



# HOLY NAME CATHOLIC SCHOOL

## STUDENT REGISTRATION PACKET 2023-2024

All the items on this checklist must be completed prior to acceptance and processing by the school office.

### REQUIRED FORMS AND INFORMATION

- \_\_\_ Birth Certificate\*
- \_\_\_ Immunization Records (current)\*
- \_\_\_ Registration Form
- \_\_\_ Registration Fee
- \_\_\_ TB Risk Assessment form
- \_\_\_ Permission for Neighborhood Walks
- \_\_\_ Permission to Publish Form
- \_\_\_ Tuition and Policy Agreement
- \_\_\_ Volunteer Driver Form
- \_\_\_ Volunteer's Code of Conduct
- \_\_\_ Baptismal Certificate (if Catholic)\*

If you are New in 2023-24, were you referred by another Kingfisher family?  
**YES / NO**

Referred by: \_\_\_\_\_  
 \_\_\_\_\_

-OFFICE USE ONLY-

LAST NAME: \_\_\_\_\_  
 DATE RCVD: \_\_\_\_\_  
 REGISTRATION PAYMENT MADE: y / n  
 PAYMENT METHOD \_\_\_\_\_  
 PAYMENT DATE: \_\_\_\_\_  
 HALF DAY \_\_\_\_\_  
 FULL DAY \_\_\_\_\_

MONTHLY PAYMENT TYPE:

|                      |  |
|----------------------|--|
| Auto Withdrawal      |  |
| Check/Cash           |  |
| Credit Card (3% Fee) |  |

**\*Please submit a Birth Certificate (copy is acceptable) and current Immunization records. Immunization records should be updated as your child receives their shots during the school year.**

HOME OF THE KINGFISHERS

Email: schooloffice@holynamektn.org Website: <http://holynamektn.org/school>

433 Jackson Street • Ketchikan, Alaska 99901-5715 • (907) 225-2400 • Fax (907) 247-0041

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# HOLY NAME CATHOLIC SCHOOL

## STUDENT REGISTRATION FORM 2023-2024

### Student Information:

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

Grade: \_\_\_\_\_ Preschool Group: **Ladybug** Full Day or **Bumblebee** Half Day

Religion: \_\_\_\_\_ If Catholic, Baptized:    1<sup>st</sup> Communion: \_\_\_\_\_ Reconciliation: \_\_\_\_\_

Is your family a registered, active member of Holy Name Catholic Church?      YES    NO

Student Lives With: \_\_\_\_\_ Relationship: \_\_\_\_\_

Prefers to be called: \_\_\_\_\_ Dominant Hand: \_\_\_\_\_

**Ethnicity:** *Please check only one*  
 Alaskan Native \_\_\_ Native American \_\_\_ Asian \_\_\_ Black \_\_\_ Native Hawaii/Pacific Islands \_\_\_  
 Caucasian \_\_\_ Hispanic \_\_\_ Other \_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ \_\_\_ Natural \_\_\_ Step \_\_\_ Foster \_\_\_ Other

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_ Religion: \_\_\_\_\_

Father: \_\_\_\_\_ \_\_\_ Natural \_\_\_ Step \_\_\_ Foster \_\_\_ Other

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_ Religion: \_\_\_\_\_

### In case of emergency: Please list at least 2 contacts who are not parents

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Persons authorized to pick up your child other than yourself:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Last school attended by child:** \_\_\_\_\_

Include mailing address of school if out of town: \_\_\_\_\_

List any academic or behavioral concerns of which classroom teachers should be aware:

Has your child been registered in special education classes? YES NO

What special services has your child received while attending other schools?

**Before school my child will:** \_\_\_ Walk \_\_\_ Attend Extended Day  
\_\_\_ Arrive by private vehicle \_\_\_ Need public school transportation (as available)

**After school my child will:** \_\_\_ Walk \_\_\_ Attend Extended Day  
\_\_\_ Arrive by private vehicle \_\_\_ Need public school transportation (as available)

**Daycare name and phone number:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Regular Medications:** \_\_\_\_\_

*(If medication is to be taken during school hours, please request a permission form from the front office)*

**Allergies:** \_\_\_\_\_

**Other Health History:** \_\_\_\_\_

**Please check those that apply to your child:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Eczema            | <input type="checkbox"/> Epilepsy or convulsions | <input type="checkbox"/> Bladder problems |
| <input type="checkbox"/> Hay Fever         | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Kidney disease   |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Rheumatic Fever         | <input type="checkbox"/> Chickenpox       |
| <input type="checkbox"/> Meningitis        | <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Mumps            |
| <input type="checkbox"/> Cerebral Palsy    | <input type="checkbox"/> Hearing Defects         | <input type="checkbox"/> Rubella          |
| <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Tubes in ears           | <input type="checkbox"/> Tuberculosis     |
| <input type="checkbox"/> Hepatitis         | <input type="checkbox"/> Wax plugs in ears       | <input type="checkbox"/> Vision Problems  |
| <input type="checkbox"/> Stomachaches      | <input type="checkbox"/> Eye Surgery             |   |

If other, please list: \_\_\_\_\_

**List any conditions that would limit student participation in school physical education, swimming or other programs:**

## Tuberculosis (TB) Risk Assessment for Alaska Students

|  | Yes | No | Notes |
|--|-----|----|-------|
| Has the student been in contact with anyone who has active TB disease in the past year?  | Yes | No |       |
| Is the student foreign-born?*(Any country other than U.S., Canada, Australia, New Zealand, or Western/Northern Europe)   | Yes | No |       |
| Has the student travelled to a high-TB-prevalence country for more than a month cumulatively during the past year? (Any country other than U.S., Canada, Australia, New Zealand, or Western/Northern Europe)   | Yes | No |       |
| <i>In Alaska, TB is most common in the Yukon-Kuskokwim or Norton Sound regions. Does the student live in one of these regions, or has the student travelled to one of these regions for more than a month cumulatively during the past year?</i>   | Yes | No |       |
| <ul style="list-style-type: none"> <li>• <i>If the family answers “YES” to any of the questions above, the TB risk assessment is positive and a tuberculin skin test (TST) or interferon gamma release assay (IGRA) should be done.</i></li> <li>• <i>If all responses are “NO”, no further testing is indicated.</i></li> </ul> <p><i>*When this survey is included in yearly registration materials, foreign born students only require a TST or IGRA <b>once</b> upon school entrance unless they have travelled to high prevalence countries or high prevalence areas of Alaska.</i></p> |     |    |       |

If you have answered “yes” for any of the above questions, your child will need to be screened for TB.

\_\_\_\_\_ I will take my child to get a TB screening and provide the school with proof of results.

# Holy Name Catholic School

## Parent/Student Agreement

I have read and understand the information given to me concerning the policies and the philosophy of Holy Name Catholic School as stated in the Student/Parent Handbook 2023-2024. I agree to cooperate with the general policies and to perform the obligations of parents and guardians.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_

**Holy Name Catholic School**  
**Permission for Neighborhood Walks**

I give my permission for my child \_\_\_\_\_ to go on walks to various locations near the school property; such as visiting neighborhood trees, the Third Avenue playground, Peace Health and other areas located within a mile of the school.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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**Permission to Publish**  
**(Valid for the entire duration of the student's enrollment at HNCS)**

We are seeking permission to publish your child's picture and/or work on the Internet or in other published forms. These items may be used on our website, in brochures, on social media or other published documents. Please check the options we may use in handling your child's photograph, work, and/or name.

Holy Name Catholic School may use the following to post and/or publish:

My child's candid photo, individually

My child's first name only

My child's candid photo, as part of a group

My child's first and last name

My child's work

**Please DO NOT publish my child's photo**

**Please DO NOT publish my child's name**

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**ARCHDIOCESE OF ANCHORAGE JUNEAU  
HOLY NAME CATHOLIC SCHOOL  
VOLUNTEER DRIVER FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State issued: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

**Information of vehicle that will be used:**

Vehicle Description (Year, Make, Model):

\_\_\_\_\_

Insurance Company's Name: \_\_\_\_\_

Liability Limits: \_\_\_\_\_

(Minimum Limits of \$100,000/\$300,000 Required)

Agent's Name: \_\_\_\_\_

In order to provide for the safety of those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last **three** years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE BE AWARE THAT AS A VOLUNTEER DRIVER, YOUR INSURANCE IS PRIMARY.**

Thank you for helping us with our school's transportation needs.

*Certification: I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.*

\_\_\_\_\_  
Volunteer Driver Signature

\_\_\_\_\_  
Date



# HOLY NAME CATHOLIC SCHOOL

## VOLUNTEER'S CODE OF CONDUCT

*Our children are the most important gifts God has entrusted to us. As a volunteer I promise to strictly follow the rules and guidelines in this Volunteer's Code of Conduct as a condition of my providing services to the children and youth of our school.*

Volunteers shall:

- Complete the Archdiocese of Anchorage-Juneau (AoAJ) Safe Environment Training Program, including the background check conducted by AoAJ.
- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Avoid situations where they are alone with children and youth at Church and School activities.
- Use positive reinforcement with children and youth rather than criticism, competition, or comparison.
- Refuse to accept gifts from children and youth or parents without previous written approval of the pastor or administrator.
- Refrain from giving gifts to children or youth without prior approval of the parents or guardian and the pastor or administrator.
- Report to the pastor, administrator, or appropriate supervisor and (the local Child Protection Services Agency) of any suspected abuse. Failure to report suspected abuse to civil authorities is, according to the law, a misdemeanor.
- Cooperate fully in any investigation of abuse of children or youth.

Volunteers must not:

- Smoke or use tobacco products in the presence of children or youth.
- Use, possess, or be under the influence of illegal drugs or alcohol at any time while volunteering.
- Pose any health risk to children and youth (i.e., no fevers or other contagious situations).
- Strike, spank, shake, or slap children and youth.
- Humiliate, ridicule, threaten, or degrade children and youth.
- Touch a child in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children and youth.
- Use profanity in the presence of children and youth.

I understand that as a volunteer working with children and youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with children and youth.

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Volunteer Signature

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Date

# **EXTENDED CARE REGISTRATION 2023-2024**

**Before School Care: Drop off opens at 7:30am**

**Billing: \$5.50/day attended**

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

Parent/Guardian Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

My child will need Extended Care in the morning at \_\_\_\_\_ AM

My child will need Extended Care on these days: \_\_\_M \_\_\_T \_\_\_W \_\_\_Th \_\_\_F

\*Early Care will be available on a drop in basis, however if you know of a schedule, it is helpful to teachers to know how many children to expect.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **DRESS CODE 2023-2024**

### **General guideline for all students:**

1. Clothing must be appropriately sized for safety and able to get messy and dirty.
2. Shoes are to be age appropriate and fastened properly. For safety reasons, no flip-flops or other open toe footwear are allowed.
3. Clothing should be appropriate to the weather conditions. This includes a waterproof layer/rain jacket every day.
4. Preschoolers are encouraged to wear a Holy Name uniform shirt for Chapel Day once a week and for any field trips outside of the school.

You may order uniform gear online or talk to a teacher about using a donated shirt for the school year. Having one or two at home should be sufficient for the school year.

**Uniforms can be purchased at [www.globalschoolwear.com](http://www.globalschoolwear.com). Our school code is: HOLY15**

## TUITION AND POLICY AGREEMENT

I, the undersigned, do hereby agree to comply with the educational policies and regulations of the Archdiocese of Anchorage Juneau and Holy Name Catholic School Handbook.

I, agree to pay the \$185.00 registration fee, tuition and other fees for the upcoming school year. The registration fee is due at time of student registration and is **non-refundable**.

I realize that bills are sent on the 1st of the month and due on the 15th of the month. A late fee of \$10.00 will be added monthly if tuition payment is late. Tuition that is 30 days past due is reason for dismissal and/or refusal for acceptance for the following year.

In the event that timely payment of any fee becomes difficult, the undersigned parent/guardian will advise the parish Business Manager without delay and keep him/her informed on a continuous basis until the matter is resolved.

I realize that checks returned due to insufficient funds will be billed an additional \$20.00. After one check of this nature, we will require future payments in cash. If there is sufficient reason for a late payment and a call has been made to the Business Manager, the above policy may not apply. However, the Business Manager must be contacted to receive a grant of extension.

Families are billed in **(10) monthly installments** for the upcoming school year. If a student has enrolled 5 weeks after the start of school, the tuition will be **prorated** to the higher 9-month tuition schedule. If a student withdraws during the school year, all the previous enrolled month's tuition will need to be **prorated** to the higher 9-month tuition schedule.

**Prorated schedule:** See the Business Manager.

**Refund Policy:** Please see the Business Manager if refund is requested.

I understand that, tuition and registration fees are published separately, for each academic year. Discounts are scheduled for practicing parishioners of Holy Name Parish and Peace Health and Holy Name Employees. For the discount to apply, the parent(s)/guardian(s) must be (an) *active* parishioner(s). (i.e., attending Holy Mass weekly *and* providing material support of the church) or be an employee currently on Peace Health or Holy Name payroll.

Those who do not intend to comply with the above provisions should register their children under the non-parishioner schedule. If the undersigned has registered under the discounted parishioner schedule, he/she agrees that, should the above provisions not be fulfilled, the tuition schedule will revert to that of a non-parishioner.

I understand no credits are to be given for absences. Arrangements for leave of absence no longer than two weeks may be made with the teacher in-charge prior to the absence. Credits for holidays, school closures and vacations are not given.

I realize that a two-week notice is required should I withdraw my child from the school.

I pledge to support the administration and the faculty of Holy Name Catholic School and will keep the lines of communication open by following the guidelines of communication in the Holy Name Catholic School Handbook.

I realize that failure to meet the above requirements can prohibit my child from acceptance to the school the following year.

Acceptance of students of Holy Name Catholic School means that the family of the student is also accepted into the school community. Students and their families are expected to contribute to the up building of the Christian community at the school.

Holy Name Catholic School admits students of any race, color, sex, nationality and ethnic origin to all the rights and privileges, programs and activities generally accorded or made available to the students at the school. It does not discriminate on the basis of race, color, sex, nationality and ethnic origin in the administration of its educational policies, scholarship and loan, and athletic and other school programs.

You may expect Holy Name Catholic School to refuse enrollment of any student carrying a balance, from HNCS or any other school, for the prior term.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***If someone other than parents is responsible for paying tuition please fill this out.***

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# 2023-2024 AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

STUDENT(S) NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

| <b>WITHDRAWAL AMOUNT / SCHEDULING</b>                          |                                      |
|--|--------------------------------------|
| School Tuition: \$ _____                                       | Extended Care \$ _____               |
| Make withdrawal per this schedule                              |                                      |
| ____ Monthly on the 1 <sup>st</sup>                            | ____ Monthly on the 15 <sup>th</sup> |
| ____ Twice a month on the 1 <sup>st</sup> and 15 <sup>th</sup> |                                      |
| ____ Other withdrawal schedule: _____                          |                                      |

Holy Name Catholic School will charge a \$20 fee for insufficient funds or denied charges.

**DEDUCT FROM BANK ACCOUNT** *(No Transaction Fees)*

\_\_\_\_ Savings Account (contact your financial institution for routing number or attach deposit slip)  
\_\_\_\_ Checking Account *(Please attach a blank voided check to this form.)*

I authorize HOLY NAME CATHOLIC SCHOOL and QuickBooks Intuit, LLC to process the debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. I understand this authorization is valid for the 2023-2024 school year.

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

**DEDUCT FROM CREDIT CARD**

I authorize Holy Name Catholic School and QuickBooks Intuit, LLC to charge my card in accordance with the information above. I understand that my credit card information will be securely stored in the Business Office where only the Pastor and Business Manager have access.

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

**Page intentionally left blank.**

## 2023-2024 Credit Card Information and Authorization

Student(s) Name(s): \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVS# \_\_\_\_\_

I authorize Holy Name Catholic School and QuickBooks Intuit, LLC to charge my card in accordance with the information provided on the **2023-2024 Authorization Agreement for Automatic Withdrawal of Funds Form**.

Card Holder Initials: \_\_\_\_\_

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