



February 1, 2026

Dear Families,

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

Families should return all registration forms listed on the checklist below by May 15, 2026. All medical forms are due by August 20, 2026. Summer camp forms are due March 31, 2026. Please note that each new student, regardless of grade, must have a birth certificate along with registration forms. If you have any questions about registration forms, please contact the school office at 773-486-1055 or mtorressantiago@sthelenchicago.org.

ALL Students need to send in the following forms:

___ Medical & Emergency Form

___ Emergency Form

___ Signature Sheet (Photo Release, Walking Field Trip, Technology Use, Tuition/Fees Contract)

___ Child Pickup Permission Form

___ Extended Care Payments Form

Here are the additional forms needed to register students in particular grade levels:

	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	X

Age requirements:

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

- 3yr old Preschool: 3rd birthday on or before September 1.
- 4yr 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 School is a dedicated and talented educator. Placement in homerooms is at the discretion of administration. Your child will have an exceptional educational experience no matter what classroom they are placed in for the coming school year.

Tuition:

- Current families: please double check that your information in FACTS 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, at <https://factsmgt.com/login/>. 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 still must fill out the financial aid information this year. Please do not assume that because you received aid in years past, your financial aid automatically renews. This may not be the case. You must fill out the financial aid information in FACTS each school year.

Again, thank you for choosing St. Helen School. We look forward to sharing your child's educational experience with you in the coming years!

With Gratitude,

Dr. Courtney Pileggi
Principal



Emergency Form 2026-2027

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: _____

It may occur that 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.

This is to authorize any medical 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 _____



**Photo Release Form
2026-2027**

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.

(Opt Out) 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 Field Trip Permission Form
2026-2027**

I give permission for my child(ren) to take short walking field trips for classroom or physical education activities. I understand that the activity will be supervised by a SHS staff member.

**Technology Use Consent Form
2026-2027**

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.

I have read and agree to the school's regulations for the use of the technology resources and have discussed with my child(ren). I hereby release the school, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the types of damage identified in the school's policy and administrative regulations.

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

**Tuition Contract
2026-2027**

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. Families are billed for tuition, extended care, summer camp, and 2026 re-registration fees through FACTS. All consideration for financial assistance is based upon an application created through FACTS. The online application must be submitted before financial assistance can be awarded to a family. There are no exceptions. Each family must apply for financial aid by April 10, 2026. Scholarships may not be available after that date.

If a family is beyond thirty days in arrears, attendance interruption days may take place each month. Arrangements for payment need to 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.

**Answer on Signature Sheet
Keep this page for your file.**



Signature Sheet 2026-2027
Please Print Clearly

Family Name _____

Student's Name Last _____ **First** _____ **Grade** _____

Student's Name Last _____ **First** _____ **Grade** _____

Student's Name Last _____ **First** _____ **Grade** _____

_____ **Yes, I have read and consent to the Photo Release Form**

_____ **No, I do not consent to the Photo Release Form**

_____ **Yes, I have read and consent to the Technology Use Consent Form.**
I have read and discussed with my parent/guardian the regulation for the school's
technology resources and agree to abide by its provisions.

Student signature(s): _____ **Date:** _____

_____ **Yes, I have read and consent to the Tuition Contract Form**

_____ **Yes, I have read and consent to the Walking Trip Permission Form**

Parent/Guardian Signature _____

Print: Last Name _____ **First Name** _____



Child Pick-up Permission Form School Year 2026-2027

Family Name: _____

If you arrange for someone else to pick up your child(ren) from school, you must inform the 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, email, or call the 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 entering

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

Name of Person

Relationship to student(s)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Tuition & Fee Schedule 2026-27

Please note that books, materials, and technology are included in the tuition. All families are required to purchase or sell one Christmas Cash Raffle ticket per student in December. The cost of the raffle ticket is \$100.00. If you choose not to purchase, the cost of the ticket will be billed to your account through FACTS. St. Helen Catholic School is tuition based. The cost to educate each child is more than the tuition rates. Therefore, fundraising is a vital component to the efficient management of school finances and to close the gap between the cost to educate each child and the published rate of tuition. All families are expected to volunteer at fundraisers throughout the year.

St. Helen Catholic School sponsors a robust athletic program. Fees are kept to a minimum so that play is inclusive. It is expected that parents/guardians of athletes volunteer at games and outings in order to ensure a safe and well managed athletic program.

Field trips are not included in the cost of tuition. Students typically take 2-3 field trips per school year. Field trip fees vary with the trip, and families will be asked to pay fees when trips are scheduled.

Tuition

K-8 Elementary - \$8,750
Preschool - \$10,400

Muti-Child Discounts

Second Child - \$850 discount
Third Child - \$2,550 discount
Fourth Child - \$5,100 discount
Fifth Child - Complimentary

Parishioner Discount: \$500 per family.

Discount will be applied to the oldest child in the family. (Request form in the office)

Extended Care - Billed to FACTS

- Before Care 7:00-7:45 a.m. - \$8 per day
- Before Care Monthly Plan - \$100/month for 1 child, \$150/month for 2 or more children
- After Care 3:00-6:00 p.m. - \$8 per hour
- After Care Monthly Plan - \$250/month for 1 child, \$350/month for 2 or more children

Registration Fees – Non-refundable

- Returning families - \$200 billed through FACTS in January 2027
- New families - \$400 upon registration

Sacramental & Graduation Fees - Pay on Give Central

First Communion \$75.00	Confirmation \$125.00
8th Grade Graduation Fees \$200.00	Kindergarten Graduation \$50.00



Extended Care Payments Form

In an effort to simplify our billing process for extended care this year, we ask families to sign up for either monthly billing or daily billing. Families that sign up for the monthly billing receive a significant discount, especially if two or more children are enrolled in extended care. An explanation of each program can be found below:

Monthly Unlimited Usage Billing Plan and Fees:

- Billed monthly so that costs are spread evenly throughout the year
- Families make 9 monthly payments through FACTS
- August and June are included at no extra cost
- Before Care - \$100 per month for 1 child, \$150 per month for 2 or more children
- After Care - \$250 per month for 1 child, \$350 per month for 2 or more children

Daily Billing Plan and Fees:

- Billed for the time your child spends in before or after care
- Families pay for the time they use each month
- No discounts for multiple children
- Families who do not sign up for monthly billing will be billed at the daily rate
- Before Care - \$8 per day. Estimated monthly cost is \$160 per child.
- After Care - \$8 per hour. Estimated monthly cost is \$160-480 per child.

Extended Care Billing Sign Up

Family Name: _____ Child's Name _____ Grade _____

Child's Name _____ Grade _____ Child's Name _____ Grade _____

Morning Care Billing (check one)

After Care Billing (check one)

_____ Daily Billing (\$8 per day)

_____ Daily Billing (\$8 per hour)

_____ Monthly One Child (\$100/month)

_____ Monthly One Child (\$250/month)

_____ Monthly 2+ Children (\$150/month)

_____ Monthly 2+ Children (\$350/month)

Parent/Guardian Signature _____

Date _____

Archdiocese of Chicago Office of Catholic Schools - To be completed by parent/guardian for each child and submitted to the school annually and updated immediately as needed.

**MEDICAL AND EMERGENCY NOTIFICATION INFORMATION AUTHORIZATION
FOR MEDICAL TREATMENT**

SCHOOL: St. Helen School _____ SCHOOL YEAR 2026-2027 _____

Student Name	Date of Birth	Grade	List Medical Allergies and/or Significant Medical History

Parent/Guardian _____ Parent/Guardian _____

Home Phone _____ Work _____ Home Phone _____ Work _____

Cell Phone _____ Cell Phone _____

Name of Student's Physician _____ Phone _____

Address _____ City _____ State _____

Medical Insurance Provider _____ Policy/Insurance# _____

Diabetes Care Plan Submitted (if applicable): YES/NO Asthma Action Plan Submitted (if applicable): YES/NO

Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form Submitted (if applicable): YES/NO

EMERGENCY CONTACTS IN CASE PARENT/GUARDIAN CANNOT BE REACHED:

NAME _____ RELATIONSHIP TO STUDENT _____

Phone 1 _____ Phone 2 _____

NAME _____ RELATIONSHIP TO STUDENT _____

Phone 1 _____ Phone 2 _____

MEDICAL RELEASE - In the event that the undersigned, or my/our authorized physician, cannot be reached and in the judgment of the School Principal or his/her designee, there is a necessity for immediate examination and/or treatment of my/our child, I/we hereby request and authorize school personnel to obtain for my/our child such medical services as are deemed necessary. I/We agree to assume the medical and liability insurance coverage and costs for any diagnosis/treatment and/or for medication deemed necessary. I/We understand that it may be necessary for my/our child's medical condition to be disclosed to school personnel and/or medical providers and I/we expressly consent to such disclosure.

PARENT/GUARDIAN SIGNATURE PARENT/GUARDIAN SIGNATURE DATE

THIS FORM SHALL ACCOMPANY STUDENTS ON FIELD TRIPS. IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO UPDATE EMERGENCY INFORMATION AS NECESSARY.

LIST MEDICAL ALLERGIES and/or SIGNIFICANT MEDICAL HISTORY

Archdiocese of Chicago Office of Catholic Schools - Handbook for School Administrators MEDICAL AND EMERGENCY NOTIFICATION FORM - To be updated by parent/guardian/physician annually

MEDICATION AUTHORIZATION AND WAIVER FORM

St. Helen School, Chicago, ILLINOIS

Student's Name (Last, First, Middle)	Date of Birth	Grade	Date
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Medications (both prescription and non-prescription) may be administered in school (including school trips) only in accordance with the School Medication Procedures. No medication may be administered in school unless both the student's physician and parent/guardian have completed, signed, and returned this entire form to the School and provided the medication in the original labeled container as dispensed (prescription medication) or the manufacturer's labeled container (non-prescription medication). The medication label shall contain the student's name, name of the medication, direction for use and date. Prior to enrollment, or as soon as the condition is diagnosed, parents of any student diagnosed with Asthma, Diabetes, or Food Allergies, must coordinate with the school and your student's physician to provide a completed Asthma Action Plan, Diabetes Care Plan, and/or Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, as applicable.

I hereby acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, or if the medication must be administered during the school day or during a school trip, I hereby authorize the School Principal or his/her designee, on my behalf, to administer (or to allow my child to self-administer in accordance with School Medication Procedures), medication in the manner described in the Physician's Order {Side 2}. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual who does not have medical training, and I specifically consent to such practices. I understand that by signing this document, I, on behalf of myself and my child, am waiving and releasing any and all claims for injury that my child might sustain as a result of the administration of medication in school property or under the supervision of school personnel.

I understand that this authorization is not effective unless the School Principal or his/her designee has reviewed and signed this form.

In consideration for agreeing to administer, or oversee the administration of, my child's medication, I, on behalf of myself and my child, heirs, executors, agents and assigns, hereby agree to waive, relinquish, release, indemnify, hold harmless, and covenant not to sue the Catholic Bishop of Chicago, an Illinois corporation sole, St. Helen School, and their administrators, employees, agents, representatives, volunteers, insurers, assigns and successors ("Indemnitees"), from and against any and all claims, charges, demands, suits, and causes of actions, whether known or unknown, past, present or future, including, but not limited to, any and all costs, expenses, and attorneys' fees, by reason of any injury, illness, death, and damage or loss to person or property, or any other harm to myself or to any person or property, whether caused by negligence or for any other reason, arising out of, in connection with, or in any manner related to the administration of medication.

I INTEND BY MY SIGNATURE TO PROVIDE A COMPLETE AND UNCONDITIONAL WAIVER OF CLAIMS AND RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I HAVE CAREFULLY READ THIS AUTHORIZATION AND WAIVER FORM, FULLY UNDERSTAND ITS CONTENTS, AND SIGN THIS AGREEMENT FREELY AND VOLUNTARILY.

Parent/Guardian's Name (PRINT)

Parent/Guardian SIGNATURE

Parent/Guardian's Name (PRINT)

Parent/Guardian SIGNATURE



FACTS Registration Procedures

We are pleased to offer FACTS Payment Plans and Grant & Financial Aid Needs Assessment on the same platform.

ALL families MUST be registered for a FACTS account.

Follow the simple directions below:

1. Go to factsmgmt.com
2. Select “Parent & School Administrators Login Here” on the top right corner
3. In “For Families,” click “Payment Plans / Financial Aid”
4. Click “Register”
5. Search for my Institution
6. Enter ZIP Code (60622) and click the search button
7. Select “St. Helen Elementary School”
8. Click the button to “Create a username & and password.”
9. Enter your email address and follow the prompts to create an account.
10. Sign in now (once you have an account)

I have an existing FACTS account with St. Helen School

I have registered for a new FACTS account with St. Helen School

YES / NO I plan to request financial aid for the 2026-2027 school year.

Parent/Guardian Signature _____

Print: Last Name _____ **First Name** _____

Student(s) Name(s): _____

Student Data Form



ARCHDIOCESE OF CHICAGO



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) _____
Is Student Hispanic/ Latino (Y = 1 / N = 0) _____
Race (Circle One) 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 _____

SACRAMENTALS

Baptism Date _____
Baptism Church _____
Baptism City _____ State _____
Baptism State _____
Made First Reconciliation (Y/N) _____
Reconciliation Date _____
Reconciliation Church _____
Reconciliation City _____ State _____
First Communion Date _____
First Communion Church _____
First Communion City _____ State _____
Confirmation Date _____
Confirmation Church _____
Confirmation City _____ 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 Name (if applicable) _____
Guardian's Home Phone _____
Guardian's Cell Phone _____
Guardian's Email _____
Guardian's Work Phone _____
Guardian's Place of Employment _____
Guardian's Occupation _____
Guardian's Work Address _____
Parent's Marital Status _____
Step-Mother's Name (if applicable) _____
Step-Father's Name (if applicable) _____
Is this family a parishioner of Our Lady of Unity Parish (Y/N) _____
OLU Parish Envelope Number _____
Parish Where Family Is a Member (other than OLU) _____
Parents agree to share parent contact information with Archdiocesan High Schools Yes = 1, No = 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 (Home, Cell, Work) _____
Phone Number _____
Allergies _____
Medical Considerations _____

Parent/Guardian Signature: _____



Our Lady of Unity Parish Participation Tuition Form 2026-2027

Your status as a participating parishioner is verified annually.

- Each family/student expecting to be classified as a participating parishioner of the OLU parish is required to complete and submit the Parish Participation Tuition Form. *The school will forward your form to be reviewed and signed by the pastor.*
- Without this form, signed by the pastor, your family will be classified as non-parishioners and charged according to that tuition rate.
- Families who are relocating to the area must submit a verification letter signed by their current pastor in order to be eligible for the Parishioner rate.
- If you elect to take the Parishioner discount, a donation equal to or greater than \$500 must be made to Our Lady of Unity. Our Lady of Unity Parish is a charitable organization as described in Section 501(c)(3) of the Internal Revenue Code and, as such, donations to the Parish may be tax deductible.

The Minimum Annual Donation Due to Our Lady of Unity Parish is \$500.

Timeline and Payment Options:

1. **LUMP-SUM PAYMENT:** *Your donation can be made to the Parish either by check or with a credit or debit card through the Parish's Give Central website. If you select this option, please make your payment by **May 31, 2027.***
2. **WEEKLY or MONTHLY CONTRIBUTIONS:** *Recurring payments can be made with a credit or debit card via the Parish's Give Central website. When setting up your recurring giving cycle, please make sure that the Parish receives your required donation between **June 1, 2026 and May 31, 2027.***
3. **REGULAR OPTION:** *You can contribute to the Parish by using your official OLU pre-printed envelopes. The envelopes should be placed in the collection basket during the OLU masses.*

Please fill out, sign, and submit the form on the back by August 15, 2026.



Archdiocese of Chicago
Our Lady of Unity
Parish Participation Tuition Form 2026-2027

FAMILY INFORMATION	(Please type or print all information)	
Family Name:		
Address:		
City:	State:	Zip:
Telephone Number:	Previous Parish:	

STUDENT INFORMATION	
Student Name:	
School:	Entering Grade:
Student Name:	
School:	Entering Grade:
Student Name:	
School:	Entering Grade:

I/We, the parents/guardians of the student(s) listed above understand:

- A registered member is one who is officially listed on the parish census.
- A participating member is one who is involved and intends continued involvement in weekly parish worship and contribution of time, talent and treasure for the support of the parish.
- A participating member is expected to use parish envelopes or GiveCentral.org, and meet the minimum donation amount of \$500 toward the Parish, as described on the back.

Parent/Guardian Signature: _____ Date: _____

Envelope No: _____ or The family uses GiveCentral: _____

Please complete, sign and submit this form by August 15, 2026

--Parish Use--

I certify, as pastor of the above designated parish, that the listed parent and student(s) are participating parishioners.	
Pastor Signature:	Date:

Check if applicable:

_____ Relocating family from _____ parish. Date: _____