



Kearns-St. Ann School Tuition and Fee Information 2022-2023

2022-2023 Approved Tuition Rates Catholic Elementary and Middle Schools 2% Increase

Tier 1 Average Cost to Educate Rate: \$8,320
Tier 2 Qualified Catholic: \$8,200

All other tuition rates are determined on a sliding scale based on income and need. Families must complete FACTS information to be considered for financial aid: <http://online.factsmgt.com>

Deadline for FACTS completion is April 18, 2022

2022-2023 School Fees: Kindergarten – 8th Grade

Registration Fees: **\$100.00 per child** – Due: **February 17, 2022** (auto-deduction or pay in person)
This fee is non-refundable

School Fees: **\$250.00 per child** – Due: **May 20, 2022** (auto-deduction or pay in person)
(Diocesan Assessment, Insurance, Testing, Program Fees, Home & School Fee, Administration Fee, Textbooks, Bible Fee, School Planner and Screenings)

Eighth Grade Graduation Fee: **\$100.00** – Due: **May 20, 2022** (auto-deduction or pay in person)
(Graduation Robes, Group Picture, Reception, Field Day and Yearbook)

2022-2023 Tuition and School Fees: Pre-Kindergarten – (4 years old)

Tuition: \$3,500 Annual

Registration Fees: **\$100.00 per child** – Due: **February 17, 2022** (auto-deduction or pay in person)
This fee is non-refundable

School Fees: **\$175.00 per child** – Due: **May 20, 2022** (auto-deduction or pay in person)
(Diocesan Assessment, Insurance, Administrative Fee, Program Fees, Supplies and Snacks)

Daycare and Preschool: - (2 months to 3 years old)

*Please talk to Kaitlin Dignam in the ECC Building or email Carrie Lentz at clentz@ksaschool.org

We accept credit cards, checks, or money orders



2022-2023 ENROLLMENT/RE-ENROLLMENT FORM

801-486-0741 (Phone) * 801-486-0742 (Fax)

Kindergarten students must have been born before Sept. 1, 2017;

Pre-Kindergarten students must have been born before Sept.1, 2018

Student Name: (Last) _____ (First) _____ DOB: _____ Grade: _____ Gender: M or F

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Student Name: (Last) _____ (First) _____ DOB: _____ Grade: _____ Gender: M or F

Student Name: (Last) _____ (First) _____ DOB: _____ Grade: _____ Gender: M or F

New Sibling (Last) _____ (First) _____ DOB: _____ Grade: _____ Gender: M or F

Mother's Name: (Last) _____ (First) _____

Father's Name: (Last) _____ (First) _____

OR

Guardian's Name: (Last) _____ (First) _____

- Lives with Both Parents Lives with Mother Lives with Father Other

Mailing Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Mother's Cell Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Father's Work Phone: _____

Mother's Email: _____ Father's Email: _____

Primary Language Spoken at home: _____

Ethnicity (optional): Hispanic/Latino _____ Not Hispanic/Latino _____ Race (optional): _____

Student's Religion: _____ If Catholic, is he/she baptized? _____

If Catholic, parish currently registered: _____

***IF NEW:** School Now Attending: _____

***IF NEW:** How did you hear about us? _____

OFFICE USE ONLY

____ Received Birth Certificate

____ Received Baptismal Certificate

____ Received Report Cards

____ Received Immunization Form

____ Received First Penance Certificate

____ All Legal paperwork with
Regards to Health/Guardianship

____ Received First Holy Communion Certificate

A COPY OF EVERYTHING THAT APPLIES IN THE BOX ABOVE MUST BE RECEIVED WITH THIS FORM.



**MEDICAL RELEASE FORM
2022-2023**

This is a medical release for a minor child(ren), which may permit treatment in an emergency. While there are other methods for hospitals and other medical facilities to obtain permission to treat a minor child in the absence of parental consent, it is a good idea to have one of these permission slips on file in the office, in the teacher's backpack, in the child's doctor's office, as well as the nearest hospital to be sure there is no delay in case of an emergency.

The information must be updated annually or more often if the information contained herein changes. Please print the following information.

I, _____ Parent/Legal Guardian of _____,

a minor child(ren), hereby authorize any medical or surgical treatment that may be necessary in an emergency, and in my absence, for the well being of the above mentioned minor(s). I agree to hold the physician or hospital treating the above-mentioned minor(s) harmless. I also give the hospital permission to release information to my insurance company(s) and give them permission to collect payment from said insurance company(s).

Child's Name _____ Grade _____ Date of Birth _____
Medication currently taking: _____

Child's Name _____ Grade _____ Date of Birth _____
Medication currently taking: _____

Child's Name _____ Grade _____ Date of Birth _____
Medication currently taking: _____

Child's Name _____ Grade _____ Date of Birth _____
Medication currently taking: _____

Regular Physician: _____ Phone Number: _____
Insurance Co: _____ ID Number: _____

Child(ren) Home Address: _____ Child(ren) Home Phone: _____

Father's Name: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

Mother's Name: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

Describe in full any allergies (drug, food, insect bites, etc.) or limitations on physical activity,
Drug Allergies: _____ Food Allergies: _____
Other Allergies: _____ Physical Limitations: _____

Name of person other than guardian to contact in case of an emergency:
Name: _____ Relationship: _____
Address: _____ Phone: _____

Signature of Parent/Legal Guardian _____ Date: _____

KEARNS – ST. ANN SCHOOL
CHECKING/SAVINGS ACCOUNT DEBIT AUTHORIZATION
Please complete AND attach VOIDED check

Name (s) (exactly as shown on account)

Street Address

City

State

Zip

Home Phone

CELL Phone

Work Phone

Student/Grade

Student/Grade

Student/Grade

Student/Grade

The following account information is a _____ Checking Account _____ Savings Account

Name of Financial Institution

OR _____ I WILL PAY IN FULL BY AUG 19, 2022
(CHECK HERE)

Transit Routing Number

Account Number

I authorize KEARNS – ST. ANN School and Extended Day Program to automatically deduct my monthly **Tuition/Extended Day Care Payments** from the above referenced account. I understand this authorization will remain in effect until I provide written notice of termination in such time and in such manner as to afford KEARNS – ST. ANN SCHOOL and Extended Day Program a reasonable opportunity to act on it (minimum of 7 business days notice prior to effective date). I understand it is my responsibility to notify KEARNS – ST. ANN SCHOOL and Extended Day Program of any change in student(s) enrollment. I understand KEARNS – ST. ANN School and Extended Day Program reserve the right to terminate this service at any time.

Signature (required for validation)

_____/_____/_____
Date

Terms of service: KEARNS – ST. ANN **School Tuition Debits** will be made on the 20th day of each month, beginning August and ending May each school year student(s) is enrolled. KEARNS – ST. ANN **Extended Day Program** charges will be made on the 10th day of each month. KEARNS – ST. ANN SCHOOL is not responsible for bank account charges, NSF, or other bank fees, or overdrafts caused by automatic transactions. KEARNS – ST. ANN SCHOOL and Extended Day Program will assess a \$25.00 NSF FEE on all transactions returned for non-sufficient funds.



Parental Permission Form Student Photographs/Video

During the course of the school year, Kearns-Saint Ann School publishes a variety of social media for information and recruitment purposes. Within the context of these publications, the photographs or videos of school-sponsored activities and events, as well as photos and/or videos of students and faculty, are usually included. *The Catholic Diocese of Salt Lake City also occasionally asks for pictures and/or videos of our students.*

I/We do hereby give permission for Kearns-Saint Ann School to use photographs/videos of my child (ren) as part of school or *Diocesan*, social media. I understand that neither child (ren) nor I will receive any financial remuneration for this publicity.

I/We give my/our permission to use *photographs/videos* of my child (ren) during the time he/she/they are enrolled in Kearns-St. Ann School.

List names of each child (first and last)

1. _____
2. _____
3. _____
4. _____
5. _____

Photograph/Video: Yes _____ No _____

Signed: _____ Date: _____
Mother or Legal Guardian

Signed: _____ Date: _____
Father or Legal Guardian

Kearns-Saint Ann School 430 East 2100 South Salt Lake City, Utah 84115
(801) 486-0741 (FAX) 486-0742