



Queen of Peace Elementary School

*21 Church Place
North Arlington, New Jersey 07031-6011
201-998-8222 Fax 201-997-7930*

Pre-K3 & Pre-K4

REGISTRATION REQUIREMENTS 2018 - 2019

Copy of Birth Certificate

Copy of Baptism Certificate – if applicable

Copy of Immunization Records

\$150 Registration Fee per child – Check or Money Order (non-refundable)

Completed Medical and Dental Forms – must be submitted by September 1, 2018

Children must be self sufficient (toilet trained)

Custody Papers - if applicable

VISIT WEB SITE OFTEN – www.qpgs.org

Before/After Care form in packet is for your information. Do not complete at this time. Form will be distributed the first day of school to be completed and returned. This only applies to Pre-K 4 – full day session.



QUEEN OF PEACE GRAMMAR SCHOOL

January 11, 2018

Welcome Queen of Peace Grammar School Families,

Congratulations on your commitment to Catholic Education! Your choice in sending your child to Queen of Peace Grammar School truly has lifelong benefits. Our 92nd year has marked an impressive milestone in providing educational excellence and Catholic faith formation. Queen of Peace School is truly blessed as we continue its mission in preparing our nation's future leaders:

The mission of Our Lady Queen of Peace Grammar School is to empower our students with Catholic teaching, morality, and traditions as well as knowledge and academic skills that will enable them to embrace the challenges of the future in a constantly changing world.

A strong home and school partnership is critical to your child's success. The faculty and staff at Queen of Peace encourage effective communication with parents, who are the primary educators of the children. I anticipate a very positive, productive year together and extend a special, yearlong invitation to join us at school activities and the fund-raising events whenever you can. Please know your involvement and support in your child's education is welcome and valued.

I firmly believe in the importance, mission, and philosophy of Catholic Education, the safety of all students, compassion toward others, and the uniqueness and integrity of each human being. I have a passion for working with God's beloved children, their families, other educators, and the community. During his visit to New York City, Pope Francis spoke with Catholic school students: "School can become a second home -- one big family for all-- where students learn to help each other, work as a team, and pursue dreams."

Please complete and submit the attached registration forms and return to the school office promptly to secure your child's spot for next year. I look forward to a successful school year with all members of the QP Family!

Blessings and peace,

Ellen Naughton

Queen of Peace Grammar School 2018-2019

Tuition & Fee Schedule

Absolutely no In-house payments will be accepted on payment plans

If tuition and fees are paid in full by 3/23/18, a \$250 discount will be applied

Preschool Tuition Rates (Effective 7/1/2018)

		<u>Yearly Rate</u>	<u>4 Quarterly Payments</u>	<u>10 payments</u>
PK3				
3 - Half Days	M-W-F; 8am-11am	\$3,500.00	\$875.00	\$350.00
5 - Half Days	8am-11am	\$4,000.00	\$1,000.00	\$400.00
5 - Full Days **	8am-2.30pm	\$4,900.00	\$1,225.00	\$490.00
PK4				
5 - Half Days	8am-11am	\$4,000.00	\$1,000.00	\$400.00
5 - Full Days	8am-2.30pm	\$4,900.00	\$1,225.00	\$490.00

Parishioner Tuition Rates (K-8) (Effective 7/1/2018)

(Must be Parishioner of Archdiocese of Newark)

	<u>Yearly Rate</u>	<u>4 Quarterly payments</u>	<u>10 payments</u>
1st Child	\$4,890.00	\$1,222.50	\$489.00
2nd Child	\$4,290.00	\$1,072.50	\$429.00
3rd Child	\$3,990.00	\$997.50	\$399.00

Non Parishioner Tuition Rates (K-8) (Effective 7/1/2018)

	<u>Yearly Rate</u>	<u>4 Quarterly payments</u>	<u>10 payments</u>
1st Child	\$5,090.00	\$1,272.50	\$509.00
2nd Child	\$4,490.00	\$1,122.50	\$449.00
3rd Child	\$4,190.00	\$1,047.50	\$419.00

Fee Schedule (Parishioner and Non Parishioner)

Registration Fee \$150.00 per child (due upon registration)

The fees below are billed with the first tuition installment:

Lunch Room Fee	\$55.00 per family. All Grades PK-8, Full day students only
Computer Fee	\$60.00 per child. PK3 and PK4 Full Day, and K to 8 \$30.00 per child. PK3 and PK4 Half Day only
Home School Dues	\$15.00 per family
Fundraising Opt Out	\$350.00 (if you decide you will NOT participate in school fundraising)

Student is not registered until this form is returned with \$150.00 Non Refundable Registration Fee for each child.

Forms must be returned by **March 23, 2018** to guarantee your child's accommodation in September 2018.

After March 23, 2018, the Registration Fee is \$250.00. (EXCEPT FOR NEW STUDENTS.)

1 ⇒ PLEASE SELECT PAYMENT METHOD (X):

#1 _____ Full payment by July 1, 2018. This is the only payment that can be made in the school office.

#2 _____ 10 monthly payments beginning July 1, 2018 and ending April 1, 2019 No in-school payments.

#3 _____ 4 Quarterly payments due July 1, Oct 1, Jan 1 and Apr 1. No in-school payments.

All payments are due on the 1st of the Month

Only automatic withdrawals will have the option of payment due date of 1st or 15th

IF NO PAYMENT PLAN IS SELECTED, YOU WILL BE BILLED USING PLAN #2

Select Class child will attend:

___ PK4 – 5 Full Days (Monday to Friday)

___ PK3 – 3 Half Days (Mon, Wed, Fri; AM Only)

___ PK4 – 5 Half Days (Monday to Friday, AM Only)

___ PK3 – 5 Half Days (Monday to Friday, AM Only)

___ PK3 – 5 Full Days (Monday to Friday)

PLEASE PRINT ALL INFORMATION

Child(ren) being registered:

#1 _____	Name(First, Last)	Grade entering - 9/2018	Sex
#2 _____	Name(First, Last)	Grade entering - 9/2018	Sex
#3 _____	Name(First, Last)	Grade entering - 9/2018	Sex

Each FAMILY has the option of participating in HOME SCHOOL Fundraising Activities which will be announced through the school by purchasing or selling a minimum of \$250.00 in tickets or other designated items AT A STATED DOLLAR CREDIT, or no involvement, and pay a one-time surcharge of \$350.00. This surcharge will be added to your first payment.

2 ⇒ Please Check one Option _____ Will participate in Fund Raising _____ Will pay \$350.00 surcharge
to a \$250.00 minimum* to be added to tuition payments

*If \$250.00 minimum is not fulfilled, you will be billed the difference to \$350.00 at end of year.

IF NEITHER OPTION IS SELECTED, YOU WILL BE BILLED SURCHARGE

3 ⇒ Address below is where billing will be sent

3A ⇒ Percent of Tuition being paid _____. If not 100% please complete other side item #6

3B ⇒ Please Circle Marital Status: Married Divorced Widow(er) Single Separated

Name: _____
(Last) (First) Mr. & Mrs. – Mr. -- Mrs.
Ms. ---Miss

Address: _____ Apt./Flr: _____

Town: _____ Zip: _____ Home Phone: () _____

EMAIL: _____

PLEASE COMPLETE OTHER SIDE

4 ⇒ Employment information - Please answer the questions regarding your employment.

Father's name: _____ Mother's name: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Town: _____ Town: _____

State: _____ Phone #: (____) _____ State: _____ Phone #: (____) _____

5 ⇒ Student residence if different than billing address on other side:

Name: _____ (Last) _____ (First) _____ Mr. & Mrs. - Mr. - Mrs.
Ms. - Miss

Address: _____ Town: _____ Zip: _____

Phone: (____) _____

6 ⇒ Is tuition being divided between two parties? If yes, please complete below.

Name: _____ (Last) _____ (First) _____ Mr. & Mrs. - Mr. - Mrs.
Ms. - Miss

Address: _____ Town: _____ Zip: _____

Percent to be paid: _____ Phone #: (____) _____ S/S #: _____

Signature of party paying above percent: _____

Place of Employment: _____ (Business name) _____ (Street)

_____ (Town) _____ (State) _____ (Zip) _____ (Phone #)

7 ⇒ Please complete if active & envelope supporting parishioner of a parish in the Archdiocese of Newark.

Parish Name: _____ City: _____

This agreement is a binding contract with Queen of Peace Grammar School. All tuition payments are made to SMART Tuition, (unless you select full payment or 2 payments, in which case, checks should be made payable to: Queen of Peace Grammar School, and delivered to 21 Church Place, No. Arlington, NJ). Payments are due on the 1st of the month. Late charges will be assessed by SMART Tuition. A charge of \$20.00 is assessed on checks returned by your bank that cannot be cashed. Failure to comply with tuition payments as agreed, can lead to suspension of services as well as the hiring of an outside Collection Agent to obtain monies and late charges for services received. A collection charge of \$300.00 will be added to any account referred for collection.
I have read the above and agree to make payments as indicated. Credit check may occur if tuition payments become delinquent.

IF MARRIED, OPGS REQUIRES BOTH SIGNATURES

8 ⇒ _____
Signature (Parent or Guardian) (Date)

9 ⇒ _____
Signature (Parent or Guardian) (Date)

New Student Registration – School Year 2018 - 2019
Queen of Peace Grammar School
North Arlington, NJ 07031

PLEASE PRINT

Student's Name _____ Gender – Male or Female _____

Entering Grade _____ Date of Birth _____

Place of Birth _____ City _____ State _____
Hospital _____

Racial Background – must circle one: Asian Black/African American White/Caucasian
Hawaiian/Pacific Islander Two or More Races _____
Please List _____

Ethnic Background – must circle one: Hispanic or Latino Not Hispanic or Latino

Religion - circle one Catholic Non-Catholic Christian or Other _____
Please Identify _____

Language Spoken at Home _____
Please Identify _____

Address _____
Street _____ City _____ State _____ Zip _____

County _____ Home Phone _____

Date Entering School _____ Transfer from – Name of School _____

Address of School _____ (release to be signed)

Baptism _____ City/State _____ Date _____
(Church) _____

Penance _____ City/State _____ Date _____
(Church) _____

Communion _____ City/State _____ Date _____
(Church) _____

Father's Name _____ Father's Occupation _____

Father's Day Phone _____ Father's Cell Phone _____

Mother's Maiden Name _____ Mother's Occupation _____
first last

Mother's Day Phone _____ Mother's Cell Phone _____

Father's Religion _____ Mother's Religion _____

Marital Status – circle one Married Divorced Single Separated Widow(er)

Custodial Parent if applicable

Guardianship – grandmother/aunt, etc. with whom child resides _____
(Name of Guardian)

Restraining Order – Yes or No (Please give brief explanation – child cannot be released to _____

Parish or Church Affiliation – If child is non-Catholic, write denomination (e.g. Buddhist)

Name of Parish and City _____

Pastor’s Name _____

E-mail address for school communication – PLEASE PRINT CLEARLY

List any allergies or health restrictions (example – peanuts, bee stings, medication, diabetic, etc.)



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Dear Parent / Guardian:

We are pleased to announce that we will be partnering with Smart Tuition for the processing and collection of tuition and fees for the 2018-2019 school year.

Smart Tuition makes it easy for you to:

Select a payment method that works best for you

- Choose to receive a monthly invoice, or
- Set up recurring automatic payments from your bank account or credit card
- *Visa, MasterCard, Discover, and American Express* are accepted

Access your account online

- Review account history, transaction details, and print monthly invoices
- Edit your contact information, password, and payment method
- Make a payment or set up recurring payments

Receive payment and follow up reminders

- For recurring payments, a reminder is emailed 7-10 days before the due date
- For missed payments and outstanding balances you will receive an email and phone call

Speak with a customer service representative

- Live agents are available 24 hours a day, 365 days a year
- Spanish speaking representatives are available
- Call toll free to make payments at (888) 868-8828

We have provided Smart Tuition with your name and email address. Smart Tuition will be sending you an email with enrollment instructions. Please complete your enrollment as soon as you receive notification from SMART.

Thank you for selecting our school for your child's education.

Sincerely,

Ellen Naughton
Principal



SMART TUITION
Financial Solutions for Schools and Parents™

General Information – FAQ's

Smart Tuition provides tuition management services for schools. Services for parents include online account access, tuition and fees invoicing, payment processing, and 24 hour customer service.

Whom should I contact if I have questions regarding my bill?

You can call our parent call center at (888) 868-8828 and a Smart Tuition Representative will be happy to assist in answering your questions. *We are available 24 hours a day, 7 days a week, 365 days a year!*

Our team of specialists is able to:

- Provide you with balance & account information
- Take a payment
- Review your payment history
- Update your payment information
- Update your personal & contact information
- Provide or change your online username and password
- Address concerns regarding your account

What credit cards does Smart Tuition accept?

Depending upon your school's policy, Smart Tuition accepts *Visa, MasterCard, American Express* and *Discover* credit and debit cards. Please note that a 2.65% convenience fee will apply. You can use your credit card to make monthly recurring payments. *Visa Checkout™* virtual wallet is also available.

Can I pay by check?

If you would like to use your checking account to pay, you can do this by mailing a check, making a one-time payment online, calling in a payment by phone, or by setting up automatic monthly payments directly from your checking or savings account.

Can I pay using my bank's online bill pay service?

Yes, you can utilize your bank's online bill pay service to send payments to Smart Tuition. However, there are a few things to note regarding online bill pay. Online bill pay might not electronically transfer funds to Smart Tuition. Your bank may mail a paper check to us. We advise you to set up your online bill pay to occur at least 7 days prior to your due date to ensure the check is received and processed by your scheduled due date.

Why is my monthly amount different each month?

Your total due may change month to month due to fees, discounts, and adjustments that have been made by your school.

What if I think an amount on my bill is incorrect?

If you disagree with any of the amounts on your bill, you can contact our Parent Help Center. We will contact the school on your behalf to clarify the amount due. Smart Tuition is not authorized to modify the amount of tuition due or to arrange for alternative payment plans without your school's approval.

I just realized my tuition is due in less than two days. What is the quickest way to make a payment?
Smart Tuition offers two immediate payment options including:

- Pay online at www.parent.smarttuition.com
- Pay over the phone 24/7, 365 days a week, by calling (888) 868-8828

Note: Payments made by phone and web are posted the same day they are received.

What is my school's late payment policy?

Payments are due on or before your due date. There is no grace period. If your payment is not made by your due date, or you are carrying an outstanding balance, a \$40 Follow Up Service Fee may apply. Smart Tuition will remind you of your upcoming payment to help you pay on time. We will also advise you when you have missed a payment to help you avoid any future fees.

Are there bank fees associated with payments that are not successful?

A fee of \$30 will be applied to your account for any failed payment processed via auto-debit, phone, web or failed check payments. Your bank may also impose additional fees.

How can I setup new banking information to pay automatically each month?

Changes to banking information MUST be made at least three business days before your next scheduled debit. You can update your banking or recurring credit/debit card information by logging in to your account at www.parent.smarttuition.com or you can call us directly at (888) 868-8828.

What can I do once I have logged into my Smart Tuition account online?

On our parent website you can do the following:

- Make a payment
- Review payment history
- Change/edit your payment information
- Update your personal information
- View and print invoices (if you are not on automatic debit)
- See an itemized breakdown of tuition, fees and discounts billed to your account

Is there a way I can update my username and password?

You can update your password directly from your Smart Tuition account at www.parent.smarttuition.com. Or you can call us at (888) 868-8828 and a representative will be able to update your user name and password.

Thanks for being a Smart Tuition Customer! If you have any questions or concerns, contact us at info@smarttuition.com.



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Estimados padres:

Tenemos el placer de anunciar que nos hemos asociado con Smart Tuition para el procesamiento y cobranza de la inscripción y colegiaturas del año escolar 2017-18.

Smart Tuition también les facilita el proceso:

Escoja la forma de pago que más le convenga

- Elija recibir una factura mensual; o
- Establezca pagos automáticos recurrentes desde su cuenta bancaria o tarjeta de crédito
- Se aceptan *Visa, MasterCard, Discover, y American Express*

Ingresa a su cuenta en línea

- Revise el historial de su cuenta, detalles de las transacciones e imprima las facturas mensuales
- Modifique su información de contacto, contraseña y método de pago
- Haga su pago o establezca pagos recurrentes

Reciba recordatorios y seguimiento de sus pagos

- Para pagos recurrentes, se enviará por email un recordatorio entre 7 y 10 días antes de la fecha de vencimiento
- Para pagos atrasados y saldos pendientes, recibirá una llamada telefónica y un email

Hable con un representante de servicios al cliente

- Los representantes se encuentran disponibles las 24 horas del día, los 365 días del año
- Cuenta con personal hispanohablante
- Llame gratis para realizar sus pagos al (888) 868-8828

Le hemos proporcionado a Smart Tuition su nombre y correo electrónico, ellos le enviarán un email con las instrucciones de registro. Por favor, complete su inscripción antes del tan pronto usted reciba la notificación de SMART.

Gracias por elegir nuestra escuela para la educación de sus hijos.

Atentamente,

Ellen Naughton
Principal

Información General -- Preguntas Frecuentes



SMART TUITION
Financial Solutions for Schools and Parents

¿A quién debo contactar si tengo dudas acerca de mi factura?

Puede comunicarse a nuestro centro de llamadas para padres al (888) 868-8828 y un representante de Smart Tuition estará encantado de atenderle y responder a sus preguntas. ***¡Estamos disponibles 24 horas al día, 7 días a la semana, los 365 días del año!***

Nuestro equipo de especialistas puede:

- Proporcionarle información sobre su saldo y su cuenta
- Recibir pagos
- Revisar su historial de pagos
- Actualizar su información de pagos
- Actualizar su información personal y de contacto
- Proporcionar o cambiar su nombre de usuario y contraseña en línea
- Tratar sus inquietudes con respecto a su cuenta

¿Puedo pagar con cheque?

Si desea utilizar su cuenta corriente para pagar, puede hacerlo enviando un cheque, haciendo un pago en línea, llamando por teléfono o mediante la creación de pagos mensuales automáticos directamente deducibles de su cuenta corriente o cuenta de ahorros.

¿Qué tarjetas de crédito acepta Smart Tuition?

Dependiendo de la política de su escuela, aceptamos las tarjetas de crédito y débito *Visa, MasterCard, American Express y Discover*. Tenga en cuenta que se aplicará un costo de conveniencia del 2.65%. Puede utilizar su tarjeta de crédito para hacer pagos mensuales recurrentes.

¿Por qué mi cantidad mensual es diferente?

Su total a pagar puede cambiar mes a mes debido a las cuotas, descuentos y ajustes que han sido hechos por su escuela.

¿Qué pasa si creo que una cantidad en mi factura es incorrecta?

Si no está de acuerdo con alguno de los importes en su factura, puede comunicarse a nuestro Centro de Ayuda para Padres. Contactaremos a la escuela en su nombre para aclarar la cantidad adeudada. Smart Tuition no está autorizado para modificar el importe de la colegiatura debida ni organizar planes de pago sin la aprobación de su escuela.

Me acabo de dar cuenta de que mi colegiatura vence en menos de dos días, ¿cuál es la manera más rápida de hacer el pago?

Smart Tuition ofrece dos opciones de pago inmediato:

- Pagar en línea en www.parent.smarttuition.com
 - Pagar por teléfono 24/7, 365 días al año, llamando al (888) 868-8828
- Nota: Los pagos realizados por teléfono e internet se publican el mismo día que se reciben.

¿Puedo pagar con el servicio de pago de facturas en línea de mi banco?

Sí, usted puede utilizar el servicio de pago de facturas en línea de su banco para cubrir sus colegiaturas con Smart Tuition. Sin embargo, hay algunas cosas que debe tener en cuenta en relación con el pago de facturas en línea. Es posible que el pago de facturas en línea no transfiera electrónicamente fondos a Smart Tuition; su banco puede enviarnos un cheque por correo. Le recomendamos que configure su cuenta en línea para realizar el pago al menos 7 días antes de la fecha de vencimiento y así garantizar que sea recibido y procesado en la fecha debida.

¿Cuál es la política de pago tardío de mi escuela?

Los pagos se consideran debidos en o antes de la fecha de vencimiento. No hay período de gracia. Si el pago no se hace en su fecha de vencimiento o usted tiene un saldo pendiente, puede aplicarse un Honorario de Seguimiento \$40. Smart Tuition le recordará su próximo pago para ayudarle a realizarlo a tiempo. También le avisaremos cuando se le haya pasado un pago, a fin de ayudarle a evitar cargos futuros.

¿Hay comisiones bancarias asociadas a pagos que no logran concretarse?

Se aplicará una cuota de \$30 a su cuenta por los pagos no procesados a través de débito automático, teléfono, internet o cheques fallidos. Su banco también puede imponer comisiones adicionales.

Actualmente pago automáticamente cada mes, pero necesito cambiar la información bancaria, ¿cómo puedo hacerlo?

Los cambios a la información bancaria DEBEN hacerse al menos tres días hábiles antes de su próximo pago programado. Puede actualizar su información bancaria o de tarjeta de crédito/débito recurrente ingresando a su en cuenta en www.parent.smarttuition.com o puede llamarnos directamente al (888) 868-8828.

¿Qué puedo hacer cuando ingreso a mi cuenta de Smart Tuition en línea?

En nuestra página web para padres puede hacer lo siguiente:

- Hacer pagos
- Revisar su historial de pagos
- Cambiar/editar la información de sus pagos
- Actualizar su información personal
- Ver e imprimir sus facturas (si no está registrado en débito automático)
- Ver el desglose pormenorizado de las colegiaturas, cuotas y descuentos facturados a su cuenta

¿Cómo puedo actualizar mi nombre de usuario y contraseña?

Puede actualizar su contraseña directamente desde su cuenta de Smart Tuition en www.parent.smarttuition.com. O puede llamarnos al (888) 868-8828 y un representante podrá actualizar su nombre de usuario y contraseña.

¡Gracias por ser cliente de Smart Tuition! Si tiene cualquier pregunta o preocupación, contáctenos en info@smarttuition.com.



SMART TUITION
Financial Solutions for Schools and Parents

Queen of Peace Grammar School: Extended Care Program

Application: Academic Year 2018 – 2019

Select from the options below for the program that best meets your child care needs:

Childs Name: _____ Grade: _____

Parents Name: _____

Address: _____

Phone: _____ Emergency Contact: _____

Emergency Phone: _____ Parent Work # _____

Daily Rates:

Before Care Only: 7:00am – 7:40am	\$3.00 per day
After Care Only: 3:00pm - 4:00pm	\$7.00 - Rates not adjusted if picked up before 4:00PM
After Care Only: 3:00pm - 5:00pm	\$12.00 - Rates not adjusted if picked up before 5:00PM
After Care Only: 3:00pm - 6:00pm	\$16.00 - Rates not adjusted if picked up before 6:00PM
After Care: First Friday Only: 12:00pm - 3:00pm	\$15.00 - Rates not adjusted for early pickup
After Care: First Friday Only: 12:00pm - 6:00pm	\$25.00 - Rates not adjusted for early pickup

MINIMUM CHARGE OF \$3.00 FOR CHILDREN IN AFTER CARE LESS THAN 15 MINUTES

LATE CHARGES WILL BE IMPOSED ON BALANCES PAST DUE 30 DAYS OR MORE

APPLY 15% DISCOUNT TO TWO PLUS CHILDREN IN SELECTED PACKAGES

Special Package Options (save money over daily rates):

If selecting a package, circle the days you will use program each week: M T W T F
Select Option: Based on 170 School days and pickup after 4:00PM – Payment Due Upon Invoice

- 5 Days - After Care Only: \$1,875.00 Includes Early Dismissal Days
- 4 Days - After Care Only: \$1,675.00 Includes Early Dismissal Days
- 3 Days - After Care Only: \$1,575.00 Includes Early Dismissal Days
- 5 Days - Before and After Care: \$2,150.00 Includes Early Dismissal Days
- 4 Days - Before and After Care: \$1,950.00 Includes Early Dismissal Days
- 3 Days - Before and After Care: \$1,850.00 Includes Early Dismissal Days

ANNUAL PLAN NOT AVAILABLE AFTER SEPTEMBER 15th OR FOR THOSE WHO DO NOT INTEND TO USE THE PROGRAM FOR THE ENTIRE SCHOOL YEAR.

RATES ARE NOT NEGOTIABLE. ANNUAL PLAN ASSUMES 10 MONTHLY PAYMENTS

ALL OF ABOVE SELECTED PACKAGES INCLUDE DAY CARE WHEN SCHOOL IN SESSION.

- I will use the program on an as needed basis only and pay the daily rates. (**Payment due upon invoice**)
 - I will use After Care Only
 - I will use Before Care Only
 - I will use both

Payments begin in September 2018 and end in June 2019.

No adjustments made for days absent unless continuous sick absence exceeds 2 weeks.

\$25.00 charge for any check returned by your bank.

IF CHILD REMAINS AFTER 6 PM AN ADDITIONAL CHARGE OF \$10.00 WILL BE INCURRED FOR EACH 30 MINUTES OR PART OF.

Return first week of school

Signed _____

E-MAIL MY BILL TO: _____

PAYMENTS ARE DUE UPON RECEIPT OF INVOICE

In most cases, child care costs are tax deductible. See your tax advisor for individual situations.
LATE CHARGE 30 DAYS PAST DUE - MINIMUM OF \$3.00 or 1.5% UNPAID CHARGES SUBJECT TO \$300 COLLECTION FEE



QUEEN OF PEACE GRAMMAR SCHOOL

Dear Queen of Peace Families:

As a Catholic institution fundraising is a necessity. While public schools are funded by local, state and federal tax dollars, parochial schools are not. Education is expensive. The actual cost to educate one Queen of Peace Grammar School student is \$6,000.00. Our fundraisers allow our tuition to remain one of the lowest in the area while not sacrificing on the quality of the education.

Attendance has been great this year at our events, however, we are not receiving the support necessary in terms of family volunteer hours to help us run these events. In order to allow us to continue having these fundraiser events and maintain our low tuition, we need to increase participation in assisting to run and organize these events. Many hands make for light work.

Beginning with the 2018-2019 school year, we are instituting a service requirement to be completed by each family. **Every family is required to complete 10 service points. This is in addition to our family fundraising obligation.** Below is a chart which designates multiple ways that families can complete their service obligation throughout the school year.

For every fundraising assessment point earned, you will receive a written voucher signed by the HSA President.

Families who do not meet the necessary points for the service requirement by the end of April will be charged \$175.00.

No partial credit is given for families fulfilling some, but not all, of the fundraising assessment point requirements.

Name	Threshold	Points
Book Fair	Volunteer for set-up	3
Book Fair	Volunteer for clean-up	3
Book Fair	Volunteer to work for 2 hours	2

Christmas Bazaar	Set-up the evening before	3
Christmas Bazaar	Volunteer to assist with the sale	5
Class Parent	Class parent for the school year	5
Event Chairperson	Scheduled and approved event Breakfast With Santa Foodtruck Festival Pocketbook Bingo Daddy/Daughter Dance Mother/Son Night	10
HSA	For each HSA meeting you attend	1
Lunch Duty	Work 2 hours	2
Mother's Day Plant Sale	Volunteer for 2 hours to assist with sale	2
Tricky Tray Chairperson	Chair the event from beginning to end	10
Tricky Tray Wrapping Committee	Wrap on designated night	2 pts. Per night.
Tricky Tray Set-Up	Set-up night before	5
Tricky Tray Night of Volunteer	Work night of event (start through clean-up)	5
Tricky Tray Committee Member	Assist the tricky tray chairperson until the night of the event	5
Tricky Tray Level One Basket Donation	For each Basket worth \$50.00 – \$80.00 (with corroborating receipt)	5
Tricky Tray Level Two Basket Donation	For each Basket worth \$81.00 - \$150.00 (with corroborating receipt)	7
Tricky Tray Level Three Basket Donation	For each Basket worth \$151.00 - \$400.00 (with corroborating receipt)	10

Volunteer for Breakfast with Santa	Assist with event from set-up to end	5
Volunteer for Foodtruck Festival	Assist with event from set-up to end	5
Volunteer for Pocketbook Bingo	Assist with event from set-up to end	5
Volunteer for Daddy/Daughter Dance	Assist with event from set-up to end	2
Volunteer for Mother/Son Night	Assist with event from set-up to end	2

I have reviewed the above and understand that our family is obligated to complete 10 service credits. I am aware that this service requirement is in addition to the fundraising requirement for the 2018-2019 school year. I understand that should our family fail to meet the necessary points for the service requirement by the end of April, we will be charged a \$175.00 penalty.

Parent/Guardian Signature

Parent/Guardian (Print Name of Signature above)



Queen of Peace Elementary School

21 Church Place
North Arlington, New Jersey 07031-6011
201-998-8222 Fax 201-997-7930

January 2018

Dear Parents/Guardians:

It is required that all students entering Queen of Peace School have an examination by their physician. The enclosed physical report form **MUST BE COMPLETED BY YOUR PHYSICIAN** and returned to the school nurse at Queen of Peace Elementary School by September 1, 2018.

Please also **have your dentist complete the dental report form** and return it to the school nurse by September 1, 2018.

A copy of your child's immunization record must be given to the school nurse. All immunizations, appropriate for age, must be given prior to the start of school in September.

Students entering **Grade 6** must have **Tdap and Meningococcal Vaccines**.

Students **WILL NOT** be permitted to attend school in September or participate in gym class without completed physical and dental forms and required immunizations.

Thank you,

Sophia Blake, R.N.
School Nurse

PHYSICAL EXAMINATION REPORT

STUDENT'S NAME _____
 (last) (first) (middle initial) (phone)

 (address) (city) (state) (zip)

Date of Birth _____ Sex _____ Grade level in Sept. _____
 Mother's Name _____ Father's Name _____
 Address _____ Address _____
 Phone _____ Phone _____

Student's Medical History (to be completed by parent or physician)

	Yes	No	Date	Description/Reason
Allergies	<input type="checkbox"/>	<input type="checkbox"/>		
Asthma	<input type="checkbox"/>	<input type="checkbox"/>		
Blood Disorders	<input type="checkbox"/>	<input type="checkbox"/>		
Cancer	<input type="checkbox"/>	<input type="checkbox"/>		
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>		
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		
Headaches	<input type="checkbox"/>	<input type="checkbox"/>		
Hearing Problem/Hearing Aid	<input type="checkbox"/>	<input type="checkbox"/>		
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>		
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>		
High/Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>		
Hospitalizations	<input type="checkbox"/>	<input type="checkbox"/>		
Kidney/Urinary Tract Problem	<input type="checkbox"/>	<input type="checkbox"/>		
Medication Reactions	<input type="checkbox"/>	<input type="checkbox"/>		
Menstrual Disorder	<input type="checkbox"/>	<input type="checkbox"/>		
Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>		
Muscular Disorder	<input type="checkbox"/>	<input type="checkbox"/>		
Orthopedic Disorder	<input type="checkbox"/>	<input type="checkbox"/>		
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>		
Scoliosis	<input type="checkbox"/>	<input type="checkbox"/>		
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>		
Strep Infections	<input type="checkbox"/>	<input type="checkbox"/>		
Surgery	<input type="checkbox"/>	<input type="checkbox"/>		
Ulcer/Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>		
Visual Problem/Glasses/Contact Lenses	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Is the student now under the care of a physician? _____ Name of Physician _____

Does the student take any regular medication? Please name medication and dosage below.

Has the student ever been advised by a physician not to play a sport? _____

Are there any other physical or emotional conditions that might bear on this child's abilities or performance?

COMMENTS: _____
 Parent or Guardian's Signature: _____ Date: _____

Student Name _____

Grade _____

PHYSICIAN'S EXAMINATION

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Vision Without Correction: R 20/ _____ L 20/ _____ Both 20/ _____
 Vision With Correction: R 20/ _____ L 20/ _____ Both 20/ _____

Hearing Right _____ Left _____

Nutrition (please note significant weight gain or loss in the past year) _____

Head & Neck _____	Lungs _____	Extremities _____
Nose _____	Heart _____	Neurological _____
Eyes _____	Abdomen _____	Urinalysis _____
Ears _____	Back _____	Hemoglobin/Hematocrit _____
Throat _____	Genitalia _____	Scoliosis Screening _____
Chest/Breast _____	Hernia _____	If positive, treatment? _____

Comments: _____

TO BE COMPLETED BY PHYSICIAN

A. New Students - Complete information for all immunizations must be submitted. Please include month, day and year for each immunization.

Returning Students - Please note date of last booster and any other immunization that has been given in the last year.

VACCINE TYPE	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr	LEAD SCREENING
Diphtheria, Tetanus, Pertussis - (DTaP) *(If Td of DT, write in corner box)						
Tdap						
Polio-Inactivated Vaccine (IPV) If oral polio, write (OPV) in corner box						
MMR (Measles, Mumps & Rubella)						Document below single antigen vaccine receipt, serology titer, or varicella disease history Hepatitis B Date: Titer: Varicella Date: Titer: Measles Date: Titer: Mumps Date: Titer: Rubella Date: Titer:
Haeemophilus B (HIB)**						
Hepatitis B						
Varicella						
Pneumococcal Conjugate**						
Meningococcal						
Hepatitis A***						
Influenza**						
HPV (Human Papillomavirus)***						
Other (Specify)						
*DT Requires valid medical exemption ** Required for Day/Child Care (2m-5yo)	Medical exemption attached <input type="checkbox"/> ***Not Required		Religious exemption attached <input type="checkbox"/> Provisional admissions attached <input type="checkbox"/> Date Granted:			

B. Mantoux Tuberculin Test Date _____ Result _____ If positive, did student have chest X-Ray? _____ Result _____

Based on this history/physical, this student:

_____ may participate in competitive athletics and physical education activities.

_____ has health problems, which prohibit participation in the following athletic activities:

Physician's Name (please print) _____

Physician's Signature _____

Address _____

Telephone _____

Date of Examination: _____

DPT-DTaP

5 doses – 4 doses if last one after 4th birthday. Any combination of 5 doses is the limit. DT is acceptable in lieu of DPT/DTaP only with valid note from MD or nurse practitioner.

Kindergarten requirement

5 DPT-DTaP or 4 if given after 4th birthday

Pre-K – 4 are sufficient

Vaccines started 7 years old or older – 3 doses TD

POLIO

Any 4 doses OPV or IPV – 3 doses if last one after 4th birthday

Kindergarten requirement – 4; 3 if last dose after 4th birthday

Pre-K – 3 are sufficient

MEASLES

1st dose must be administered on or after 1st birthday

2 doses required of all children born after 1/01/1990 in higher grades as well as in Kindergarten and Grade 1. Must be separated by at least 1 month (28 days)

RUBELLA

1 dose administered on or after 1st birthday

MUMPS

1 dose administered on or after 1st birthday

Note: Any dose of Measles, Mumps, or Rubella given before 1st birthday does not count and must be repeated.

Documented laboratory evidence of Measles, Mumps, or Rubella immunity continues to be acceptable.

HEP B

Born on or after 1/01/90 and entering grade 6 --- 2 or 3 doses as appropriate to vaccine dose schedule.

Born on or after 1/01/96 --- 3 doses for Kindergarten and Grade 1

HIB

Has different schedules depending on type of vaccine used.

Child Care Centers – at least 2 before age 1 and 1 after 1st birthday and before 16 months of age.

Number of doses depends on age started. Unvaccinated children ages 12-14 months should receive 2 doses at least 2 months apart. Age 15-59 months – 1 dose

VARICELLA – CHICKEN POX

Required for all children born on or after 1/1/98 and entering Pre-K, Kindergarten and First grade.

PPD – MANTOUX TUBERCULIN TEST

Required for new students coming from another country.

continued on next page

Tdap

Every child born on or after 1/1/97 and entering grade 6 on or after 9/1/15 shall receive one dose of Tdap given no earlier than the 10th birthday. If the child received a Td booster less than five years prior to 9/1/15, then the Tdap is not required until 5 years after that date.

MENINGOCOCCAL VACCINE

Every child born on or after 1/1/97 and entering grade 6 on or after 9/1/15 shall have received one dose of meningococcal vaccine.

PNEUMOCOCCAL CONJUGATE VACCINE (PCV)

Every child 12 months through 59 months of age attending school on or after 9/1/15 shall have received at least one dose of PCV on or after their 1st birthday.

INFLUENZA VACCINE

Every child 6 months through 59 months of age attending school on or after 9/1/15 shall receive annually at least one dose of influenza vaccine between 9/1 and 12/31 of each year.

DENTAL EXAMINATION

School Year: **2018 - 2019**

Parents are urged to take their children to a dentist in order to detect and correct dental defects early. A statement from your dentist will help us complete your child's health record.

TO BE COMPLETED BY DENTIST

_____ has been examined and
(Child's name)

_____ Necessary dental care has begun

_____ Dental care is completed

_____ No dental care is necessary at this time

Comments

DENTIST'S NAME _____
(please print)

DENTIST'S SIGNATURE _____

ADDRESS _____

TELEPHONE _____

DATE OF EXAM _____

ALL MEDICAL AND DENTAL FORMS MUST BE SUBMITTED TO SCHOOL BEFORE YOUR CHILD STARTS CLASS.