



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

2019-2020 Registration Check Off List

Please have all registration paperwork and fees turned in by **April 30, 2019** to hold a spot for your child for the 2019-2020 school year.

Name of student(s)

Grade 2019-2020

Name of Form	To be completed by...	Returned	Still Needed
Financial Contract	RETURNING AND NEW FAMILIES One form per family		
Automatic Tuition Through FACTS ONLINE	RETURNING AND NEW FAMILIES online.factsmgt.com	completed	incomplete
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 student		
Parent – Student Handbook Agreement Form Located online: fresnoolv.org/student-registration/	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 and 1 st Holy Communion Certificate	New students who have received Sacrament		

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



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olvoffice@fresnoolv.org ⊥ www.fresnoolv.org

FINANCIAL CONTRACT 2019-2020

Budgeting for a program of quality education at Our Lady of Victory School requires that each family honor their commitment to pay tuition when due. The obligation to pay tuition is legal as well as moral. The OLV School Board will report to a collection agency any past due accounts after reasonable attempts to collect by the school.

Two weeks' notice by parents/guardians is required before the withdrawal of a student. An exit interview must also take place with the principal. Tuition and monthly extension contracts are prorated by day. All other fees/obligations will not be prorated. The registration fee is non-refundable. The school reserves the right to withhold student records until all financial obligations have been settled.

REGISTRATION PAYMENTS & FORMS

Registration payment and forms are due by April 30, 2019. Children are not considered registered until registration payment & forms are complete and submitted to the office. Classroom placement **will not be held** after April 30, 2019. Registration payments are a one-time charge each year to cover student diocesan assessments, books, insurances, etc. **REGISTRATION FEES ARE NON-REFUNDABLE.**

TUITION

All tuition payments **must be on an automatic withdrawal and will begin July 2019.** Payments are made through FACTS Tuition Management. Late fees are \$15 per month. Any failed or returned payments carry a \$25 service fee. Enrollment will not be accepted from families with a past due balance unless payment arrangements have been made with school administration. 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 in scrip **PROFIT** prior to March 31, 2020. Families who chose not to participate and opt out must pay the scrip obligation fee of \$100 by August 1, 2019. Families that do not earn \$100 in profit will be billed the difference in April 2020. Families who exceed more than the \$100 profit, may apply the rebate in the following ways: apply rebate to next year's registration or tuition, donate rebate to the school, or cash out. Earning period begins April 1, 2019 and ends March 31, 2020.

FUNDRAISING

Fundraising is essential to keep tuition costs reasonable and is a necessary part of the OLV School Community. Fundraising and participation hours are approved by the school board and the Office of Catholic Education, Diocese of Fresno. Families who do not complete a minimum of 30 hours will be billed \$25 per missing hour. Planned fundraising events are as follows:

OLV Calendar Sale – Fall 2019 Fall Fundraiser – Fall 2019 OLV Crab Feed – January 25, 2020
OLV Raffle – Spring 2020 OLV Carnival – May 3, 2020

Billing Information – Person Responsible for Financial Obligation

Name	Address/City/ZipCode	Phone	Email
Parent/Guardian			
Parent/Guardian			

Child's Enrollment Information

Child(s) Last Name	Child(s) First Name	Grade in August 2019-2020

FEES & OBLIGATIONS 2019-2020

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

Number of Students	Total Registration
One Student	\$308
Two Students	\$408
Three Students	\$508
Four plus Students	\$608

Payment Options

Payment options are made through FACTS Tuition Management: factsmgt.com. There is a \$50 registration fee each year to set up payments. Tuition payments must begin in July 2019 and end by June 2020.

Tuition Rates

REQUIREMENT NOTE: To receive the Catholic rate, return a signed Catholic Verification Form from your parish priest

<u>Catholic Rates</u>	<u>Annual</u>	<u>Semi-Annual</u>	<u>12 Month</u>
One Student:	\$5,290	\$2,645	\$440.83
Two Students:	\$8,772	\$4,386	\$731.00
Three Students:	\$11,692	\$5,846	\$974.33
Four or more:	\$12,820	\$6,410	\$1,068.33
<u>Non-Catholic Rates</u>	<u>Annual</u>	<u>Semi-Annual</u>	<u>12 Month</u>
One Student:	\$5,750	\$2,875	\$479.16
Two Students:	\$9,452	\$4,726	\$787.66
Three Students:	\$12,629	\$6,314	\$1,052.41
Four or more:	\$13,787	\$6,893	\$1,148.91

Parent Participation Responsibilities

Positive participation is preferred over payment

_____ **30 participation hours per family** **OR** _____ **\$750 per year (\$25/hr.)**

*15 hours must be completed by December 19, 2019

*15 hours must be completed by May 8, 2020

2 hrs. attending Parent Club meetings, 4hrs. for Fall Fundraiser, 2 hrs. for Crab Feed, & 6hrs. for Carnival

All hours may be fulfilled by any adult named by family (CLEARANCE MAY BE REQUIRED)

HOURS MUST BE LOGGED IN PARENT HOUR BINDER IN THE OFFICE

FAILURE TO DO SO WILL RESULT IN BILLING FOR MISSING REQUIRED HOURS

Scrip Obligation

_____ **EARN \$100 Scrip Profit** **OR** _____ **pay \$100 per year**

Raffle

_____ **Sell \$200 worth of raffle tickets** **OR** _____ **pay \$200 per year**

_____ **Sell 4 OLV Calendars** **OR** _____ **pay \$100 per year**

Office Use Only

1) Registration Fee	\$ _____
2) Annual Tuition	\$ _____
3) Total Financial Aid	\$ _____
4) Total Annual Payment Less Scholarship	\$ _____
5) Method of Payment: Monthly / Semi-Annual / Annual	\$ _____
6) Monthly Payment Plan – 12 installments	\$ _____
7) Amount of Payment	\$ _____
8) Total Participation Fees (hours, scrip, raffle, or calendars)	\$ _____

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

Parent / Legal Guardian / Financial Guarantor

Date



Tuition Management

FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.

FACTS Confirmation Notice

Once your information is received and processed by FACTS, you will receive a FACTS Confirmation Notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

Frequently Asked Questions

- **Is my information secure?**
Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit FACTSmgt.com.
- **When will my payments be due?**
Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.
- **What happens when my payment falls on a weekend or a holiday?**
Your payment will be processed on the next business day.
- **What happens if a payment is returned?**
Returned payments may be subject to a FACTS Returned Payment Fee; watch for a returned payment notice for additional information.
- **How do I make changes once my agreement is on the FACTS system?**
Changes to your address, phone number, email address, or banking information can be made at <https://online.factsmgt.com> or by contacting your school or FACTS. Any changes to payment dates or amounts need to be approved by the school and the school will then need to notify FACTS. **All changes must be received by FACTS at least two (2) business days prior to the automatic payment date in order to affect the upcoming payment.**
- **What is the cost to set up a payment plan?**
If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

FACTS Customer Service

We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you.

To view your payment plan details, login to your FACTS account at online.factsmgt.com. Customer Care Representatives are also available to assist you 24/7.

For more information, visit FACTSmgt.com/payment-plans





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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	NAME OF
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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



Grant & Aid Assessment

FACTS Management makes quality education affordable for families by assisting schools in awarding financial aid. We work with schools to create a custom application and collect financial data so schools can make accurate award decisions based on financial need.

After completing the online application, you will need to upload or fax all required supporting documentation. Uploaded documents must be in PDF format and the size of each document must be less than 20 MB. If you are unable to upload, fax the required documents to 866.315.9264. Please **DO NOT** use your mobile device to photo copy required documents due to problems with legibility.

The following supporting documents are required to complete the application process:

- **IRS Federal Income Tax Return**, including all supporting schedules (the year of the tax return depends on the tax requirements of your school). If applicant and co-applicant file separately, we require both tax returns for the same tax year.
- Copies of **all the current year W-2 Wage and Tax Statements** for both the applicant and co-applicant. **NOTE:** If you are applying before you have received all the current year W-2 Wage and Tax Statements, please submit them as soon as they become available.
- Copies of all supporting tax documents if you have business income/loss from any of the following:
 - Business** - send Schedule(s) and Form 4562 Depreciation and Amortization
 - Farm** - send Schedule(s) and Form 4562 Depreciation and Amortization
 - Rental Property** - send Schedule(s)
 - S-Corporation** - send Schedule(s), Form 1120S (5 pages), Schedule K-1 and Form 8825
 - Partnership** - send Schedule(s), Form 1065 (5 pages), Schedule K-1 and Form 8825
 - Estates and Trusts** - send Schedule(s), Form 1041 and Schedule K-1

***IMPORTANT: If you file a tax return but do not have W-2 wages because you are self-employed, you will be required to submit a copy of your current year Federal Form 1040 Tax Return.**

- Copies of all supporting documentation for **household Non-Taxable Income** such as: Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF). If you do not file a tax return, you are required to provide documentation of all income received.

*All documentation received is imaged upon receipt and then destroyed.

You may login to your FACTS user account to review the status of your application. **Please allow 2 weeks processing time from the date you provided the supporting documents before inquiring further about receipt and/or status of the uploaded or faxed documents.** Application deadlines are set by the institution awarding the scholarships. If you are applying after the deadline, please contact your school to ensure that your application will be accepted.

*A non-refundable application fee may be required before your application will be submitted.

NOTE: Award decisions are made by the institution providing the scholarship, not FACTS.

For more information, visit FACTSmgt.com/grant-and-aid

