



Holy Spirit Catholic School

3120 Parkwood Lane † Maryland Heights, MO 63043

Phone: 314-739-1934

Dear Families,

Thank you for choosing Holy Spirit Catholic School's early childhood program! We offer a preschool classroom for children who have turned 3 by July 31, 2021 and a pre-kindergarten classroom for children who have turned 4. Families may choose between all-day and half-day, and may select to attend 5 days or 3 days a week.

The preschool program focuses on weekly themes, including the introduction of colors, letters, and numbers, along with helping build their social interaction and enhancing their fine and gross motor skills.

The pre-kindergarten program builds upon those skills and prepares students for kindergarten. The curriculum includes math, reading, and religion lessons which are aligned with the kindergarten curriculum so that our students are prepared for the next year.

Please note that a physical examination with all immunizations up-to-date is required for all preschool and pre-K students, and that children in the program are required to be potty trained before the start of school. During the 2021-22 school year, we also expect that students will be required to wear face-masks during much of the school day.

We look forward to partnering with you as we help your child grow and develop a love of self, a love of others, and a love of God.

Kathryn L. Koberlein
Principal



HOLY SPIRIT CATHOLIC SCHOOL

3120 Parkwood Lane ✠ Maryland Heights, MO 63043

Phone: 314-739-1934

2021-2022

EARLY CHILDHOOD, KINDERGARTEN THROUGH GRADE 8

Holy Spirit Parish's policy is that the parent(s) or responsible guardian(s) of student(s) enrolled in the parish early childhood program and elementary school shall make tuition/fee payments on behalf of the student(s) for whom they are responsible. Tuition & fees for the 2021-2022 school year are as follows:

Early Childhood Program					
Plan	Annual Rate	Semi Annual	Monthly (12)	Monthly (10)	Monthly (9)
5 Full Days Preschool & Pre-Kindergarten	\$4,867.00	\$2,433.50	\$405.58	\$486.70	\$540.77
3 Full Days Preschool & Pre-Kindergarten	\$3,950.00	\$1,975.00	\$329.16	\$395.00	\$438.88
5 Half Days Preschool & Pre-Kindergarten	\$3,309.00	\$1,654.50	\$275.75	\$330.90	\$367.66
3 Half Days Preschool ONLY	\$2,827.00	\$1,413.50	\$235.58	\$282.70	\$314.11

EARLY CHILDHOOD PROGRAM FEES:

Pre-School & Pre-Kindergarten: Registration \$100 per child must accompany application

All children attending the Early Childhood Programs must be potty trained.

Kindergarten thru Grade 8					
Plan	Tuition Rate	Annual 2% Discount	Semi Annual 1% Discount	Monthly (12)	Monthly (10)
1 Student	\$3,966.00	\$3,886.68	\$1,963.17	\$330.50	\$396.60
2 Students	\$6,618.00	\$6,485.64	\$3,275.91	\$551.50	\$661.80
3 + Students	\$8,261.00	\$8,095.78	\$4,089.19	\$688.41	\$826.10

KINDERGARTEN THROUGH GRADE 8 FEES:

Registration Fee of \$100 per family must accompany application along with a completed Tuition Payment Option Form. Both are due Monday, March 1, 2021 to hold your family's spot. Open enrollment begins on Tuesday, March 2, 2021.

Book Fee of \$175 per child paid through FACTS. Book Fees are due by Friday, May 28, 2021. (Book Fees includes classroom fees, party fee and technology support)

ALL families will pay tuition & fees through FACTS, a tuition payment and processing system. There is a \$50 fee payable to FACTS for their services. Families may sign up on line at <https://online.factsmgt.com/signin/42TC7>. FACTS accepts payments ACH through checking/saving accounts or credit card.

Questions:

Please contact Mrs. Katie Koberlein, Principal: kkoberlein@holyspiritstl.org 314-739-1934



Holy Spirit Catholic School

2021-2022 Fees / Tuition Payment Option Form

Parent/Guardian/s Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Name(s) of Child(ren)

Phone Number

Grade Attending in August 2021

Student's Name: _____

Grade: _____

Student's Name: _____

Grade: _____

Student's Name: _____

Grade: _____

Student's Name: _____

Grade: _____

Please note that a registration fee of \$100 per program is due with this form.

<u>Kindergarten – Grade 8</u>	<u>1 Student</u>	<u>2 Student</u>	<u>3 Children</u>	<u>4 Children</u>
<u>Tuition</u>	\$3,966	\$6,618	\$8,261	\$8,261
<u>Book Fee</u>	\$175	\$350	\$525	\$700
<u>Early Childhood Program</u> <u>Circle program attending → →</u>	<u>5 Full</u> <u>Days</u>	<u>3 Full</u> <u>Days</u>	<u>5 Half</u> <u>Days</u>	<u>3 Half</u> <u>Days</u>
Preschool	\$4,867	\$3,950	\$3,309	\$2,827
Pre-Kindergarten	\$4,867	\$3,950	\$3,309	

Tuition Options (All Payment Plans are processed through FACTS):

- ☐ Option 1 – Annual Payment Plan: Annual payment qualifies for 2% discount if paid in full by September 1.
- ☐ Option 2 – Semi Annual Payment Plan: Semi Annual payments qualifies for a 1% discount if paid in full by January 1.
- ☐ Option 3 – Monthly Payment Plan: 12 monthly payments beginning in July 2021 and ending in June 2022. Payment plans for fewer months are available, but will result in higher payments amounts. Payment plans must be complete by April 30. There is a \$50 fee payable to FACTS for this service. Families may sign up on line at <https://online.factsmtg.com/signin/42TC7>.

This completed form must be returned to the School Office with your family's registration fee. Both are due Monday, March 1, 2021 to hold your family's spot. Open enrollment begins on Tuesday, March 2, 2021. If you have any questions, please contact the School Office at (314) 739-1934

Responsible Party for Tuition Payments: _____

Address: _____
Street City State ZIP

Email: _____
Phone Number

I agree to make tuition payments for the 2021-22 school year according to the option chosen above.

Signature _____

Date _____

For Office Use Only: Date Received: _____ Check #: _____ Cash: _____



Holy Spirit Catholic School

New Student APPLICATION

2021-2022 School Year

For Office Use Only

Received: ____/____/____

Received by: _____

Application Fee Paid: _____

Family Account #: _____

_____ Tuition

Assistance: ☐ AAS ☐ ACA ☐ Other

Received:

☐ Transcripts

☐ Birth Certificate

☐ Discipline Record

☐ Immunizations

☐ Baptismal Record, if Catholic

☐ Sibling Consideration

Name(s) of Sibling(s) Attending:

Student's Name _____

Grade Applying To ☐ Pres ☐ PreK ☐ Kdg. ☐ 1st ☐ 2nd

Please check one: ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th

Please complete the entire form. Please print legibly.

If you have any questions regarding this form, please contact

Mrs. Katie Koberlein, Principal, or Mrs. Kate Ayres, Secretary, at (314) 739-1934

STUDENT INFORMATION

Legal LAST Name	Legal FIRST Name	MIDDLE Name	Preferred FIRST Name
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Home Address (Number, Street, Apt. #)

City / State / ZIP Home Phone
()

Date of Birth (Month/Day/Year) Student's Social Security Number (Optional) Gender (check one)
____/____/____ - - ☐ Male ☐ Female

Place of Birth (City, State and Country if not the US) Primary Language Spoken at Home

Student's Religion Church Attending (if applicable) Pastor

Describe the family situation (check all that apply)
☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Deceased (Father/Mother/Both) ☐ Other: _____
☐ Father has custody* ☐ Mother has custody* ☐ Joint custody* ☐ Guardian has custody*
*If applicable, please submit a copy of the court-mandated parenting plan with the application.

Student lives with (please check all that apply):
☐ Both parents/guardians ☐ Mother ☐ Father ☐ Mother/Stepfather ☐ Father/Stepmother
☐ Grandparent(s) ☐ Other: _____

Please check one box
☐ Black ☐ Asian ☐ Amer. Indian/Native Alaskan ☐ Native Hawaiian/Pac. Island ☐ White ☐ Multi-Racial
Student Ethnicity: Please check one box ☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino

Public School District in Which the Family Resides Public School Student Would Attend in District

SCHOOL BACKGROUND OF STUDENT (Include Preschool)					
Name of School		Address		Grade(s)	Reason for Leaving

SIBLING INFORMATION			
Name	Birth Date	Grade in 2021-2022	School Attending (Indicate if applying here)

PARENT / GUARDIAN INFORMATION					
<input type="checkbox"/> Person responsible for tuition					
Prefix	FIRST Name	MIDDLE Name	LAST Name	MAIDEN Name	Preferred FIRST
Home Address (Number, Street, Apt.)				City / State / ZIP	
Home Phone		Cell Phone		Work Phone	Email
Employer and Position			Religion and Parish (or Church, if not Catholic)		

PARENT / GUARDIAN INFORMATION					
Prefix	FIRST Name	MIDDLE Name	LAST Name	MAIDEN Name	Preferred FIRST
Home Address (Number, Street, Apt.)				City / State / ZIP	
Home Phone		Cell Phone		Work Phone	Email
Employer and Position			Religion and Parish (or Church, if not Catholic)		

STEP-FATHER INFORMATION					
Prefix	FIRST Name	MIDDLE Name	LAST Name	Preferred FIRST	
Home Address (Number, Street, Apt.)				City / State / ZIP	
Home Phone		Cell Phone		Work Phone	Email
Employer and Position			Religion and Parish (or Church, if not Catholic)		

STEP-MOTHER INFORMATION					
Prefix	FIRST Name	MIDDLE Name	LAST Name	MAIDEN Name	Preferred FIRST
Home Address (Number, Street, Apt.)				City / State / ZIP	
Home Phone		Cell Phone		Work Phone	Email
Employer and Position			Religion and Parish (or Church, if not Catholic)		

GRANDPARENT INFORMATION					
Paternal Grandparent(s) Name(s)					

Home Address	City / State / ZIP		
Maternal Grandparent(s) Name(s)			
Home Address	City / State / ZIP		
MEDICAL INFORMATION (MUST BE COMPLETED FOR ALL STUDENTS IN A FAMILY)			
Student's Physician	Phone ()		
Student's Dentist	Phone ()		
Hospital where student should be taken if parent or physician is unavailable			
Allergies and other Medical Conditions (check all that apply)			
<input type="checkbox"/> Allergies: _____			
<input type="checkbox"/> Food Allergies: _____			
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Heart Problems <input type="checkbox"/> Recurring Illness			
<input type="checkbox"/> Other Medical Concern: _____			
<input type="checkbox"/> Medications are to be taken at school (please complete Medication Authorization form)			
EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN – TWO ARE REQUIRED)			
<i>By listing a person as an Emergency Contact, they are also allowed to pick up the student from school.</i>			
Name	Relationship to Student	Phone(s)	
#1 (required)		()	
#2 (required)		()	
#3 (optional)		()	
In case of accident or serious illness where I and the people designated above are unable to be reached, I hereby authorize the school to call the physician or dentist listed and to follow his/her instructions. If the physician or dentist is unable to be contacted, the school may make whatever arrangements are deemed necessary.			
Parent/Guardian signature		Print name	Date
ADDITIONAL INFORMATION			
Has this student ever been evaluated for:			
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Behavioral Disorder	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Language Disability	<input type="checkbox"/> Counseling (individual)	<input type="checkbox"/> Counseling (family)
Date of evaluation, if checked above: _____		Place: _____	
Name of evaluator: _____			
Diagnosis(es): _____			
Does this student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Implemented: _____			
If "yes," we will need a copy of the IEP for our records.			
SACRAMENTAL INFORMATION (CATHOLIC STUDENTS) CERTIFICATES REQUIRED			
Sacrament	Date	Parish	Location
Baptism			
First Reconciliation			
First Communion			
Confirmation			
To the best of my/our knowledge, the above information is true and correct. (Parent(s)/guardian(s) are reminded that misrepresenting this information will hinder the school's ability to adequately care for the student.)			
Parent/Guardian signature		Print name	Date

Please indicate how you heard about Holy Spirit Catholic School:

Were you referred by a current Holy Spirit Catholic School family? If so, please list the family name:

Statement of Confidentiality:

It is the policy of this school that all information received regarding an applicant's application will be treated with complete confidentiality. Only authorized school personnel have access to such information.

Non Discrimination Policy:

Holy Spirit Catholic School will admit students of any race, religion, color, or national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to our school. This school will not discriminate on the basis of race, religion, color, or national and ethnic origin in admission policies, scholarships, athletic, and other school administered programs.

***Please submit this completed application along with the non-refundable fee of \$100 per family
(Make check/money order payable to "Holy Spirit Catholic School")***

**Upon receipt and review of completed application materials,
all applicants will be informed of their acceptance status.**

Contact Us

Mrs. Katie Koberlein, Principal
3120 Parkwood Lane
Maryland Heights, MO 63043
Phone: 314-739-1934
Fax: 314-739-7703
www.holyspiritstl.org