



ST. JOSEPH

ELEMENTARY SCHOOL, NELSON

EDUCATING THROUGH FAITH....EXCELLING IN ACADEMIC ACHIEVEMENT

St. Joseph School provides a very unique opportunity for children to learn in a warm and supportive faith based environment. We strive to build connections with our students as we guide them to be the best they can be and grow in God's love. We offer programs that build on social, emotional, academic and spiritual development.

We have a strong emphasis on Academic Learning and Fine Arts. This includes early literacy skills and a French and Music program beginning in Kindergarten. Our Christmas concert includes drama & music and is performed at the Capitol Theatre every year. We participate in the Kootenay Festival of the Arts and host a Science Fair/Genius Hour on alternate years. We have a long standing tradition of academic success. Our students have a high graduation rate, many receive scholarships upon graduation and continue with post-secondary education.

Teachers also provide many extracurricular activities including options, choir, running club, art club, and chess club as well as cross country running, basketball, and volleyball. Our winter activities include snowshoeing, cross country skiing, downhill skiing and snowboarding. Field trips for intermediate students include Pines Bible Camp, Fort Steele, Creston Wildlife Centre, Kelowna and many local experiences for all students.

Our grade 7 – 9 Intermediate Program includes electives in arts education, applied design, skills and technology. Students participate in two elective courses during the year. These courses include food studies, media arts, textile, music, drama, visual arts, and band.

We are pleased that you are considering enrolling your child at St. Joseph School for an opportunity to receive an excellent foundation for their future from Kindergarten to Grade Nine. We welcome all families that are interested in a faith based education. **Our tuition is tax deductible** and there are opportunities for tuition assistance for those who need it. We believe that all students that wish to attend our school should be given the opportunity to attend.

Joey's Out of School Care is available from 3:00 to 5:30 daily and on Pro-D days.

Please visit our website www.stjosephnelson.ca for more information or contact me directly for a school tour.

Sincerely,

Michael Carere
Principal

“We Grow in Christ”

St Joseph School - Nelson
New Student Application/Registration

PEN #.:



Date Received:

Student

Legal Last Name	Religion	Parish
Legal First Name	If Catholic: Baptism Date:	
Legal Middle Name(s)	First Communion Date:	
Usual Last Name	Baptism/First Communion Church:	
Usual First Name	Student's Address:	
Usual Middle Name(s)	City	Prov PC
Gender	Mailing Address (if different than property address)	
Date of birth	Street Address	
Personal Health No.	RR Number/PO Box	
Sept. Grade Level	City	Prov PC

Previous School/Daycare Name District City

PARENT / GUARDIAN INFORMATION

Last, First name	Property Address (if not living with student)
Relationship	Street Address
Parental authority or guardian <input type="checkbox"/>	RR Number/PO Box
Lives with student <input type="checkbox"/>	City
Can pick up <input type="checkbox"/>	Prov PC
Receive mailings <input type="checkbox"/>	Mailing Address (if different than student / property address)
Receive autodialer calls <input type="checkbox"/>	Street Address
Home phone	RR Number/PO Box
Work Phone	City
Ext	Prov PC
Cell Phone	E-mail Address
Religion	
Place of Birth	Citizenship

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Parental authority or guardian <input type="checkbox"/>	RR Number/PO Box
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Can pick up <input type="checkbox"/>	Prov PC
Receive mailings <input type="checkbox"/>	Mailing Address (if different than student / property address)
Receive autodialer calls <input type="checkbox"/>	Street Address
Home phone	RR Number/PO Box
Work Phone	City
Ext	Prov PC
Cell Phone	E-mail Address
Religion	
Place of Birth	Citizenship

EMERGENCY CONTACT INFORMATION (Other than Parents)

Emergency Contact 1	Home phone	Work Phone	Ext
	Cell Phone	Relationship	
Emergency Contact 2	Home phone	Work Phone	Ext
	Cell Phone	Relationship	
Family Doctor	Phone #		

Was another family instrumental in your child registering at St. Joseph School?
If so, which one? They will receive one month of free tuition.

STUDENT LEGAL ALERTSCourt order on file? Please attach ☐

Description _____

STUDENT MEDICAL ALERTS (Diabetes, Seizures, Epilepsy, Asthma, Allergies, etc.)

Description _____

Life Threatening? ☐

Medication Needed? _____

OTHER STUDENT ALERTS / LEARNING NEEDS - Health, family or other informational (ADHD, Hearing, Dyslexia, Autism, etc.)

Description _____

CITIZENSHIP (country) _____

Visa Status _____

Expiration _____

If a parent is NOT a Canadian Citizen, Please include Citizenship documentation as it is required for Legal Residency of Parent.

SIBLING INFORMATIONLegal Last Name _____
Legal First Name _____Birthdate _____
Relationship _____Legal Last Name _____
Legal First Name _____Birthdate _____
Relationship _____Legal Last Name _____
Legal First Name _____Birthdate _____
Relationship _____Legal Last Name _____
Legal First Name _____Birthdate _____
Relationship _____**LANGUAGE** At Home _____ Most Used _____ First _____**ABORIGINAL ANCESTRY** Metis ☐ Inuit ☐ Status-On Reserve ☐ Status-Off Reserve ☐ Non-Status ☐

Band of Origin _____ Band of Residence _____ Status No. _____

St. Joseph School acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child(ren) at our school, unless written authorization from a parent or legal guardian is provided to the school. The school will store all digital and hard copy parent and student personal information securely.

I/We hereby certify that the information above and attached is complete and correct.

I/We wish to have my/our child/ren attend St. Joseph School, and hereby agree to meet the enrolment requirements, including participation in all religious instructions and liturgical celebrations, excluding (if non catholic) reception of the sacraments.

I consent to having St. Joseph School collect personal information that may include student and family information (such as birth certificates, legal guardianship, court orders, most recent report cards etc.) needed for registration. I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of St. Joseph School

- (1) For the purpose of establishing, maintaining, and terminating the student's or parent's relationship with St. Joseph School,
- (2) For additional purposes identified when or before personal information is collected, and
- (3) As otherwise provided in St. Joseph School's Personal Information Privacy Policy, a copy of which is available upon request.

I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of St. Joseph School and the Catholic Independent Schools of Nelson Diocese (CISND).

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

Parent / Guardian Signature _____

Date _____



St. Joseph School Registration Package Checklist

2024/2025

Upon completion of this registration package please ensure the following is enclosed:

Documents - Copy

- ☐ Birth Certificate
- ☐ Care Card
- ☐ Baptism Certificate - *Catholics*

Forms

- ☐ New Student Registration Form
 - ☐ Legal Residency of Parent
 - ☐ Student Medical Information
 - ☐ Privacy Agreement Form
 - ☐ Information Technology Consent
 - ☐ Family Statement of Commitment
- New Registrant will only complete these forms once.

- ☐ Pre-Authorized Debit Agreement
 - ☐ Off-Site Activities Consent Form
- These forms are completed yearly.

Tuition & Annual Fee - See attached

- ☐ Annual Fee of **\$150.00/student Kindergarten through Grade 9**
 - ☐ Please pay from my Pre-Authorized Debit (**Payable August 1, 2024**)
- OR ☐ Cheque attached
- ☐ **Pre-Authorized Debit-Form** – Withdrawn from your account tuition on the 1st of each month attach **VOID** cheque starting **July** (for September) and **October through to June**.

Parent Support Group

I have included my Volunteer Hours payment in the amount of \$120.

- ☐ E-transfer payment on **September 1, 2024** (New e-transfer address: psgstjosephs@gmail.com)
- OR
- ☐ Cash or Cheque dated **September 1, 2024** (payable to St. Joseph PSG)

I have completed all forms and included all required payments for registration of my child(ren).

Student Name(s): _____

Parent/Guardian Signature: _____

Date Signed: _____



Pre-Authorized Debit Agreement for 2024/2025

ST. JOSEPH SCHOOL

523 Mill Street Nelson, BC V1L 4S2

Phone: 250-352-3041

Payor (Parent) Name: _____
Name provided will appear on year end tax receipts.

Account Information

- ☐ My account information is the same as the previous school year. (Void cheque not necessary.)
- ☐ My account information has changed from last year.
- ☐ New authorization. My account information is not on file.

Attach void cheque here

Pre-Authorized Debit Details

I, the Payor, authorize St. Joseph School and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for tuition payments and/or any other outstanding amounts due from time to time. I understand that the *Roman Catholic Bishop of Nelson* will administer this PAD Agreement. These services are for personal use.

Regular monthly payments for the full amount of tuition expenses will be debited to (i.e. withdrawn from) my specified account on or about the first day of the months of **July, & October - June.**

I may revoke my authorization at any time subject to providing at least 30 days written notice. To obtain a sample cancellation form or more information on my right to cancel a PAD agreement, I will contact my financial institution or visit www.cdnpay.ca.

Signature

Signature of Account Holder:

Name (print): _____

Date: _____

Signature of Joint Account Holder (if applicable):

Name (print): _____

Date: _____

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on the Payor's recourse rights, I may contact my financial institution or visit www.cdnpay.ca.



St. Joseph School Tuition 2024 - 2025

As an Independent School in British Columbia, St. Joseph School receives only 50% funding of the per student operating costs of the local public school district from the British Columbia Government. St. Joseph School also does not receive any provincial government funding for capital expenses. Tuition, donations, Parish subsidy and fundraising are required to make up any shortfall of the operating and capital costs for the school.

***Tuition is tax deductible as a charitable tax credit.**

Tuition for families of students attending St. Joseph School:

	Catholic & Non-Catholic Rate
First Child	\$370.00/ month
Second Child	\$220.00/ month
Third Child	\$145.00/ month
Fourth Child	\$20.00/ month

Tuition is payable by the following two options:

1. Prepayment in full with (re-)registration **OR**
2. Pre-authorized payment established for monthly withdrawals starting **July 1, 2024** (for September) and **October through June**. Void cheque and completion of PAD form required.

Annual Fee:

All students receive one free collared school shirt from the PSG.

\$150.00 Includes consumable workbooks, agenda and school supply fee for Kindergarten through Grade 9. This fee will be due on **August 1, 2024**.

Please note:

- **Annual fees are non-refundable**
- **1st tuition payment is non-refundable**
- **In case of withdrawal a one-month notice is required in writing**

Options and Activity Fees:

Separate Forms are sent home separately with fee notification.



St. Joseph School

Legal Residency of Parent

To be completed and signed by a parent or legal (court-appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

Lawfully Admitted into Canada

1. I am (please x one):

- ☐ A Canadian citizen
(if not born in Canada, please attach a photocopy of citizenship paper/card)
- ☐ A landed immigrant (attach photocopy of landed immigrant status paper)
- ☐ Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
- ☐ Admission as a refugee claimant
 - ☐ A person claiming refugee status who has a letter of no objection
 - ☐ Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - ☐ Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - ☐ A person carrying out official duties as a diplomatic or consular official (with foreign representative acceptance counter foil in his/her passport)
 - ☐ Other – document description; (must be cleared with Immigration Canada)
- _____
- _____

Residency in British Columbia

2. I am a resident of British Columbia (please x one):

- ☐ **Yes** Residency address: _____
- ☐ **No** I am not a resident of British Columbia

Confirming Signature:

I am aware that it is my responsibility to notify the school and provide the office with any updated immigration status documents if changes occur.

3. Parent/legal guardian's name: _____
PRINT Name

Parent/legal guardian's signature: _____
SIGNATURE

Date: _____



Student Medical Information

My child _____ has:

- ☐ an emergency medical condition ☐ **No Medical Concerns**
- ☐ a non-emergency medical condition
- ☐ a non-health condition that should be brought to the attention of the school

Emergency Conditions

- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart Disease
- ☐ Hemophilia
- ☐ Seizures
- ☐ Severe Allergies to _____
Causing symptoms such as: Swelling (esp. eyes, lips, face & tongue)
Throat tightness/closing
Fainting/loss of consciousness
Specify others _____
- ☐ Severe Asthma
Causing symptoms such as: Extreme difficulty breathing
Uncontrollable coughing
Wheezing not relieved with medication

**** If an emergency condition exists that may require an individualized emergency plan for the student, an additional form must be completed in the office.**

Non-Emergency Conditions

- | | |
|--|--|
| <input type="checkbox"/> Mild Allergies (controlled with medication) | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Mild Asthma (controlled with medication) | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Hyperactive condition (treated with medication) | <input type="checkbox"/> Aggressive condition |
| <input type="checkbox"/> Depression (treated with medication) | <input type="checkbox"/> Hearing impaired |
| <input type="checkbox"/> Migraine headache | <input type="checkbox"/> Visually impaired |
| <input type="checkbox"/> Narcolepsy | <input type="checkbox"/> Attention condition |
| <input type="checkbox"/> Food Sensitivities: _____ | <input type="checkbox"/> Specify others: _____ |

Does your child take regular medication? Yes _____ No _____

All medications must be turned into the school office for secure storage. Staff will not administer any medication nor be responsible for determining proper dosage or time medication is to be taken. All medication must be self administered.

Other medical information you feel the school should be aware of: _____

I am aware that it is my responsibility to notify the school ASAP, if there is a change in the medical status of my child.

Parent/Guardian Signature: _____

Date: _____



Privacy Agreement Form

The Freedom of Information and Protection of Privacy legislation came into effect for schools in the fall of 1994. To ensure that we are complying with the legislation, we ask that you read the following information carefully.

1. There are occasions when our school would like to have contact with parents to consult them directly about school issues or meetings, or to plan school related activities. The school will normally make your name and phone number as well as the child's name and grade available to school personnel, the **Parent Support Group** or others responsible for organizing these types of activities. Your personal information will not be disclosed to anyone for business or commercial purposes.

_____ Yes, I permit the release of my personal information for purposes consistent with the above.

_____ No, I do NOT permit the release of my personal information for purposes consistent with the above.

2. St. Joseph School publishes a **school directory**. This directory enables parents and students to contact each other regarding school projects and other social activities. You, your child's name, phone number and email address may appear in the directory. Participation is strictly voluntary. Please indicate if you would like your family included in such.

_____ Yes, I wish to be included in the St. Joseph School Directory.

Parent Name: _____

Phone Number: _____ Email Address: _____

Parent Name: _____

Phone Number: _____ Email Address: _____

_____ No, I do NOT wish to be included in the St. Joseph School Directory.

3. It is a tradition in our school to allow staff, parents and the **media** to photograph individual students and groups of students to commemorate events and to promote various educational, sport and cultural events taking place in the school. While photographs add to the community life of our school, they are not required for educational purposes. Students' names, photographs and comments may be published in the school newsletter, and on occasion, in the school annual report, or in the news media.

_____ Yes, I permit the publication of my child's name, photograph and comments for purposes consistent with the above.

_____ No, I do NOT permit the publication of my child's name, photograph and comments for purposes consistent with the above.

Parent Signature: _____ Date: _____

Student's Name: _____

The acceptance of this policy will remain in effect for the period of time this student is in attendance at St. Joseph School. Should you wish to change any of your permissions, please contact the office.



CISND
OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK FORM A2
(Local, Low-risk Day Trip)

School Name

To the Parent(s)/Guardian(s) of: _____ Grade: _____ Homeroom: _____
Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.
If this form is not signed and returned to the school by _____, your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: _____ DATE(S) _____ OR
SERIES OF OFF-SITE ACTIVITIES (Specify program): _____
PURPOSE OR EDUCATIONAL GOAL(S): _____
ITINERARY/ACTIVITIES: _____
METHOD OF TRANSPORTATION: _____ BY: _____
LEAD TEACHER: _____ TOTAL NUMBER OF SUPERVISORS PLANNED: _____
SUPERVISORY RATIO: _____
COST TO THE STUDENT: _____ WHAT TO BRING: _____
OTHER CONSIDERATIONS: _____

SCHOOL RESPONSIBILITIES:

- The School will make every reasonable effort to ensure or ascertain that:
- The staff, volunteers and/or service providers involved are suitably trained and qualified.
 - The students are adequately supervised over all aspects of the program/activity.
 - The location(s) used are appropriate and safe for the activity(ies) and group.
 - Equipment used has been inspected and deemed appropriate and safe.
 - A Safety Plan is in place to identify and manage known potential risks.
 - An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following:

Additional Comments/Requirements:

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: _____ Dates: _____

- I acknowledge my right to obtain as much information as I require about the program or activity and associated risks and hazards, including information beyond that provided to me by the school.
- I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
- In the event that my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I can be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
- I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
- Based on my understanding, acknowledgement, and consents as described herein,

Name of student _____ Date of birth _____ has my permission to participate.

Date _____ Parent/Guardian Name (please print) _____ Signature of Parent/Guardian _____

Parent/Guardian Contact Numbers: Day: _____ Evening: _____



INFORMATION TECHNOLOGY: STUDENT ACCESS TO NETWORKED INFORMATION SERVICES CONSENT FORM

As part of our information technology program, your child will be accessing information services including the Internet. We recognize that use of the Internet can bring with it major parental concerns, and we wish to make student access to such information as safe as we possibly can. Accessing these services is very similar to a student field trip. Supervision will be provided when the Internet is accessed, ensuring that it will be utilized in a responsible manner.

The focus will be on searching the network for educational and general topics of interest to students. The inappropriate use of networked information services or accessing inappropriate sites or material will result in the loss of access privileges.

The school's computers and iPads are set up with a program that filters the sites students are able to access. However, the filtering system may not be 100% effective. The staff of St. Joseph School will continue to monitor the activities of students to ensure quality of content.

School personnel will review files and communications to ensure system integrity and ensure that users are using the system responsibly. Users should not expect that files stored on St. Joseph's computers would always be private. The administration can access all files and monitor them as necessary.

Students, staff and parents of St. Joseph School understand that the following infractions will result in disciplinary measures:

- Damaging computers, iPads, computer systems, software, peripherals or computer networks
- Trespassing in another person's folders, work or files
- Violating Internet protocols
- Accessing email, chat groups or news groups without permission of the teacher or administration
- Accessing prohibited materials
- Using obscene language
- Taking, sending or displaying offensive messages or pictures
- Harassing, insulting or attacking others online
- Violating copyright laws
- Intentionally wasting limited resources
- Employing the network for commercial purposes
- Utilizing computers or network for personal use during school operating hours

I have read the Acceptable Use Policy for St. Joseph School above and have reviewed it with my child.

Child's Name: _____

Date: _____

Parent's Signature: _____

The acceptance of this policy will remain in effect for the period of time this student is in attendance at St. Joseph School.

Family Statement of Commitment

1. Parents and guardians agree that they and their families will demonstrate a respectful and sympathetic sensitivity to the aims and nature of the School and to the Roman Catholic beliefs and practices of the School.
2. All students are required to attend and participate in our religious education curricular and co-curricular programs, including liturgical celebrations, retreats, prayers, etc.
3. Parents and guardians are expected to support the teaching on faith and morals in the religious education program.
4. Regular school attendance and full participation in all aspects of the academic program of the School are required of every student. Each student is expected to strive toward the development of his/her full potential.
5. Each family is expected to support and participate in the fund-raising activities of the School.
6. Each student is expected to know and follow school policies on behaviour.
7. Parents and guardians are expected to know and support school policies and procedures.
<https://www.cisnd.ca/policy-manual.php>
8. Parents and guardians agree to accept the responsibility for the cost of tuition, supplies, and other school activities unless alternate arrangements have been made through the School Principal.

Failure by a parent/guardian to comply with these regulations or the Parent/Guardian Code of Conduct (Policy 3020) may result in the family being removed from the school.

I have read and understand the above expectation and commitments and I/we hereby accept them as stated.

Parent/Guardian _____
Name (*please print*)

Signature _____

Date: _____

Parent/Guardian _____
Name (*please print*)

Signature _____

Date: _____



St. Joseph School - Parent Support Group (PSG) Volunteer Hours – Yearly Family Requirement

One of our main objectives of the PSG is to raise money to help with things such as extra resources for our teachers, to enhance school programs, provide extra activities for the students, school bussing costs, as well as improving the school building and playground area. This is achieved by families contributing their time at our various fundraisers throughout the year.

To raise these funds **each family** is responsible for **8 hours** of volunteering throughout the year or **\$120** in lieu. (**8 hrs x \$15 = \$120**)

Please indicate below your family's choice regarding PSG Volunteer Hours for the **2024/2025** school year.

Last Name _____ Email _____

Student(s) Name _____ Grade(s) _____

(Please Check Box below)

☐

We **will be volunteering** this year and will **e-transfer** payment to psgstjosephs@gmail.com, OR attached is **cash, or a cheque** payable to St. Joseph PSG dated **September 1st, 2024**, in the amount of **\$120**. At the end of school year, the PSG will refund those who meet their 8 volunteer hours, or prorate the hours worked.

☐

We are **not volunteering** this year and will **e-transfer** payment to psgstjosephs@gmail.com, OR attached is **cash, or a cheque** payable to St. Joseph PSG dated **September 1st, 2024**, in the amount of **\$120**.

We have a dedicated Volunteer Coordinator to help with any questions or feedback - psgstjosephs@gmail.com

We look forward to seeing each family helping to make our school events successful throughout the year!

Sincerely,
St. Joseph School Parent Support Group (PSG)
psgstjosephs@gmail.com