



2017-2018

K-8

**Application
Packet**



Dear Families,

Thank you for your interest in Sts. Joachim and Ann Catholic School for the 2017-2018 school year. We are honored you would like to partner with us in your child's educational journey. We are very proud of our school and are delighted you want to be part of the Sts. Joachim and Ann Parish community.

Enclosed in this packet, you will find the following information and forms:

- Application Checklist
- School Board Admission Policy
- Application Form
- Witness Statement (For Those Seeking to Enroll Their Children in a Catholic School)
- Educational Needs Form
- Health Physical Form
- Request for Student Records (needed for those entering grades 1-8 only)
- Subsidy Acceptance/Stewardship Form
- Shop For Our Schools (SFOS) information
- Sts. Joachim and Ann Online Giving information
- Tuition Assistance Packet

Each school is unique and sets tuition, fees, registration dates and family requirements. Below is important information for you:

- Tuition rate for registered parishioners: 1 child - \$4,933 2 children - \$6,987 3 or more children - \$8,474
- Tuition rate for non-parishioners: 1 child - \$6,509 2 children - \$13,018 3 or more children - \$19,527
- A \$200 non-refundable registration fee is to be returned with the packet by Monday, February 27, 2017. This covers the 2017-2018 book, supply and technology fee for one child. An additional \$175 is required for each additional child which is due by August 1, 2017.
- Each family is required to generate \$200 in profit by using the Shop For Our Schools program (see attached information in the packet) or you may opt to buy out.
- Our Parent-Teacher Organization (PTO) raises money to directly aid classroom instruction and update technology, library and computer equipment/supplies. The PTO assessment for each family is \$100 per year. This fee is due by Monday, August 1, 2017.

Each new student will be given an assessment. For students entering grades 1-8, copies of records from the previous school are required (including cumulative grades, standardized test scores and attendance information). The principal, after reviewing the student's academic records, and in consultation with the parent(s)/guardian(s) and teachers, will recommend placement of the student.

Our registration opens with our Open House on Sunday, January 29, 2017. We ask you return your completed application to school via mail or by dropping it off in the office by Monday, February 27, 2017. We encourage you to meet this deadline, however, we will accept late registrations based on classroom availability.

A checklist is enclosed with this packet listing all information and actions that are needed for your application to be completed. Again, thank you for your confidence in Sts. Joachim and Ann Catholic School.

Blessings,
Mrs. Deborah A. Pecher
Principal

Form Checklist for All New Students

The following are necessary for all new applicants at Sts. Joachim and Ann Catholic School. Please note that your application is not complete until all are completed and the administration reviews your application.

_____ Application Form

_____ Signed Witness Statement

_____ Educational Needs Form

_____ Subsidy Acceptance/Stewardship Form

_____ Baptismal Certificate

_____ Birth Certificate

_____ Physical Form

_____ Current Immunization Records

_____ Provided most recent verified copy of custody arrangements/education plan of divorce decree in cases in which the parents of the student are divorced.

_____ \$200 registration fee payment

_____ Registered in the Parish

_____ Have an appointment to meet with Fr. Brockland (call 636-441-7503) on _____

_____ 4x6 Family Photo

For new applications enrolling in grades 1-8, the following are additionally needed:

_____ First Communion Certificate (for grades 3-8)

_____ Request for Transfer of Records Form

Thank you for applying to Sts. Joachim and Ann Catholic School!



SCHOOL BOARD ADMISSION POLICIES:

Sts. Joachim and Ann School Mission Statement: We, the school family of Sts. Joachim and Ann, have as our foundation the teachings of Jesus Christ. In partnership with parents, the primary educators of their children, we strive to foster educational excellence and growth of mind, body, and spirit. We call forth the unique gifts and talents of our students to be of service to the community and our world.

Catholic school is an extension of the Catholic family. Catholic parents sending their children to Sts. Joachim and Ann are expected to model their faith by practicing it.

Priority for admission to Grades K-8 will be:

1. Students currently enrolled in Sts. Joachim and Ann School, grades K-8.
2. Siblings of students currently enrolled in Sts. Joachim and Ann School, grades K-8.
3. Children of families currently registered in Sts. Joachim and Ann Parish, but not currently enrolled in, or having siblings currently enrolled in Sts. Joachim and Ann School.
4. *Children of Catholic families registered outside of our parish.
5. *Non-Catholic students registering as new students to Sts. Joachim and Ann School.

*Children of Catholic families registered outside of our parish and children of non-Catholic families are eligible to enroll in Sts. Joachim and Ann School, but require the Pastor's approval and shall make tuition payments equal to the total cost of educating each individual child they are enrolling. If enrolled, students must adhere to total participation in the school's curriculum.

**For further information, to answer your questions, or to schedule a classroom observation,
please call the school office between 8:00 a.m. – 2:30 p.m.
at 636.441.4835.**

Office use only:

Check No. _____ Amount _____

**Sts. Joachim and Ann Catholic School
REGISTRATION APPLICATION FORM (K-8)**

Family Information

PLEASE PRINT

Today's Date _____

Family Name: _____

Address _____
Street City Zip Code

Primary Contact Phone Number _____

Father's Name _____
Last First Middle

Father's Address _____
Street City Zip Code

Father's E-Mail: _____ Father's Cell: _____

Father's Religion: _____ Father's Marital Status: Married ___ Divorced ___ Single ___
Remarried ___ Separated ___ Widowed ___

Father's Occupation _____ Father's Employer _____

Father's Business Phone _____

Mother's Name _____
Maiden Name First Middle

Mother's Address _____
Street City Zip Code

Mother's E-Mail: _____ Mother's Cell: _____

Mother's Religion: _____ Mother's Marital Status: Married ___ Divorced ___ Single ___
Remarried ___ Separated ___ Widowed ___

Mother's Occupation _____ Mother's Employer _____

Mother's Business Phone _____

Name of Previous Parish : _____

As Catholic parents, are you practicing your faith? Yes ___ No ___

Are you faithful in financially supporting your parish? Yes ___ No ___

ALL SIGNATURES REQUIRED

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

The parents of this child have met with the pastor: _____
Fr. Brockland's Signature

Emergency Contact and Medical Information

In case of illness or accident: **Family Name:** _____

Which parent should be called first? _____ Which phone number? _____

Additional Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information

Physicians Name: _____ Phone: _____

Preferred Hospital: _____

Insurance Information: _____

Child's Name: _____

Known Allergies: _____

Medications Taken: _____

Any other Medical Needs or Information (ADHD, Migraines, diabetes, heart condition, anxiety): _____

(space for additional children)

Child's Name: _____

Known Allergies: _____

Medications Taken: _____

Any other Medical Needs or Information (ADHD, Migraines, diabetes, heart condition, anxiety): _____

Child's Name: _____

Known Allergies: _____

Medications Taken: _____

Any other Medical Needs or Information (ADHD, Migraines, diabetes, heart condition, anxiety): _____

Child's Name: _____

Known Allergies: _____

Medications Taken: _____

Any other Medical Needs or Information (ADHD, Migraines, diabetes, heart condition, anxiety): _____

**Sts. Joachim and Ann Catholic School
Registration Application Form
For Each Child**

(Please Print)

Name of Student _____
Last First Middle

What name does your child go by? _____

Circle: Male or Female Religion: _____

Address _____
Street City Zip Code

Date of Birth _____ Place of Birth _____
City State

Child's age _____ No. of Children in Family: Boys _____ Girls _____

In what public school district do you live?

Francis Howell _____ Fort Zumwalt _____ St. Charles _____ Other _____

What public school building would this child attend if not attending a Catholic school: _____

PREVIOUS SCHOOL(S) ATTENDED:

<u>DATE ENTERED</u>	<u>NAME OF SCHOOL</u>	<u>CITY, STATE</u>	<u>DATE WITHDRAWN</u>	<u>REASON</u>
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Baptismal Date _____
Month / Day / Year

Church _____

Address _____
Street City State Zip Code

First Communion Date _____
Month / Day / Year

Church _____

Address _____
Street City State Zip Code

Archdiocese of Saint Louis

WITNESS STATEMENT

For Those Seeking to Enroll Their Children in a Catholic School or a Parish School of Religion

One of the blessings of marriage is bringing forth new life. God entrusts children to parents who have a primary right and duty to educate their children in the practice of the faith. Parents carry out this responsibility by creating a home full of love, forgiveness, respect and fidelity. The family is the community in which, from childhood, one honors God and learns moral values.

In the rite of the Sacrament of Baptism, parents receive the following call from God to evangelize their children:

You have asked to have your child baptized. In doing so you are accepting the responsibility of training her (him) in the practice of the faith. It will be your duty to bring her (him) up to keep God's commandments as Christ taught us, by loving God and our neighbor... You will be the first teachers of your child in the ways of the faith. May you be also the best of teachers, bearing witness to the faith by what you say or do, in Christ Jesus our Lord.

No wonder, then, that the Church understands the home to be the domestic church. It is in the intimate environment of the family that parents are, by word and example, the first heralds of the faith with respect to their children. This environment is enhanced and deepened through the parish Eucharistic community that is the heart of the spiritual life for Christian families.

Catholic schools and parish religious education programs are in partnership with the family in proclaiming and witnessing to the life and teachings of Jesus Christ. They assist parents in fulfilling their responsibility as the primary religious educators of their children. This partnership works best when parents respect the beliefs of the Church and live lives in a manner that reflect these beliefs. If parents reject the beliefs of the Church or live lives in conflict with these teachings, catechizing young people becomes very difficult.

Aware, then, of the dignity of this holy parental call, and with a reverent awe for that responsibility which is mine, I commit myself to be, in word and example, the first and best teacher of my children in the faith.

Practically, this means I will:

- Understand that the authentic teachings of Jesus as taught by the Catholic Church will be part of my child's education and formation;
- To the best of my ability respect the teachings of the Church and help my children respect the Church and its teachings;
- Regularly participate in the Sunday Eucharist with my family (if not Catholic, support my children's participation in the Church of Baptism), include prayer in my daily life and form my children in the faith.
- Commit to speak frequently with my children about God and to include prayer in our daily home life;
- Participate in and cooperate with the School or Parish School of Religion in programs that enable me as a parent to take an active role in the religious education of my children, including sacramental preparation for Catholic children;
- Support the moral and social doctrine of the Catholic Church to ensure consistency between home and school;
- Teach my children by word and example to have a love and concern for the needs of others;
- Meet my financial responsibilities in supporting the Catholic school or the Parish School of Religion.
- Practice stewardship in support of the school and parish.

Signature of the parent(s)/Guardian(s): _____

PRINT NAMES/Parent(s)/Guardian(s): _____

Name of the Parish/School: Sts. Joachim and Ann Catholic School

Signature of the pastor/Administrator: _____

Date _____

EDUCATIONAL NEEDS FORM

Thank you for your interest and support of Catholic education. We share your interest in helping your child experience success in his/her educational endeavors. In order for us to work cooperatively to establish the best learning environment to meet your child's needs, we ask that you take a few moments to complete this form.

In order to meet your child's educational needs more completely, we need to know if your child has ever been evaluated by a public school district, physician, psychologist, the Special School District, the St. Louis Archdiocese Department of Special Education, or any private agency for learning difficulties.

PLEASE NOTE: Privacy laws do not permit grade schools to forward records from other agencies. If there are records that we need in order to best meet the learning needs of your child, contact the agency where the testing was done and request that we receive the data.

Student Name: _____

No, my child has never been evaluated.

Yes, my child has been evaluated by: (List the name of the evaluating agent)

_____ Year of Evaluation: _____

My child was diagnosed with:

Attention Deficit/Hyperactivity Disorder

Specific Learning Disability

Anxiety Disorder

Emotional Disturbance

Autism Spectrum Disorder

Language Impairment

Speech Impairment

Hearing / Visual Impairment

Other: _____

My child does receive services from the public school district in the area(s) of:
_____ (i.e. speech therapy, learning disability, etc.)
(Please attach a copy of the most recent evaluation report and ISP to this sheet.)

My child receives services from other professionals or agencies (for example, counseling services, occupational therapy, physical therapy, etc.)

My child receives the following accommodations (must be documented through an evaluation, ISP, or other educational plan conducted by appropriate, qualified professionals or agencies).
(Please attach a copy of the most recent evaluation, ISP, or educational plan.) _____

Does your child have any special needs that should be addressed in order to make learning easier? (Eyesight, hearing, other medical conditions, physical disabilities) Please describe.

Parent/Guardian Signature: _____ Date: _____

Request for Student Records

STUDENT INFORMATION

DATE OF REQUEST _____

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME/INITIAL	GRADE
_____/_____/_____	_____	_____	_____
DATE OF BIRTH	PLACE OF BIRTH - CITY	STATE	
_____	_____	_____	_____
CURRENT ADDRESS - STREET NUMBER AND NAME	CITY	STATE	ZIP
_____	_____	_____	_____

PARENT / LEGAL GUARDIAN INFORMATION (SEE NOTE)

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
_____	_____	_____
CURRENT ADDRESS - STREET NUMBER AND NAME	CITY	STATE ZIP
_____	_____	_____

HOME PHONE _____

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
_____	_____	_____
CURRENT ADDRESS - STREET NUMBER AND NAME	CITY	STATE ZIP
_____	_____	_____

HOME PHONE _____

I/WE HEREBY REQUEST THAT RECORDS FOR THE STUDENT IDENTIFIED ABOVE BE PROVIDED TO THE SCHOOL IDENTIFIED BELOW. I CERTIFY THAT AS PARENT/LEGAL GUARDIAN AND/OR STUDENT, I HAVE THE LEGAL RIGHT TO AUTHORIZE THE RELEASE OF THIS INFORMATION. NOTE: THE AUTHORIZATION OF BOTH THE PARENT/GUARDIAN AND THE STUDENT ARE REQUIRED FOR A CURRENTLY ENROLLED STUDENT WHO IS 18 YEARS OLD OR OLDER. A PERSON WHO IS 18 YEARS OLD OR OLDER AND NO LONGER ATTENDING THE SCHOOL HAS THE SOLE RIGHT TO AUTHORIZE RELEASE OF RECORDS.

SIGNATURE

SIGNATURE

THE RECORDS REQUESTED INCLUDE THE FOLLOWING:

- CUMULATIVE RECORD OF GRADES, ATTENDANCE, AND STANDARDIZED TEST SCORES
- SPECIAL NEEDS EVALUATION, DIAGNOSTIC REPORT, AND CURRENT PRESCRIPTIONS FOR ADJUSTMENTS
- IMMUNIZATION RECORD, VISION AND HEARING SCREENING, AND SPECIAL HEALTH CARE NEED INFORMATION

RECORDS REQUESTED FROM:

School Name	Phone Number	Fax Number
_____	_____	_____
Address	City	State MO
_____	_____	_____

Please mail or fax records to:
Sts. Joachim and Ann Catholic School
4110 McClay Road
St. Charles MO, 63304
Phone: 636-441-4835
Fax: 636-441-9534

THE SCHOOL, FOLLOWING ITS ESTABLISHED POLICY, MAY WITHHOLD THE TRANSFER OF INFORMATION IF THERE IS AN UNPAID TUITION BALANCE OR OTHER FINANCIAL OBLIGATION.

PHYSICAL EXAMINATION FORM

In accordance with the recommendations of the **Saint Louis Archdiocese Health Advisory Committee**, all children are expected to have a complete physical examination upon entrance to **PreSchool, Kindergarten, 3rd Grade, 6th Grade, 9th Grade, and all newly enrolled students** who have not had a physical examination within the past twelve (12) months. The physical examination must be completed and signed by a medical doctor or physician assistant/nurse practitioner working under a collaborative practice agreement with a medical doctor.

This form is provided for the convenience of your child's physician. At the time of the examination, please have your physician complete and sign this form. It is expected that each student have this form on file at school by the first day of school.

School _____ Grade _____

Student's Name _____ DOB _____ M or F _____

Date of Examination _____

Height _____ Weight _____ BP _____ Pulse _____ BMI _____

General Appearance

Nutrition _____ Nose _____ Abdomen _____ Skin _____ Mouth _____
Back _____ Lungs _____ Genitalia _____ Head _____ Throat _____
Extremities _____ Heart _____ Neck _____ Eyes _____ Neurologic
Exam _____

Physician Comments & Recommendations – Give Details of Management of Significant Illnesses

Can Student Carry a Full Program of School Work? Yes No (circle one)
Should Physical Activity Be Restricted? Yes No

Explain _____

Hearing Test: Type of Test _____ R L Both

Vision Test: Type of Test _____ R L Both

Physician Signature _____ Date _____

Print Physician Name _____

	<u>PLEASE ATTACH A COPY OF THE CURRENT IMMUNIZATION RECORD</u>
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Office Stamp

**2017-2018 SUBSIDY ACCEPTANCE/STEWARDSHIP FORM
AND TUITION PAYMENT PREFERENCE FORM**
(Please return this form to the school office by Tuesday, Feb. 28)

Saints Joachim and Ann Catholic School

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

STUDENT(S) NAME(S): _____

The **cost to educate** a student at Sts. Joachim and Ann Catholic School for the 2017-2018 school year is \$6,509 per student. Sts. Joachim and Ann Parish contributes the following amount per active, registered family as a subsidy based on the number of students each family has enrolled:

1-student family - \$1,576 in parish subsidy	2-student family - \$6,031 in parish subsidy
3-student family - \$11,053 in parish subsidy	4-student family - \$17,562 in parish subsidy
5-student family - \$24,071 in parish subsidy	

Please check below to accept or decline the above subsidy and to give an indication of your stewardship:

_____ I **accept** the parish subsidy for my child(ren). I will pay the posted tuition rates (see reverse) for my family size.

_____ I **decline a portion** of the parish subsidy for my child(ren); I will pay _____ in addition to the posted tuition rates (see reverse) for my family size to reduce the parish subsidy required on my behalf.

_____ I **decline** the parish subsidy in its entirety. I will pay the full cost to educate my child(ren), according to the following schedule: 1 student-\$6,509, 2 students-\$13,018, 3 students-\$19,527, 4 students-\$26,036 or 5 students-\$32,545.

_____ Our household is participating in the *Parish Christmas Club for Major Needs/Debt Reduction Program*.

_____ Our household offsets parish subsidy by providing regular financial support to the parish. Tuition payments are
not a means of parish support.

_____ We have investigated the possibility of acquiring matching gifts from our employer(s). Our employer(s) are _____ . Matching gifts are available: ____ yes ____ no.

Please keep in mind that the amount you pay in excess of the posted tuition rates for your family size and other means of stewardship may be tax deductible as a charitable contribution.

The undersigned agrees to accept or decline the parish subsidy to the extent indicated above,
and authorizes the payment method selected on the reverse side of this page.

Parent Signature

Date

Parent Signature

Date

Please complete the reverse side regarding your payment method for 2017-2018 →→→

2017-2018 Posted Tuition Rates

1 child \$4,933 2 children \$6,987 3 or more children \$8,474

Please check below the method you will be using to pay your 2017-2018 tuition:

_____ **Single payment** by July 3, 2017. This lump-sum payment of the full tuition amount is payable directly to the school, & can be mailed, dropped off at the Parish Office, or placed in the Sunday collection in an envelope marked "tuition".

_____ **Semi-annual automatic bank payments (July and January)** from checking/savings by FACTS Tuition Management Co. There is a \$10 fee per family, per year for this option. This fee is debited by FACTS from the account you designate for your tuition payments. Written confirmation will be sent prior to this charge being assessed. If you are selecting this option, please answer the questions below.

_____ **Monthly automatic bank payments** from checking/savings by FACTS Tuition Management Co. There is a \$43 fee per family, per year for this option. This fee is debited by FACTS from the account you designate for your tuition payments. Written confirmation will be sent prior to this charge being assessed. If you are selecting this option, please answer the following questions:

* Do you wish to make 2, 10 or 11 payments? (circle)

2 pymts. (July and January)

10 pymts. (August thru May)

11 pymts. (July thru May)

* Would you like your payments withdrawn on the 5th or 20th of the month? (circle) **5th** **20th**

* Did you use automatic debit from checking/savings in 2016-2017? (circle) **Yes** **No**

* If yes, do you wish to use the same checking/savings account in 2017-2018? (circle) **Yes** **No**

-If you wish to use a different checking/savings account, please attach a VOID check or savings deposit slip from the account you want accessed for the 2017-2018 payments.

-A confirmation notice will be sent to verify your new payment amt. and its start date.

* If you were not enrolled in automatic payments last year, you will be sent a FACTS Tuition New Agreement Form, to complete, sign and return along with a VOID check or savings account deposit slip.

_____ **Automatic credit card payment** (Visa, Mastercard, Discover or American Express) by FACTS Tuition Management Company. There is a fee of \$10 (for semi-annual payments) or \$43 (for 10 or 11 monthly payments) per family, per year for this option, plus a convenience fee of \$2.85 per \$100 charged. Please indicate (circle) below the number of installments you prefer. I will contact you to obtain your credit card information to ensure that the details are kept confidential and secure.

2 pymts. (July and January)

10 pymts. (August thru May)

11 pymts. (July thru May)

Thank you for taking the time to complete both sides of this Subsidy Acceptance/Declination and Tuition Preference Form. Please contact Kathy Mueller in the Parish Office at (636) 441-7503 with any questions.

Shop For Our Schools **(SFOS)**

A way to help Sts. Joachim & Ann School without increasing your current spending.

The Shop For Our Schools Program is available to everyone and is an easy way to help the school earn additional revenue. Below are some commonly asked questions about the program:

What is the Shop For Our Schools Program?

Shop For Our Schools is a unique fund-raiser that raises money for the school without costing a family any additional expense. Each school family is required to generate at least \$200 in profit by purchasing gift certificates for groceries, gas cards, local restaurants, etc. Buying out or paying the difference are also options.

How does it work?

Local merchants sell us gift certificates at a discount. We, in turn, sell them to participating families for face value. For example: Shop n Save gives us a 4% discount. If you purchase \$500 worth of grocery gift certificates – the school will earn \$20.

Are these coupons?

No, these are gift certificates and gift cards; they spend like money.

Are the certificates for stores at which I shop?

We have over 150 merchants that include Dierbergs, Shop n Save, McDonalds, Wal-Mart, Kohl's, and Home Depot. The order form is separated by categories to make your shopping easier.

What if I grocery shop at Schnucks?

Schnucks does not sell certificates, but participates in a different way. If you are a Schnucks shopper, stop at the service desk and ask for an e-scrip card (our Group I.D. is 6574691). Once the card is activated, simply swipe the card every time you shop at Schnucks and they will donate a percentage of your purchases to school. This donation will be tracked by family and applied to your \$200 requirement for the year. Contact Schnucks for more details on the e-scrip card.

Do you keep certificates in stock?

We keep many gift certificates in stock. All grocery stores and most restaurants are always in stock. Walmart, Target, and Kohl's certificates are also in stock. You can look on an order form to see what we typically have in stock. All in-stock items are marked with a ♦ on your order form.

How long will it take to get something not in stock?

Orders for non-stock items placed before 8:30 a.m. on Monday will be available Thursday of that week.

How long will it take to get something in stock?

Throughout the school year, orders are filled every day of the week. If your order is received by 8:30 a.m., it will be ready by 2:00 p.m. that afternoon, based on available inventory.

How can I obtain certificates?

Church Lobby: Certificates are sold each weekend at the following times –
Saturday after 5:00 p.m. Mass
Sunday after 7:30 a.m. Mass (1st and 3rd Sunday)
Sunday after 9:30 a.m. Mass
Sunday before 11:30 a.m. Mass

School Hours:

When school is in session, orders can be sent in with your child in the morning or dropped off in the school office. All orders received by 8:30 a.m. each morning will be filled that day and ready for pick-up in the school office by 2:00 p.m. that afternoon if the items are in stock. Orders can also be sent home with your child in his/her backpack. All orders that are sent home are signed for by the student and become his/her responsibility.

Online:

Orders can be placed online using www.shopwithscrip.com and PrestoPay. For more information and the enrollment code please call the School Office @ 636-441-4835.

Is the program profitable?

Each school year, Shop For Our Schools is able to provide the school earnings from certificates purchased by our families.

What is the money used for?

The profits from the \$200 requirement go into the operating budget of the school and help keep tuition costs down. Excess earnings will be pooled and earmarked annually for specific items/improvements to benefit the entire student body. If you prefer to have your excess earnings allocated to help a needy family reach their requirement or used to purchase supplies for a specific classroom, you can indicate that on the order form.

Is participation mandatory?

Yes, the program is mandatory for school families. Each family is required to earn \$200 in profits or make up the difference at the end of the school year. Families may also buy out of the program with a \$200 payment.

Who handles all this work?

The Shop For Our Schools Program has a large number of dedicated volunteers. If you are interested in helping out, call Beth Harmon at 314-249-6693.

I am totally confused – who do I call?

If you have any questions about the program or earning your \$200 requirement, please call the school office @ 636-441-4835.