



# *St. Joseph Catholic Elementary School*

A CATHOLIC INDEPENDENT SCHOOL OF THE NELSON DIOCESE

Dear Parents,

Welcome to St. Joseph Catholic Elementary School. Thank you for your interest in Catholic Education. We look forward to working with you in educating your child in a Christian environment. Attached, please find the registration package. In addition to the attached forms we also require a copy of your child's:

- Birth certificate
- Landed immigrant status (if not born in Canada)
- Baptismal certificate
- First communion certificate
- Immunization records (Health Passport)
- Tuition fee payment
- Participation fee payment
- Copy of most recent report card
- Criminal Record Check (if you will be driving/supervising field trips or helping in class)

Please return the completed registration package to the school with **all** required documentation. The child's registration will only be processed when **all** required documentation has been submitted.

Sincerely,

Rita Smith  
Principal

839 SUTHERLAND AVENUE, KELOWNA, B.C. V1Y 5X4 TELEPHONE (250) 763-3371 FAX (250) 763-2740  
E-Mail: [school@stjosephkelowna.ca](mailto:school@stjosephkelowna.ca)  
Website: [www.stjosephkelowna.ca](http://www.stjosephkelowna.ca)



**MEDICAL INFORMATION**

**Student Name:** \_\_\_\_\_

**Date Form Completed:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

1. My child has a: (see list of these conditions attached)

\_\_\_\_\_ emergency condition

The name of the condition is: \_\_\_\_\_ -

\_\_\_\_\_

\_\_\_\_\_ non-emergency condition

**Emergency Conditions**

Diabetes  
Epilepsy  
Heart Disease  
Hemophilia  
Seizure (medication)  
Severe Allergies to \_\_\_\_\_

Causing symptoms such as:

Hives  
Difficulty breathing  
Swelling(esp. eyes, lips, face & tongue)  
Throat tightness/closing  
Fainting/loss of consciousness

Specify others \_\_\_\_\_

\_\_\_\_\_

Severe Asthma causing:

Extreme difficulty breathing  
Uncontrollable coughing  
Wheezing not relieved with medication

**Non-Emergency Conditions**

Mild Allergies(controlled with medication)  
Anorexia  
Mild Asthma(controlled with medication)  
Cancer  
Depression(treated with medication)  
Dyslexia  
Migraine headache  
Narcolepsy  
Medication allergy e.g. Antibiotics  
Schizophrenia  
Lupus  
Hyperactive condition (treated with medication)  
Aggressive condition  
Hearing impaired  
Visually impaired(eg. color blind/deficient, poor vision)  
Attention condition (treated with medication)  
Specify others

\_\_\_\_\_

**If an emergency condition exists please complete #2 in detail. If a non-emergency condition exists please move to #3.**

2. Emergency Condition

a) Symptoms to watch for:

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b) Precautions in the classroom

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c) Emergency plan staff must follow (step by step):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_

3. Does your child take medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, the name of the medication is \_\_\_\_\_

4. Does your child administer it themselves? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, how often, how much, when is staff to administer the medication?

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A "Request for Administration of Medication at School" form **must** be completed if staff are required to administer the medication. This form **must** be completed **every** September. If you have already completed a form for this year you do not need to do this again. If not, please pick up a form up at the office as soon as possible.

Other medical information you feel the school should be aware of:

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**Legal Residency of Parent – Form A**

(If parents are deceased, use Form B)

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach copy of court order appointing you as legal guardian).

1. I am (please X one):

A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)

A landed immigrant (attach photocopy of landed immigrant status paper)

Lawfully admitted to Canada under one of the following documents (please mark the appropriate space below and attach photocopy of document):

Admission as a refugee claimant

A person claiming refugee status who has a letter of no objection

Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)

Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)

A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)

Other – Document description: \_\_\_\_\_

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(Must be cleared with Immigration Canada)

2. I am a resident of British Columbia (please X one):

Yes

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

\_\_\_\_\_

\_\_\_\_\_

No, I am not a resident of British Columbia

3. Parent's/Legal Guardian's Name: \_\_\_\_\_

Parent's/Legal Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Legal Residency of Parents (Deceased) – FORM B**

To be completed and signed by the student or a knowledgeable adult (one who knew the student's parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document.)

1. The student's deceased parent was at time of death:

\_\_\_\_\_ A Canadian citizen

\_\_\_\_\_ A landed immigrant

2. The student's deceased parent was at the time of death a resident of British Columbia

\_\_\_\_\_ Yes

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ No, was not a resident of British Columbia

Signed by:

Knowledgeable Adult's Name: \_\_\_\_\_

Knowledgeable Adult's Signature: \_\_\_\_\_

(Knowledgeable adult is one who knew the student's parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document.)

Date: \_\_\_\_\_



Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

**Used by Independent Schools for parents and students as they pertain to the PIPA legislation. (January 2004)**

I consent to having **St. Joseph Elementary School** collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of **St. Joseph Elementary School** (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with **St. Joseph Elementary School**, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in **St. Joseph Elementary School's** Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of **St. Joseph Elementary School**.

*This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer for **St. Joseph Elementary School** is the school principal and may be reached at 763-3371 ext 207.*

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

It is the tradition in the school to allow staff, parents, and media to photograph individual students and groups of students for promotional material, to commemorate events, and to promote various educational, sports, and cultural events taking place in the school. While these add to the community life of the school, they are not required for educational purposes. Students' names, photographs and comments may be published on the school newsletter, school reports or in the news media. I permit the publication of my child's name, photograph and comments for the purposes consistent with the above.

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

The school includes a class list in the family phone directory. I consent to having my child's name and child's grade listed in the school family directory.

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

The school prepares class phone lists at each grade level to be used by school personnel for various school purposes. We sometimes have parents involved in phoning to fan out information for school purposes. I consent to our address and phone number being on the school phone lists.

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

**Parent Personal Information**

I acknowledge that my vehicle insurance information and driving record are required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.

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

**Release and Storage of Parent Personal Information**

**St. Joseph Elementary School** acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

Signature: \_\_\_\_\_ (Name of School Privacy Officer)  
Title:           Principal           Phone: 763-3371

## **CRIMINAL RECORD CHECK (CRC)**

**I acknowledge that a current CRC is required to be filed in the school office should**

**I volunteer to drive and/or work with or supervise children.**

**If I am a member of a professional organization requiring CRC, I will provide the school with a copy of my current membership card.**

**CRC must be reviewed every five (5) years.**

**Signature \_\_\_\_\_ Date: \_\_\_\_\_**

**KELOWNA CATHOLIC SCHOOLS**  
**Tuition Information**

**Reason for Tuition Fees**

Kelowna Catholic Schools are recognized by the Ministry of Education as Group I Independent Schools. This means we are able to have maximum funding available to an Independent School, 50% of the per student operating costs of the local public school district. These are for operating costs only, and do not include capital expenditures. Other sources of revenue are required to operate the schools. There are three other sources of revenues: tuition fees, parish subsidies and donations.

**Reason for a “Practicing Catholic” Tuition Rate**

Kelowna Catholic Schools accept practicing Catholic, non-practicing Catholic and non-Catholic students. There are four principal sources of revenue: tuitions, government grants, parish subsidies and donations. Catholic and non-Catholic families pay tuition and indirectly support the school through government grants (we all pay taxes!) It is the third source of revenue, parish subsidies, in which non-practicing Catholic and non-Catholic families do not participate. Because of this, a subsidized tuition rate has been set which reflects that those already supporting the school financially through their own parish should enjoy some benefit from a lower tuition rate. Stated the other way, a family who is not active in a Catholic church which financially supports our schools, should in fairness play an equally supportive role in the area of school finances by paying a higher tuition.

**Fair Policy**

There is a reason for having a Catholic family request the parish subsidized rate if they are an active parish family. This attempts to uphold an integrity to the policy of a two tiered tuition rate. A family requesting a Catholic rate must actually qualify for the lower rate, to be fair to three groups of people:

- 1) Non-Catholics. If a non-Catholic family pays a higher tuition rate it must be because the Catholic families are actually supporting the school through their own contribution in the Sunday collection on a regular committed basis. Otherwise, it would be blatantly discriminatory to charge people different tuition rates simply on the basis of religious denomination.
- 2) Parishioners of the Catholic parishes in Kelowna and area financially subsidize Catholic schools to a total annual amount of \$190,000. It would be unfair to expect the parishes to subsidize families who are not in turn sharing in the financial responsibilities of the parish.
- 3) The staff in our Catholic schools accept a lower salary than their public counterparts as part of their commitment to Catholic education. It would certainly be a double-standard to expect one thing from the staff and, at the same time, not expect families to be offering such example to their children.

**Catholic Rate Criteria**

While the practice of the Catholic faith involves the sacramental life of the church, moral living consistent with the gospel, responsible stewardship in supporting the Church, and prayer and bible reading, the focus of the Catholic tuition rate relates to financial stewardship.

- 1) Unless excused for an acceptable reason, the precept of the Church specifies that, on Sundays and other Holy days of obligation, the faithful are bound to participate in the Mass (see Catholic Catechism #2180).
- 2) The faithful should participate in the activities of the parish in a visible way so that, together, all parishioners may continue the mission of the Church, i.e., to make Jesus known to the community.
- 3) A Catholic makes regular, sacrificial contributions to their parish in the Sunday collection, which includes planned giving through the use of contribution envelopes.

**THEREFORE IN REQUESTING THE SUBSIDIZED PRACTISING CATHOLIC PARISH RATE, YOU ARE ASKING THE PARISH TO AFFIRM THE PRACTICE OF YOUR FAITH AS IDENTIFIED ABOVE.**

**NOTE: If you are moving to or have recently moved to Kelowna, please provide a letter of reference from your current pastor.**

**TUITION FEE SCHEDULE  
2010-2011**

**CATEGORY I – STANDARD TUITION FOR BRITISH COLUMBIA RESIDENTS**

	<b>ST. JOSEPH ELEMENTARY</b>	<b>IMMACULATA HIGH</b>
1 <sup>st</sup> student (oldest)	\$430/mo for 10 months	\$470/mo for 10 months
2 <sup>nd</sup> student	\$285/mo for 10 months	\$305/mo for 10 months
3 <sup>rd</sup> student	\$175/mo for 10 months	\$200/mo for 10 months
Kindergarten	\$400/mo for 10 months	
Maximum	\$890/mo for 10 months	\$975/mo for 10 months

**CATEGORY II - CONTRIBUTING MEMBER OF A CATHOLIC PARISH**

	<b>ST. JOSEPH ELEMENTARY</b>	<b>IMMACULATA HIGH</b>
1 <sup>st</sup> student (oldest)	\$245/mo for 10 months	\$260/mo for 10 months
2 <sup>nd</sup> student	\$155/mo for 10 months	\$165/mo for 10 months
3 <sup>rd</sup> student	\$ 95/mo for 10 months	\$105/mo for 10 months
Kindergarten	\$200/mo for 10 months	
Maximum	\$495/mo for 10 months	\$530/mo for 10 months

The Catholic Parishes in the Kelowna area subsidize the Catholic school system. Since active members of these parishes contribute to the schools through church contributions, reduced tuition is charged but must be applied for.

**CATEGORY III – INTERNATIONAL AND OUT OF PROVINCE STUDENTS  
PREPAID UPON REGISTRATION**

**ST. JOSEPH AND IMMACULATA:** \$13,200.00 for full year (10 months)

This tuition level reflects the cost of educating a student in the Central Okanagan. Government funding is available only for students who are Canadian citizens or landed immigrants, whose parent or legal guardians are residents of British Columbia.

**CATEGORY IV – OTHER CANADIAN STUDENTS FUNDED FEDERALLY**

Equivalent of current provincial funding plus tuition fees applicable to Category I or Category II funding as appropriate.

**TUITION FEES ARE PAYABLE BY ONE OF TWO OPTIONS:**

1. Pre-authorized payment established for monthly withdrawals for 10 months.
2. Prepayment in full prior to September 14<sup>th</sup> (5% discount)

The first month's tuition for **all** families is payable by automatic debit, cash or cheque on July 6<sup>th</sup>. Automatic debit or total prepayment applies for remaining months (October – June).

**One of the above methods of payment must be submitted with the registration forms.**

CHEQUES ARE PAYABLE TO KELOWNA CATHOLIC INDEPENDENT SCHOOL COUNCIL. New families to our schools are required to pay the first month's tuition fee and the \$125 participation fee upon registration. The first month's tuition is non-refundable should the student not attend.

**Any family who has prepaid tuitions and received a Charitable Donation Receipt, and subsequently withdraws, is not eligible for any tuition refund.**



**TUITION PRE-AUTHORIZED DEBIT PLAN FOR 2010/2011**

**Payee:** Kelowna Catholic Independent School Council (KCISC)

839 Sutherland Avenue, Kelowna, B.C., V1Y 5X4

Tel: (250) 763-1501      Fax: (250) 763-7018

Authorization of the account holder(s) to Kelowna Catholic Independent School Council (KCISC) to direct debit and account.

**PAYOR(S)**

Name of Financial Institution	Mr. Mrs. Surname      First Name Ms. Miss
Street: City/Prov.: Postal Code:	Street: City/Prov.: Postal Code:
Account Number:	
Branch      Institution Number	
/ / / / / - / / / /	

I (we), as the account holder(s), authorize Kelowna Catholic Independent School Council and the above indicated financial institution, under the terms and conditions agreed to by me (us) with KCISC until such time as written notice in the contrary is given by me/us.

A debit, paper, electronic or other form in payment of school tuitions may be drawn on my (our) account monthly July, 2010 and October, 2010 through June, 2011. I (we) will notify KCISC of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.

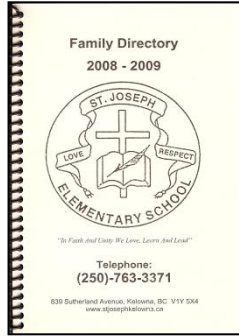
I (we) acknowledge that delivery of this authorization to KCISC constitutes delivery by me (us) to the above-noted financial institution.

\_\_\_\_\_  
Signature of account holder (s)      Date

\_\_\_\_\_  
Signature of account holder (s)      Date

**Please attach a “voided” blank cheque to this form**





Each year the St. Joseph PSG compiles a school family directory. This directory provides the school community (staff, parents and students) with a list of the families in our school along with a list of businesses owned by our school families. It also lists important phone numbers, emails, school staff, school council, PSG executive, our parishes, and other school related information. This directory will help parents contact one another when necessary and enable students to call each other for help with homework, etc. ***Involvement is strictly voluntary, but this form MUST be filled-out to be listed in the directory.*** The directory will also allow our community to support each other's services in the business sector. It will not be used to solicit donations or discounts. Thank you, St. Joseph PSG

\*\*\***FAMILY SECTION**\*\*\*\*\*

Family Surname \_\_\_\_\_ We Do  / Do Not  wish to be in the Family Directory

**Complete information based on the school year 2010/2011**

Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Children's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gr. \_\_\_\_\_

\_\_\_\_\_ First Name \_\_\_\_\_ Gr. \_\_\_\_\_

\_\_\_\_\_ First Name \_\_\_\_\_ Gr. \_\_\_\_\_

\_\_\_\_\_ First Name \_\_\_\_\_ Gr. \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail address \_\_\_\_\_

\*\*\***BUSINESS SECTION**\*\*\*\*\*

If you wish your business to be in the directory please complete this form and return with your child's registration. Businesses will be listed in a separate section of the directory. **There is an advertising fee of \$25 per business** (this includes a brief description of your product or service). Please include a business card and your payment with the return of this form. **Cheques are to be made payable to: St. Joseph PSG.**

Business Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

Business Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Brief Description \_\_\_\_\_