Household <input type="checkbox"/> Both Parents, Separate Households <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Other: _____	
Parishioner Status: <input type="checkbox"/> Parishioner <input type="checkbox"/> Non-Parishioner	Parish:		Religion:		
Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: Parish:	First Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: Parish:		Busing Required? (Chicopee Only) <input type="checkbox"/> Yes <input type="checkbox"/> No		
School(s) Previously Attended (Including Preschool):					
School:		Address:		Years Attended:	

FAMILY INFORMATION					
PARENT 1					
Last Name:		First Name:		Maiden Name:	
Email Address:		Primary Phone #:			
Address (or P.O. Box):			City:	State:	Zip Code:
Occupation:	Place of Employment:		City:	State:	Work Phone #:
Religion:		Parish:		City:	State:
PARENT 2					
Last Name:		First Name:		Maiden Name:	
Email Address:		Primary Phone #:			
Address (or P.O. Box):			City:	State:	Zip Code:
Occupation:	Place of Employment:		City:	State:	Work Phone #:
Religion:		Parish:		City:	State:
LEGAL GUARDIAN OR CUSTODIAL PARENT (If applicable, please provide a copy of the custodial order)					
Last Name:		First Name:		Maiden Name:	
Relationship to Student:					
Address (or P.O. Box):			City:	State:	Zip Code:
Primary Phone #:			Email:		

FAMILY INFORMATION CONTINUED

NAME OF STUDENT'S STEPPARENT (If applicable)

Last Name:	First Name:	Maiden Name:
Primary Phone #:		Email:

SIBLING INFORMATION (If more space is needed, please list on a separate sheet of paper and attach to this form).

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	School:	Grade:
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	School:	Grade:
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	School:	Grade:

EMERGENCY CONTACTS (OTHER THAN PARENTS OR GUARDIANS)

EMERGENCY CONTACT 1

Last Name:	First Name:	Relationship to Child:		
Address (P.O. Box if applicable):	City:	State:	Zip Code:	
Primary Phone #:		Secondary Phone #:		

EMERGENCY CONTACT 2

Last Name:	First Name:	Relationship to Child:		
Address (P.O. Box if applicable):	City:	State:	Zip Code:	
Primary Phone #:		Secondary Phone #:		

EMERGENCY CONTACT 3

Last Name:	First Name:	Relationship to Child:		
Address (P.O. Box if applicable):	City:	State:	Zip Code:	
Primary Phone #:		Secondary Phone #:		

STUDENT MEDICAL INFORMATION

PLEASE ATTACH A COPY OF YOUR CHILD'S MOST RECENT PHYSICAL AND IMMUNIZATION RECORD. STUDENTS CANNOT START SCHOOL WITHOUT THIS INFORMATION.

Physician's Name:		Practice:		
Address (P.O. Box if applicable):	City:	State:	Zip Code:	
Dentist's Name:		Practice:		
Address (P.O. Box if applicable):	City:	State:	Zip Code:	
Medical Insurance Policyholder:	Insurance Company:		Policy Number:	
Primary Phone Number:		Secondary Phone Number:		

STUDENT MEDICAL INFORMATION CONTINUED

Does your child have any food allergies? Yes No If Yes, please list:

Does your child have any other allergic reactions? Yes No If Yes, please list:

Does your child take medication on a daily basis? Yes No If Yes, please list:

Does your child take medication that needs to be administered during school hours? Yes No
If Yes, please list:

Does your child require special education services? Yes No
If Yes, please provide Education Evaluation report or IEP if applicable.

Is there anything else you would like us to know about your child? Yes No If Yes, please list:

TUITION AGREEMENT

Individual Responsible for Payment of Tuition and Fees:

Relationship:	Primary Phone #:	Primary Email Address:
---------------	------------------	------------------------

Address (P.O. Box if applicable):	City:	State:	Zip Code:
-----------------------------------	-------	--------	-----------

Are you an active military service member? Yes No

Will you be applying for financial aid? (You must fill out a financial aid application on FACTSmgt.com) Yes No

In registering my child(ren), I agree to meet the FINANCIAL COMMITMENTS and FAMILY SERVICE COMMITMENT HOURS required by St. Stanislaus School. Further, I (we) agree to abide by the guidelines established in the school handbook and recognize that failure to do so could result in dismissal.

Signature of Person Responsible for Payment of Tuition and Fees _____
Date

TECHNOLOGY AGREEMENT

Due to the evolving nature of education, we are now requiring that each family provides internet access and a functioning device for each student. All parents and legal guardians must agree to provide their student(s) with the required technology to complete assignments and/or attend remote learning.

Parent or Legal Guardian Signature _____
Date

PHOTOGRAPHY AGREEMENT

(USE OF IMAGES ON FACEBOOK OR OTHER PUBLICATIONS)

I, the undersigned, **DO CONSENT** or grant full permission for St. Stanislaus School to use the names or likeness of my child(ren) for news releases, media and promotional activities. This request is valid for the current school year, 2021-2022.

I DO NOT give consent or permission for St. Stanislaus School to use the names or likeness of my child(ren) for news releases, media and promotional activities or posting to social media. This request is valid for the current school year, 2021-2022.

Parent or Legal Guardian Signature _____
Date

ST. STANISLAUS SCHOOL FAMILY AGREEMENT

In order to enhance the academic and extracurricular experiences of every child enrolled at St. Stanislaus School, we must work together as parents, students, and school personnel. We want your time as a student at St. Stanislaus School to be one with a clear understanding of our expectations of you and for all.

As a member of the St. Stanislaus School community, you agree to:

1. **Support and encourage the Catholic-Christian Gospel values that are central to the philosophy and mission of St. Stanislaus School;**
2. **Support the rules and regulations detailed in the Parent/Student Handbook (available on the School website)**
3. **Respect all school personnel and students;**
4. **Understand the importance of being present at school on a daily basis and arriving on time;**
5. **As a student, I will perform academically to the best of my ability and complete all assignments on time.**

With my signature, I agree to follow the terms listed above in the St. Stanislaus School Agreement. I understand that this contract is real and will be enforced. St. Stanislaus School reserves the right to amend this Student Agreement.

Student Signature

Parent or Legal Guardian Signature

Date

GENERAL INFORMATION

The following questions will help us understand how families hear about our Catholic Schools and why they choose to provide a high quality, faith-based education for their child(ren).

How did you hear about our school?

What most influenced your decision to enroll your child?

What do you hope your child will gain from this experience?

Is there any additional information that can help us in the classroom?

Please list immediate family members who are Catholic School alumni of St. Stanislaus School:

ST. STAN'S ALUMNI 1

Last Name:	Maiden Name (if Applicable):	First Name:	Years Attended:
------------	------------------------------	-------------	-----------------

ST. STAN'S ALUMNI 2

Last Name:	Maiden Name (if Applicable):	First Name:	Years Attended:
------------	------------------------------	-------------	-----------------

Please list immediate family members who are Catholic School alumni of the Diocese of Springfield:

ALUMNI 1

Last Name:	Maiden Name (if Applicable):	First Name:	Yrs Attended:	School:
------------	------------------------------	-------------	---------------	---------

ALUMNI 2

Last Name:	Maiden Name (if Applicable):	First Name:	Yrs Attended:	School:
------------	------------------------------	-------------	---------------	---------

The completed application should be returned along with:

- | | |
|--|---|
| <input type="checkbox"/> Non-Refundable Registration Fee | <input type="checkbox"/> Baptismal Certificate (if Catholic) |
| <input type="checkbox"/> Birth Certificate or Passport | <input type="checkbox"/> Academic and Character Reference form (Grades 4 – 8) |
| <input type="checkbox"/> Child's most recent report card, standardized test results, | <input type="checkbox"/> Copy of Most Recent Physical Exam |
| <input type="checkbox"/> Immunization Records | |

St. Stanislaus School is a Roman Catholic, Franciscan, co-educational Pre-K through 8th grade school. Students are assisted in developing their potential spiritually, physically, and socially within a safe and diverse community. A foundation of academic excellence is created to prepare students to become contributing members of a global society.

534 Front Street, Chicopee, MA 01013
Tel: (413) 592-5135 / Fax: (413) 594-0187
ststanis@saintstansschool.org

Website: saintstansschool.org
IG: @saintstanschicopee
FB: @ststanislauschicopee



Kindergarten Entry Requirements

IMMUNIZATIONS

In order to protect our children against vaccine-preventable diseases, the Massachusetts Department of Public Health in collaboration with the Department of Elementary and Secondary Education has issued the immunization requirements for school entry.

Children entering kindergarten are required to have received:

- **Five doses of DPT/DtaP** vaccine unless the fourth dose was given after the child's fourth birthday
- **Four doses of Polio vaccine** will be required unless the third dose was given after the fourth birthday
- **Three doses of Hepatitis B** vaccine
- **Two doses of varicella** (chicken pox) vaccine or physician documentation regarding disease
- **Two doses of MMR** (measles, mumps, and rubella)
- **Flu vaccine** (while not required, the flu vaccine is strongly encouraged)

A complete list of immunizations must be provided to the schools prior to entry into kindergarten.

You may have your family physician complete the immunization requirements or you may choose to call the Health Department in the Safety Complex at 594-1600 to see if immunizations will be available. It is recommended that your child receive a physical exam from his/her pediatrician.

LEAD TEST

Massachusetts State Board of Health has mandated that all pre-school and kindergarten enterers must have had at least one lead test.

The lead test may be done by the family physician or you can call the Health Department at (413) 594-1600. **You must bring your child's immunization record in order to receive the required immunizations.**

VISION SCREENING

*It is now **mandated** in Massachusetts that all preschoolers have a vision screening with their pediatrician within 12 months prior to their entry into kindergarten. Also, all children with neurodevelopmental delays, and all children who fail the vision screening will be referred for a comprehensive eye examination by an ophthalmologist or optometrist.*