



# St. Andrew's Country Day School

1545 Sheridan Drive Kenmore, NY 14217 • 716-877-0422 • www.standrewscds.net

Dear St. Andrew's Families:

I write to you on behalf of the St. Andrew's School Board today. We are at the start of an exciting and important time of the year for St. Andrew's with registration starting for returning families and soon Open House and Catholic Schools Week. St. Andrew's School is an excellent value and as a parent of two recent graduates, I know first-hand that the high-quality education they received at St. Andrew's is allowing them to be very successful in high school.

One of the primary responsibilities of the School Board is to work with Father Zirnheld and the Finance Committee to set a budget for St. Andrew's School for the upcoming school year. As tuition is one of the main income sources for St. Andrew's School, it is important that we set the rates at an appropriate level. We are given recommendations from the Diocese on the percentage of the overall budget that should come from tuition, and are required to ensure that the Pre-Kindergarten program is financially self-supporting for the tuition that is charged for those students. As part of our process for developing the budget for the 2019-2020 school year, we reviewed the current and recent past tuition rates and the budgets for those school years. Based on this review the board has set the tuition rates for the 2019-2020 school year as outlined in the registration packet. To stay within the guidelines established by the Diocese and keep St. Andrew's School on sound financial footing, nominal increases were necessary for the Kindergarten through 8<sup>th</sup> grade tuition rates. This is the first increase since the 2016-2017 school year. The Pre-Kindergarten tuition rates previously were not at a level that met the requirements for the program to be financially self-sufficient, so they required the greatest adjustments.

Please review and complete the attached 2019-2020 enrollment packet and return to the school with a \$50.00 registration fee (check or FACTS) prior to January 25<sup>th</sup>. This will confirm a space for your child in the next academic year. As we continue our 75<sup>th</sup> year, St. Andrew's is committed to remaining a leader in Catholic Education and we are happy that you have chosen to take this journey with us.

Yours in Christ,

*Tom Killian*

President, St. Andrew's School Board  
killiatd@gmail.com

*Reverend Matthew J. Zirnheld*

Pastor, St. Andrew's Parish



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## 2019-2020 Registration

Family Last Name(s): \_\_\_\_\_

List each child that will be attending St. Andrew's Country Day School.

St. Andrew's does not discriminate on the basis of race, color, creed, origin, gender, orientation, or religion.

Full Name	Grade in Sept.	Date of Birth	Gender M/F	Religion & Place of worship	Ethnicity: American Indian/Alaskan Native, Black or African American, Asian, Native Hawaiian or other Pacific Islander, White, Multi-Racial (non-Hispanic origin)	Hispanic Y/N	Educational Considerations (ELL/ESL, IEP, 504) You must include current paperwork.

\*Without exception, students entering Kindergarten must be 5 by Dec. 1<sup>st</sup>.  
 PreK 4 must be 4 by December 1<sup>st</sup>.  
 PreK 3 must be 3 by December 1<sup>st</sup>.

**Parent/Guardian Information:**

Contact #1 \_\_\_\_\_  
 Religion \_\_\_\_\_  
 Church Affiliation \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Place of Employ \_\_\_\_\_  
 Business phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_  
 Home phone \_\_\_\_\_  
 Home address \_\_\_\_\_  
 \_\_\_\_\_  
 Email address \_\_\_\_\_ .com

Contact #2 \_\_\_\_\_  
 Religion \_\_\_\_\_  
 Church Affiliation \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Place of Employ \_\_\_\_\_  
 Business phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_  
 Home phone \_\_\_\_\_  
 Home address \_\_\_\_\_  
 \_\_\_\_\_  
 Email address \_\_\_\_\_ .com

VIRTUS trained? YES / NO

VIRTUS trained? YES / No

**MARITAL STATUS OF PARENTS**

Marital status of parents: Married Separated Divorced Single  
 Does child live with both natural parents? \_\_\_\_\_ If not, who has legal custody? \_\_\_\_\_  
 (A copy of legal documentation MUST be provided to the school before the child(ren) enters.)



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## **EMERGENCY CONTACT INFORMATION**

Please list additional emergency contacts in the order you wish them to be contacted. Please include names, phone numbers and relationship to child. **Unless otherwise noted, parents/guardians will be contacted first.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please list any person or persons that are **NOT** allowed to pick up your child(ren) and provide any necessary documentation needed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

In the event of an EMERGENCY DISMISSAL, my child should go to/with (please circle):

HOME (via bus) Home (via private pickup/walker)      Emergency Contact 1      Emergency Contact 2

## **PUBLIC SCHOOL OF RESIDENCE**

Public School District of Residence of Child(ren): \_\_\_\_\_.

Actual School Child(ren) would attend if not St. Andrew's Country Day School: \_\_\_\_\_.

### **If transferring from another school:**

Name of School: \_\_\_\_\_

Reason for Leaving your previous school: \_\_\_\_\_

Address of School: \_\_\_\_\_

Did your child attend PreK or UPK? \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Name of the PK attended: \_\_\_\_\_

Last Grade Attended: \_\_\_\_\_

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

## **OTHER CHILDREN IN HOUSEHOLD:** (Please list any other children living in the household:

Name (First and Last)	Date of Birth	Grade	School



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## **AFTER SCHOOL CARE PROGRAM**

St. Andrew's has an after school care program available for our students in PK3-8<sup>th</sup> grade. There is a \$25 family registration fee. Billing is invoiced every two weeks through FACTS. Parents MUST sign up via our scheduling program for the days their children will attend. If you need the program on an as needed basis, then parents must send a note as soon as possible, but no later than the morning of the day needed.

After school care begins at dismissal and runs until 6pm. Students receive a snack. Any students with homework will be able to go to the homework room to complete their homework. Students that have no homework will be able to participate in various activities. The cost is \$6 an hour per child billing will be in 10 minute increments compiled over a two week billing cycle and rounded up to the nearest 10 minutes. Parents use the aftercare door for entry. The program is supervised by VIRTUS trained staff. If you are utilizing the After Care Program for any half days or scheduled days off you MUST sign up ahead of time so we can properly schedule staff. If you do not sign up for half day attendance or full day attendance and your child attends, you will be charged a fee of \$10. There is a no show fee of \$25 per day if you sign up and do not attend on a half day or full day off.

## **SCHOOL DIRECTORY**

Please include the following in the school directory (circle all that apply):

Father/Guardian 1:	name	address	phone	email	Please exclude from directory
Mother/Guardian 2:	name	address	phone	email	Please exclude from directory

Would you like to be included in the business directory: YES / NO

If YES, please complete the following:

Business Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Discount Offered: \_\_\_\_\_

## **ALUMNI INFORMATION**

Please indicate if either parent is an alumni of St. Andrew's Country Day School. Please include maiden name, if applicable.

Name \_\_\_\_\_ Class of \_\_\_\_\_

Name \_\_\_\_\_ Class of \_\_\_\_\_



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## **HEALTH INFORMATION**

**EMERGENCY MEDICAL AUTHORIZATION:** In the event reasonable attempts to contact me at the above listed phone numbers have been unsuccessful, I hereby give my consent to administer emergency medical treatment by any licensed physician or dentist and to transport my child to any reasonably accessible hospital facility.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Health Insurance: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_  
Child's physician: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address of physician: \_\_\_\_\_

Describe any illnesses, diseases or physical and/or learning disabilities which may affect your child's general health, school work, or participation in the school's athletic program:

\_\_\_\_\_

Has your child received a psychological or psychiatric evaluation or treatment in or outside of school?

\_\_\_\_\_

Is there any other information that will help us meet your child's academic needs?

\_\_\_\_\_

\_\_\_\_\_

IEP or 504 paperwork must accompany the registration packet.

Medical physical (done within a year), vaccination record/vaccine exemption must accompany registration packet.

## **SELF HELP SKILLS**

**All students entering any program need to be able to:**

- **Tell an adult they need to use the lavatory BEFORE they have to go.**
- **Undress and Dress without assistance.**
- **Clean themselves after using the lavatory.**
- **Maneuver on and off the toilet by themselves**
- **Wash and dry hands.**
- **Walk directly back to the classroom without direction.**
- **Postpone toileting if they must wait for others to finish or if they are away from the lavatory.**

**Pull ups, diapers, and training pants or any kind are NOT permitted.**

**Teachers and staff are not permitted to clean a child who has become incontinent.**

Prescription medicine must be kept in the school nurse's office and can only be administered by the nurse or school official (in the event the nurse is not present), unless there is a doctor's order on file that the child may self-administer and carry the medicine. Students must have a doctor's order to have the medicine in school. We are not able to dispense over the counter medicine to students. Any medicine kept in school **MUST BE PICKED UP AT THE END OF THE SCHOOL YEAR BY A PARENT/GUARDIAN. MEDICINE CANNOT BE SENT HOME WITH THE STUDENT.**

Students will not be registered until parents provide an updated immunization listing and physical. Parents/Guardians understand that they may be asked to provide further information or the most up to date medical information when the school year begins. Students not in compliance with immunization guidelines will not be allowed to attend school until they are up to date.



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## STUDENT AUDIO/VISUAL PERMISSION SLIP

### Consent and Release Form for the Use of Student Photograph(s), Video, Work and Sound Recordings

Throughout the year, there will be numerous occasions when we will be contacting local media outlets (newspapers, television stations, radio stations, Internet sites, social media, i.e. facebook, Instagram, twitter, etc.) in the hope of getting coverage for diocesan and school events. We also hope to use some of the photographs, video images, sound recordings and work of our students for our own use or use by the secular media.

#### CONSENT AND RELEASE

I \_\_\_\_\_, the parent/guardian, give  
(Please print your name) (Circle one)

St. Andrew's Country Day School permission to use:

\_\_\_\_\_ My child's photograph, video image, sound recording, and/or work for use by representatives from the school, the Department of Catholic Schools, WNY Catholic media and/or secular media.

\_\_\_\_\_ My child's name. (Please note that some news outlets will not publish without a child's name.)

\_\_\_\_\_  
Please print.

Student's name \_\_\_\_\_ Grade \_\_\_\_\_

Student's name \_\_\_\_\_ Grade \_\_\_\_\_

Student's name \_\_\_\_\_ Grade \_\_\_\_\_

I understand that I may revoke this permission at any time by contacting the principal of the school.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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## 2019-2020 Tuition and Fees

Pre Kindergarten Tuition Per Child	Mon / Wed / Fri Full Day	Mon / Wed / Fri Half Day (7:30am-11:15am)	Monday-Friday Full Day
Pre-Kindergarten 3		\$2650	Participating: \$4200 Non-Participating: \$5500
Pre-Kindergarten 4	\$3500		Participating: \$3800 Non-Participating: \$5090

K-8th grade Tuition and HSA Dues	Participating	Non-Participating
1	\$ 3470	\$ 5,090
2	\$ 5220	\$ 7090
3+	\$ 6970	\$ 9090 (each additional child add \$2000 for non-participating families)

**\$ 50 Returning Families Registration Fee** per family to ensure placement, a deposit is due on or before **January 25, 2019** to avoid a late registration fee of **\$200**.

**\$250 New Family Registration Fee** per family.

**\$100 Early Bird Discount** Registration and Tuition are paid in FULL on or before **July 1, 2019**.

**\*Registration and late fees are nonrefundable**

**Payment** All families must utilize the FACTS Tuition Management Program. Current families will automatically be re-enrolled into the FACTS Tuition Management Program on or after March 31, 2019. The FACTS Tuition Management Program is designed to allow families to have the option of a payment plan. Ten (10) monthly payments will be made automatically from a checking or savings account or by credit card. These payments will begin in July and continue through April 2020. There is an enrollment fee of \$43 per year, as well as, fees charged for insufficient funds. A convenience fee applies to credit card payments. The option of making payments on the 5<sup>th</sup>, 12<sup>th</sup>, 20<sup>th</sup>, or 27<sup>th</sup> of the month is available. If a family is in arrears after two months of failed electronic attempts by FACTS, the Business Manager must approve an acceptable arrangement or student enrollment at St. Andrew's Country Day School will be in jeopardy. The school has a right to legal action for non-payment of tuition and fees, and the parents will be responsible for the cost of collection.

**CTGP** If you are an active parishioner at a Catholic parish without a school, you must enroll in the Catholic Tuition Grant Program (CTGP).

**Participating Status** Parents are expected to participate in the major fundraising of the school and attend mass. The fundraising greatly assists in keeping our tuition low and affordable to families, as well as raising funds for the upkeep of the building. You must participate in weekly mass (as evidenced by weekly envelopes/CTGP approval) and our two major fundraisers: BINGO and our BLACK AND GOLD GALA. Only those in full compliance will receive Participating Status. You will be assigned to a Bingo team and must purchase 2 tickets to the gala (automatically deducted from your FACTS account in August). Any other fundraising through the school throughout the year is optional, but greatly appreciated. All families with PK4 (full time) through 8<sup>th</sup> grade are able to be participating partners.

Initial for participating status \_\_\_\_\_

**Non-Participating Status** St. Andrew's is keenly aware that family time is very precious. In some cases, parents simply are not able to participate. If you are unable to participate in our two major fundraisers, then you are considered a non-participating partner. PK 3 parents and parents of students in our 3 day a week PK4 program are not required to be participating members, and therefore only have one tuition rate.

Initial for non-participating status \_\_\_\_\_



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## Program Selection and Tuition Agreement

**Family Last Name(s):** \_\_\_\_\_

**Registration Fee (NON-REFUNDABLE)**

Returning families \$50 deducted thru FACTS February 15<sup>th</sup>  
\$200 late fee charged if received after January 25<sup>th</sup> \$ \_\_\_\_\_

**Part Time Pre - Kindergarten Tuition 11:15 Dismissal** \$ \_\_\_\_\_

**PK3** Monday, Wednesday, Friday Half Day (\$2650)

**PK4** Monday, Wednesday, Friday Full Day (\$3500)

**Full Time PK3 Tuition (Monday-Friday)** \$ \_\_\_\_\_

**Participating - \$4200 Non-Participating - \$5500**

**Full Time PK4 Tuition (Monday-Friday)** \$ \_\_\_\_\_

**Participating - \$3800 Non-Participating - \$5090**

**K - 8<sup>th</sup> Grade - Participating Status** \$ \_\_\_\_\_

1 child - \$3470 2 children - \$5220 3 or more children - \$6970

**K - 8<sup>th</sup> Grade - Non-Participating Status** \$ \_\_\_\_\_

1 child - \$5090 2 children - \$7090 3 children - \$9090\*

\*Each additional child add \$2000

**BEFORE/AFTER SCHOOL CARE REGISTRATION FEE (\$25/family)** \$ \_\_\_\_\_

**FUNDRAISERS**

Black and Gold Gala Tickets \$40ea. (x2) deducted from FACTS Aug 1, 2019 \$ \$80.00

**TOTAL TUITION** \$ \_\_\_\_\_

**Payment Option Selection**

Payments not made on time are subject to late fees. Payments made with insufficient funds are subject to returned check fees and any bank fees. Please check one of the two options for convenient payment:

Payment in Full by July 1, 2019 (eligible for \$100.00 discount.)

FACTS Tuition Management Program Payment Plan

Monthly Payments (July-April)

Two payments (July and January)

By signing, I agree I have read, understand and am in compliance with the above terms and conditions and this packet, in its entirety, including the Self – Help Skills.

I understand that my FACTS account will be charged the monthly payment amount.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (Please print)





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## Commitment to Parish Life

St. Andrews is pleased to offer an easy way to support the Parish. Families currently have the option to be members of St. Andrews Parish and contribute to their offering through weekly, monthly or yearly giving. This can now be included with your FACTS deduction and set to withdraw on a recurring basis. You will have access to print yearly receipts for taxes. Please indicate below if you would like to contribute thorough FACTS.

\_\_\_\_\_ Our family is registered at \_\_\_\_\_ Parish and we will not be contributing to the St. Andrews collection.

\_\_\_\_\_ Our family currently contributes to St, Andrew's and we will remain on our current schedule and current system.

\_\_\_\_\_ Our family would like to contribute to St. Andrews through the FACTS billing. Please deduct the following:

\$\_\_\_\_\_ per month

\$\_\_\_\_\_ per quarter

\$\_\_\_\_\_ semi-annually

\$\_\_\_\_\_ annually

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

New parishioners are asked to complete the following St. Andrew's parish registry to become members of our growing church family.



# St. Andrew's RC Church Parish Registration

<b>Household Info</b>	Family Name _____
	Family Address _____
	Family Phone #'s _____

<b>Registrant #1</b>	Last Name _____	First Name _____
	Phone # _____	Gender M / F _____
	email _____	Marital Status S / M _____
	Baptism Date ____/____/____	Birth Date ____/____/____
	1 <sup>st</sup> Communion Date ____/____/____	Occupation _____ Catholic Y/ N _____
Marriage Date ____/____/____	Church & City of Baptism _____	
	Church & City of Communion _____	
	Church & City of Marriage _____	

<b>Registrant #2</b>	Last Name _____	First Name _____
	Phone # _____	Gender M / F _____
	email _____	Marital Status S / M _____
	Baptism Date ____/____/____	Birth Date ____/____/____
	1 <sup>st</sup> Communion Date ____/____/____	Occupation _____ Catholic Y/ N _____
Marriage Date ____/____/____	Church & City of Baptism _____	
	Church & City of Communion _____	
	Church & City of Marriage _____	

<b>Registrant #3</b>	Name _____	Gender M / F _____	Birth Date ____/____/____
	Baptism Date ____/____/____	Church & City of Baptism _____	
	1 <sup>st</sup> Communion Date ____/____/____	Church & City of Communion _____	

<b>Registrant #4</b>	Name _____	Gender M / F _____	Birth Date ____/____/____
	Baptism Date ____/____/____	Church & City of Baptism _____	
	1 <sup>st</sup> Communion Date ____/____/____	Church & City of Communion _____	

<b>Registrant #5</b>	Name _____	Gender M / F _____	Birth Date ____/____/____
	Baptism Date ____/____/____	Church & City of Baptism _____	
	1 <sup>st</sup> Communion Date ____/____/____	Church & City of Communion _____	