



# St. Thomas More Catholic School

1700 8<sup>th</sup> Street S, Brookings, SD 57006 (605) 692-6796  
 stmcs@stmbrookings.org

Please contact us if you have any questions about registration. We look forward to sharing in this community of faith and learning with your family.

*“Forming our Future through Faith”*

## School Registration

### Student Information:

Full Legal Name:	Preferred Name:	DOB:	Gender:	Class Entering:
1.				
2.				
3.				
4.				

Mailing Address: \_\_\_\_\_  
 Street City State Zip

### Parent/Guardian Information:

Father's Name: _____	Mother's Name: _____
Home Address: _____	Home Address: _____
_____	_____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Father's Employer: _____	Mother's Employer: _____
Business Phone: _____	Business Phone: _____
E-mail: _____	E-mail: _____

### Family Information:

Denomination: \_\_\_\_\_ Home Church: \_\_\_\_\_

Is a language other than English spoken in the home? Yes / No If yes, what language? \_\_\_\_\_

<u>Siblings:</u> _____ <u>Age:</u> _____	<u>Siblings:</u> _____ <u>Age:</u> _____
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

# Financial Agreement for Saint Thomas More Catholic School

\*\*Children must meet age requirements as of August 31<sup>st</sup> of the school year in order to enroll\*\*

Classes:	Times:	Student:	Monthly Payment:	Total Yearly Tuition:
<b>Early Childhood Sections:</b>				
Pre-K 3 (3 year olds)	8:30-11:15 AM (T & Th)		\$110.00	\$1100.00
Pre-K 4 (4 year olds)	8:30-11:15 AM (M,W,F)		\$125.00	\$1250.00
½ Day Jr Kindergarten	8:30-11:15 AM (M-F)		\$200.00	\$2000.00
Jr Kindergarten (4-5 years by Referral/Screening)	8:30-3:30 PM (Wed 2:30)		\$400.00	\$4000.00
<b>Kindergarten-3<sup>rd</sup> Grade</b> (Parish member)	8:30-3:30 (except Wed 2:30)		\$260.00	\$2600.00
<b>STMCS (K-3)</b> (Non-parish member)	8:30-3:30 (except Wed 2:30)		\$360.00	\$3600.00
	Total Students:		Total Yearly Tuition:	
<b>Additional Information:</b>			<b>Registration Fee:</b> <small>(1 Monthly Payment)</small>	
Donation: Tuition Assistance			<b>Total Due:</b>	

**– Non-Refundable Registration Fee (Payment #1) - must be submitted with this form.**

– I am interested in applying for tuition assistance based on a family need. Applications must be completed by May 31<sup>st</sup>. Apply here: <https://www.tads.com/>

– I have 2 or more students enrolled and am interested in the tuition reduction program. Apply here: <https://www.tads.com/>

– Payment Options (select 1):

- Monthly: 9 additional payments due on the 15<sup>th</sup> of the month starting Sept 15<sup>th</sup>-May 15<sup>th</sup>
- Semi-annual: Payment #2-5 due Sept 15<sup>th</sup> & #6-10 due Jan 15<sup>th</sup>
- Annual: Payment #2-10 due Sept 15

– Payment Methods (select 1):

- My School Bucks App.
- Cash or Check

I/We agree to pay the above total tuition to STMCS per the payment option selected above.

If payment is not received I/we understand that I/we will receive a verbal or written reminder, and that we could pay an additional charge of \$5.00 per week.

We also understand that it is our financial obligation to keep current with our payments or we risk forfeiting our child's enrollment in STMCS. No credit is given for absences or scheduled holiday/vacation periods.

X \_\_\_\_\_  
Parent/Guardian Signature Date

X \_\_\_\_\_  
Parent/Guardian Signature Date

# Additional Student Information

## Special Learning Needs:

\_\_\_\_\_

**Health Concerns or Allergies** (additional information may be required):

\_\_\_\_\_

**Child's Physician or Certified Health Practitioner:** \_\_\_\_\_

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

## Getting To and From School:

How will your child get to and from school? \_\_\_\_\_

\_\_\_\_\_

## Early Dismissal:

In a case of early dismissal, what are your arrangements for your child?

\_\_\_\_\_

## Daycare/Sitter/After School Care:

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

I would be interested in onsite after school care if it would be available.

## Authorization:

I hereby authorize Saint Thomas More Catholic School to allow my child to leave with:

**Name: Relationship: Phone Number:** \_\_\_\_\_

1.

2.

3.

## Emergency Information:

In case of an emergency, if parents cannot be reached, call:

**Name: Relationship: Phone Number:** \_\_\_\_\_

1.

2.

# PARENTAL PERMISSION FORM

Approval and parent signature required.

## Consent for Emergency Care or Treatment

I hereby consent to any medical services that may be required while \_\_\_\_\_ is under the supervision of an employee of St. Thomas More Catholic School during school or while on school sponsored activities, and hereby appoint said employee to act on my behalf in securing necessary medical services from any duly licensed physician if I cannot be reached immediately.

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

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

## Field Trips

I hereby give permission for my child to go on field trips with the understanding that I will be notified in advance whenever these trips will involve any cost or any form of transportation other than walking.

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

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

\*Parent signature releases St. Thomas More Catholic School of any liability resulting from a field trip.

## Permission for Student's Picture

Consent is hereby granted to St. Thomas More Catholic School for use of photographs, slides, or television filming involving my child. These may appear in various publications or presentations in the media or our school website. Consent shall continue during the time my child is a student in the St. Thomas More Catholic School unless revoked by me in writing.

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

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

## Parent/Student Handbook

The Parent/Student Handbook outlines all of the school policies, and other useful school related information. It can be accessed on the school's website - [www.stmschoolbrookings.org](http://www.stmschoolbrookings.org)  
(If you do not have access to the Internet, please contact the school office for a hard copy). I

have read the parent student handbook, and accept the policies and responsibilities presented.

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

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

### Tuition Assistance

If you are in need of tuition assistance for the upcoming school year, you MUST complete the online financial assessment found at [Login to TADS](#).

Receiving assistance is contingent upon using this application process.

### Tuition Reduction Program

Starting 2020-2021 school year, families with 2 or more children enrolled at STMCS will have the opportunity to earn a reduction in tuition. To be eligible, you must complete the TADS form mentioned above.

### SUBMITTING YOUR APPLICATION:

Save this form to your computer (if electronic file), complete all pages, and submit to St Thomas More Catholic School by:

1. Email the Secretary at [stmcs@stmbrookings.org](mailto:stmcs@stmbrookings.org) OR  
School Director at [Meghan.Kelly@stmcsbrookings.org](mailto:Meghan.Kelly@stmcsbrookings.org)
2. Drop off in parish office OR
3. Mail to:

STM Catholic School  
1700 8<sup>th</sup> St. So.  
Brookings, SD 57006

### Prior to the first day of school please submit the following:

- A copy of your child's Birth Certificate. (K-3 Students)
- A copy of your child's Baptismal Certificate if baptized in another parish. (K-3 Students)
- An updated copy of your child's immunization records. (All Students)
- Health Care Provider Form (Preschool/JK Only)