



OUR LADY OF VICTORY SCHOOL

1626 West Princeton Avenue ⊥ Fresno, CA 93705-3837

Phone: 559/229-0205 ⊥ Fax: 559/229-3230

Website: www.fresnoolv.org

2017-2018 Registration Check off List

Please have all registration paperwork and fees turned in by **April 28, 2017**
in order to hold a seat for your child for the 2017-2018 school year.

Name of student(s):

Grade 2017-2018:

Name of Form	To be completed by...	Returned	Still Needed
Financial Contract	RETURNING AND NEW FAMILIES One form per family		
Automatic Tuition Form	RETURNING AND NEW FAMILIES One form per family		
Family Emergency / Dismissal Card	RETURNING AND NEW FAMILIES One form per family		
Catholic Verification Form	RETURNING AND NEW FAMILIES One form per family		
Annual Youth Authorization School Consent for Emergency Medical Treatment Form R22	RETURNING AND NEW FAMILIES One form per family		
Physical Form – Filled out and signed by Physician (form in OLV School Office)	Each student in Kindergarten, 1 st , 7 th and ALL NEW STUDENTS		
Copy of Shot Record	Each student in Kindergarten, 1 st , 7 th and NEW STUDENTS		
Request for Records Form	NEW STUDENTS – 1 st – 8 th		
Registration Form	NEW STUDENTS - One form per family		
Health Information Form (filled out by parent)	NEW STUDENTS - One form per student		
Air Quality Sensitive Group (Signed by Physician form in OLV School Office or online)	If applicable, one per student		
Extension Care Registration / Contract Form (form in OLV School Office or online)	If applicable, one form per family		
Copy of Birth Certificate	For each new student		
Copy of Baptism Certificate	For each new student		
Copy of 1 st Communion Certificate	New students who have received Sacrament		

These forms are located online at: www.fresnoolv.org/individual-registration-forms/



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FINANCIAL CONTRACT 2017-2018

Budgeting for a program of quality education at Our Lady of Victory School requires that the family of each student enrolled honors its commitment to pay tuition when due. The obligation to pay tuition is legal as well as moral. The School Board will report to a collection agency any unpaid accounts that have proven uncollectible after reasonable attempts by the school.

REGISTRATION PAYMENTS & FORMS

Registration payments and forms are due by April 28, 2017. Children are not considered registered until registration payments & forms are complete and submitted to the office. Classroom placement will not be held after April 28, 2017. Registration payments are a one-time charge each year to cover student diocesan assessments, books, insurances, etc. **REGISTRATION FEES ARE NON-REFUNDABLE.**

TUITION

Tuition accounts are payable on or before the 5th of the month. If tuition payment is not received by the 15th it is considered late. Late fees are \$15.00 per month. Any failed or returned payments carry a \$25.00 service fee. All tuition payments must be on an automatic withdrawal and will begin July 5 2017. Enrollment for next school year will not be accepted from any family who has a balance from the prior year unless acceptable arrangements for payment have been made with the school office. It is a diocesan policy that any family with a delinquent account in a Catholic elementary school can not be admitted into another Catholic elementary school.

SCRIP

All Families are required to **EARN** \$100.00 in scrip **PROFIT** prior to March 31, 2018. If you chose to **opt** out, the scrip obligation fee of \$100.00 is due by August 1, 2017. If you do not earn \$100.00 in **net** profit, you will be billed the difference by April 13, 2018. If you earn more than the \$100.00 in scrip profit, the school will split the remaining profit 50/50 and you can apply the credit towards registration or tuition. There are no refunds given for scrip profit. Earning period begins April 1, 2017 and ends March 31, 2018.

FUNDRAISING

Tuition does not cover the full cost of an OLV education and the Parent Club fundraisers are part of the budgeted income for the school. Fundraising is essential to keep tuition cost as reasonable as possible and is a necessary part of the OLV School Community. Fundraising and participation hours are approved by the school board and the pastor. Budgeted planned events are as follows:

OLV Raffle	Spring	OLV Auction	September 30, 2017
OLV Crab feed	January 27, 2018	OLV Golf Tournament....	TBA
OLV Carnival	May 6, 2018		

Billing Information – Person responsible for Financial Obligation

Name	Address, City, Zip Code	Phone	Email
Parent/Guardian			
Parent/Guardian			

Child's Enrollment Information

Child(s) Last Name	Child(s) First Name	Grade in August 2017-2018

FEES AND OBLIGATIONS FOR 2017-2018

PLEASE INITIAL ON THE LINE NEXT TO THE APPLICABLE FEE FOR YOUR FAMILY

Number of Students	Total Registration
One Student	\$308.00
Two Students	\$408.00
Three Students	\$508.00
Four plus Students	\$608.00

Payment Options

Circle the Option	Twelve Month Plan	July 2017 - June 2018	Due Date 5 th of the Month
Circle the Option	Semi - Annual Plan	First Installment due August 1 th	Due Date 5 th of the Month
Circle the Option	Pay in Full	Installment due August 1 th	Due Date 5 th of the Month

Tuition Rates

<u>Catholic Rates</u>	<u>Annual</u>	<u>Semi-Annual</u>	<u>12 Month</u>
One Student:	\$4,891	\$2,445.50	\$407.60
Two Students:	\$8,110	\$4,055.00	\$675.84
Three Students:	\$10,811	\$5,405.50	\$900.92
Four or more:	\$11,854	\$5,927.00	\$987.83
<i>Note: To receive the Catholic rate, families must return a signed Catholic Verification Form from your parish priest (Requirement)</i>			
<u>Non-Catholic Rates</u>	<u>Annual</u>	<u>Semi-Annual</u>	<u>12 Month</u>
One Student:	\$5,317	\$2,658.50	\$443.09
Two Students:	\$8,739	\$4,369.50	\$728.25
Three Students:	\$11,677	\$5,838.50	\$973.09
Four or more:	\$12,748	\$6,374.00	\$1,062.34

Parent Club Participation Responsibilities

Positive participation is preferred over payment

<input type="checkbox"/> 30 Participation Hours per Family	or	<input type="checkbox"/> \$750.00 per year (\$25.00 per hour)
*15 hours must be completed by December 15, 2017 *15 hours must be completed by May 11, 2018		
2 hours attending parent club meetings, 4 hours toward dinner auction, 6 hours toward carnival AND 2 hours towards crab feed or golf		
All hours may be earned by any adult (parents, grandparents, godparents, friends etc. on behalf of any family)		

Scrip Obligation

EARN PROFIT of \$100.00 in scrip or pay \$100.00 per year

Raffle

Sell \$200.00 for Spring Raffle or pay \$200.00 per year

Office Use Only

1) Your Registration Fee	\$ _____
2) Your Annual Tuition	\$ _____
3) Financial Aid	\$ _____
4) Total Annual Payment less Scholarship	\$ _____
5) Method of Payment: Monthly / Semi-Annual or Annual	\$ _____
6) Monthly payment plan - 12 installments	\$ _____
7) Amount of Payment	\$ _____
8) Attached participation fees (hours, scrip or raffle)	\$ _____

My signature indicates that I understand and accept my financial obligations to OLV for the term agreement with the terms set forth herein.

Parent / Legal Guardian

Date



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Automatic Tuition Payment Agreement 2017-2018

TUITION

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If tuition is not received by the 15th it is considered late. Late fees are \$15.00 per month.

Returned ACH or checks have a \$25.00 service charge

All tuition payments **must be on an automatic withdrawal** from checking, credit card or savings accounts and will begin on July 5, 2017. Returned checks have a \$25.00 service charge. We DO NOT accept American Express or gift cards.

Person Responsible for Paying Tuition	Person Responsible for Paying Tuition	Student Names 2017-18	Student Grades 2017-18
Name			
Address, City, Zip			
Home Phone			
Cell Phone			
Email			

Banking Information

All ACH automatic payments withdraw must be assigned to a debit or credit card. Contact the office if the card expiration changes, or if you get a new card prior to the next debit to avoid late or bounce fees.

Bounce Fee: \$25.00 Late Fee \$15.00

Payment Type: Please select one payment type: Monthly, Semi Annual or Other

Monthly – Due on the 5th of the month

Semi Annual – First installment due August 1, 2017; second installment due January 10, 2018

Other: _____

Account Information

We accept debit cards, Visa, Master Card, and Discover. We DO NOT accept American Express or gift cards.

Name on Card	
Address, City, and Zip code	
Debit / Credit Card Number	
Expiration date	
Security Code	

Agreement

I agree to abide by the payment plan selected according to the tuition contract conditions.

Signature of person responsible for paying tuition: _____

Date Signed: _____



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OFFICE USE ONLY
Parish Env #

CATHOLIC VERIFICATION FORM

This form must be signed by your Pastor/Administrator and returned to the OLV School Office to receive the Catholic Rate. All families must renew Catholic Verification each year in order to receive the Catholic rate for tuition.

FILL IN ALL LINES FOR YOUR PASTOR EXCEPT DATE AND SIGNATURE

Student(s) Parent(s)/Guardian(s) Name _____

Mailing Address _____

City _____ Zip _____ Phone _____

Email _____

PLEASE LIST NAME(S) AND GRADE(S) OF EACH STUDENT ATTENDING OUR LADY OF VICTORY SCHOOL DURING THE

_____ SCHOOL YEAR

<u>Student(s) First Name</u>	<u>Student(s) Last Name</u>	<u>Grade of Student(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VERIFICATION OF PASTOR

The above-referenced family is applying for the Catholic Rate at Our Lady of Victory Catholic School. Please verify that the family is registered in your parish, and participating and contributing (time and/or money) members of your parish.

Signature of Pastor _____

Name of Parish _____ Date _____

OLV SCHOOL STUDENT EMERGENCY/ DISMISSAL CARD _____ YEAR

Private Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Student Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Custody/Restraining Papers on File: Yes <input type="checkbox"/> No <input type="checkbox"/>
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List K-8 -OLV Students: Last First Middle Initial Grade Insurance #

1. _____

2. _____

3. _____

4. _____

Check all that apply – My Children have my permission to (please check yes or no for each):

Ride Bus yes no
 Walk yes no
 Bike yes no

Father: (Last) _____ (First) _____ Home # _____

Work # _____ Cell # _____ Email _____

Father's Address _____ City _____ Zip Code _____

Mother: (Last) _____ (First) _____ Home # _____

Work # _____ Cell # _____ Email _____

Mother's Address _____ City _____ Zip Code _____

The parent or legal guardian of any student on a continuing medication regimen for a non-episodic condition shall inform the school of the medication being taken, current dosage, and name of the supervising physician. If medication at school is necessary, PLEASE FILL OUT REQUEST FOR ASSISTANCE WITH PHYSICIAN PRESCRIBED MEDICINE FORM IN THE SCHOOL OFFICE.

Student Name _____ Medication _____ Dosage _____

Supervising Physician _____ Phone _____

Family Doctor: _____ Phone # _____

Health Plan _____ Phone # _____

EMERGENCY CARE & EMERGENCY DISMISSAL PROCEDURES: In case of a MAJOR DISASTER OR DECLARED EMERGENCY during school hours, all students shall be required to remain at the school or at an alternate safe site and under the supervision of School personnel until a safe dismissal time is determined or until an authorized adult picks up the student.

The following people have my permission to pick up my children from school for regular dismissal or emergency.

Relationship	Last Name	First Name	Home Phone	Cell Phone

I understand that, if emergency medical or dental treatment is needed and the listed emergency contacts cannot be reached, 911 will be called. I understand OLV/Diocese of Fresno cannot assume responsibility for the payment of medical fees for expenses incurred. I also agree that the principal/ designee may transport my child between OLV and home when deemed necessary.

I understand that it is my responsibility to inform OLV of any changes regarding the information on this form.

Date: _____ Signature of Parent/Guardian _____

Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno: Permission for a Minor to Participate in a DOF Activities, Release of Liability, and Consent for Emergency Medical Treatment

Parent / Guardian: In order for your child to attend and/or participate in DOF sponsored events, activities, or sports during this calendar year, you must give your signed permission by completing this ANNUAL form. In addition to this form, you will also be required to sign permission PR21 Event Forms for you child to participate in specific DOF sponsored events, activities and sports conducted off parish grounds

NAME OF PARISH OR SCHOOL	NAME OF GROUP
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I, the undersigned parent or legal guardian, voluntarily wish to give permission for and request that my child be allowed to attend and participate in DOF-sponsored events and activities during this calendar year including those conducted off parish grounds. My child is physically fit and capable of participating in DOF events and activities. I have informed my child to cooperate and conform with the rules, guidelines, and instructions given by DOF personnel or agents, or chaperones, or responsible for DOF events and activities. If requested, I will sign a permission and release PR20 Form for each specific event or activity conducted off DOF grounds. I reserve the right to disallow my child to participate in DOF -sponsored events by notifying the leader in writing.

I understand that participation in this activity involves some risk (including any travel to and from this activity) and that unforeseen occurrences can arise. I am informed and agree that transportation, if involved, may be provided by volunteers, parents, private individuals, or approved commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the Diocese of Fresno.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against DOF. I release and discharge the DOF from all liability or responsibility for death, illness, personal injury, or property damage arising out of DOF activity and any transportation involved with the DOF activities.

In the event of an emergency and if the DOF is unable to contact me, I authorize the DOF personal or other adult leadership of a parish-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the DOF will not be responsible to pay for any medical or dental expenses. A copy or digital image of this form shall be valid as the original and may be given to the adult leader of parish-sponsored activities.

This permission, waiver, release, and consent applies to the DOF named, including but not limited to the Diocese of Fresno Education Corporation; the Roman Catholic Bishop of Fresno (a corporate sole); the Diocese of Fresno; other Fresno Diocesan Parishes and Schools; affiliated organizations and officers; clergy; agents; and employees.

This waiver and release form is signed in order for my child to participate in the DOF -sponsored events and activities for my child's own personal enjoyment and benefit and is done so freely with the knowledge of the risk and dangers that are or may be involved.

I authorize any hospital which has provided treatment to the named participant pursuant to the provisions of Family code section 6910 to surrender physical custody of such minor to the DOF representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in DOF -sponsored events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child, and my child is aware of and understands the importance of following all rules set out for these events, activities, or sports. A copy or digital image of this form shall be as valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

PRINT NAME OF PARTICIPANT	DATE
PRINT NAME OF PARENT / LEGAL GUARDIAN	SIGNATURE OF PARENT / LEGAL GUARDIAN

Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno : Permission for a Minor to Participate in DOF Activities, Release of Liability, and Consent for Emergency Medical Treatment

The following information is provided for the benefit of the parish in case of an emergency.

PRINT NAME OF PARTICIPANT		DATE OF BIRTH	
PRINT NAME OF PARENT / LEGAL GUARDIAN		PAGER / CELLULAR TELEPHONE NUMBER	
DAYTIME TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	EVENING TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
EMERGENCY CONTACT (OTHER THAN PARENT / GUARDIAN)			RELATIONSHIP
EMERGENCY CONTACT DAYTIME TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMERGENCY CONTACT EVENING TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
ALLERGIES (FOODS, DRUGS, INSECTS, ETC.)			
MEDICATIONS (NAME, DOSAGE, TREATMENT)			
IF ANY MEDICATION IS LISTED: FORMS R18 OR R19 MUST BE COMPLETED AND ATTACHED			
OTHER INFORMATION			

DOCTOR'S / MEDICAL GROUP INFORMATION

FAMILY DOCTOR OR MEDICAL GROUP

DOCTOR'S TELEPHONE

No Family Physician Listed

DENTIST'S NAME OR MEDICAL GROUP

DENTIST'S NAME TELEPHONE

ORTHODONTIST'S NAME OR MEDICAL GROUP

ORTHODONTIST'S NAME TELEPHONE

INSURANCE INFORMATION

INSURANCE COMPANY

POLICY HOLDER'S NAME

INSURANCE GROUP OR ID NUMBER

No insurance Listed

DATE RECEIVED AND BY