



# St. Helen School

Living Virtue · Building Character

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Dear New Families,

March 1, 2025

We are very happy to start the enrollment process for your child(ren). Here is an overview of what is required.

1. Fully complete the attached registration paperwork, and include the \$150 registration fee.
2. Turn in the following documents:
  - Birth Certificate
  - Immunization Records
  - Last Report Card
  - Baptism Certificate (If applicable)
  - Custody Papers (If applicable)
  - Current IEP and ETR and/or 504 Plan (If applicable)
  - Please note: Incoming 4th graders are required to provide a copy of state test results for the Third Grade Reading Guarantee Test or a letter from their current school stating their test results

We will arrange a screening for each applicant, then notify you of our decision. If you have any questions, please contact the school office. We look forward to the next step of the enrollment process!

Sincerely,

Lisa Saunders  
Office Manager







	Student 1 (youngest)	Student 2	Student 3
First Name			
Middle Name			
Last Name			
Nickname			
Grade Level (25-26))			
Date of Birth			
Place of Birth			
Gender	Male / Female	Male / Female	Male / Female
Last 4 digits SS#			
Religion	Catholic / Non-Catholic	Catholic / Non-Catholic	Catholic / Non-Catholic
Student Lives with:			
Hispanic	Yes or No	Yes or No	Yes or No
Race (Circle One)	American Indian/Native Alaskan Asian Black Native Hawaiian/Pacific Islander White Multi-Racial	American Indian/Native Alaskan Asian Black Native Hawaiian/Pacific Islander White Multi-Racial	American Indian/Native Alaskan Asian Black Native Hawaiian/Pacific Islander White Multi-Racial
The EdChoice Scholarship (Circle One)	Applying for EdChoice Receive EdChoice/Renewal I Choose not to apply	Applying for EdChoice Receive EdChoice/Renewal I Choose not to apply	Applying for EdChoice Receive EdChoice/Renewal I Choose not to apply
School Previously attended			
My child has been recommended for, or is currently on an: IEP, 504 Plan, RIMP, Title 1 Services	IEP: Yes / No 504 Plan: Yes / No RIMP (Grades K-3): Yes / No Title 1 Services: Yes / No	IEP: Yes / No 504 Plan: Yes / No RIMP (Grades K-3): Yes / No Title 1 Services: Yes / No	IEP: Yes / No 504 Plan: Yes / No RIMP (Grades K-3): Yes / No Title 1 Services: Yes / No
Incoming 4 <sup>th</sup> Grader: Did your child earn a promotion score on the 3 <sup>rd</sup> grade reading Test?	Yes / No N/A	Yes / No N/A	Yes / No N/A
My child was retained? What grade level?	Yes / No Grade: _____	Yes / No Grade: _____	Yes / No Grade: _____
My child was asked to leave a previous school?	Yes / No	Yes / No	Yes / No

### Sacrament Information

Student 1 Name: \_\_\_\_\_

Sacraments	Received (Yes or No)	Date	Church	City/State
Baptism				
First Communion				
Reconciliation				
Confirmation				

Student 2 Name: \_\_\_\_\_

Sacraments	Received (Yes or No)	Date	Church	City/State
Baptism				
First Communion				
Reconciliation				
Confirmation				

Student 3 Name: \_\_\_\_\_

Sacraments	Received (Yes or No)	Date	Church	City/State
Baptism				
First Communion				
Reconciliation				
Confirmation				



**Additional Questions:**

1. Do you currently have any siblings that live in the same household, attend St. Helen School?
  - a. If yes, please list:
    - i. Name \_\_\_\_\_ Grade: \_\_\_\_\_
    - ii. Name \_\_\_\_\_ Grade: \_\_\_\_\_
    - iii. Name \_\_\_\_\_ Grade: \_\_\_\_\_
2. Are there any legal restraints prohibiting a parent/guardian from having access to the listed student(s) data?
  - i. \_\_\_ Yes (please provide custody or court documentation)
  - ii. \_\_\_ No
3. Communication to families (newsletters, etc) will be via email, auto-calls, and occasional text message. Family information may also be accessed through our school website, [www.sainthelenschool.org](http://www.sainthelenschool.org). Click on "Current Families".
4. \_\_\_\_\_ I would like documents sent home in Spanish when available.
5. What phone number would you like listed as your **PRIMARY** form of contact? \_\_\_\_\_

**EMERGENCY CONTACT/PICKUP INFORMATION**

(Must be different from Parent/Guardian listed above)

Name	Phone Number	Relationship to Student

6. How did you hear about St. Helen School? \_\_\_\_\_

**New Student Enrollment Process Statement:**

I understand that completion of this application DOES NOT guarantee enrollment. Student(s) must successfully complete the screening process, complete all registration forms and submit all required documentation. The non-refundable fee of \$150 per family is due with this application to be considered for enrollment. All students will be in a probationary period for the first seven weeks of the school year. St. Helen will notify you upon completion of the enrollment process and acceptance.

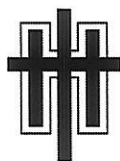
**Handbook:**

Parent/Guardian and student agree to abide by the policies and procedures in the Parent/Student Handbook. A copy is available at [https://www.sainthelenschool.org/files/ugd/de0d58\\_ac0311585ef94b97b7c5ba44e0623126.pdf](https://www.sainthelenschool.org/files/ugd/de0d58_ac0311585ef94b97b7c5ba44e0623126.pdf) or a paper copy may be requested from the school office

I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for immediate withdrawal from St. Helen School.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# St. Helen School

Living Virtue · Building Character

## Probationary Contract

A screening for placement will be given prior to accepted enrollment. Grade level and placement decisions will be made following the screening. The parent/guardian will agree to placement as determined by the principal.

As a condition for enrollment as a student(s) at St. Helen School

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

And (Parents/Guardians) \_\_\_\_\_

Agree that the student(s) will be on probationary status for the first 7 weeks (or until the scheduled parent/teacher conferences in October). At the conclusion of the probationary period, a conference will be held with the student, teachers, parents/guardians and possibly administration to discuss progress.

During the probationary period the student(s) will:

- a. achieve appropriate academic progress (participate in class, turn in assignments, seek help when needed, etc)
- b. follow policies and guidelines as stated in our handbook
- c. attend school regularly and on time

During the probationary period the parents/guardians will:

- a. attend all meetings/conferences as necessary
- b. communicate with the faculty and administration as necessary
- c. submit all paperwork/documents
- d. follow policies and guidelines as stated in our handbook

The decision made by the teachers and administration will be accepted by the parent/guardian on behalf of the student. At the conclusion of the conference, a decision will be made as to whether:

- a. the probationary period will be extended (option for students in grades 4-8 only)
- b. the probationary period will end
- c. the student will be withdrawn from St. Helen School

I have read and agreed to the conditions outlined in this contract.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Conference Date

\_\_\_\_\_  
Student's status following conference

*Updated: 01/22/2024*







**K - 8 Tuition Payment Plan 2025-2026**

Family Name: \_\_\_\_\_ Family ID: \_\_\_\_\_

Address: \_\_\_\_\_

Student Name: \_\_\_\_\_ 2025-26 Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ 2025-26 Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ 2025-26 Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ 2025-26 Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ 2025-26 Grade: \_\_\_\_\_

	1 Child	2 Children	3 Children	4 Children	5 children
<b>Cost to Educate*</b>	\$8,000	\$16,000	\$24,000	\$32,000	\$40,000
<b>Parish Subsidy</b>	\$1,680	\$3,360	\$5,040	\$6,720	\$8,400
<b>Tuition Balance</b>	\$6,320	\$12,640	\$18,960	\$25,280	\$31,600

\*Based on the total instructional and operational costs for the school.

**EdChoice Scholarship:** We encourage all families to apply for an EdChoice Scholarship, since all families will qualify for a minimum scholarship. The maximum award covers the full tuition balance.

We will apply for an EdChoice Scholarship. **We acknowledge that we are responsible for paying the portion of our tuition bill not covered by EdChoice.**

\$ \_\_\_\_\_ Total Family Bill (tuition balance, before scholarships)

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Scholarship and Assistance options:**

**Trojan Family Scholarship:** A Trojan Family Scholarship is available to school families who are also active St. Helen parishioners. Parishioners must be registered members of St Helen Parish, attend Mass regularly, and support St Helen with a tithe (offertory), time, and talent (volunteering). *A separate application must be completed to be considered for this scholarship.*

**Tuition Assistance Fund:** St. Helen Parish has generously provided an additional financial assistance fund that is available to registered, active parishioners of St Helen Parish. Receiving other scholarships does not prevent a family from receiving additional financial assistance. *We strongly encourage all to apply by completing an online application through the FACTS Payment Program.*

**St Helen School Employee Discount:** A discount for employees of St. Helen School is available for those who qualify, for grades K - 8 only. *A separate application must be completed by the employee to be considered for this scholarship.*

- By checking this box, I acknowledge that I am an active parishioner or a current employee as defined above. I will complete documentation and application(s) to apply for the Trojan Scholarship, additional assistance through FACTS, and/or the employee discount. **We acknowledge that we are responsible for paying the portion of our tuition bill that is not covered by EdChoice, the Trojan Scholarship, the Financial Assistance Fund, and/or the Employee Discount.**

**An award letter for Parishioner scholarships and aid will be sent to families no later than July 30, 2025. Please Select a Payment Plan for the tuition balance owed after scholarships and aid are applied:**

- \_\_\_\_\_ Yearly (Due Sep 1<sup>st</sup>)
- \_\_\_\_\_ Semester (Due Sep 1<sup>st</sup> and Feb 1<sup>st</sup>)
- \_\_\_\_\_ Bi-Monthly (Due Sep 1<sup>st</sup>, Nov 1<sup>st</sup>, Jan 1<sup>st</sup>, Mar 1<sup>st</sup>, May 1<sup>st</sup>)
- \_\_\_\_\_ Monthly (Due 1<sup>st</sup> of the month Sep – Jun)

**PLEASE NOTE:** A \$25.00 charge will be added to your tuition if a payment is more than 5 calendar days late, unless you have notified the office in writing, indicating when payment would be made.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ST. HELEN SCHOOL

EMERGENCY MEDICAL AUTHORIZATION

Student Legal Name (Last-First-Middle) Birth Date
Address City Zip School District
Grade Home Room Teacher
Primary Contact Mother/Guardian Father/Guardian
Place of Employment
Cell #
Home #
Work #

Authorized persons to assume responsibility for school dismissal and provisions of care when a parent/guardian cannot be reached:

1. Phone Relationship
2. Phone Relationship

Insurance: Private - Name Medicaid/Medicare - Name None

PART I OR PART II MUST BE COMPLETED

PART I: TO GRANT CONSENT
I hereby give consent for the following medical care providers and local hospital to be called:
Doctor Phone
Dentist Phone
Hospital/Emergency Room
In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.
Signature of Parent/Guardian Date

PART II: REFUSAL TO CONSENT
I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:
Signature of Parent/Guardian Date

\*\*\*\*\*
IMPORTANT NOTE:
STUDENTS WILL NOT BE ALLOWED TO ATTEND CLASS UNTIL ALL FORMS ARE COMPLETED, SIGNED, AND RETURNED TO THE SCHOOL OFFICE. ADDITIONALLY, IMMUNIZATION RECORDS MUST BE ON FILE PRIOR TO THE FIRST DAY OF SCHOOL.
\*\*\*\*\*

COMPLETE BOTH SIDES

ST. HELEN SCHOOL  
**Health History** (Parent Fills Out)

Student's Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth /    /
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**Student Health Conditions**

<input type="checkbox"/> <b>YES</b> , my child receives regular medical/health care for the following conditions:		<input type="checkbox"/> <b>NO</b> medical conditions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____

**DOES YOUR CHILD HAVE ANY LIFE THREATENING ALLERGIES?**    YES    NO (If yes, please list and describe symptoms.)

**DOES YOUR CHILD USE AN EPI-PEN?**    YES    NO

Please list any prescription medication that your child takes on a regular basis.		
Medication and dose	Time	Reason

\*\*\*\*\*

**MEDICATION ADMINISTRATION**

**MEDICATION WILL NOT BE ADMINISTERED AT SCHOOL UNLESS FORM A AND FORM B HAVE BEEN SIGNED AND DATED BY THE PROVIDER AND PARENT.**

\*\*\*\*\*

I release and agree to hold the St. Helen School Board, its officials, and its employees harmless from any and all liability foreseeable and unforeseeable for damages or injury resulting directly or indirectly from this authorization.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Updated: 02/02/2024*

**Appendix A: Language Usage Survey**

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

<b>Student Name:</b> <i>(First Name and Last Name)</i>	<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i>
<p><b>Communication Preferences</b> Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.</p>	<p>1. In what language(s) would your family prefer to communicate with the school?</p> <p>_____</p>
<p><b>Language Background</b> Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first?</p> <p>_____</p> <p>3. What language does your child use the most at home?</p> <p>_____</p> <p>4. What languages are used in your home?</p> <p>_____</p>
<p><b>Prior Education</b> Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.</p>	<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, how many years/months? _____</p> <p>If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, when did your child first attend a school in the United States?</p> <p>_____/_____/_____  Month      Day      Year</p>
<p><b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.</p>	
<p>Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____</p> <p>Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____</p>	

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



(Appendix A, continued)

\*\*\*COMPLETED BY SCHOOL EMPLOYEE\*\*\*

1. **Check.** Confirm the following statements related to the administration of Ohio’s language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form’s purpose. The language usage survey only is used to understand students’ linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student’s cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

<p><b>Student’s native language</b> See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	<p>_____</p>
<p><b>Student’s home language</b> See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	<p>_____</p>
<p><b>Potential English learner</b> See Language Usage Survey Questions 2-4.</p>	<p><input type="checkbox"/> Yes. Assess the student’s English proficiency. <input type="checkbox"/> No. Do not assess the student’s English proficiency.</p>
<p><b>Immigrant student status</b> See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<p><input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.</p>

4. **Validate.** Complete the information below.

\_\_\_\_\_  
Signature of validating school employee

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed name of validating school employee

\_\_\_\_\_  
Name of school or school district

**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

I, \_\_\_\_\_,  parent  legal guardian  adult student

authorize \_\_\_\_\_ to release the records checked below,  
Prior SCHOOL NAME AND ADDRESS

regarding, \_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
STUDENT NAME BIRTH DATE

to: \_\_\_\_\_, (937) 256-1761  
SCHOOL NAME AND ADDRESS PHONE

\_\_\_\_\_ (937) 254-4614  
STREET ADDRESS, CITY, STATE, ZIP CODE FAX RECORDS TO

for the purpose of \_\_\_\_\_ Transfer \_\_\_\_\_

**RECORDS TO BE RELEASED**

All Records<sup>1</sup>

**OR**

Academic Records (Transcript/Report Cards/Permanent Record Card/Standardized Test Scores/Proficiency Test Scores/Birth Certificate)

Attendance Records

Suspension and Expulsion Records

Special Education Records

Behavioral Records (i.e. behavioral plans)

Psychological Testing/Records

Health/Immunization/Medical/Nursing Records

Other \_\_\_\_\_

By signing this authorization, I relieve the school, which the above named student was attending, of the responsibility of notifying me that the records are being transferred. I also authorize the school, which the above named student was attending, to discuss matters pertaining to the student with representatives of the school to which the records are being transferred.

▶ \_\_\_\_\_  
Parent/Legal Guardian/Adult Student SIGNATURE DATE

▶ \_\_\_\_\_  
Print Name

<sup>1</sup> "All Records" means: Academic Records (Transcript/Report Cards/Permanent Record Card/Standardized Test Scores/Proficiency Test Scores/Birth Certificate), Attendance Records, Suspension and Expulsion Records, Special Education Records, Behavioral Records (i.e. behavioral plans), Psychological Testing/Records, and Health/Immunization/Medical/Nursing Records. *Updated: November 13, 2023*







YMCA of Greater Dayton  
Child Care Enrollment Process  
2025

Thank you for your interest in attending our YMCA Before and After School Enrichment Care Program at St. Helen Catholic School.

Here is the enrollment process for your center.

**STEP 1: Online Pre-registration – Must be completed prior to starting the enrollment process.**

- Visit the list below and follow the steps to pre-register for the 2025-2026 Before and After School Care program. Pre-registration allows us to track interest in the program and monitor our waitlist in real time.
  - <https://www.daytonymca.org/ymca-school-age-enrichment-program-st-helen-catholic-school>
- Once pre-registration is complete a member of our South YMCA Childcare Leadership team will contact you to either move your pre-registration onto STEP TWO or to notify you that your pre-registration is currently waitlisted.
- You should be contacted regarding next steps in 24-48 business hours.

**STEP 2: Enrollment**

- A notification will be emailed to those in pre-registration that have been moved to STEP TWO. This notification will have 2026-2026 Enrollment packet attached.
- Families will be given the option to either complete the packet and email it back or stop by the South YMCA (4545 Marshall Road) and pick up a packet with the child's name on it.
- Processing enrollment packets takes 5 to 10 business days from the day the enrollment packet is returned to the South YMCA (4545 Marshall Road).
- DO YOU RECEIVE TITLE XX or do you want to receive more information about scholarships?
  - TITLE XX TRANSFERS - If you are Title XX, please note you will need to have a change of provider form submitted if you are transferring from another center.
  - NEW ENROLLMENT – You must apply with ODJFS and be approved before you can attend.
    - TITLE XX can take up to 45 days to process.
    - You cannot attend until your child is in the YMCA portal. Please note that even if you have been told you are approved your child will need to be in the YMCA portal to attend.
  - SCHOLARSHIP – If you have been denied Title XX the YMCA has a scholarship program you can apply for. Full list of required documentation for scholarship applications is available upon request.

**STEP 3: Final Steps**

- Once enrollment packets families will receive a congratulations email verifying start date and any additional information.
- If the child's enrollment has other requirements families will receive an email AND phone call explaining additional information requested. Once the additional information is received, a congratulations email verifying start date and any additional information.

YOU THEN WILL BE OFFICIALLY ENROLLED! WELCOME TO THE YMCA CHILDCARE.

