

St. Athanasius Preschool Enrollment Form

*Please fill out a separate form for each additional child

_____	_____	_____	Male Female	_____
Last Name	First Name	M.I		Date of Birth

Parent/Guardian Information:

Mother's Name: _____ Cell Phone: _____

Mothers Email: _____

Mother's Employer: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Father's Email: _____

Father's Employer: _____ Work Phone: _____

Home Address: _____

Give name and phone number of TWO people to contact in case of Emergency (other than Mom & Dad)

1. _____ Phone Number: _____

2. _____ Phone Number: _____

List anyone who **IS AUTHORIZED** to pick up your child(ren):

1. _____ Phone Number: _____

2. _____ Phone Number: _____

List anyone who **IS NOT AUTHORIZED** to pick up your child(ren):

1. _____ Phone Number: _____

2. _____ Phone Number: _____

Emergency/Medical/Insurance Information: (this MUST be completed)

Child(ren)'s Physician: _____ Phone number: _____

Insurance Company: _____ Policy # _____

Preferred Hospital: _____ Phone number: _____

List any medical conditions or allergies that we should know about:

I hereby give my child(ren) herein described permission to engage in all activities and field trips except as noted by me. If emergency medical care is necessary and I cannot be contacted, I authorize the staff to act on my behalf in granting permission for my child(ren) to receive emergency medical treatment. I release the staff at St. Athanasius Parish and School of any liability over and above its insurance limits.

Signature: _____ Date: _____



ARCHDIOCESE OF LOUISVILLE
CATHOLIC ELEMENTARY SCHOOLS
STUDENT APPLICATION FORM



A \$100 application fee per family is due with this form

Check here if you have other child(ren) attending St. Athanasius
FILLING OUT THIS FORM DOES NOT GUARANTEE ACCEPTANCE-YOU WILL BE NOTIFIED OF YOUR CHILD'S ACCEPTANCE

CURRENT FAMILY DATA

	Parent/ Guardian	Parent/Guardian
Name		
Relationship to Student		
Custodian Marital Status		
Address		
City/State/Zip		
Home Phone		
Cell Phone		
Work Phone		
E-mail Address		
Employer		
Occupation		
Religion		
Parish		

Student's Primary Address: _____
(where school information will be sent)

City/State/Zip: _____

Language spoken at home: _____

Names and dates of birth of ALL children in family (list of preschool children first):

Boys: _____

Girls: _____

If you and the physician of your choice, as indicated on the back, cannot be reached in an emergency and, in the judgement of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician?

- Yes
 No

Signature of Parent/Guardian: _____

As a parent and/ or guardian, I authorize the treatment of a minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger child's life, cause physical disability or undue discomfort if delayed. This consent is granted only after reasonable effort has been made to reach me.

- Yes
 No

Signature of Parent/Guardian: _____

STUDENT INFORMATION

Full Name: _____ Child's Social Security # _____

Gender: Male Female Race: White African American Asian Hispanic
 Multi-racial Other _____ (please list)

Date of Birth: _____ Birth City/State/Country: _____

Grade Entering _____ If Pre- K: ___ Morning (7:30-10:30 a.m.) ___ Afternoon (11:30- 2:30 p.m.)

Youngest or Only attending St. Athanasius First Language Child Learned to Speak: _____

Student resides with: ___ Mother & Father ___ Mother ___ Father ___ Guardian/Grandparents

Custody (if applicable): Single Joint

Religious Records:

Religion: _____ Parish: _____

SACRAMENT	DATE	CHURCH	CITY/STATE
Baptism			
First Eucharist			
First Reconciliation			
Confirmation			

Emergency Contact Information if parent(s) cannot be reached (Do Not List Parents):

NAME (to be called in order)	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE

Health Information:

Doctor: _____ Phone: _____

Hospital Preferred: _____

Allergies or Health Limitations: _____

Regular Medications: _____

*Has your child been diagnosed with any specific learning differences? _____

Registration will NOT be finalized until a copy of the IEP, Learning Plan, and Educational Evaluation is submitted and reviewed.

Transfer Information (This information MUST be listed):

School transferred from: _____

Address: _____ Phone: _____

Entered: ____/____/____ Withdrew: ____/____/____

SIGNATURE: _____ DATE: _____

**St. Athanasius Parish & School Tuition Policy 2024-2025
PreK – 8th Grade School Families**

****All current and new families must complete & return****

Tuition payments to the school are monitored by the *School Tuition Audit Committee (STAC)*. STAC's role is to provide leadership and ensure the accountability of school families' adherence to the Tuition Policy as stated in the Parent/Student Handbook.

PLEASE SELECT ONE OF THE PAYMENT OPTIONS

- 1.) ____ One annual payment made in full by July 20th will receive a \$175.00 discount on K8 tuition and fees.
- 2.) ____ Biannual payments (July 20th and January 20th) will receive a \$125.00 discount on K8 tuition and fees. *The discount is deducted from the January 20th payment.*
- 3.) ____ Monthly payments (July–June) of tuition fees through FACTS Tuition will be a mandatory ACH direct withdrawal from a designated account. *Families with only a PreK student or only an 8th grade student are on a 10-month payment plan (July–April).*
**** Families must register online at: www.saintathanasioulouisville.com, click on School Helpful Links, and then click on the FACTS icon, or <https://online.factsmgt.com/signin>.
** All families using FACTS for monthly payments will be assessed a \$50.00 service fee through FACTS when the account is finalized.**

Late payments / insufficient funds: A \$30.00 fee is assessed by FACTS and \$35.00 fee by St. Athanasius for late payments and insufficient funds. Bank fees may also incur and vary per bank.

Payments are to be made by the parent / responsible party. It is agreed and understood as a condition of our child(ren)'s education at St. Athanasius Parish & School that we will pay tuition for the 2024–2025 school year based on our indicated payment option above. ***Registration is not final until payment option is chosen and all forms are completed and turned in to the School Office.***

Signature of Responsible Party: _____

Date: _____

Student Name(s) & Grade(s) for 2024-2025: _____

In the event that the parent/responsible party experiences an unforeseen financial burden and is unable to meet their tuition obligation, it is the parents' responsibility to notify Ms. Shawn Black at the Parish Office (502) 969–3332. STAC stresses the importance of timely communications and will work with the family to determine a payment plan.



Saint Athanasius School
5915 Outer Loop
Louisville, Kentucky 40219

Dear Parent or Guardian:

We are so excited you have chosen St. Athanasius School for your child/children. Listed below are the documents required for preschool admission. Please send in the following before the beginning of the school year.

- ___ Social Security Number (card must be copied by the office).
- ___ A copy of State Issued Birth Certificate.
- ___ Preventative Health Care examination form completed by physician.
(State regulation 704 KAR 4:020).
- ___ Vision Examination Certificate from an optometrist or ophthalmologist.
(State regulation KRS 156.160.8).
- ___ Current Immunization Certificate obtained by physician's office.
(State regulation KRS 158.035)

Please reach out to me if you have any questions.

Thanks,

Mrs. Deb McCabe

Child Care Assistance Program Tip Sheet



Need Assistance with Child Care?

The **Child Care Assistance Program** provides support to help families pay for Child Care. You may be eligible:

- ✓ Have a child under 13 or over 13 with special need
- ✓ Child is US citizen/qualified immigrant and Resident of Kentucky
- ✓ Employed (20 hrs. single parent or 40/hrs. couple) or one of the following:
 - ✓ Unemployed, but participating in job search
 - ✓ Teen parent attending school or pursuing GED
 - ✓ Participating in fulltime education in a certified trade school or accredited college
 - ✓ Participating in SNAP Employment and Training (SNAP E&T)

What are the income requirements for Child Care?

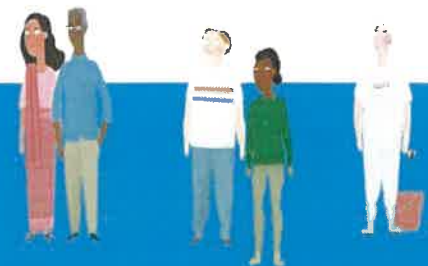
In order to qualify for the **Child Care Assistance Program** families must have a gross countable income of less than or equal to 85% of the State Median Income (SMI). To see if you qualify based on your family's household size and gross countable income, please reference the table below:

Family Size	85% SMI/Monthly
2	\$4217
3	\$5210
4	\$6202
5	\$7194
6	\$8186
7	\$8372
8	\$8559



CABINET FOR HEALTH AND FAMILY SERVICES

kynect.ky.gov/benefits
1 855-306-8959



Child Care Assistance Program Tip Sheet

What do I need to Apply?

- ✓ **Identification for Head of Household:** Drivers License, Passport, Birth Certificate, etc.
- ✓ **Proof of Child's Citizenship/Qualified Immigrant:** Birth Certificate, Immigration Naturalization Services (INS) documents, etc.
- ✓ **Proof of Residence:** Lease, Written Letter from Landlord, etc.
- ✓ **Proof of Educational Enrollment:** School Schedule, etc.
- ✓ **Income Information (Earned, Unearned & Self Employment):** Wage Stubs, Child Support, etc.



How do I apply for CCAP?

To apply, select one of the options below:

- ✓ Visit your local DCBS office
- ✓ Call: **1 855-306-8959**
- ✓ Apply Online or through your mobile device at: **kynect.ky.gov/benefits**



kynect.ky.gov/benefits
1 855-306-8959



St. Athanasius School

5915 Outer Loop Louisville, KY 40219

Phone: 502-969-2345 Fax: 966-8974



2024-2025

First Day of Instruction (11:00am Dismissal)	8/14
Last Day of Instruction (2:30pm Dismissal) <i>Field Day</i>	5/23

Holidays	No School
Labor Day	9/2
Fall Holiday Break	10/10 - 10/14
Thanksgiving Break	11/25 - 11/29
Christmas Break	12/23 - 1/3
MLK Holiday	1/20
Winter Holiday Break	2/14 - 2/17
Good Friday	4/18
Easter Monday	4/21
Spring Break	3/31 - 4/4
Derby Holiday	5/1-5/2
Memorial Day	5/26
Non-Traditional Instruction	NTI @ Home
Staff PL Day (Election Day)	11/5
Staff PL Day	3/14
PTS Conferences	No School
1st Trimester/Fall	October 10
2nd Trimester/Winter	February 13
Trimester Dates	1:00PM Dismissal
1st Trimester	8/13 - 11/8
2nd Trimester	11/11 - 2/21
3rd Trimester	2/24 - 5/28
Holy Days & Church Celebration Days	
Feast of the Assumption	8/15
Feast of All Saints	11/1
Immaculate Conception	12/9
Ash Wednesday	3/5
Ascension of Jesus	5/29
Early Dismissal *	*11:00AM
Assessment Dates	
MAP Assessment	8/26 - 9/27
	1/6 - 2/7
	4/7 - 5/9
<i>8th Grade Algebra</i>	4/21 - 4/23
HS Placement Test	12/14
ACRE Assessment	T.B.D.
Other Dates	
Discover Catholic Schools Week	11/17 - 11/23
Celebrate Catholic Schools Week	1/26 - 2/1
CSW Liturgy	1/28

August 2024

Mon	Tues	Wed	Thurs	Fri
			1	2
5	6	7	8	9
12	13	14*	15	16
19	20	21	22	23
26	27	28	29	30

September 2024

Mon	Tues	Wed	Thurs	Fri
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

October 2024

Mon	Tues	Wed	Thurs	Fri
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

November 2024

Mon	Tues	Wed	Thurs	Fri
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

December 2024

Mon	Tues	Wed	Thurs	Fri
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20*
23	24	25	26	27
30	31			

Staff Professional Learning Days

8/6, 8/7, 8/8, 11/5, 3/14, 5/27, 5/28, 5/29

Students are not in session.

11/5 and 3/14 are NTI Days.

January 2025

Mon	Tues	Wed	Thurs	Fri
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

February 2025

Mon	Tues	Wed	Thurs	Fri
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

March 2025

Mon	Tues	Wed	Thurs	Fri
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28*
31				

April 2025

Mon	Tues	Wed	Thurs	Fri
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

May 2025

Mon	Tues	Wed	Thurs	Fri
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

Special Events

August 1 Registration	5:00-8:00 PM
August 12 Meet the Teacher	5:00-7:00 PM
May 20 8th Awards	10:00 AM
May 20 8th Graduation	6:00 PM
May 23 K-7th Field Day	All Day