



1223 Church Road  
St. Paul, MO 63366

636-978-1900

[www.st-paulchurch.org](http://www.st-paulchurch.org)

Dear Prospective St. Paul Families,

Welcome! I am pleased to announce that our registration for the 2021-2022 school year has begun! An investment in Catholic Education is an investment into your child's future. St. Paul provides a comprehensive Preschool through Eighth Grade program committed to perpetuating the teachings and traditions of the Catholic Church and provides a superior education to all students in a safe, nurturing environment. Our curriculum fosters a love of learning so that each child is spiritually, academically and socially prepared to meet the challenges of an ever-changing world. We work in partnership with the entire faith community, parents, students, faculty, administration, parishioners and pastor to ensure St. Paul School's promising future. Our teachers are highly qualified and state certified. They regularly attend staff development in-services and workshops to keep up to date on the latest trends in education.

The early registration discount will take place now through Monday, February 1. The registration (activity/ book) fee will be \$200 for the first child, \$350 for two children, and \$500 for three or more children. After February 2<sup>nd</sup> you can still enroll, however the registration fee will be \$225 for the first child, \$400 for two children, and \$575 for three or more children.

Some important information to consider:

- Enclosed with this letter you will find all the necessary documents needed for registration.
- All materials must be received for registration to be complete.
- Scholarships are available from the Archdiocese, Beyond Sunday and St. Paul Parish. If you will be applying for tuition assistance, we strongly encourage you to complete the applications as early as possible as some of the scholarships are awarded on a first-come, first-served basis.
- The scholarship applications through the Archdiocese and Beyond Sunday are now available at [www.ttef-stl.org](http://www.ttef-stl.org).

To all who walk through our doors, we pray that our work together leads all of us to heaven.

Sincerely,

*Mrs. Kelly Kaimann*  
Mrs. Kelly Kaimann  
Principal, St. Paul School

*"So that all may know the saving power of God through the Gospel of Jesus Christ alive in his Church"*



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## 2021-2022 SCHOOL REGISTRATION

FAMILY NAME: \_\_\_\_\_ HOME PARISH: \_\_\_\_\_

STUDENT(S) NAME/GRADE:

\_\_\_\_\_  
\_\_\_\_\_

**REGISTRATION FEE:** This includes book fees, online subscriptions, testing, class parties, and music/art projects. For families withdrawing before June 30, 2021, \$100.00 of the registration fee is refundable. For families withdrawing after July 1, 2021, there is no refund of the registration fee.

**PK-8: One Student \$225 Two Students \$400 Three or More \$575**

*(If received by February 1, 2021: ONE STUDENT \$200, TWO STUDENTS \$350, THREE OR MORE STUDENTS \$500)*

TOTAL PAID: \$ \_\_\_\_\_ CHECK # \_\_\_\_\_

### TUITION PAYMENT PREFERENCE PAYMENT OPTIONS

	FULL TUITION COST	OPT. 1 ANNUAL PAYMENT (2% DISCOUNT)	OPT. 2 SEMESTER PAYMENTS (1% DISCOUNT)	OPT. 3 FACTS-TEN MONTHLY PAYMENTS
<b>K-8<sup>TH</sup></b>				
One Student	\$4,700.00	\$4,606.00	\$2,326.50 (x2)	\$470.00 (x10)
Two Students	\$7,040.00	\$6,899.20	\$3,484.80 (x2)	\$704.00 (x10)
Three or More	\$7,800.00	\$7,644.00	\$3,861.00 (x2)	\$780.00 (x10)
<b>Pre-School</b>				
Per Student-4 yr.	\$3,370.00	\$3,302.60	\$1,668.15 (x2)	\$337.00 (x10)
Per Student-3 yr.	\$2,250.00	\$2,205.00	\$1,113.75 (x2)	\$225.00 (x10)

In order to be eligible for discount, annual payments must be received by July 10<sup>th</sup>, and semi-annual payments must be received by July 10<sup>th</sup> and January 10<sup>th</sup> respectively. Discount does not apply if payments are late.

\_\_\_\_ Check here if you were enrolled at St. Paul School last year, used FACTS and your payment information has remained the same. (If box is not checked, you may enroll online at <https://online.factsmtg.com/signin/430P9>)

Please select one of the following:

- ☐ ANNUAL PAYMENT = NO FEE
- ☐ SEMI-ANNUAL PAYMENT = \$10 (one-time fee)
- ☐ MONTHLY PAYMENTS = \$45 (one-time fee)
- ☐ If paying by credit card, an additional 2.85% service fee will be charged on each transaction

\_\_\_\_ I have selected an annual or semi-annual payment and do not wish to enroll in FACTS. Please send an invoice for tuition payment.

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## Kindergarten - 8th Grade Families

### **"TOGETHER WE'RE BETTER" PROGRAM AGREEMENT**

St. Paul sponsors a scrip program. The scrip you purchase through our program generates cash rebates from participating retailers. These rebates can be applied to St. Paul School's "Together We're Better Obligation." In consideration of your participation in the scrip program, we agree as follows:

1. The parish will operate this scrip program on behalf of parishioners from such retailers, subject to the approval of the parish.
2. Your rebates will be credited to St. Paul School's "Together We're Better Obligation" and allocated to the following: (please check all that apply)

\_\_\_\_\_ Name of Family \_\_\_\_\_  
\_\_\_\_\_ As designated on Individual Order Form

3. Any portion of the \$250 "TWB Obligation" that is not satisfied by the rebates is payable at the end of the obligation period.

You agree and acknowledge as follows: (i) your participation in the scrip program is completely voluntary; (ii) the parish is purchasing scrip on your behalf and on the behalf of other participants in the program; (iii) you have limited rights to return the scrip we purchase on your behalf, based on the return policy of the scrip supplier; (iv) you shall indemnify the parish against any loss incurred in connection with there being insufficient funds in your account to cover the checks or ACH debits you issue to pay for your scrip; and (v) the parish makes no representations or warranties of any kind with respect to the scrip purchased on your behalf.

Please sign and date below to indicate your acknowledgement of this agreement.

Purchaser's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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# St Paul School Registration Form New Student

Student Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
 (last name) (first name) (middle)

Address \_\_\_\_\_  
 Street Name City State Zip Code

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

Home Phone # \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle One: Male Female Subdivision \_\_\_\_\_  
 (is number unlisted) yes no

Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Certificate # \_\_\_\_\_

School Last Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date entered \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

List other schools \_\_\_\_\_

Any student entering St Paul School beyond 1<sup>st</sup> grade will need to meet with the principal for acceptance into the school.

Current Grade \_\_\_\_\_ Current School Year \_\_\_\_/\_\_\_\_

Ethnic Origin (Circle One): W(White) B(Black) H(Hispanic) A(Asian) I(Indian)  
 (This information is requested for purposes of reporting to Federal Compliance Agencies and is not used in determining admission status)

Language spoken in home: \_\_\_\_\_

In which public school district do you reside? District \_\_\_\_\_

Elementary/Middle School your child would attend if going to public school \_\_\_\_\_

## PARENT INFORMATION:

### MOTHER'S INFO:

### FATHER'S INFO:

First Name	Maiden Name	First Name
Middle Name		Middle Name
Last Name		Last Name
Cell Phone		Cell Phone
E-Mail Address		E-Mail Address
Employer		Employer
Work Phone		Work Phone
Religion		Religion

Physician: \_\_\_\_\_ Dentist: \_\_\_\_\_ Hospital: \_\_\_\_\_

Please give the full names of other children already/enrolling in St. Paul School.

NAME	BIRTHDATE	GRADE ENTERING IN FALL

PLEASE COMPLETE BACK SIDE

Baptism

First Communion

Confirmation

Date

Church

City

State

Verified by

**ADDITIONAL PEOPLE /PHONE NUMBERS ALLOWED TO PICK UP STUDENTS:**

EMERGENCY: 1. \_\_\_\_\_

REGULAR PICK UP 1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

4. \_\_\_\_\_

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

How did you hear about St. Paul School? \_\_\_\_\_

Referred by: \_\_\_\_\_

Is it your intention to continue with St. Paul School Education in the following school years? YES NO

.....  
If applicable:

Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_

If you marked 'yes' to one of the above please answer the following:

Which parent has legal custody? \_\_\_\_\_ (Please provide a copy of the custody paper)

Please indicate with whom the child lives \_\_\_\_\_

Other biological parent name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Should registration and tuition information be mailed to both parties? YES NO

Signature: \_\_\_\_\_

**REGISTRATION CANNOT BE COMPLETED WITHOUT A COPY OF THE CUSTODY PAPERS.**

## PHYSICAL EXAMINATION FORM

In accordance with the recommendations of the Saint Louis Archdiocese Health Advisory Committee, all children are expected to have a complete physical examination upon entrance to Pre-School, Kindergarten, 3rd Grade, 6th Grade, 9th Grade, and all newly enrolled students who have not had a physical examination within the past twelve (12) months. The physical Examination must be complete and signed by a medical doctor or physician assistant/nurse practitioner working under a collaborative practice agreement with a medical doctor.

This form is provided for the convenience of your child's physician. At the time of the examination, please have your physician complete and sign this form. It is expected that each student have this form on file at school by the first day of school.

School \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ M or F \_\_\_\_\_

Date of Examination \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ BMI \_\_\_\_\_

### General Appearance

Nutrition \_\_\_\_\_ Nose \_\_\_\_\_ Abdomen \_\_\_\_\_ Skin \_\_\_\_\_ Mouth \_\_\_\_\_

Back \_\_\_\_\_ Lungs \_\_\_\_\_ Genitalia \_\_\_\_\_ Head \_\_\_\_\_ Throat \_\_\_\_\_

Extremities \_\_\_\_\_ Heart \_\_\_\_\_ Neck \_\_\_\_\_ Eyes \_\_\_\_\_ Neurologic Exam \_\_\_\_\_

Physician Comments & Recommendations — Give Details of Management of Significant Illnesses

\_\_\_\_\_  
\_\_\_\_\_

Can Student Carry A Full Program of School Work?      Yes      No      (circle one)

Should Physical Activity Be Restricted?      Yes      No      Explain \_\_\_\_\_

\_\_\_\_\_

Hearing Test: Type of Test \_\_\_\_\_      R      L      Both

Vision Test: Type of Test \_\_\_\_\_      R      L      Both

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Physician Name \_\_\_\_\_

	<p>PLEASE ATTACH A COPY OF THE CURRENT IMMUNIZATION RECORD</p>
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Office Stamp



## SAFE ENVIRONMENT USER REGISTRATION

Got to <https://www.preventandprotectstl.org>

### LOG IN

Click "Register" below the LOG IN button (image at right).

Enter the passcode **stlprotect** when prompted.

Select the type of location where you are a volunteer or employee

- Parish or Parish School

Select the specific location by name

- St. Paul Parish and School (St. Paul)

Click the roles associated with your employment/service at the parish.

If you are active at only one location, this will be your "primary" location.

If you are active at more than one location, click the ADD PARISH/LOCATION button and repeat the steps above. With more than one location, please click the "This is my main/primary location" circle to indicate where you are employed or, if you are a volunteer, where most of your ministry or service is performed.

Complete your personal information. Please enter your **legal first name** for the purposes of the background screening.

Create a username, password and password clue.

Agree to the Terms of Use and click SUBMIT.

You will then be prompted to submit information for a background screening, register for a Protecting God's Children workshop\*, view two online training modules, and agree to the Code of Ethical Conduct.

\*If you have previously attended a PGC workshop, the system will find and/or ask you to confirm your previous record of attendance. You will not be prompted to register for an upcoming workshop. If, for some reason, it does not match your previous training to this account and you are prompted to register for a class, please register for "PREVIOUSLY ATTENDED-DATE NOT LISTED" and send an email to the address below. We will apply the correct training record to your account.

You may use the links in your approval checklist to access these requirements. These steps may be completed all at once or may be completed separately at your convenience. You will receive an automated email weekly to remind you which requirements are outstanding. When all compliance requirements have been completed, your account will be approved and you will be clear to work with minors and vulnerable adults.

Username

Password

☐ Remember this account

LOG IN

[Forgot Password](#) [Register](#)

- ☒ Register onto the site
- ☐ [Submit New Background Check](#)
- ☐ Complete "[Protecting God's Children](#)" training
- ☐ Complete "[Mandated Reporter](#)" training
- ☐ Complete "[Code of Conduct](#)" training
- ☐ Sign "[Code of Conduct](#)"

Should you need any assistance, please contact [ocyp@archstl.org](mailto:ocyp@archstl.org)





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## RELEASE OF RECORDS FROM PREVIOUS SCHOOL

I hereby give St. Paul School permission to request and obtain a transcript including Health and medical records, attendance, test scores, grades, psychological information, and other data that may be helpful for the following student(s)

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

FROM \_\_\_\_\_  
SCHOOL

STREET ADDRESS/MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

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