

St. Elizabeth Seton School
431 Oakland Street
Rapid City, SD 57701
605-348-1477

CHILD DEVELOPMENT PROGRAM

Jana Thies, Director

The Child Development Program at St. Elizabeth Seton consists of 3 programs: Preschool, Enrichment and Child Care. These programs serve children from the ages of 3 through the eighth grade and are available from 6:00am to 6:00pm.

PRESCHOOL: This program promotes the development of the child as an individual and the social, emotional, physical, intellectual and spiritual development of each child. These children are encouraged to make acceptable choices during their playtime and to solve their own problems with teacher assistance. The teacher/child ratio is 1:10 with 20 children in each am class and 20 students in each pm class. Sessions offered are MWF, TU/TH, or M-F mornings (a.m.) and afternoons (p.m.). The times are 8:00a.m. to 10:50a.m. and 12:00Noon to 2:50p.m.

THREE YEAR OLD PROGRAM: This is a new program offered for children who are 3 years old by August 31st of the current school year. Program requirements include: **100% toilet-trained and able to use the bathroom independently.** This program will promote the development of the child as an individual and the social, emotional, physical, intellectual, and spiritual development of each child. What sets the threes apart from toddlers is their newfound ability to express themselves. This class will focus on more of a social aspect of learning, developing routines in the classroom and working to give the child a great start to their school career. Session for Three-year-old Preschool will be offered on **Tuesday/Thursday AM only from 8:00am to 10:50am.** There will be no Enrichment or Child Care offered for the Three year olds.

FOUR YEAR OLD PROGRAM: This program is for children who are 4 years old or older by August 31st of the current school year. This program promotes the development of the child as an individual and the social, emotional, physical, intellectual and spiritual development of each child. The children are encouraged to make acceptable choices during their playtime and to solve their own problems with teacher assistance. Sessions are MWF mornings (a.m. only) and M-F, MWF or Tuesday/Thursday afternoons (p.m.). The times are 8:00a.m. to 10:50 and 12:00 Noon to 2:50p.m.

ENRICHMENT: is for Four year old Preschool or Kindergarten children who need an all-day program. This program promotes all of the skills of Preschool and Kindergarten and has a very relaxed atmosphere, as the children have already attended one program during the day. The AM session runs from 8:00a.m. to 11:50 a.m. and the PM session runs from 10:50a.m. to 3:00p.m. Lunch is available to purchase or a child may bring his/her own lunch. Milk may also be purchased in the lunchroom.

CHILD CARE: is for children ages 4 - 12 who need to be at school before or after school. The hours are 6:00a.m. to 8:00a.m. and 3:00p.m. to 6:00p.m. the days school is in session. You may drop off or pick up your child at any time on the days you have reserved. During this time, children are encouraged to relax, make good choices, and enjoy themselves. Our AM childcare is available for 20 students and our PM childcare is available for 45 students with 3 teachers. We use the child development rooms and the gym. An after school snack, provided by the school, is served daily.

YOUR GUIDE TO 2010/2011 REGISTRATION

New Catholic Families/Open Registration

Preschool and Grades K-12

NEW CATHOLIC FAMILIES: March 2, 2010 – 5:00-6:00 p.m. in Seton Office

OPEN REGISTRATION: March 8, 2010 – Call or visit offices for availability

Welcome to the Rapid City Catholic School System – Below is a step-by-step guide to registration –

CHECKLIST (all completed forms must be returned at the time of registration)

- STUDENT REGISTRATION FORM**
Complete one form per child you are registering.
- ENROLLMENT AGREEMENT**
Complete one form with each child you are registering.
- CONTRACT FOR SERVICES**
 - A signed *Contract for Services* form is due at the time of registration.
 - Complete one form per family, even if some of your children are at SES and some are at STM.
- PARENTAL AGREEMENT FORM**
 - Complete one form per family, regardless of the number of children, even if some of the children are at SES and some are at STM.
 - Be sure to select your payment option in Step 6 of the form.
- FAMILY WORKSHEET FOR GRADES K-12 ANNUAL TUITION**
Complete one form per family, even if some of your children are at SES and some are at STM.
- MONTHLY PAYMENT OF TUITION AGREEMENT (if applicable)**
Be sure to include a voided check with the signed agreement. If you choose this option, deliver the signed form, even if you cannot complete the form fully while tuition assistance is pending.
- CHILD DEVELOPMENT PAPERWORK (if applicable)**
 - Preschool and/or Enrichment and/or Child Care Registration Form
 - Child Development Parental Agreement
 - Child Development Family Worksheet for Annual Tuition
- NON-REFUNDABLE REGISTRATION FEE(S)**

Child Care (per family)	\$50.00	Grades 6–8 (per child)	\$150.00
Preschool (per child)	\$50.00	Grades 9–12 (per child)	\$200.00
Grades K–5 (per child)	\$125.00	TOTAL REGISTRATION DUE = _____	



Registration is not complete until the items listed above are delivered. Parents may keep any **yellow** copies (excluding *Child Development 3-part Registration forms*). Students are not officially enrolled or placed on class lists unless the signed *Contract for Services* is on file.

Due by March 19th, 2010

The Tuition Assistance application form (*TADS Financial Aid Application Form*) must arrive at the TADS office in Minneapolis by this date. Alternatively, you can complete the same form at <http://www.tuitionaid.com>, by the same date.



The office personnel at both SES (348-1477) and STM (343-8484) are willing and happy to help you with any forms or questions. Please pay close attention to the deadlines described above, as such attention might mean the difference between having a spot and not having one. **We want to ensure that any family interested is given the opportunity to enroll**, but we also must be mindful that the calendar requires us to be fiscally prudent in filling the classes quickly if there are families waiting for a spot for their child.

We look forward to a FANTASTIC 2010/2011 school year at the Rapid City Catholic School System, and we invite you to join us. God's blessings to you and your family,

Barb Honeycutt, Superintendent

Colleen Lecy, Principal
St. Elizabeth Seton Elementary

Keiz Shultz, Principal
St. Elizabeth Seton Middle School

Wayne Sullivan, Principal
St. Thomas More High School

**RAPID CITY CATHOLIC SCHOOL SYSTEM
CHILD DEVELOPMENT PROGRAM
2010/2011 TUITION PAYMENT SCHEDULE**

	FULL PAYMENT Due 7/15/2010	DISCOUNTED PAYMENT IF PAID BEFORE 7/15/2010	SEMESTER PAYMENT half due Jul 15, 10 half due Dec 15, 10	INCLUDES \$35 ACH FEE	
				10 MONTH PLAN Beg Aug 10	12 MONTH PLAN Beg Jun 10

PRESCHOOL

2 sessions/week	\$940	\$921	\$470	\$98	\$81	No Discount
3 sessions/week	\$1,183	\$1,159	\$592	\$122	\$102	No Discount
5 sessions/week	\$2,029	\$1,988	\$1,015	\$206	\$172	No Discount

A \$50 non-refundable registration fee is required for each student at registration.

ENRICHMENT

2 session/week	\$666	\$653	\$333	\$70	\$58	No Discount
3 session/week	\$999	\$979	\$500	\$103	\$86	No Discount
5 session/week	\$1,652	\$1,619	\$826	\$169	\$141	No Discount

CHILD CARE

AM Care Only	\$873	\$856	\$437	\$91	\$76	(\$87)
PM Care Only	\$1,308	\$1,282	\$654	\$134	\$112	(\$131)
AM & PM Care	\$2,126	\$2,083	\$1,063	\$216	\$180	(\$213)

* A 10% deduction is given in the Child Care rate for the 2nd, 3rd, or 4th child in a family enrolled in Child Care.

A \$50 non-refundable registration fee is required for each family at registration.

Monthly payments are made through an ACH Monthly Payment Contract. Contact the Business Office for further details.

ST. ELIZABETH ANN SETON SCHOOL

(605) 348-1477

PRESCHOOL /ENRICHMENT /CHILD CARE

Registration Date: _____

Name of child: _____ Home Phone: _____
(Last) (First) (Middle) Cell Phone: _____

Address: _____ City _____ Zip Code _____
Dad's , Mom's

Date of Birth: _____ Sex: M / F Grade at Seton _____ SSN# _____
(if reg. for Child Care)

Email: _____ Is Your Child Catholic? Yes () No () Parish: _____

*The following information is required for Federal and State Educational Data Reporting:

***Ethnicity:** *Hispanic or Latino?* **YES** **NO**

***Race:** American Indian or Alaskan Native () Asian () Black or African American ()
Native Hawaiian or Other Pacific Islander () White ()

***Public School District:** _____ (as if attending public school)

HOME ENVIRONMENT:

Parent's Name: _____

Father's Occupation _____ Employer _____ Phone _____

Mother's Occupation _____ Employer _____ Phone _____

Sisters and Brothers **attending RCCSS:**

Name Age Grade Name Age Grade

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

Does Your Child Go To Another Preschool and/or Child Care Provider?

Name: _____ Address: _____

Previous Preschool or Child Care: _____

MEDICAL HISTORY:

Does Child Have a Health Disability? Yes () No () Specify: _____

Is Child Allergic to Anything? Yes () No () If so, what? _____

Any Physical Handicaps? Yes () No () Describe: _____

Does Child Have Any Fears? _____

Is Child Under Care of Doctor? Yes () No () Specify: _____

Child's Doctor: _____ Phone No.: _____

Emergency Contact _____

Relationship _____ Phone No.: _____

Only These People are Authorized to Pick Up My Child:

1. _____ Relationship: _____

2. _____ Relationship: _____

***Name of Person Responsible for Account: _____

Address: _____

ST. ELIZABETH SETON SCHOOL

431 Oakland Street, Rapid City, SD 57701 1-605-348-1477

CHILD DEVELOPMENT PROGRAM PARENTAL AGREEMENT 2010-11

Parent/Guardian Name(s): _____

DESIRING TO ENROLL:

Student: _____ Programs attending: (please circle) **Preschool** **Enrichment** **Child Care**

<u>4 y/o Preschool Sessions</u>			<u>4 y/o Preschool Enrichment Sessions</u>			<u>Child Care Sessions</u>			
	<i>am</i>	<i>pm</i>		<i>am</i>	<i>pm</i>		<i>am</i>	<i>pm</i>	<i>am & pm</i>
<i>Tuesday & Thursday</i>			<i>Tuesday & Thursday</i>			<i>Monday through Friday</i>			
<i>Monday, Wednesday & Friday</i>			<i>Monday, Wednesday & Friday</i>						
<i>Monday through Friday</i>			<i>Monday through Friday</i>						
<u>3 y/o Preschool Sessions</u>		<i>am</i>	<u>Kindergarten Enrichment Sessions</u> <small>(please state your preference regarding am or pm -- we will make every attempt to meet your needs)</small>		<i>am</i>				
<i>Tuesday & Thursday <u>a.m. only</u> No Enrichment offered</i>			<i>Tuesday & Thursday</i>						
			<i>Monday, Wednesday & Friday</i>						
			<i>Monday through Friday</i>						

WE AGREE TO THE FOLLOWING:

1. To accept our role as the primary educators of our children in the ways of faith and to do our best to instill Catholic/Christian values in them, especially by setting a good example and by Christ-like living.
2. To enter into partnership with the school in the spiritual, academic, social, and service formation of our children.
3. To accept the school's role to have a Christ-centered educational program intentionally directed to the growth of the whole person, as conveyed by the Vision Statement.
4.
 - a. To pay the **non-refundable** registration fee of **\$50 PER CHILD** when we enroll to ensure my child's space in Preschool.
 - b. To pay the **non-refundable** registration fee of **\$50 PER FAMILY** when we enroll to ensure my child (ren)'s space in Child Care.
 - c. **PAYMENT OF FULL, ANNUAL TUITION IS REQUIRED BY JULY 15, 2010.**
 - Full Payment** paid before July 15, 2010 entitles you to a 2% discount.

IF YOU ARE UNABLE TO PAY IN FULL BY JULY 15, 2010 YOU MAY REQUEST TO PAY BY THESE TWO METHODS:

- Method 1: ACH MONTHLY PAYMENT PLAN**, budgeted as checked below: (Voided check must be attached to the ACH Form and signed by authorized check signer)
 - _____ 10 payments beginning August 2010
 - _____ 12 payments beginning June 2010
- Method 2: WITH BUSINESS OFFICE APPROVAL**, based on payment history, you may make two equal payments, the first paid by July 15, 2010, and the second paid by December 15, 2010. Families not provided this method will be informed in writing.

A LATE FEE OF 1 1/2% PER MONTH OR 18% PER YEAR WILL BE ASSESSED ON ALL ACCOUNTS 30 DAYS PAST DUE.

- a. To know and comply with school policies and procedures as outlined in the Child Development handbook. The school handbook is available for your review in the Child Development Office and will be available to each family at student orientation. We have read, understand and will comply with the Child Development Handbook. _____ (Initial)
 - b. Pay the September tuition if school has not been notified by August 1, 2010, of your intentions **NOT** to attend Preschool, Enrichment, or Child Care.
5.
 - a. We realize and accept that any failure to fulfill items 1-4 may subject our children to dismissal from St. Elizabeth Seton Child Development Program.
 - b. We agree to the terms and conditions as stated above.
 - c. Completion of this form does not guarantee acceptance into St. Elizabeth Seton Child Development Program.

Signature: _____ Date: _____

*White copy – Business Office
Yellow copy – CD Office
Pink Copy - Parent*

RAPID CITY CATHOLIC SCHOOL SYSTEM
FAMILY WORKSHEET FOR CHILD DEVELOPMENT ANNUAL TUITION
SCHOOL YEAR 2010-2011

FAMILY: _____

CHILD(REN)'S NAMES: _____

DIRECTIONS:

Enter number of students and calculate costs under "Total Charge" column. Use this form for all children in the family enrolled in Child Development programs.

CHILD DEVELOPMENT

PRESCHOOL:

SESSIONS PER WEEK:

MIN OF 2 SESSIONS PER WEEK

2 SESSIONS PER WEEK

3 SESSIONS PER WEEK

5 SESSIONS PER WEEK

COST PER STUDENT	# OF STUDENTS	TOTAL CHARGE
940.00 X	_____	= _____
1,183.00 X	_____	= _____
2,029.00 X	_____	= _____
TOTAL PRESCHOOL		

ENRICHMENT:

SESSIONS PER WEEK:

MIN OF 2 SESSIONS PER WEEK

2 SESSIONS PER WEEK

3 SESSIONS PER WEEK

5 SESSIONS PER WEEK

COST PER STUDENT	# OF STUDENTS	TOTAL CHARGE
666.00 X	_____	= _____
999.00 X	_____	= _____
1,652.00 X	_____	= _____
TOTAL ENRICHMENT		

CHILD CARE:

AM CARE ONLY

PM CARE ONLY

AM & PM CARE

COST PER STUDENT	# OF STUDENTS	TOTAL CHARGE
873.00 X	_____	= _____
1,308.00 X	_____	= _____
2,126.00 X	_____	= _____
SUBTOTAL CHILD CARE		
-10.00% X	_____	= ()
TOTAL CHILD CARE		

Child Care Discount for 2nd, 3rd, or 4th child enrolled in Child Care.

TOTAL ALL STUDENTS CHILD DEVELOPMENT PROGRAM

MONTHLY PAYMENT OF TUITION AGREEMENT

2010/2011 School Year

The following should be returned with your registration materials. If you would like help completing this form, please contact the Business Office at 343-8484.

Step 1

Name (on the Bank Account to Be Used)	
--	--

Your Home Address	
--------------------------	--

Daytime Telephone Number	Social Security Number
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<input type="checkbox"/> Check this box if you are currently signed up for ACH payments and there are no changes to your banking information. If this is the case, skip to Step 2, below in this document. If this is not the case, provide your banking information below before proceeding to Step 2.
--

Bank Name	
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Bank Account Number	
----------------------------	--



A voided check is required for all **new** or **changed** accounts. Please attach the voided check to this form.

Step 2

Date of Withdrawal in Each Month (circle one)	10 th	25 th
Tuition Amount from Annual Tuition Worksheet	\$	
Amount from Child Development Tuition Payment Schedule (if applicable)	\$	
Subtract Tuition Assistance (if Applicable) If you are applying for tuition assistance, you will not know this amount until April. Before then, complete this form with \$0 listed for tuition assistance, and deliver the completed form with your registration materials. Once the amount of tuition assistance is known, the Business Office will update this form and contact you with the new amount for authorization, <u>before</u> ever initiating a payment from your account.	\$	
Add Annual Processing Fee	\$	35.00
Balance Due	\$	
Divide the Amount in the Line above by (circle one): 12 10 (12 for payments starting in June, and 10 for payments starting in August)	\$	

I hereby authorize the Rapid City Catholic School System to make the withdrawal listed on line 6 each month, until the amount on line 5 is paid in full. **I acknowledge** that any monthly payments not cleared for any reason will be assessed a \$35.00 processing fee.

Name (on the Bank Account to Be Used)

Date

<i>White copy – Business Office Yellow copy – Parent</i>
