

Forms to sign
and return by
August 31st,
2017

Forms MUST be completed, signed and returned to
The RCE Office before August 31, 2017 for students to attend Rayne
Catholic Elementary for the 2017-18 Academic Year.

Rayne Catholic Elementary School - Student Code of Conduct and Ethics 2017-18

One of the primary goals of Rayne Catholic Elementary School is to develop and nurture Leadership and a Christian love and respect in each student for all people. We expect our students to show reverence, respect and responsibility for others on a routine basis. It is our objective that through example and discipline, students will learn self-respect, self-control as well as self-discipline. We are concerned with the development of the total person which means that throughout the instructional day, we continually stress the importance of self-discipline and personal responsibility in daily living. This must go hand in hand with academic studies.

Students at Rayne Catholic Elementary School are expected to show:

Reverence

- During daily school prayer and religious activities
- While in the church building or grounds
- By coming to school free from the influence of tobacco products, alcohol or drugs. Students are expected not to use or possess such substances
- By contributing to a safe school environment free from fear. Acts of violence, weapons and contraband are never acceptable

Respect

- To all those in authority both by word and actions
- Respecting the rights and property of others
- Following all classroom rules set forth by the teacher
- Comply with all school and diocesan rules and to obey all laws
- Being courteous and honest and exhibit good moral conduct
- Using appropriate language, actions and attire
- Using appropriate behavior in hallways, restrooms, cafeteria and non-classroom areas
- Following the dress code
- Responding in a respectful manner to all adults while under the jurisdiction of the school and while participating in school-sponsored activities

Responsibility

- Attending school regularly
- Being on time for school and classes
- Being prepared with completed homework and other necessary materials
- Being prepared for quizzes, tests and examinations
- Maintaining the highest standards of academic integrity and honesty
- Putting forth best effort in all endeavors
- Participating in each class to meet performance standards
- Using proper care when using school property
- Practicing habits of cleanliness and health

Oath of Inclusion

We, as Students, form a diverse and vibrant university community. We do not enter into this community by proximity, but by virtue of a shared Catholic vision - to pursue higher truths, obtain greater knowledge, and strive for a better world. In this endeavor, we do not succeed by our individual ambitions, but by our discovery of each other. We find higher truths when we seek to understand the complexity of our neighbors' identities, we obtain greater knowledge when we consider the perspectives of our fellow Students, and we begin to strive for a better world when we build a stronger community.

As a Student and a member of the RCE community, I will live by this oath.

- I will embrace people for the diversity of their identities, creating a community inclusive of race, ethnicity, sex, age, ability, faith, orientation, gender, class, and ideology.
- I will challenge my worldview through education inside and outside the classroom.
- I will show that I am proud to be a RCE Student by enriching the culture of our School.
- I will foster a community that welcomes all by recognizing the inherent dignity of each person.
- I will work for social justice in our community and beyond.
- This is the RCE I believe in.
- This is the community I am building.
- This is our RCE.

Student(s) Signature _____ Date _____, 2017



School Parent's Code of Conduct 2017-18

As my child's most important educator, I understand that I teach my child best by my own example of reverence, responsibility, and respect. I ask Rayne Catholic Elementary School to assist me in forming my child as a disciple of Jesus Christ. I understand that my child's teacher is a dedicated professional who makes many sacrifices to teach in a Catholic school. In order to show my cooperation, support, and thankfulness...

- I will ensure that we participate consistently and actively in the Sunday Eucharist.
- I will participate and cooperate, as our Catholic School requests, in the religious education and especially the sacramental preparation of my children
- I will accept my responsibility to support the moral teachings of the Catholic Faith in order not to contradict in my home what is proclaimed in the school
- I will do my fair share in financially supporting the Catholic School.
- I will volunteer my time, talent, and expertise for the betterment of the school community.
- I will have my child in school on time every day with the necessary school supplies and appropriate dress.
- I will read all communications sent to the home or emailed by the school.
- I will attend conferences and to request additional conferences as needed; consultation and communication is the responsibility of both the parent and the school
- I will monitor my child's telephone, computer, and television use, as well as movies and magazines my child views or sees.
- I will not tolerate vulgar, sarcastic, or catty language from my child or bullying, violent, or aggressive speech or behavior. I will set a good example in my own speech and behavior.
- I will show respect for the teacher and any other adult in authority in front of my child at all times, regardless what I may think of their actions or say to them in private.
- I will never lie to the pastor, the principal, or the teachers to protect my child from the consequences of his/her behavior.
- I will stop rumors. I will go to through the proper channels when I have a problem.
- I will speak respectfully and with kindness and courtesy to other parents in front of students, especially when there is any disagreement.
- I will speak to the teacher or adult in charge before I accept my child's version of an incident. I know the good of all children comes before my child's needs or wants.
- I will comply with all policies in regards to attendance, uniforms, athletics, homework, and communications
- I will follow the school's rules, calendars, deadlines, and expect my child to do the same even when I may disagree.
- I will support the school community, the staff, parents, administration, and students in a loyal and community building manner and abide by the regulations in this handbook even though personally opposed to recommendations and decisions
- I will build a bridge of acceptance and understanding, and expect my child to do the same, among the different cultures represented at Rayne Catholic Elementary School.

With the example of the Holy Family and the help of God, I will abide by this code of conduct while my child is enrolled at Rayne Catholic Elementary School.

Father's Signature _____ Date _____, 2017

Mother's Signature _____ Date _____, 2017

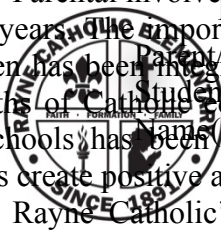
Parental Involvement 2017-18 (Stewardship Services)

407 South Polk
Rayne, LA 70578

Phone: 337-334-5657
Fax: 337-334-3301

Parental involvement is a concept that Catholic schools across the nation have promoted for many years. The importance of engaging parents in the spiritual and academic education of their children has been an integral part of the Catholic school culture and is considered one of the unique strengths of Catholic education. Recently the tremendous impact of partnership between parents and schools has been thoroughly studied and the research is overwhelmingly clear. Involved parents create positive attitudes and foster the long term success of students.

Rayne Catholic's parental involvement is defined as any active physical service to the school in any capacity which supports the mission of Rayne Catholic Elementary. RCE envisions parents and families supporting the school with AT LEAST ONE PROJECT of stewardship service during the school year.



Parent/Guardian Name _____
Child's Name _____
Grade _____
Address _____
City _____
State _____
Zip _____
Phone _____
Providing Excellent Academics
Library Helper-available days _____
Reading to Children in the Library
read grade(s) _____
Volunteering as a Substitute Teacher
read grade(s) _____
Be (or provide) a guest speaker on the topic of

"Within A Nurturing Environment"

- Family Gumbo and Game Night**
- Family Movie Night**
- Fun In the Sun Day (School Day Event)**
- Teacher Luncheon's**-every other month
 - Providing food
 - Watching a classroom
 - Send paper goods
 - Decorate
 - Serve the meals

Head Room Mother grade(s) _____

Room Mother Helper grade(s) _____

Landscaping Volunteer

Swap Shop-monthly help to keep it organized.

Talent- paint/carpentry/ electrical/ welding/
plumbing/flooring/air conditioning/ general labor/

"Fundraising"

Collection _____ **Raffle Tickets Sales** _____ **Pennies from Heaven Campaign** _____
Senior Dance _____ **Crawfish Boil** _____ **Clay Shoot** _____

Families receiving Tuition Assistance MUST perform stewardship and log time with the office.

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RAYNE CATHOLIC ELEMENTARY

407 South Polk Street
Phone: 337-334-5657

Rayne, Louisiana 70578
Fax: 337-334-3301

MEDICAL ALERT NOTIFICATION 2017-18

FORM MUST BE SUBMITTED ANNUALLY FOR EACH CHILD REQUIRING ATTENTION
(NOTE: MUST PROVIDE THE SCHOOL WITH A NEW EPI PEN OR INHALER AT THE BEGINNING OF CURRENT SCHOOL YEAR)

*Please indicate below whether your child has **any** allergies (especially food allergies) and whether or not an Epi-Pen is required:*

Parent's Name _____ Phone _____

Student's Name _____ Grade _____

My child is allergic to:

_____ yes _____ no An Epi-Pen is **required** for my child's allergic reaction

Student's Name _____ Grade _____

My child is allergic to:

_____ yes _____ no An Epi-Pen is **required** for my child's allergic reaction

Student's Name _____ Grade _____

My child is allergic to:

_____ yes _____ no An Epi-Pen is **required** for my child's allergic reaction

Student's Name _____ Grade _____

My child is allergic to:

_____ yes _____ no An Epi-Pen is **required** for my child's allergic reaction

I will provide _____ Epi-Pen(s) to Rayne Catholic Elementary School.

*Please indicate below whether your child has **asthma** and whether or not an inhaler is required:*

Student's Name _____ Grade _____

_____ yes _____ no An inhaler is **required** for my child's asthma

Student's Name _____ Grade _____

_____ yes _____ no An inhaler is **required** for my child's asthma

Student's Name _____ Grade _____

_____ yes _____ no An inhaler is **required** for my child's asthma

Student's Name _____ Grade _____

_____ yes _____ no An inhaler is **required** for my child's asthma

I will provide _____ inhaler(s) to Rayne Catholic Elementary School.

_____, 2017
Signature of Parent or Legal Guardian Date



2017-18

MEDICAL RELEASE AND CONSENT TO TREATMENT OF CHILD

I am a parent or legal guardian of [INSERT NAME OF CHILD]
_____, (“my child”) who is a student at Rayne Catholic Elementary
School. I have read, understood and consent to the following concerning my child:

1. First-Aid/Emergency Treatment: Without limiting other emergency powers that may be provided by law, I authorize school personnel to administer first aid to my child if the school administration deems it necessary and appropriate to preserve the life, limb or well-being of my child. If the school administration believes, in its sole discretion, that a medical necessity exists beyond that which can reasonably be dealt with on school grounds by school personnel, I authorize the school to contact and engage qualified medical personnel and arrange for emergency treatment of my child, including transportation either by school staff or by professional transport for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child. I understand and agree that I will be financially responsible for any such medical treatment.
2. Medical Supervision/Administration of Medicines: I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. If I have indicated, by signing this consent below, that the school may administer medications to my child, and if the school has agreed to administer medications by signing this consent below, I authorize the school to administer the medicines listed on this form, as indicated, but recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication or medical program or ongoing, routine or non-emergency needs of my child, all of which remain my responsibility. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child’s name and doctor’s instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.
3. Release of Student to Qualified Emergency/Medical Personnel and Third Parties: Without limiting other emergency powers as may be allowed by law, in the event of disaster or medical necessity involving the life, limb or well-being of my child in which it is necessary in the opinion of the school administration to transport my child from school property, or if it is necessary to evacuate the school grounds, the school will make a reasonable effort (in view of the nature of the necessity) to first contact a parent or legal guardian. If no parent/legal guardian is available, I authorize the school to release my child into the custody of third parties for the purpose of transporting my child from school grounds and arranging for such care as my child may need.
4. Gathering, Use and Release of Medical Information: Without limiting other emergency powers that may be provided by law, in the event of disaster or medical emergency, I specifically authorize the gathering, use and release to, from, and among the school personnel and to, from and among any medical professionals, of any medical information reasonably necessary to provide emergency medical care and otherwise ensure the life, limb and well-being of my child, including without limitation, the information contained in this form, until I can reasonably be notified and take custody of my child. I understand that this information will be requested, gathered and/or released only for the purpose of providing first-aid or emergency medical care necessary in the absence of a parent or legal guardian, or as otherwise allowed by law.

5. School Athletics: As a condition of participating in school athletics, the school reserves the right to obtain medical information regarding any physical or emotional condition or injury that pertains to my child's ability to participate safely and constructively in school sports, and to require a written medical clearance at any time before my child may participate in, or return to participation in, school sports activities during the school year. This information will be used solely for the purpose of evaluating my child's ability to participate in school sports activities and will not be obtained by or disseminated to any third parties, except the school's coaches, administrators, trainers and athletic staff, and only for these purposes or as otherwise allowed bylaw

NOTE: ALL MEDICINES TO BE TAKEN ON SCHOOL GROUNDS MUST BE ARRANGED FOR IN ADVANCE, AND MUST BE PROVIDED IN THEIR ORIGINAL PHARMACY CONTAINER, INCLUDING THE CHILD'S NAME AND DOCTOR'S INSTRUCTIONS.THE SCHOOL WILL NOT ADMINISTER MEDICINES UNLESS A PHYSICIAN'SWRITTEN AND SIGNED AUTHORIZATION, INCLUDING COMPLETE INSTRUCTIONS, IS ATTACHED.

*The office will provide cough drops, children's pepto bismal, chewable Tylenol, Ibuprofen, Acetaminophen, Hydrocortisone cream, antibiotic cream, Band-Aids and Vaseline for chapped lips. No outside over the counter medications will be accepted. Please list the above items we are allowed to administer.

In consideration of the arrangement indicated in this consent, the undersigned hereby releases and discharges the Diocese of Lafayette, its constituent organizations, including but not limited to the Department of Catholic Schools and the school, and their respective officers, agents and employees for any and all claims for personal injuries or property damage that I or my child may suffer as a result of this arrangement whether or not such injuries or damages be caused by the negligence (whether active or passive) of any of the entities or individuals named or described above, excepting only injuries or damage resulting from Diocese's willful misconduct.

I have read, understand and agree to the school's regulations concerning giving medications at school.

_____,2017
Signature of Parent/Legal Guardian Date

On behalf of the School, I agree to supervise administration of the above medications, consistent with the terms contained herein.

_____,2017
Signature of School Principal Date

_____,2017
Signature of Parent or Legal Guardian Date

NO MEDICATIONS WILL BE ADMINISTERED IF THIS FORM IS NOT COMPLETED AND RETURNED TO THE OFFICE. Administration of medication is recorded and

Parents/Guardians can view this information on RenWeb. All medications must be administered in the office.

RAYNE CATHOLIC ELEMENTARY

407 South Polk Street Rayne, Louisiana 70578

Phone: 337-334-5657

Fax: 337-334-3301

PARENT ACKNOWLEDGEMENT

I have read and understand the contents of the **2016-2017** Student-Parent Handbook and agree to abide by the requirements.

Father's Signature _____ Date _____, 2017
(Guardian)

Mother's Signature _____ Date _____, 2017
(Guardian)

Student's Signature _____ Date _____, 2017 Grade _____

Student's Signature _____ Date _____, 2017 Grade _____

Student's Signature _____ Date _____, 2017 Grade _____

Student's Signature _____ Date _____, 2017 Grade _____

BUCKLEY AMENDMENT

The Buckley Amendment requires written permission from parents to release statistical and educational information about their children to colleges, scholarship organizations, media organizations and military services which may request names, addresses, transcripts, grade point averages and class ranking. Please sign the release form below.

I give my permission for Rayne Catholic Elementary School to release statistical and educational information about my child, _____, for the school year 2017-18.

_____, 2017
Signature (Parent/Guardian) _____ Grade _____ Date

Note: This includes transcripts and records to the next school (example: high school) your student attends

PERMISSION TO PUBLISH INFORMATION

This is to certify that I/we, _____, individually and as parent(s)/guardian(s) of _____, hereby grant permission to Rayne Catholic Elementary School and/or its employees, agents or responsible persons to publish information, including but not limited to names, pictures, biographies, accomplishments, and extracurricular activities concerning activities of Rayne Catholic Elementary School.

Signature (Parent/Guardian)

Relationship

_____,2017
Date

RAYNE CATHOLIC ELEMENTARY

407 South Polk Street
Phone: 337-334-5657

Rayne, Louisiana 70578
Fax: 337-334-3301

STUDENT / PARENT CONSENT 2017-18 USE OF THE INTERNET

I have read the Rayne Catholic Elementary Acceptable Use Policy, and agree to abide by the provisions stated in the policy. I understand that violation of this policy may constitute suspension and/or revocation of Internet access and related privileges, and could lead to school disciplinary action.

Father's Signature _____ Date _____,2017
(Guardian)

Mother's Signature _____ Date _____,2017
(Guardian)

Student's Signature _____ Date _____,2017 Grade _____

Student's Signature _____ Date _____,2017 Grade _____

Student's Signature _____ Date _____,2017 Grade _____

Student's Signature _____ Date _____,2017 Grade _____

ADDITIONAL COMMENTS / SUGGESTIONS

Please feel free to write any additional comments/suggestions you may have for our school.

Signature _____ Date _____, 2017

Parents of 8th Grade Students

TOPS, COLLEGE SCHOLARSHIPS, GRANTS, AID PROGRAMS & COLLEGE ADMISSIONS

School Name: _____ LEA: _____

(If Applicable)

I CONSENT TO THE FOLLOWING:

Data to be shared:

- Full name Student transcript data (including but not limited to, courses taken, type of course, the grades for each course, and when and where the courses were taken).
- Birthdate
- Social Security Number

Your child's data will be shared with the Louisiana Office of Student Financial Assistance (LOSFA) through the Louisiana Department of Education (LDE) and the postsecondary education institution(s) to which our child applies (Institution) through the Board of Regents (BOR) and LDE to allow:

- You to **track your child's progress** in taking the courses and earning the grades required to be eligible for a Taylor Opportunity Program of Students (TOPS) Scholarship by having an account on Louisiana Connect (www.LouisianaConnect.org).
- LOSFA to determine **whether your child is eligible for TOPS and other college aid using the Louisiana Award System (LAS)**.
- You to **monitor your child's TOPS eligibility status** by having an account on LAS (www.osfa.la.gov/AwardSystem/).
- LOSFA to **make TOPS and other aid payments**.
- The Institution to process applications for admissions to the Institution.

I understand that:

- LOSFA must have my child's personal information to allow me to track my child's progress toward TOPS eligibility and to make my child eligible for a TOPS Scholarship.
- Institution must have my child's personal information to process my child's application to the Institution
- Neither LOSFA nor the Institution will give my child's personal information to any agency not listed above unless required to do so by law or as necessary to pay my child's TOPS award, other scholarship, grants or aid, or to process an application to the Institution.
- My child's social security number will be electronically encrypted so that it cannot be viewed by anyone.
- LOSFA and the Institution will destroy my child's personal information when it is no longer needed or no later than five years after my child graduates, whichever is earlier, unless otherwise required to be maintained by state or federal law.

I CONSENT to my child's school collecting my child's personal information named above and disclosing the personal information collected to LOSFA and to the Institution.

I understand and acknowledge that the consent provided herein shall be valid for my child's cumulative transcript records as of the date of signature and shall remain valid and in effect for the current school year.

Signature of Parent/Legal Guardian

My Child's Full Name

Signature of Parent/Legal Guardian

Date

I DO NOT CONSENT

I DO NOT CONSENT to my child's school collecting my child's personal information named above and disclosing the personal information of LOSFA and BOR. **I understand that by declining consent for the collection and disclosure to my child's personal information to LOSFA and the Institution, my child's eligibility for state and federal student financial aid, including TOPS, cannot be determined by LOSFA and that the Institution will not be able to process my child's application for admission to the Institution.**

Signature of Parent/Legal Guardian

My Child's Full Name

Signature of Parent/Legal Guardian

Date

FORM 837 – Revised 10-21-14

SFS — 59

Rev. 7-2012

Food and Nutrition Services Diocese of Lafayette

Diet Prescription for Meals at School

PLEASE PRINT

Student Name _____ Age _____

School _____ Student ID Number _____

Parents Name _____

Address _____ Phone _____

Does the student have a disability that requires a special diet? Yes ____ No ____

If Yes, describe the major life activities affected by the disability.

If the student is not disabled, list the medical condition that requires special nutritional or feeding needs.

Diet Prescription (check all that apply)

_____ Food Allergy _____ PKU _____ Hypoglycemic _____ Diabetic

Other (Description) _____

Specific Foods to Omit (Example: if Milk is to be omitted does that also include cheese and pudding) List each food to be omitted:

I certify that the above named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

Office Address _____

Office Telephone _____

Licensed Physician/Recognized Medical Authority Signature

Date

Printed Authority's Name _____

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write to USDA, Director, Office of Adjudication, 1400 Independence Avenue, SE, Washington, S.C. 20250-9410 or call (866) 632-

Rayne Catholic Elementary

407 South Polk Street
Rayne, Louisiana 70578
337-334-5657 (office)
337-334-3301 (fax)

Dear Parents of RCE Students:

We honor our grandparents, great-grandparents, and/or honorary grandparents at various times during each school year. Please complete this form of those special people you would like us to include.

Student's Name _____ Age _____ Grade _____

Student's Name _____ Age _____ Grade _____

Student's Name _____ Age _____ Grade _____

Student's Name _____ Age _____ Grade _____

Grandparents' Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Phone no. _____

Grandparents' Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Phone no. _____

Other: _____ **Relationship:** _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Phone no. _____

Other: _____ **Relationship:** _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Phone no. _____

Other: _____ **Relationship:** _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Phone no. _____

Other: _____ **Relationship:** _____

Mailing Address _____

City _____ State _____ Zip _____

E Mail _____ Phone no. _____



Permission to Walk or Ride Bike Home

Student(s) Name: _____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

We request permission for our child(ren), **listed above**, be allowed to walk to

_____ **(address)**.

We, as parents/guardians, have taken the necessary precautions and plans for our child's welfare. We hereby waive, release and forever discharge any and all claims against the Diocese of Lafayette, Rayne Catholic Elementary, their commissioners, board, teachers, employees, volunteers or agents for damages and/or injuries to or of my child listed above, which may arise after they leave the school's campus.

Parent's Signature: _____

Date: _____, 2017

**Rayne Catholic Elementary School
Parent Cooperation Statement**

An integral part of the educational philosophy of Rayne Catholic Elementary School is the conviction that the school assists the parents/guardians in carrying out their primary responsibility of providing for the religious and secular education of their children. An ongoing positive working relationship between the parents/guardians and the school is critical to the success of the school and the students. As part of that working relationship, parents/guardians are expected to be involved as much as possible in the educational process, to refrain from conduct which thwarts the orderly administration and operation of the school, to support and participate in school activities, and to provide instruction to and set positive examples for their children both at home and in the community. While Rayne Catholic Elementary School encourages the constructive exchange of ideas, feedback and suggestions intended to Foster the continued growth and improvement of the school, Rayne Catholic Elementary School is ultimately responsible for the orderly administration and operation of the school, including the policies and procedures implemented to achieve the school's goals.

Rayne Catholic Elementary School reserves the right to terminate the enrollment of any student(s) in the event that it is determined by the school's administration that a positive working relationship between the school and the parents/guardians no longer exists

1. a positive working relationship between the school and the parents/guardians no longer exists and/or is irreparably damaged or
2. that the parents/guardians have failed to provide the support, assistance and example necessary for the religious and secular education to which each child is entitled.

Furthermore, failure on the part of any student and/or parent/guardian to abide by the rules, regulations and policies as outlined in the school handbook may result in termination of the student's enrollment from the school.

Diocesan Policy, effective April, 2012

Student(s) names: (please print) _____

Parent Signatures: _____

Date: _____



Dear Parents:

Thank you for your interest in our after school EXCEL (Education for Extra-Curricular Learning). The EXCEL program will begin on the first full school day of each year. We will open from 3:15 p.m. to 5:30 p.m. each school day except on the day before a major holiday. This program provides professional care, supervision, and recreation to children whose parents desire supplementary care for their children during after school hours.

This year's EXCEL program will be headed by Ms. Randee Vasseur. In cases of emergency during EXCEL hours, please call **334-5657**.

- EXCEL Schedule:**
- 1.) Students report to the cafeteria at 3:15, if coming from pick-up gate report to cafeteria by 3:30 p.m.
 - 2.) Eat Snack in cafeteria
 - 3.) Students who have homework remain in cafeteria for an hour under supervision.
 - 4.) Students who are finished homework (or have none), report to assigned area.

For the safety of all students and for control of persons on campus, we ask that parents **picking-up** their children enter and exit through the **Front Office**. All parents or designated persons must sign each child out of EXCEL before the child will be allowed to leave. Only adults listed on the EXCEL registration form will be allowed to pick up a child (unless EXCEL personnel have been notified).

The EXCEL program is entirely financed by the fees paid monthly. It is very important that you be on time to pick up your child. **If you are late (after 5:30 p.m.) an extra fee of \$1.00 per minute will be added to your bill.** All EXCEL tuition is billed on or near the 10th of each month. Full-Time students will not be billed for August, but will be billed in December. Fees for the program are as follows:

- REGISTRATION:** \$15.00 PER CHILD
FULL TIME: Attends Daily until 5:30 p.m.
PART TIME: Attends Daily until 4:15 p.m.
DROP-IN: Attends Occasionally

RATES:	# of Children	Daily Rate	Monthly Rate	Part-Time Rate (4:15)
	1 child	\$ 8.00	\$ 100.00	\$ 60.00
	2 children	\$14.00	\$ 180.00	\$ 108.00
	3 children	\$19.00	\$ 240.00	\$ 144.00
	4 children	\$22.00	\$ 280.00	\$ 168.00

***LATE PICK-UPS \$1.00 PER MINUTE WILL BE CHARGED FOR PICK-UP TIMES AFTER 4:30 P.M. FOR PART-TIME STUDENTS AND AFTER 5:30 P.M. FOR FULL TIME STUDENTS**



EXCEL: AFTER SCHOOL CARE
DATE: _____

OFFICE USE ONLY
REGISTRATION

RAYNE CATHOLIC FAMILY REGISTRATION SHEET

FATHER'S NAME _____

MOTHER'S NAME _____

MAILING ADDRESS _____, _____ City Zip

STREET ADDRESS _____, _____ City Zip
(If different from mailing address)

HOME PHONE _____ WORK/CELL _____
(Father) (Father)

HOME PHONE _____ WORK/CELL _____
(Mother) (Mother)

EMERGENCY PHONE _____ WORK/CELL _____

Relationship: Grandparent, neighbor, friend, aunt, etc. _____

List children that you are registering for Excel (oldest child first) for school year 2017-18

Name	Grade	Teacher	Medical problems/All
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REGISTRATION FEES: \$15.00 PER CHILD (NOTE: Registration fees are non-refundable.)

Please check one:
 Full-Time Part-Time (pick-up before 4:30p.m.) Drop-In (daily rate)
(until 5:30 p.m.)

My child can be picked up by _____

*LATE PICK-UPS \$1.00 PER MINUTE WILL BE CHARGED FOR PICK-UP TIMES AFTER 4:30 P.M. FOR PART-TIME STUDENTS AND AFTER 5:30 P.M. FOR FULL TIME and DROP-IN STUDENTS

