Welcome to Saint Benedict School!

We are so happy that you have taken the time to consider joining our St. Benedict family of students, parents, faculty, staff, and parishioners. You will quickly see that our school environment is friendly, supportive, inclusive, and academically strong. Success is measured in many ways. We pride ourselves on our students’ academic success of course, but we are also proud to watch them develop into compassionate and caring individuals. St. Benedict School embraces the Roman Catholic faith through the teachings of Jesus Christ. The combination of a strong learning and spiritual environment helps our students to enjoy a school experience that will support and nurture them throughout their lives.

St. Benedict School eagerly accepts the academic challenge of all the New York State Assessments given to students in grades 3-6. Our performance on these assessments places us as one of the most consistently highest performing schools in Western New York in both public and private institutions.

STREAM (Science, Technology, Religion, Engineering, Arts and Mathematics) is a program that helps our children to use their creativity and imagination in hands-on activities focused on inquiry learning. Children explore a multidisciplinary approach to solving problems using real life applications. Robotics, rocketry, primary engineering experiences, Lego and K’Nex clubs are just a few examples of the approaches used in STREAM.

Academically the school provides the opportunity for students to advance individually. Starting in 6th grade we offer an honors track for ELA, Social Studies, Math and Science. By following this honors track our eighth grade students are eligible to take Honors English, Global Studies, Regents Algebra I and Regents Biology/Living Environment. Those who complete this program may be able to qualify for high school credits upon graduation. Currently all students in our middle school have the option of taking Mandarin Chinese or Spanish for a foreign language. Eighth grade students also take a unique Career Education course that explores career choices and offers them a shadow experience in a profession of their choice.

Students at St. Benedict’s can expect:

- Small class sizes
- Individual attention
- Up-to-date classroom technology for learning and instruction
- Academic intervention services for extra help
- After school programming
- Art, band, piano, strings, and chorus

(continue on reverse side)
• A sports program that includes swimming, track, cross country, baseball, softball, volleyball, hockey and lacrosse
• National Jr. Honor Society and a wide array of clubs
• Student government
• Caring and supportive teachers who want every child to succeed

The St. Benedict Parent Home-School Association is a vital part of our school community. Through their support, events such as family bingo, movie night, a father/daughter dance and mother/son ice cream social all help to enrich the student and family experience.

We know that a private Catholic education is an investment in your child’s future. It will be one of the best investments you can possibly make. Thank you for considering our school. We would love to welcome you into the St. Benedict School family!

Sincerely,

Mrs. Laurie Wojtaszczyk
Principal
Dear Parents of Prospective Students to St. Benedict School:

Welcome to St. Benedict School! I am most delighted that you are considering our school to educate your family. We have a great school with a talented principal and a dedicated staff of teachers who provide a high quality Catholic education for our students. All of us at St. Benedict are committed to the development of our students’ spiritual, education, and physical needs.

With the focus on S.T.R.E.A.M. in our curriculum, as well as continuing to offer Mandarin Chinese and Spanish as foreign language options, we provide an excellent educational opportunity.

Established in 1921, Saint Benedict School has educated four generations of young people. We strive to carry on that tradition today by providing the very best for each child.

I welcome you to Saint Benedict School and look forward to being able to meet you in person.

Sincerely,

[Signature]

Reverend Robert M. Mock
Pastor
St. Benedict School
3 Year Old Program

Enroll now for preschool

3 Year Old Preschool Program
1/2 day Monday through Friday 8:00am – 11:15am
Full-day Monday through Friday 8:00am - 2:45pm
You may choose from 2, 3, or 5 days a week
Philosophy

Here at St. Benedict School our 3 year old program provides a stimulating and joyful environment which enables children to make a comfortable separation from home to school. Our preschool aims to strengthen self-esteem and to introduce small children to trusting relationships with adults outside of their home. Most important, we want to provide an environment in which your preschool child feels happy, safe, comfortable and loved at school.

Our preschool program is a child centered curriculum in which children learn through hands-on activities. The Prek-3 classroom is divided into various centers. As the children work in each of these centers, they are learning and developing skills that they will need throughout their school years.

Important Information

Every child must be accompanied by an adult when entering our school. Our program begins promptly at 8:00am. By arriving between 7:45am and 8:00 your child will be ready to begin instruction at 8:00. Please be on time. Children often feel uncomfortable when they come in late. If your child is not going to attend, please call to let staff know. A contact number will be given out when enrolled.

Our half day program ends at 11:15am. Children will be escorted by our staff to the Eggert door. Parents will come to the door to pick up their children.

Our full day program ends at 2:45pm. Children will be escorted by our staff to the Westfield double doors of the school. Parents will come up the steps to pick up their children. If any child is going to LE3 (after school program) they will be escorted there by a staff member.

Our staff is hired to provide care services for a specific number of hours each day. It is important for parents to pick up their children at a designated time daily. Children miss their parents if the day is long. Fatigue can add stress for your child. If you find that you are going to be detained, please notify the school immediately so that we can assure your child that he/she has not been forgotten.

All children attending St. Benedict School must be independently bathroom trained. We also encourage dressing them in clothing that permits them to use the restroom independently. (Avoiding complicated clothing, belts, suspenders, etc.)
Emergency Release Forms

At the beginning of the year parents will be asked to fill out an Emergency Release Form. These need to be filled out and returned for dismissal purposes. Children will be released to only those who are designated on the Emergency Release Form. Children cannot be released to individuals under the age of 18. When someone other than the parent is to pick up a child, he or she will be asked to provide identification.

Curriculum

The three-year old class curriculum is based on the calendar year.

SEPTEMBER – This month we focus on learning about ourselves and our new friends, becoming more independent, being kind to one another, sharing, and taking care of ourselves. We also learn how to respect our classroom and our school.

OCTOBER – This month we focus on fall changes, apples, pumpkins and Halloween. We learn how pumpkins grow in stages and take a trip to a pumpkin farm. Making a Jack-o-Lantern and having a Halloween Party are special high lights of this unit.

NOVEMBER – We share a Thanksgiving Feast in our classroom. We make Pilgrim hats and Native American outfits for this occasion.

DECEMBER – In this month, we teach that Christmas is Jesus’ Birthday. The children participate in our special Drummer Boy Mass. We make gifts for our parents. We learn and sing Christmas songs.

JANUARY – This month we learn about the winter season. We talk about the Arctic and hibernation.

FEBRUARY – This month we learn about Valentine’s Day: “A Special Time to Say I Love You”. We will have a Valentine’s party where the children may bring valentines to pass out to their friends. It is also Dental Health Month, a dentist comes in to speak to the children about keeping their teeth and bodies healthy.

MARCH – In March we learn about spring weather and the season of spring. An Easter Egg Hunt is a fun activity we plan in March or April.

APRIL - April is a time set aside to learn about new baby animals. Children have a great love for animals and really enjoy talking about their pets and favorite zoo animals. We try to plan a trip to the Zoo or farm.

MAY - May is a fun month! We have Outside Day, Ice Cream day, and a family picnic to celebrate summer coming.
JUNE – June focuses on what is expected of us when moving up into the 4 year old class. We discuss what we learned, talk about favorite activities we did during the year, and think about great summertime activities we would like to do.

In addition, our curriculum focuses on a different letter of the alphabet every week.

Learning Centers

FREE PLAY - Children will have an opportunity to choose a variety of activities (free play) every day, including manipulatives, dramatic play, blocks, library, science corner, and cooperative play.

CIRCLE TIME - We use this time to go over the pledge of allegiance, prayers, weather, calendar, story time, games, songs, finger plays, conversations, and other activities for the group together.

ARTS AND CRAFTS - Challenging gross and fine motor activities as well as hand-eye coordination through: pencil grip/strength, all kinds of painting (easel, finger, water color, feather, string etc.), cutting, gluing, and pasting (collage items). Other activities are available with play-dough, sand play, games, and small manipulative play, which reinforce reading and math readiness (basic colors, shapes, math skills, matching, and phonics).

OUTDOOR PLAY - Teachers encourage outside play year round, weather permitting. The gymnasium is used when unable to go outside. A variety of equipment is provided for children to develop their bodies and coordination with climbing, crawling, and sliding.
APPLICATION FOR 3 Year Old Program

Please print clearly

How did you hear about our school? __________________________

Household Last Name: _________________________________

Name of child: ___________________________ Last First Middle

Child’s address: ______________________________ City: ______ Zip: ______

Home phone number: __________________________ Date of birth: ______ / ______ / ______

Place of birth: __________________________ Gender: M____ F____

Ethnicity: __________________________ (This information is needed to prepare our State Reports.)

Religion: __________________________ I am an active member of __________________________ Parish.

Public school district residence of child: __________________________.

Name of Daycare/Preschool previously attended: __________________________.

Please circle choice: Mon through Fri ½ or full Tu & Th. ½ or full M-W-F ½ or full

List all siblings & ages:

1. __________________________ 3. __________________________
2. __________________________ 4. __________________________

Describe any illnesses, diseases, physical and/or learning disability, IEP or 504 (please provide copies) or psychological treatment which may have or may affect your child’s general health, school work, or participation:

________________________________________________________________________

________________________________________________________________________

* An immunization record and current physical is due on or before the first day of school.

<table>
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<tr>
<th>Baptism Date</th>
<th>Church</th>
<th>City/Town</th>
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Financial responsibility will be assumed by: __________________________

Relation to the student: __________________________
Home structure: Both Parents    Mother Only    Father Only    Other (specify)_____

Marital status of parents: Married    Separated    Divorced    Single    Remarried

Does child live with both natural parents?______ If not, which parent has legal custody?_______

A copy of legal documentation must be provided to the school before the child enters.
If there is a step-father or step-mother, give the full name: ________________________________

PLEASE NOTE THAT EACH YEAR WE PROVIDE A SCHOOL DIRECTORY OF ALL STUDENTS. YOUR NAME, ADDRESS, PHONE NUMBER, E-MAIL AND YOUR CHILD’S NAME AND GRADE WILL BE INCLUDED. THIS DIRECTORY IS HELPFUL FOR SECURING PLAY DATES AND SHARING FORGOTTEN HOMEWORK, ETC. THE LIST IS NEVER USED FOR COMMERCIAL PURPOSES AND YOUR INFORMATION WILL NOT BE TRANSFERRED OR SOLD. PLEASE CHECK YOUR PREFERENCE BELOW:

______ YES, I WOULD LIKE TO BE IN THE SCHOOL DIRECTORY.
______ NO, I WOULD NOT LIKE TO BE IN THE SCHOOL DIRECTORY.

Please print your name(s) exactly the way you want it to appear in the directory. Only one e-mail address can be printed in the directory. *Please indicate which e-mail address you would like in the directory. Please note, most of the office correspondence is sent through e-mail. Please mark which e-mail you would like to have correspondence sent to (at least one or both parents).

PHOTO-VIDEO RELEASE: I hereby give permission for my son/daughter to be photographed or videotaped at Saint Benedict School. I realize this photo may be published in the newspaper, a magazine, the school website, or other publications/media. The photos/videos may be used for information or education purposes regarding the programs or curriculum at Saint Benedict, in strict accordance with the safeguards and policies in our Handbook. _____ YES _____ NO

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<tr>
<th>Parent Information</th>
<th>Parent Information</th>
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<td>Father:</td>
<td>Mother:</td>
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<td>E-Mail:</td>
<td>(please include maiden name)</td>
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<td></td>
<td>E-Mail:</td>
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<td>_____ Directory</td>
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<td>Occupation:</td>
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<td>Place of employment:</td>
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<td>Business phone:</td>
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<td>Cell phone:</td>
<td>Cell phone:</td>
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<tr>
<td>Home address:</td>
<td>Home address:</td>
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<tr>
<td>(if different than student)</td>
<td>(if different than student)</td>
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</table>

Alumni Information
Please indicate if either parent is an alumnus of St. Benedict. Please include maiden name.

Name: ________________________________    Class of: ________________
Name: ________________________________    Class of: ________________
St. Benedict School Tuition Rates
2018-19 School Year
PreK-3 and PreK-4

Registration fee $125.00 per family is paid in full at the time the registration forms are completed. Registration fee secures your place in class and is non-refundable.
Returning families must re-register by April 1, 2018
After April 1, 2018 registration fee is $175.00

PreK-4 Program
Tuition Rates:
  Full Days (Monday-Friday) $4,935
  ½ Days (Monday-Friday) $3,330

PreK-3 Program
Tuition Rates:
  Full Days (Monday-Friday) $5,360 Full Days (Mon.-Wed.-Fri.) $3,215
  Full Days (Tuesday & Thursday) $2,165

  ½ Days (Monday-Friday) $4,100  ½ Days (Mon.-Wed.-Fri.) $2,475
  ½ Days (Tue. & Th.) $1,650

ST. BENEDICT PARISH AND SCHOOL FUNDRAISERS SUBSIDIZE ALL OF OUR STUDENT'S TUITION COSTS. THE ACTUAL COST OF EDUCATION FOR A STUDENT IN 2018-19 IS $6,700. WE ARE GREATLY APPRECIATIVE OF OUR PARISH'S SUPPORT AND ALL OF THE PARENTS AND VOLUNTEERS WHO HELP TO MAKE OUR SCHOOL'S TUITION MORE AFFORDABLE TO THOSE SEEKING A QUALITY CATHOLIC EDUCATION. ST. BENEDICT PARISH GENEROUSLY PROVIDES $100,000 TOWARDS OUR SCHOOL'S BUDGET.

Additional Information:
• Each (Pre-K) family is asked to sell 5 Dare-to-Dream fundraising tickets. All proceeds from this event go toward the cost of educating your child.

• Tuition is discounted the amount of our monthly processing fee ($40) if you pay in full by August 7, 2018.

• All registered families not paying the full tuition by August 7th must enroll in our E-Tuition payment system. E-Tuition is an electronic payment system automatically transferring monthly tuition payments from your checking or savings account to St. Benedict's. The first E-Tuition payment is made Wednesday, August 15, 2018.

Financial Assistance: St. Benedict's School provides tuition assistance to families based on financial need. We continue to operate under the belief that no child should be denied a Catholic education for financial reasons. If your family has financial assistance needs, please contact Principal Mrs. Laurie Wojtaszczyk, (835-2518) to obtain financial aid applications.
Dear Parent(s),

We are continuing the electronic tuition collection program for the 2018-19 school year. Everyone is required to fill out a new Tuition Authorization Form. Enclosed with this letter is the Tuition Authorization form.

### Highlights of the 2018-19 tuition program
*(See the back for more details.)*

- **☑ All families must fill out and sign the Tuition Authorization Form.**
- **☑ There are two choices for tuition payment. *(There are no exceptions.)***
  - Payment in full by August 7th. (Payment in full will receive a $40.00 discount)
  - Payments monthly by electronic transfer from a checking/savings account.
- **☑ The Electronic Transfer option will be begin on August 15th. See the back for more information.**
- **☑ Student(s) will not be allowed in the school without a completed form.**

Here is the timeline for the 2018-19 tuition program:

- **Feb 28** Bison Fund financial aid application due for families new to Bison.
- **April 1** Bison Fund requalification deadline for current Bison families.
- **April 1** Deadline for all returning families to register at $125. The registration fee after April 1st for any returning family will be $175. *(Required registration forms include Application, Tuition Authorization, Emergency Contact, and Registration Fee.)*
- **June 30** Financial aid forms for St. Benedict Scholarship are due. *(Bison Fund application is a prerequisite.)*
- **July 31** Tuition bills are sent to all families with the amount owed for families who pay in full or with an electronic payment schedule for families choosing to pay monthly.
- **August 7** Payment in full is due. *($40 discount to families who pay in full by August 7th.)*
- **August 15** First scheduled electronic payment. Payments will be deducted on the 15th of every month for 10 months.
- **May 15** Families who do not sell the required number of Dare to Dream tickets will be billed for the unsold amount.

Our E-Tuition program was very successful last year. Our delinquency was very low. It is important that we collect tuition in a timely manner in order to maintain the financial stability of our school. Any question regarding the program should be directed to Scott Clare at the rectory (834-1041).

*Thank you in advance for your cooperation.*
ELECTRONIC TRANSFER PROGRAM

1. Tuition payments will be divided over 10 months – August through May.
2. All payments will be withdrawn from a checking/savings account on the 15th of the month. When the 15th falls on a weekend, the transfer will occur on the following Monday.
3. In the event of insufficient funds a second transfer will be attempted on the 30th of the month.
4. In the event of a rejected transfer because of insufficient funds, all fees will be the responsibility of the school family. Fees will be added to the next scheduled transfer.
5. In the event of exceptional circumstances, requests for blocking of payment must be submitted by the 10th of the month.
6. Students entering during the school year will have their tuition payments prorated for the remaining months of the school year.
7. Students leaving the school will be responsible for the tuition for the remainder of the month in which they are leaving.
St. Benedict School
Tuition Authorization Form

<table>
<thead>
<tr>
<th>First Student Name Last</th>
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<tr>
<td>Second Student Name Last</td>
<td>First</td>
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<tr>
<td>Third Student Name Last</td>
<td>First</td>
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<tr>
<td>Fourth Student Name Last</td>
<td>First</td>
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<tr>
<td>Payee Name Last</td>
<td>First</td>
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Payee Address

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<th>City</th>
<th>State</th>
<th>Zip</th>
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Payee Email address

Payee Phone home

Phone work

Tuition Payment Choices: *Please check one*

- [ ] Payment in full by August 7th
- [ ] Electronic Funds Transfer (EFT) monthly beginning August 15th and ending May 15th. (10 payments)

If you choose Electronic Funds Transfer (EFT), please fill out the boxes below.

Please debit my contribution from my (check one):

- [ ] Checking Account (attach a voided check)
- [ ] Savings Account (contact your financial institution for Routing #)

Routing Number: ____________________________
Valid Routing # must start with 0, 1, 2, or 3

Account Number: ____________________________

**EFT AGREEMENT**

I authorize the Church of St. Benedict and Evans Bancorp to process debit entries to my account. I understand that this authority will remain in effect for until I provide reasonable notification to terminate the authorization.

Authorized Signature: ____________________________ Date: ____________________________

**PLEASE ATTACH A VOIDED CHECK TO THIS PAGE.**

(No check is needed if you are using the same account as last year or same account as Registration Fee.)

Please read the sign the back of the form.
Additional Tuition Information

1. If a family chooses EFT for payment, all bank fees associated with rejected transfers for insufficient funds will be the responsibility of the school family.

2. In the event of an electronic funds transfer rejection on the 15th of the month, there will be a second attempt to transfer the funds on the 30th of the month. If that transfer is rejected, there will be a late fee of $20.00 assessed for that amount to the account.

3. All families are responsible for the sale of 15 Dare to Dream fundraiser tickets. Any unsold tickets will be added to the tuition payment beginning in the month of May.

4. Continuous delinquency on tuition payment may result in removal of the student(s) from the school.

5. Families who enter the school during the school year will have their tuition payments prorated based on the remaining months in the school year.

6. Families who leave the school during the school year will receive a prorated refund for any tuition paid in advance.

7. Registration and Technology fees are non-refundable.

Acknowledgement

We agree as a condition of sending our children to St. Benedict School to pay the tuition as indicated on this form. We understand that the payment is due in full according to the terms and conditions of the tuition program unless alternative financial arrangements are agreed upon with the parish administration. We also understand that costs incurred as a result of non-payment will be collected in addition to the stated tuition amount.

Parent signature: _______________________________ Date __________

Parent signature: _______________________________ Date __________
STUDENT HEALTH AND EMERGENCY DISMISSAL DATA

The information on this form will be used in the event your child/children need to be dismissed early from school. It is very important that you answer the questions carefully. **If any of this information changes, you must be sure to have this form updated immediately.** Please remember there are many parents to contact. Select people and phone numbers that you are fairly certain will be reachable. **We will start with the parents.**

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
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<th>Grade</th>
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ADDRESS______________________________ CITY__________ ZIP________

E-Mail Address: __________________________________________

Student resides with: Mother ____ Father ____ Both ____ Other ____

HOME PHONE: __________________________

EMERGENCY NUMBERS:
Mother’s Full Name________________________________ Cell/Pager____________________
Mother’s Place of Employment_________________________ Work Number_______________
Father’s Full Name______________________________ Cell Phone____________________
Father’s Place of Employment_____________________ Work Number_______________

Does your child usually take a bus home? ______ If yes, what school district do you live in? _____________
Child’s bus number to school________________________ bus number school to home ________________

Please list the name and phone number of whom you want contacted to pick up your child in the event your child is dismissed early from school and we are unable to reach you.

1. Name________________________ home phone________ work phone________ cell/pager________
   Relationship: __________________________

2. Name________________________ home phone________ work phone________ cell/pager________
   Relationship: __________________________

3. Name________________________ home phone________ work phone________ cell/pager________
   Relationship: __________________________

**Identification must be shown by anyone picking up a child.**
Please sign below that you agree with the procedure outlined above.

I/We give permission for my child to be dismissed in the manner indicated above.

__________________ Father/Guardian ___________________ Mother/Guardian ____________ Date ______

(over)
Physician’s Name/Group: _______________________________ Phone No. ________________
Dentist’s Name/Group: _______________________________ Phone No. ________________
Hospital: _________________________________________ Phone No. ________________

**Physical Health Assessments & Immunization Records must be faxed to 834-4932, by 1st day of School.**

**Part I: TO GRANT PERMISSION:**
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, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist.
2. The transfer of my child to the above hospital, or any hospital reasonably accessible. I also agree that in case of injury to my child requiring medical attention that my accident and hospitalization coverage from (name of insurance company) ________________________________ will be used to pay any expenses connected with the injury.

**PERTINENT MEDICAL FACTS:** (allergies, physical impairments, etc.) ________________________________

__________________________________  ____________________________
Parent/Guardian                     Date

**Part II: REFUSAL TO CONSENT:** (only if you do not agree to Part I)

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 ________________________________

__________________________________  ____________________________
Parent/Guardian                     Date

Revised 01/22/2018