

# Holy Rosary Catholic School

12925 East Main Street Larose, LA 70373  
holyrosem@hdiocese.org



Dear Parents of students eligible for grades **Pre-K 2 / Pre-K 3 / Pre-K 4 / K- 8th**,

Attached is your **registration packet**. Our finance council has met and has made some very important decisions concerning our **2022-2023 school year**. The registration fee will be **Pre-K (\$300) / K-8 (\$400)**. **Registration fees are non-refundable for Pre-K 4 – 8<sup>th</sup>**. Please note that book, computer, building/maintenance, & supply fees are included in the registration fee. Tuition and registration fees are listed below along with the **family plan which Friends of the Rosary will continue to subsidize**.

<b>Tuition for first child:</b>	<b>\$4,000.00</b>	<b>Pre- K 2</b>	<b>2 day / \$275 per month</b>	<b>Pre-K 3</b>	<b>2 day / \$250 per month</b>
<b>Tuition for second child:</b>	<b>\$3,800.00</b>		<b>3 day / \$375 per month</b>		<b>3 day / \$350 per month</b>
<b>Tuition for third child:</b>	<b>\$3,600.00</b>		<b>5 day / \$475 per month</b>		<b>5 day / \$450 per month</b>
<b>Tuition for fourth child:</b>	<b>\$2,000.00</b>			<b>Pre-K 4</b>	<b>5 day / \$450 per month</b>

**REGISTRATION** for the **2022-2023** school year will take place (for students presently attending Pre-K 2 – seventh grade at HRCS) on **March 7-11, 2022**. The **signature page and fees** must be delivered to school by 12 noon on **March 11, 2022** in order to avoid a late fee. Tuition must be pre-paid by **Friday, May 6, 2022** in full.

**Registration will not be complete until:**

- All current school tuition and fees are up to date.
- The registration fee and all other school fees are paid.
- All forms are completed and returned.

\*\*\*We will hold an additional registration for all incoming **NEW STUDENTS – Pre-K 2 - 8th grade from March 7-11, 2022**. **There will be an Open House for new students on March 8, 2022 from 4:00 p.m – 5:30 p.m**. If there are any questions about registration and fees please call Holy Rosary Catholic School at (985)693-3342.

**DOCUMENTS:** All **NEW Pre- K-8<sup>th</sup> STUDENTS** must bring a copy of **birth and baptism certificates, social security card, and current immunization records**.

**PRIVATE BUS TRANSPORTATION** is **\$400 per child**. Bus registration forms will be handed out to students currently riding the bus. If you are not riding and wish to do so, please request a form.. Forms are due at time of registration.

**FINANCING OPTION:** Financing is available through **State Bank & Trust Co. in Larose**. Loan applications are due on **Friday, May 6, 2022**.

**SISTER CLAIRE SCHOLARSHIP:** Assistance is available through "Friends of the Rosary". **Deadline for submission is Monday, April 18, 2022**.

**CHURCH PARISH SUBSIDY:** **\$225.00** – This amount is paid to HRCS by Church Parishes based on your verification of your census registration. **If it cannot be verified it is your responsibility to pay this fee**.

**NON-CATHOLIC FEES:** In 1997, our diocese mandated that a non-Catholic fee be implemented for students in grades K-8th. **This fee is \$325.00 and is due on Friday, May 6, 2022 also**. This fee is in addition to tuition & registration fees. **If you are on a scholarship, the scholarship does not pay for the Non-Catholic Fee**.

**SERVICE FEE:** **\$50 or 10 hours of service per family**

**LUNCH FEES:** Lunch fees will be posted at a later date. Payment for lunch will be due by the first day of school. **Payment can be made to the cafeteria or online on your child's account**. Checks for lunch are to be made separate to **HRCS Cafeteria**. Free/Reduced applications are available upon request from the cafeteria manager.

**DRESS CODE:** Uniforms are required for **all HRCS students**. Uniform information will be sent out at a later date. **Shoes** are to be purchased through **Felger's Footwear in Houma**. They have our approved dress code. All 5<sup>th</sup> - 8<sup>th</sup> grade students must wear approved P.E. uniforms which will be sent out at a later date. If you have any questions concerning the Dress Code please call Holy Rosary Catholic School at (985) 693-3342.

## **REMINDERS:**

\*A child must be 18 months old by September 30 to enroll in Pre-K 2.

\*A child must be 3, 4 or 5 years old by September 30 to enroll in Pre-K 3, Pre-K 4 or Kindergarten.

\*If you are on a scholarship, there are certain fees that are not covered by your Scholarship voucher. You will be contacted concerning these fees.

**HANDBOOK:** The handbook is on the portal and if changes need to be made you will be notified through the portal.

God Bless Each of You,  
Cathy Long, Principal

Child : \_\_\_\_\_ Sex: \_\_\_\_\_ Grade (2022-2023): \_\_\_\_\_

Last First Middle

Mailing Address:				Home Physical Address:			
PO Box/Address	City	ST	Zip	House #   Street #	City	Zip	

Home Phone: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency contact person and phone no. \_\_\_\_\_ | \_\_\_\_\_

Date of birth: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Place of birth: \_\_\_\_\_ | \_\_\_\_\_ Birth Cert. # \_\_\_\_\_  
 Month Day Year City/Town State

Baptismal date: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Communion date: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

I am registered in: \_\_\_\_\_ Church Parish. You are responsible for the out-of-parish fee (K-8<sup>th</sup>)((\$225.00) if this cannot be verified by your church parish.

Email addresses: Mother \_\_\_\_\_ Father \_\_\_\_\_

Father's Name: _____			Living: (Y ___) (N___)			
<i>Last</i>	<i>First</i>	<i>Middle</i>				
Address (if different from child)						
Father's Occupation: _____		Father's Employer: _____		Name	Address	Phone
Father's Education: _____		Religion: _____				
<i>Last grade level</i>						

Parents Separated: (Y \_\_\_) (N \_\_\_) \ Divorced:(Y\_\_\_) (N \_\_\_) Child primarily resides with \_\_\_\_\_

**Official documentation must be available at HRCS in order to enforce any restrictions of a guardian/parent.**

Mother: _____				Living: (Y ___) (N___)			
<i>First</i>	<i>M.I.</i>	<i>Maiden</i>	<i>Present</i>	<i>Married</i>			
Address (if different from child)							
Mother's Occupation: _____		Mother's Employer: _____		Name	Address	Phone	
Mother's Education: _____		Mother's Religion: _____					
<i>Last grade level</i>							

List all other children in this family under 18 years of age:

Name:	Sex:	D.O.B.:	Place:	Grade:	School:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List all your other HRCS/Alumni Children.

Student: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Student: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Student: \_\_\_\_\_ Date of Birth \_\_\_\_\_

<b><u>Pre-K 2 &amp; Pre-K 3 Only</u></b>	
Please check off how many days you would prefer and preference.	
2 days _____ 3 days _____ 5 days _____	
M ___ T ___ W ___ Th ___ F ___	

# Health Report

1.) Child's Name: \_\_\_\_\_ Grade: [\_\_\_\_\_] ]  
First Middle Initial Last 2022-2023

Describe child's general health: \_\_\_\_\_

List all allergies: \_\_\_\_\_

List past childhood diseases: \_\_\_\_\_

Specify any past or present significant illnesses or diseases: \_\_\_\_\_

Specify any physical handicaps or limitations in activities: \_\_\_\_\_

List prescribed medications and drugs of which the school staff should be made aware: \_\_\_\_\_

2.) Child's Name: \_\_\_\_\_ Grade: [\_\_\_\_\_] ]  
First Middle Initial Last 2022-2023

Describe child's general health: \_\_\_\_\_

List all allergies: \_\_\_\_\_

List past childhood diseases: \_\_\_\_\_

Specify any past or present significant illnesses or diseases: \_\_\_\_\_

Specify any physical handicaps or limitations in activities: \_\_\_\_\_

List prescribed medications and drugs of which the school staff should be made aware: \_\_\_\_\_

3.) Child's Name: \_\_\_\_\_ Grade: [\_\_\_\_\_] ]  
First Middle Initial Last 2022-2023

Describe child's general health: \_\_\_\_\_

List all allergies: \_\_\_\_\_

List past childhood diseases: \_\_\_\_\_

Specify any past or present significant illnesses or diseases: \_\_\_\_\_

Specify any physical handicaps or limitations in activities: \_\_\_\_\_

List prescribed medications and drugs of which the school staff should be made aware: \_\_\_\_\_

4.) Child's Name: \_\_\_\_\_ Grade: [\_\_\_\_\_] ]  
First Middle Initial Last 2022-2023

Describe child's general health: \_\_\_\_\_

List all allergies: \_\_\_\_\_

List past childhood diseases: \_\_\_\_\_

Specify any past or present significant illnesses or diseases: \_\_\_\_\_

Specify any physical handicaps or limitations in activities: \_\_\_\_\_

List prescribed medications and drugs of which the school staff should be made aware: \_\_\_\_\_

**In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements necessary and I will assume all financial and legal responsibilities.**

## Parent/Guardian Commitment

I \_\_\_\_\_, as a parent/guardian of a student/s of Holy Rosary Catholic School, understand that I am obligated to abide by certain rules and stipulations as directed by Holy Rosary Catholic School Handbook and Administration. As a parent I realize that my duties are to pay tuition, be good stewards of time, talents, treasure, and abide by school policies and procedures. I will also assist my child in adhering to certain standards in the areas of academics, discipline, dress code, mass attendance, social studies fairs, religious instruction, social media, extracurricular activities, and other activities not listed, whether it is in or out of school. In doing so, we are teaching our children to be responsible Christians in an ever-challenging world.

To the best of my Knowledge, I also attest that all information provided to Holy Rosary Catholic School is accurate and complete.

\_\_\_\_\_  
[Signature of parent or guardian]

\_\_\_\_\_  
[Date]

# 2022-2023 PK2-8TH- REGISTRATION FORM – ADVANCEMENT DATA

STUDENT'S FULL NAME \_\_\_\_\_ **GRADE IN FALL 2022** [ \_\_\_\_ ]

FATHER'S FULL NAME \_\_\_\_\_ LIVING Y / N ALUMNI OF HRCS [ ]

MOTHER'S NAME \_\_\_\_\_ LIVING Y / N ALUMNI OF HRCS [ ]

First                      Maiden                      Current Married Last

HOME PHONE \_\_\_\_\_ CELL. PHONE/S \_\_\_\_\_ // \_\_\_\_\_

NAME OF FATHER'S BUSINESS OR EMPLOYER \_\_\_\_\_ BUSN. PHONE \_\_\_\_\_

NAME OF MOTHER'S BUSINESS OR EMPLOYER \_\_\_\_\_ BUSN. PHONE \_\_\_\_\_

PARENTS SEPARATED? (Y\_\_)(N\_\_)/ DIVORCED? (Y\_\_)(N\_\_) CHILD PRIMARILY RESIDES WITH \_\_\_\_\_

PRIMARY ADDRESS: \_\_\_\_\_  
(mailing / physical address)                      city                      state                      zip

SECONDARY ADDRESS: \_\_\_\_\_  
**(for separated/divorced parents)**                      **(mailing / physical address)**                      city                      state                      zip

PLEASE INDICATE WHO IS THE PRIMARY PARENT RESPONSIBLE FOR FINANCES? \_\_\_\_\_

**List all your other children at HRCS or ALUMNI of HRCS. IF YOUR CHILD IS AN ALUMNUS, PLEASE INDICATE.**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NAME of ALUM PARENT \_\_\_\_\_ YEARS ATTENDED HRCS \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME of ALUM PARENT \_\_\_\_\_ YEARS ATTENDED HRCS \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

The following information is important to our school and is used basically as a mailing list for our Newsletters, grandparent activities, Annual Fund Campaign that is essential for our operational budget, and for other events. If you object to HRCS using this information please indicate in writing.

**LIST ALL LIVING GRANDPARENTS:**  
 (If grandparents reside at same address, write in **SAME**)

**FATHER'S PARENTS:** Parents separated/divorced? Y / N

GRANDFATHER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
mailing address                      city                      state                      zip

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**SAME** [ ] GRANDMOTHER: \_\_\_\_\_ PHONE: \_\_\_\_\_

**SAME** [ ] ADDRESS: \_\_\_\_\_  
mailing address                      city                      state                      zip

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**MOTHER'S PARENTS:** Parents separated/divorced? Y / N

GRANDFATHER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
mailing address                      city                      state                      zip

**SAME** [ ] GRANDMOTHER: \_\_\_\_\_ PHONE: \_\_\_\_\_

**SAME** [ ] ADDRESS: \_\_\_\_\_  
mailing address                      city                      state

