



January 2023

Dear Families,

Thank you for choosing St. Helen School. We look forward to welcoming you and your child to our St. Helen school community. Whether you are a returning family or a new family, we are glad you are here!

Registration for current families begins at 8:00 a.m. on January 9, 2023. The application for registration is attached. Please fill out the registration forms and return them along with the non-refundable registration fee in the same envelope your student brought home. The registration fee for current families is \$175 for one child or \$225 for multiple children. If you have children here already and are registering a new child, please add them to the student data form in the packet. Please put the registration fee in the small envelope that is included in the packet. If you are not returning to St. Helen School, please return the forms and envelope and write on the envelope NOT RETURNING. We will follow up with you.

Registration for new families begins at 10:00 a.m. on Sunday, January 29, 2023. Registration forms are available to print out on our website or we will have them available that day. On January 29th, we will not accept forms without the \$400 non-refundable registration fee and the required forms for each child being registered. Please note that each new student, regardless of grade, must have a birth certificate along with registration forms.

For your reference, here are the forms needed to register students in each grade:

	Birth certificate	Vision exam	Dental exam	Physical exam	Baptism certificate
Preschool	X			X	
Kindergarten		X	X	X	
2nd grade			X		X
6th Grade			X	X	
New students (all grades)	X	X	X	X	



### **Age requirements:**

In compliance with state law, the following age requirements will be followed without exception.

- 3 yr old Preschool: 3rd birthday on or before September 1.
- 4 yr old Preschool: 4th birthday on or before September 1.
- Kindergarten: 5th birthday on or before September 1.
- Grade 1: 6th birthday on or before September 1.

### **Teacher requests:**

Every teacher at St. Helen is a dedicated and talented educator. We will not accept any teacher requests for the 2023-24 school year. Your child will have an exceptional educational experience no matter what classroom they are placed in for the coming school year.

### **Acceptance letters:**

For new students in grades 1-8, acceptance notification will be sent out within three weeks of submitting all of the registration materials.

Transfer Students are required to meet as a family with the principal prior to registration. Documentation including a birth certificate, transcripts, and a letter of recommendation are required. All transfer students in grades K-8 are accepted on a conditional basis for thirty days.

Preference will be given to students in this order:

- Current students
- Siblings of current students
- New students whose families are parishioners at St. Helen and are part of our communities
- New students who are in good standing at their previous school with regard to academics, behavior, attendance, and tuition



### **Tuition:**

- Current families: Please check your information in FACTS to ensure that it is correct and current. If you have a younger sibling starting school with us, you must add them to your FACTS account.
- New families: Please set up an account in FACTS, our tuition management system. All tuition and financial aid is managed through FACTS.

### **Financial Aid:**

- We offer many financial aid packages. Please fill out all financial aid information on the FACTS platform, if your family is in need of aid.
- If you have received financial aid in the past, you must fill out the financial aid information again each school year. Financial aid is not automatically renewed. You may log in at FACTS and enter the information again.

Again, thank you for choosing St. Helen School. We look forward to providing your child with a quality learning experience, and we welcome the opportunity to work with you in the coming years!

With gratitude,

Dr. Shirley A. Morris  
Interim Principal  
St. Helen School



## Statement of Fees 2023-2024

Family Name \_\_\_\_\_

Grades of Children \_\_\_\_\_

**Non-refundable Registration New Families - \$400**

Date \_\_\_\_\_

Payment/Check # \_\_\_\_\_

**Non-refundable Registration Returning Families**

**\$175 (One Child)**

**\$225 (Family)**

Date \_\_\_\_\_

Payment/Check # \_\_\_\_\_

**Sacramental Preparation Fee**

**First Communion & Reconciliation – 2<sup>nd</sup> Grade \$ 80**

**Confirmation 7<sup>th</sup> & 8<sup>th</sup> Grade \$130**

**Graduation Fee – Grade 8<sup>th</sup> \$130**

**Kindergarten Graduation \$ 60**

**New Family \_\_\_\_\_**

**Returning Family \_\_\_\_\_**



2347 West Augusta Boulevard Chicago, IL 60622

A WORLD of OPPORTUNITIES for YOUR CHILD

# Emergency Form 2023-2024

Please print

Family name: \_\_\_\_\_

In case of emergency, contact (please include two contacts other than parents/guardians):

<u>Name</u>	<u>Relationship to student</u>	<u>Phone #1</u>	<u>Phone #2</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Name of child</u>	<u>Date of birth</u>	<u>Allergies/Disabilities</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of child's primary doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_

Medical insurance policy number: \_\_\_\_\_

Other important information: \_\_\_\_\_

St. Helen School may have to bring your child to the Emergency Room for treatment. Any person 17 years of age or younger cannot authorize treatment for himself/herself. If you wish to authorize treatment in the event, we are unable to reach you, both parents should sign below. You are not required to fill out this portion of the Emergency Form.

To Dr. \_\_\_\_\_ or Emergency Physician on duty. This is to authorize any treatment for our children in the event that neither of us can be readily located to give permission.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**Media Consent Form  
2023-2024**

Please check the following:

\_\_\_\_\_ I give permission for St. Helen School and Big Shoulders Fund to use photographs of my child(ren) in its promotional materials, including advertisements and newspaper stories. This permission will be effective until I ask that it be rescinded.

\_\_\_\_\_ I do NOT give St. Helen School and Big Shoulders Fund permission to use photographs of my child(ren) on the school's website and in its promotional materials.

**Walking Trip Permission Form  
2023-2024**

\_\_\_\_\_ I give permission for my child(ren) to take short walking trips around the block for classroom or physical education activities. I understand that the activity will be supervised by a teacher.

\_\_\_\_\_ I do NOT give permission for my child(ren) to take short walking trips off campus.

**Technology Use Consent Form  
2023-2024**

Access to school technology resources is not private, and the school will monitor students' activities on any of those resources including, but not limited to, the stand-alone computers, electronic files, Internet access, email, fax, and phone. Violation of these provisions may result in suspension or revocation of system access. Any actions taken through the school networks that are in violation of the school disciplinary code will be handled in accord with the code and appropriate legal authorities may be contacted if there is any suspicion of illegal activity. The parent is responsible for the replacement of all damage done by their child to the school's technology equipment

I have read and agreed to the School's regulations for the use of the technology resources and have discussed it with my child(ren). Parents, please discuss these regulations with your children.

I have read and discussed with my parent/guardian the regulation for the school's technology resources and agree to abide by its provisions.

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

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



## Tuition Contract 2023-2024

We appreciate the sacrifices our families make to invest in their child's education and faith formation. The published tuition rates do not cover the full cost of education. The operation of the school is tuition-based and therefore, families must honor all financial obligations for the school to operate efficiently. All families must be registered with the FACTS Tuition Management Company. The registration process is not complete if your FACTS enrollment form is not received. All consideration for financial assistance is based upon an application created through FACTS. [FACTS Link](#) The online application must be submitted before financial assistance can be awarded to a family. There are no exceptions. Each family must apply by April 14, 2023. Scholarships may not be available after that date. Families that receive financial assistance must also apply for a Tuition Tax Credit Scholarship in January 2023.

If a family is beyond thirty days in tuition arrears, attendance interruption days will take place each month. Arrangements for payment must be made with the principal to avoid the attendance interruption days.

I understand that I must be enrolled in the FACTS Tuition Management Plan in order for the registration process to be complete. I understand that attendance interruption days for my child may take place if my tuition account is beyond 30 days overdue. I understand that my child may be excluded from athletics if the tuition payment is in arrears.

Parent/Guardian's Signature

---

Date \_\_\_\_\_



**Child Pick-up Permission Form  
School Year 2023-2024**

**Please print**

**Family name:** \_\_\_\_\_

**If you arrange for someone else to pick up your child(ren) from school, you must inform the Main Office. Please do not rely on your child(ren) to deliver the message. We will only accept a change in plan if you send a note or call the Main Office. Please inform friends and relatives that your child(ren)'s teacher may ask for identification when your child is picked up.**

**Name of child**

**Grade**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I give the following individuals permission to pick up my child(ren) from school:**

**Name of person**

**Relationship to student(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Print Parent/Guardian's Name:** \_\_\_\_\_

**Parent/Guardian's signature:** \_\_\_\_\_

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





## Tuition & Fee Schedule 2023-2024

St. Helen Catholic School is tuition based. Please note that all fees including books, materials, technology, and field trips are included in the tuition with an exception of the 8th grade Springfield trip. Fundraising is a vital component of the efficient management of school finances. All families are required to purchase or sell a Christmas Cash Raffle ticket in December. The cost of the raffle ticket is \$100.

The school sponsors a robust athletic program. Fees are kept to a minimum so that students will have an opportunity to participate. All families are expected to volunteer at activities and fundraisers throughout the year. The Archdiocese requires volunteers to complete Virtus training prior to volunteering. Please contact the Main Office for more information.

### Tuition

Grades K-8	
One Child	\$ 7,519
Two Children	\$12,463
Three Children	\$15,656
Four Children	\$17,819
Five Children	\$19,012
Preschool	\$ 8,735
2 Children in Preschool	\$14,630

### Registration Fees – Non-refundable

New Families	\$ 400
Returning Families	\$ 175 One Child \$ 225 Family Rate

### Sacramental Fees

First Communion	\$ 80
Confirmation	\$ 130

### Graduation Fees

8th Grade	\$ 130
Kindergarten Graduation	\$ 60

<b>Before/After Care</b>	Morning 7 - 7:45 a.m.	Afternoon 3 - 6 p.m.
One Child	\$75 /month or \$6 daily	\$200 per month
Family Rate	\$100 /month \$6 per hour per child	\$300 per mon
Hourly Rate	Per Child \$ 6 per hour	



**MORNING AND AFTER SCHOOL CARE PROGRAM**

**Registration 2023-2024**

**Please Print**

**Family Name** \_\_\_\_\_

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

**Grade** \_\_\_\_\_

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

**Grade** \_\_\_\_\_

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

**Grade** \_\_\_\_\_

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

**Grade** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

Children will be released from the After-Care program only to those people whom you have authorized. Please list below the names of people other than the parents authorized to pick up your child(ren).

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Emergency Numbers**

Please list adults (18 years or older empowered to make decisions regarding your child(ren) in the case of any emergency when you cannot be contacted. They must be available and the listed telephone number between the hours of 3 - 6 p.m.

**Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Please indicate the services that you will be using.**

\_\_\_\_ Morning Care - 7 - 7:45 a.m.      \_\_\_\_ Afternoon Care - 3 - 6 p.m.

Monthly payment is billed as an incidental expense to Your FACTS account.

Accounts in arrears will jeopardize your child's continued acceptance in the program



# Archdiocese of Chicago Student Data Form



## STUDENT INFO

Total Enrolled Children in Family (1, 2, 3, etc.) \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Oldest or Only Child In School (Y/N) \_\_\_\_\_

Youngest or Only Child In School (Y/N) \_\_\_\_\_

Gender (M/F) \_\_\_\_\_

Student Hispanic/ Latino (Yes=1, No=0) \_\_\_\_\_

Race N=American Indian,  
A=Asian, B=Black or  
African American, M=Multi-racial,  
P=Native Hawaiian/ Pacific Islander,  
W=White

Country of Birth (If Not USA) \_\_\_\_\_

Year Immigrated (If Applicable) \_\_\_\_\_

Current Grade Level \_\_\_\_\_

Catholic=Catholic, NC=NonCatholic

Last School Attended \_\_\_\_\_

Public School Student Would Attend \_\_\_\_\_

Public District Student Would Attend \_\_\_\_\_

Student Lives With (Both Parents, Mother, etc.) \_\_\_\_\_

Address 1 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Address 2 (Only If Needed) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Is

## SACRAMENTALS

Baptism Date \_\_\_\_\_

Baptism Church \_\_\_\_\_

Baptism City \_\_\_\_\_

Baptism State \_\_\_\_\_

Made First Reconciliation (Y/N) \_\_\_\_\_

Reconciliation Date \_\_\_\_\_

Reconciliation Church \_\_\_\_\_

Reconciliation City \_\_\_\_\_

Reconciliation State \_\_\_\_\_

First Communion Date \_\_\_\_\_

First Communion Church \_\_\_\_\_

First Communion City \_\_\_\_\_

First Communion State \_\_\_\_\_

Confirmation Date \_\_\_\_\_

Confirmation Church \_\_\_\_\_

Confirmation City \_\_\_\_\_

Confirmation State \_\_\_\_\_

**PARENT INFO**

Mother Title (Ms., Mrs., Dr.)

Mother's Name

Mother's Home Phone

Mother's Cell Phone

Mother's Email

Mother's Work Number

Mother's Place of Employment

Mother's Occupation

Mother's Work Address

Mother Alumna of School (Yes=1, No=0 )

Father Title (Mr., Dr.)

Father's Name

Father's Home Phone

Father's Cell Phone

Father's Email

Father's Work Phone

Father's Place of Employment

Father's Occupation

Father's Work Address

Father Alumnus of School (Yes=1, No=0 )

Guardian's Cell Phone

Guardian's Email Address

Guardian's Name

Guardian Day Phone

Guardian Place of Employment

Guardian Occupation

Guardian Work Phone

Guardian Work Address

Is this family a parishioner (Y/ N)

Parent's Marital Status

Step-Mother's Name (if applicable)

Step-Father's Name (if applicable)

Envelope Number

Parish Where Family Is a Member

Parents agree to share parent contact information with Archdiocesan

High Schools(Do not share=0)

**EMERGENCY INFO**

Doctor Name

---

Doctor Phone Number

---

Dentist Name

---

Dentist Phone

Emergency Contact # 1

Relationship

Phone Type (Home, Cell, Work)

Phone Number

Emergency Contact # 2

Relationship

Phone Type

Phone Number

Allergies

Medical Considerations

Medical Alert Text to Show In

PowerSchool

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