



Queen of Peace Catholic School
Archdiocese of Galveston-Houston
65 Years of Educating Mind, Heart, and Spirit
2320 Oakcliff Street
Houston, TX 77023
713-921-1558

Queen of Peace Catholic School
Mission Statement

Queen of Peace School educates and cares for children as they grow in wisdom, age, and grace.

Vision Statement

Guided by Mary, the entire Queen of Peace community will be committed to developing mind, heart, and spirit through a quality academic program permeated by a Christian environment.

Purpose

The purpose of Queen of Peace School is to make known the love of God the Father, revealed through his Son, Jesus, and be guided by the action of the Holy Spirit. This is achieved through the spiritual, intellectual, emotional, and physical development of the student.

Queen of Peace strives to develop the intellectual potential of each student according to his/her ability. We want our students to come to know what it means to be a Catholic Christian and to grow in the ability to respond to the demands asked of them. Self-discipline is taught as the means of obtaining the high standard of moral integrity we set for our students. While personal growth is of the utmost importance, we want our students to become aware of the needs of others, to take responsibility in serving others, and to help build the Christian community.

Queen of Peace Catholic School

Student Application

Date: _____

Student Information

Grade level: _____ Female____ Male_____

Last Name: _____ First Name: _____ Middle Name: _____

Social Security Number: _____ Date of Birth: _____ Age: _____

Child is Catholic____ Non-Catholic_____ Name of Church family attends_____

Ethnic Background:

African American____ Hispanic____ White____ Asian____ Other_____

Baptized: Yes____ No____ Church_____ Date_____

First Communion: Yes____ No____ Church_____ Date_____

Person(s) with whom student lives: _____

Parent/Guardian Information

Please circle one: Mr. Mrs. Ms.

Parent/Guardian Last Name:_____ First Name:_____

Social Security Number: _____ Relationship to student:_____

Address: _____

City: _____ Zip Code:_____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Occupation: _____ Employer: _____

Please circle one: Mr. Mrs. Ms.

Parent/Guardian Last Name: _____ First Name:_____

Social Security Number: _____ Relationship to student:_____

Address: _____

City: _____ Zip Code:_____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email address: _____

Occupation: _____ **Employer:** _____

Does the student have Special Education needs? Explain.

List all siblings who will attend during the 2012-2013 school year:

1. _____ Grade: _____

2. _____ Grade: _____

3. _____ Grade: _____

If we are unable to contact a Parent/Guardian, please list persons to call in case of an emergency:

1. _____ Relationship to student: _____

Phone: _____ Cell: _____

2. _____ Relationship to student: _____

Phone: _____ Cell: _____

3. _____ Relationship to student: _____

Phone: _____ Cell: _____

Parent Signature: _____

Date: _____

Thank you for your interest in Queen of Peace Catholic School! Queen of Peace Catholic School educates and cares for children as they grow in wisdom, age, and grace.

**Tuition and Fees Schedule
2012-2013**

Prices below are per child:

Registration fee	\$230.00
<i>*Early Registration deadline (April 15th): fee is \$153.00</i>	
Curriculum Fee	\$296.00 per student
Family Faith formation	\$25.00 per family
Technology Fee	\$55.00 per student
Sports Fee (Grades 6 th -8 th)	\$135.00 (per sport)
P.E. uniform (Grades 6 th -8 th)	\$20.00
8 th Grade graduation (8 th only)	\$40.00

The curriculum fee includes costs for consumable books, new textbooks, testing materials, Archdiocesan taxes, student insurance, technology/computer maintenance, science lab, and TCCED registration.

*Early registration begins January 25th and ends April 15th.
Curriculum Fee is due by July 29th.

All fees and the first month's tuition must be paid by July 29, 2012 before a student may attend classes. All fees are non-refundable.

Tuition	Per Year	Per Month
Prekindergarten	\$3927.00	\$392.00
1 child (K-8)	\$3621.00	\$361.00
2 children (K-8)	\$5304.00	\$530.00
3 children (K-8)	\$6987.00	\$698.00
4 children (K-8)	\$8670.00	\$867.00

If one or more child(ren) is in Pre-K, a \$25.00 fee, per child, will be added.

Financial contract tuition policy

Progress reports, report cards, or student records of any kind will not be released if there is a balance due on any account. If delinquent, students will not be allowed to attend class. Budgeting for a program of quality education at Queen of Peace School requires that the family of each student enrolled honors its commitment to pay tuition when due. *The obligation to pay tuition is legal, as well as moral,* and the accounting department will turn over any unpaid accounts to a collection agency after reasonable attempts have been made by the school.

Queen of Peace Catholic School 2012-2013 Fundraising Obligation

Fundraising proceeds and assistance from Queen of Peace Church and the Archdiocese allow us to keep tuition costs lower than the \$5015.00 needed to educate a child at Queen of Peace Catholic School.

In order to keep tuition costs to a minimum and bridge the gap of an affordable tuition, each family is required to meet a \$350.00 fundraising obligation per academic year. This obligation is met by raising \$120.00 for our Fall fundraiser, \$110.00 for our February fundraiser, and \$120.00 for our Spring Festival/Casino Night. Families who choose *not* to participate in fundraisers may pay the \$350.00 in cash. *Donations made to the school or for any function or event, in the form of money, time, or items, will not be considered as fulfillment of your fundraising obligations.*

There will be additional fundraisers throughout the school year in which you will be asked to participate. These will be sponsored by various school organizations such as our Parent Teacher Organization (P.T.O). Please remember that the only three (3) fundraisers that fulfill the Fundraising Obligation are the Fall Fundraiser in October, the February Fundraiser, and the Spring Festival in April. In each case, the entire specified amount is due at the time of each event. *Any unpaid fundraising balances will be added to your next month's tuition.*

Each family is also required to provide 10 hours of volunteer service *per child*. Volunteer hours may be completed at any school-sponsored event, such as involvement in P.T.O., work days, school parties, chaperoning field trips, serving as room parents, library or computer helpers, classroom or office assistance, or coordinating other events. If you have any special skills that you can share, such as carpentry, HVAC, plumbing, etc., please let us know! We can often use these types of skills and the hours worked will be applied.

No Progress Reports, report cards, or student records of any kind will be released if there is a past due balance on your fundraising account.

Please choose one option below:

I prefer to participate in the Fall, February, and Spring Fundraisers.

I do not want to participate in the fundraisers. I will pay the \$350.00 fundraising obligation.

I understand that the only way to meet the Fundraising Obligation is to participate in the Fall, February, and Spring Festival Fundraisers, or to pay the amount of \$350.00 in cash. I understand that whether I sell tickets for each fundraiser or not, \$120.00 is due by the day of the Fall fundraisers, \$110.00 is due by the February fundraiser, and \$120.00 is due by the day of the Spring/Casino Night festival. I agree to the terms and conditions as stated.

Parent/Guardian Signature

Date

Name of the **oldest** child you have enrolled for the 2012-2013 school year: _____ Grade: _____

Queen of Peace Catholic School
STUDENT EMERGENCY INFORMATION CARD 2012-2013

Student:

Last	First	MI	DOB	Age	Sex	Grade
------	-------	----	-----	-----	-----	-------

Social Security Number: _____ **Weight:** _____

Father/Guardian Name: _____
Address: _____
Home Phone: _____ **Cell:** _____ **Email:** _____

Mother/Guardian Name: _____
Address: _____
Home Phone: _____ **Cell:** _____ **Email:** _____

List persons to be contacted in case of emergency:

Name	Relationship	Telephone	Home	Cell	Work

Medical Information

Doctor's Name: _____ Phone Number: _____
Dentist's Name: _____ Phone Number: _____
Insurance Carrier: _____ Group Policy #: _____

Allergies: _____

Existing Medical Conditions: _____

Medications taken daily (name, dosage, and frequency):

I, _____, do hereby authorize school administration to render first aid for illness or injury to my child(ren) listed above. In the event of a medical emergency, I authorize school administration to have my child transported to the nearest hospital/emergency care center for medical or surgical treatment, and to contact my child's physician and one of the persons listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency. I do hereby release, hold harmless and indemnify the Most Reverend Daniel N. DiNardo, Bishop of the Archdiocese of Galveston-Houston and his successors in office, the Archdiocese of Galveston-Houston, Queen of Peace Catholic School, and any of their officers, agents, employees or representatives ("released parties") from any and all liability, claims, losses or expenses arising from personal injury, death, or loss of or damage to property arising from any medical treatment received and/or transportation to the nearest hospital/emergency care center.

Signature of Parent/Guardian **Date**

Student Health Record 2012-2013

Student:

Last	First	MI	DOB	Age	Sex	Grade
------	-------	----	-----	-----	-----	-------

Social Security Number: _____ **Weight:** _____

Transferred from (name of school): _____

*Person(s) with whom student lives: _____

Contact Information for Person(s) listed above:

Parent/Guardian Last Name: _____ **First Name:** _____

Social Security Number: _____ **Relationship to student:** _____

Address: _____

City: _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email address: _____

Occupation: _____ **Employer:** _____

Emergency Contacts other than person(s) listed above:

Name: _____ **Relationship to student:** _____

Phone: _____

Name: _____ **Relationship to student:** _____

Phone: _____

Circle any of the following your child has *or has ever* had:

Allergy (please specify): _____

Asthma

Bone Disorder

Diabetes

Heart or Cardiac Disease

Kidney Disease

Hearing Loss

Vision Loss

Rheumatic Fever

Tuberculosis Contact with active case

Sickle Cell Anemia

Seizures

* frequent fainting

* convulsions

* frequent dizziness

* tremors

___ My Child has **not** had Chickenpox ___ My Child had Chickpox: _____
Month Year

Circle symptoms that apply:

Frequent headaches

Nose Bleeds

Frequent Colds

Frequent stomach-aches

Sore Throats

Other _____

Is your child now under a physician's care? ___ Yes ___ No

If yes, for what specific condition? _____

Name of Physician: _____

Is your child on any medication? ___ Yes ___ No

Prescription Name and #: _____

Date of last physical examination: _____

Parent signature: _____ **Date:** _____

Dear Parents or Guardians,

Welcome to Queen of Peace Catholic School. The following Health Care Procedures are to provide for the excellent health and safety of your child while in school or school-related events.

The following forms must be completed with the registration:

- Student emergency information form
 - Up-to-date Immunization Record
 - TB student questionnaire
 - Copy of this Letter
1. If your child has a severe health problem such as diabetes, asthma, epilepsy, severe allergies, heart complications or other serious health conditions, please note the following: A doctor's order, healthcare plan, medication and meeting with teachers, nurse and principal must be done before the child can start school.
 2. Any medications, prescription or over-the-counter, must have a physician release and parent signature before the medication can be given at school. Cough drops, ointments, and vitamins are considered medications. Parents must provide all medication in its original container. Prescription medication must have a pharmacy label that matches orders. All medication must be brought to the school by the parent.
 3. The child can carry emergency medications such as asthma inhalers or Epicene if there is a doctor's order and proper procedure is followed. Certain medications will need to be in the classroom or with the coach. A duplicate medication needs to be at the clinic as a back-up. Parents should provide both. No other medications may be carried by the student, including over-the-counter medication at school or school-related events.
 4. The Archdiocese of Galveston-Houston Catholic School complies with the State of Texas Immunization requirements. *Up-to-date immunization records are required to be returned to the school before registration is completed.*
 5. Texas Law requires vision, hearing, and spinal screening. If screening norms are not met, a referral to a physician will be made.
 6. A student TB Screening Questionnaire or proof the child is under a doctor's care is required for all new students.
 7. A student will be sent home from school due to illness or injury. Exclusion and re-admission guidelines are included and may be kept for reference.

If you have any questions or concerns, please contact the school office at 713-921-1558.

I have read and understood the health care procedures.

Parent signature: _____ Date: _____

Return this signed copy to the school.

New Student Checklist

The following must be attached to your application:

1. Copy of Birth Certificate
2. Copy of Social Security Card
3. Copy of current Immunization Record
4. Copy of Baptismal Certificate (if Baptized)

Kinder-8th Grade:

- Most recent report card
- Testing scores (S.A.T. or TAKS)
- A letter of recommendation from the principal of the last school attended

Copies can be made at school office upon request.