

## ***St. James School Registration Checklist for Parents***

Dear Parents - Please provide the following documents for your child(ren)s registration to our school:

(\* Required ~ \$ 100.00 non-refundable Registration Fee, upon acceptance, that will be applied to your tuition).

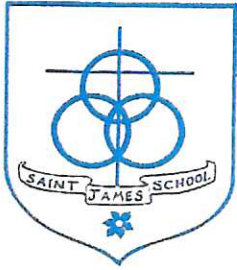
- ☐ **Copy of child's birth certificate**
- ☐ **Copy of Child's Catholic Baptism/Communion/Confirmation certificate(if applicable)**
- ☐ **Personal Information/Medical form**
- ☐ **Legal Residency of Parent/Guardian form (including photocopy of DL or Passport/Citizenship)**

### **International Family documents**

- ☐ **Work VISA - Copy required**
- ☐ **Study VISA - Copy required**
- ☐ **Saints of Service Form** ☐ **\$ 300.00 Cheque or Cash**
- ☐ **Family Statement of Commitment form**
- ☐ **General consent of Parent/Guardian for class trips/church**
- ☐ **Access to Internet form**
- ☐ **Report Card - most recent from previous school**      Name of current school: \_\_\_\_\_
- ☐ **Assessments**
- ☐ **I.E.P. (Individual Education Program) documents**

We look forward to welcoming your family to St. James School!

"Let the children come to me; do not prevent them, for the kingdom of God belongs to such as these. Amen, I say to you, whoever does not accept the kingdom of God like a child will not enter it". Mark 10: 13-16



## *St. James School*

2700 – 28th Avenue  
Vernon, BC V1T 1V7  
Telephone: (250) 542-4081  
Email: [office@stjamesvernon.com](mailto:office@stjamesvernon.com)



# Welcome to St. James!

[www.stjamesvernon.com](http://www.stjamesvernon.com)

What will you find at St. James School?

- ❖ A caring and inclusive atmosphere with staff who love kids and kids who love learning
- ❖ Qualified Teachers and Educational Assistants
- ❖ Enriching Religious and Spiritual formation
- ❖ A commitment to ensure that every child feels safe, accepted, respected, and a sense of belonging
- ❖ Staff trained to support ERASE Bullying protocols
- ❖ Adherence to the BC Ministry of Education's K – 7 Curriculum requirements
- ❖ A Full-time, five day a week, Kindergarten program that supports the transition of children and families into our school community
- ❖ Access to info via the St. James website, Facebook page and Instagram page
- ❖ Weekly school library access and instruction by our caring and knowledgeable librarian
- ❖ French instruction and integration in the classroom from K - 7
- ❖ A commitment to provide excellent Arts Education in Visual Art, Music, and Drama.
- ❖ Technology-rich programming
- ❖ An active and welcoming parent community. An openness and encouragement of family participation with the Saints of Service (SOS) program and a variety of Parent Support Group (PSG) family events
- ❖ An optional **full-time** hot lunch program
- ❖ Extended supervision (7:45am before school, after school until 4:30pm)

Please phone the school at 250-542-4081 to arrange a school tour and/or answer any of your questions. We look forward to working with you!

Sincerely,

Mrs. Melanie Inzunza  
Principal



## St. James School

2700 – 28<sup>th</sup> Avenue, Vernon, BC V1T 1V7

### Kindergarten Interview Form

Date completed: \_\_\_\_\_ Parent(s) at the interview \_\_\_\_\_

Did the child attend the interview? \_\_\_\_\_ Comments? \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

First name used by child: \_\_\_\_\_

The following questions will help us know more about your child.

Why have you chosen St. James for your child's education? \_\_\_\_\_

How did you hear about St. James School? \_\_\_\_\_

As a Catholic school, we educate children in the faith tradition of the Roman Catholic Church. How do you see your family supporting this goal? \_\_\_\_\_

### Home Environment:

Does your child have chores/jobs that s/he is expected to do? \_\_\_\_\_ If so, what are they? \_\_\_\_\_

What time does your child usually go to bed? \_\_\_\_\_ Is there a special routine before going to bed? (e.g. story, prayers, bath, song) \_\_\_\_\_ If so, briefly describe the routine? \_\_\_\_\_

What activities do you like to do as a family? \_\_\_\_\_

Is there anything else you would like to tell us about your home environment that will help us understand your child better? \_\_\_\_\_

**Child Development:**

Describe the number of friends that your child prefers to play with

Many \_\_\_\_\_ A few \_\_\_\_\_ One \_\_\_\_\_ None \_\_\_\_\_

Does your child play well with/get along with other children? \_\_\_\_\_

Does your child show empathy for others? \_\_\_\_\_ If yes, give an example of this. \_\_\_\_\_

Does your child openly share feelings? Explain \_\_\_\_\_

How does your child resolve conflicts with other children? with adults? \_\_\_\_\_

What does your child do if s/he doesn't get her/his own way? \_\_\_\_\_

Please check off the things that your child can do independently

\_\_\_\_\_ tie shoes      \_\_\_\_\_ dress self      \_\_\_\_\_ do up buttons      \_\_\_\_\_ do up zippers  
\_\_\_\_\_ print name      \_\_\_\_\_ cut with scissors      \_\_\_\_\_ recite or sing the alphabet      \_\_\_\_\_ count to 10

Has your child attended any of the following?

\_\_\_\_\_ Strong Start      \_\_\_\_\_ Day care      \_\_\_\_\_ Preschool      \_\_\_\_\_ lessons (swim, dance, etc.)  
\_\_\_\_\_ other \_\_\_\_\_

What do you consider to be your child's greatest strengths? \_\_\_\_\_

What do you consider to be your child's greatest challenges? \_\_\_\_\_

Has your child has his/her eyes checked? \_\_\_\_\_ hearing checked? \_\_\_\_\_

If your child has had any assessments and/or support in the following, please indicate and provide a copy of any assessments or reports?

\_\_\_\_\_ psychological      \_\_\_\_\_ psychiatric      \_\_\_\_\_ behaviour interventionist  
\_\_\_\_\_ speech therapy      \_\_\_\_\_ occupational therapy      \_\_\_\_\_ other \_\_\_\_\_

**Pastor's Questions:** The pastor will ask questions about Catholicity. These questions will vary depending on whether or not the family financially supports a parish through the use of envelopes.

**Family Statement of Commitment:** This will be carefully reviewed with the family during the interview.





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2700 – 28th Avenue  
Vernon, BC V1T 1V7  
Telephone: (250) 542-4081  
Email: [office@stjamesvernon.com](mailto:office@stjamesvernon.com)

Registering for Grade: \_\_\_\_\_

#### PERSONAL INFORMATION

Student's Legal Names: \_\_\_\_\_  
LEGAL SURNAME FIRST MIDDLE

Student Usual First and Last Name Used (if different): \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Birth Province or Birth Country: \_\_\_\_\_ Child's Religion: \_\_\_\_\_

#### ABORIGINAL ANCESTRY:

Status \_\_\_\_\_  
Non-Status \_\_\_\_\_  
Metis \_\_\_\_\_

Band Name & No. \_\_\_\_\_

#### FAMILY INFORMATION

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

House Address: (if different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Cell No.: \_\_\_\_\_ Father's Cell No.: \_\_\_\_\_

Emails: Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Applicant Lives With: Both Parents ☐ Mother ☐ Father ☐ Shared Custody ☐ Guardian ☐

Mother's/Guardian's Name: \_\_\_\_\_ Resident in Home: Yes ☐ No ☐

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work No.: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Resident in Home: Yes ☐ No ☐

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work No.: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized pick up: Name: \_\_\_\_\_ relationship: \_\_\_\_\_ contact #: \_\_\_\_\_

Authorized pick up: Name: \_\_\_\_\_ relationship: \_\_\_\_\_ contact #: \_\_\_\_\_

Names of Brothers/Sisters and Birthdates: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

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**Walking Consent:**

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Does the child(ren) have authorization to: walk home: ☐ YES ☐ NO  
:Parents place of work: ☐ YES ☐ NO

In the event of a police or fire department response in the walking area, St. James School requires the direction of walking:

☐ NORTH ☐ SOUTH ☐ EAST ☐ WEST

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**MEDICAL INFORMATION**

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BC Care Card Number: \_\_\_\_\_ Medical Alert: YES ☐ NO ☐

Medical Condition: \_\_\_\_\_ Medic/Alert Bracelet: \_\_\_\_\_ Where Worn: \_\_\_\_\_

Is this child currently on any medications: YES ☐ NO ☐

If Yes: Description: \_\_\_\_\_

***Note:** If your child has prescribed medication, EPI Pen, etc. that will need to be administered during school hours please pick up required form at the office prior to the start of the school year.*

Physical Disabilities/Limitations: \_\_\_\_\_ Allergies: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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**EDUCATIONAL INFORMATION**

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Former School: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Has this child received Special Education Programming YES \_\_\_\_\_ NO \_\_\_\_\_  
Has this child received Learning Assistance: YES \_\_\_\_\_ NO \_\_\_\_\_

I give permission for the transfer of all information and Documentation pertaining to my child as named above:

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Parent/Guardian Signature

Date

# St. James School

## FAMILY STATEMENT OF COMMITMENT

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

Family Email Address: \_\_\_\_\_

Child(ren)'s Full Name:	Grade:
_____	_____
_____	_____
_____	_____

### FAMILY STATEMENT OF COMMITMENT

#### Philosophy

"Motivated by a Christ centered vision of humanity and human history, our school promotes the formation of the whole person. Such formation embraces not only intellectual, but also physical, emotional, moral and spiritual dimensions of human growth. Intellect, emotions, creative ability and cultural heritage have a place in the life of the school. Human knowledge and skills are recognized as precious in themselves, but find their deepest meaning in God's plan for creation." *From the PHILOSOPHY OF EDUCATION FOR CATHOLIC SCHOOLS IN THE PROVINCE OF BC by Catholic Bishops of BC.*

Partners (home, school, parish) in Catholic Education must work together to provide an environment where faith and learning go hand in hand leading the young people to be the best they can be.

The following statements support the goals and philosophy of our Catholic school and need to be accepted and supported by all members of the community. Read them carefully. They ask you to make a commitment to the values and ideals of our school community. If you have any questions or concerns regarding this commitment form, please bring them to the Principal, Pastor, or the Chairperson of the local School Committee who will gladly discuss them with you.

By returning the signed statement with your completed application, you accept the responsibility of this commitment.

- Parent/Guardian agree that they and their children will respect Catholic Denominational standards as contained in the Catechism of the Catholic Church.
- All students are required to participate in our religious education curriculum and co-curriculum programs including liturgical celebrations, retreats, prayer, etc.
- Parent/Guardian are expected to support the Religious Education Program and participate in it as required.
- 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 her/his full academic potential.
- Each family is expected to support and participate in the fundraising activities of the parish/school. This means each family shares in the responsibility of educating our children.



- Each student is expected to know and follow school policies on behavior.
- Parent/Guardian are expected to know and support school policy and procedures.
- Parent/Guardian must attend an interview with the Principal and Pastor prior to the student being accepted into St. James School.
- Parent/Guardian agree to accept the responsibility for the cost of tuition, supplies and other school activities.

If any of these conditions are not met the school reserves the right to: refuse admission, or remove the student from the school.

## OATH OF CONFIDENTIALITY FOR VOLUNTEERS

Our St. James School is blessed with many community members who graciously give of their time and talents in service to our staff and students. To conform with employee/student rights to privacy, each volunteer is asked to complete and sign a pledge of confidentiality.


I do solemnly swear as a volunteer at St. James School to hold in strictest confidence all matters that occur in the setting of the classroom, library, office, etc.

## PERSONAL INFORMATION & PRIVACY FORM

I consent to having CATHOLIC INDEPENDENT SCHOOLS KAMLOOPS DIOCESE (CISKD) collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information 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 CISKD (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with CISKD, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in (CISKD)Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of CISKD.

This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your Child(ren)'s appropriate placement in the school. It will also allow the school to respond immediately, to an emergency. For more information, the privacy officer for St. James School is Mr. Paul Rossetti, Principal and may be reached at 250-542-4081.

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

From time to time St. James School wishes to use photos and/or work samples of our students in our school newsletter, on the school web site, or in other promotional materials. Also, at times the school submits, or is asked to permit the use of, pictures or writings of students from St. James School to the news media, including the Diocesan News.

I consent to having my Child(ren)'s photos and/or work samples used by St. James School:

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



The school must prepare an emergency family phone list. Please sign below to indicate that you consent for the publication of your phone number for emergency purposes.



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

I acknowledge that my vehicle insurance information and driving record are required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.



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

#### **Release and Storage of Parent Personal Information**

St. James 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)'s at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

I HAVE READ AND UNDERSTAND THE ABOVE EXPECTATION, COMMITMENTS, AUTHORIZATIONS AND I HEREBY ACCEPT THEM AS STATED.



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

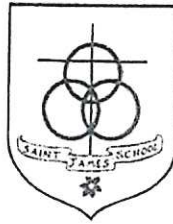
Parent (printed) name: \_\_\_\_\_



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

Parent (printed) name: \_\_\_\_\_

Dated: \_\_\_\_\_



### ACCESS TO INTERNET BASED RESOURCES (WEB ACCESS AND CLOUD STORAGE)

To access the St. James School Google Apps for Education (GAFE) account this form must be completed and returned to the school.

**STUDENT NAME:** \_\_\_\_\_

**SCHOOL:** St. James School (SJS)      **Grade:** \_\_\_\_\_

Google Apps for Education (GAFE) is an Internet-based resource that utilizes web access and cloud storage. St. James School (SJS) can provide students with a district-managed Google Apps for Education account. This provides students with a powerful collection of online collaboration and productivity tools, as well as unlimited online file storage space to be used for educational purposes. Each student will have their own secure login and password to access their account.

In order for student to use GAFE, SJS needs to provide Google with student's names, school and grade levels, and for clarity, no other personal information. SJS is required to obtain the consent of parents before providing this personal information as required by the British Columbia School Act and Freedom of Information and Protection of Privacy Act. In accordance with these Acts, parents may provide consent or decline to consent (in which case the student will not be able to use GAFE), and may provide a further written response.

It is important to be aware that GAFE is an online service that is hosted outside British Columbia and possibly Canada. Only Student names, school, and grade levels will be disclosed to GAFE who hosts this service and will store the GAFE account information on secured servers located outside of Canada. While stored outside the country, information in your child's GAFE account may be subject to the laws of foreign jurisdictions including, in the United States, the USA Patriot Act, Privacy legislation requires that we inform you of this and obtain your consent to this arrangement.

**Consent:**

I understand that my child's information will be used for Google Apps for Education. This consent will be considered valid from the date at which it is signed until which point the student named below is no longer a student at SJS, unless at any subsequent time the consent is revoked with written notice delivered to the school.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

To the Parent(s)/Guardian(s) of: \_\_\_\_\_ Grade: \_\_\_\_\_

Please read the contents of this Consent and Acknowledgement of Risk form. Please return this signed form with the registration package.

**PROGRAM/ACTIVITY INFORMATION****OFF-SITE ACTIVITIES:****RELIGION PROGRAM: Monthly Mass times (usually the first Friday of the month) , other trips to St. James Church with the class****DAILY PHYSICAL ACTIVITIES: Daily physical activity (DPA) is part of the Physical Education program. Occasionally classes might go on walks or runs in the neighbourhood as part of DPA.****PURPOSES: to enrich the Religion program; to enrich the DPA program****METHOD OF TRANSPORTATION:** walking**SUPERVISION:** All off-site activities are supervised by the classroom teacher.**COST TO THE STUDENT:** no cost**BOARD RESPONSIBILITIES**

The board 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: walking; crossing the street; going up and down stairs

□

**CONSENT AND ACKNOWLEDGEMENT OF RISK**Destination/Activity/Program: St. James Church for monthly Mass and other visits as determined by the classroom teacher; Daily Physical Activities that take the class off-siteDates: ongoing throughout the time that the student is registered at St. James School

- I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
- 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 my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I 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: \_\_\_\_\_ Name (Please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Contact Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_





## St. James School Legal Residency of Parent

*Please ensure that all information is complete in order for this application to be processed.  
(Required by the Ministry of Education for purposes of funding)*

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

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

**1. I am (please X one): Please provide a copy of your driver's License**

\_\_\_\_\_ A Canadian citizen (if not born in Canada, please attach 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 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 one year or longer.
- ☐ Employment authorization (working permit) for one year or longer.
- ☐ A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
- ☐ Other – document description: (must be cleared with Immigration Canada)

**(Residency in British Columbia)**

I am a resident of British Columbia: (please X one):

☐ YES Residency address: \_\_\_\_\_  
\_\_\_\_\_

☐ NO I am not a resident of British Columbia.

**Confirming Signatures:**

Parent/Legal Guardian's Name (please print): \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

Is there a legal court order in effect: YES \_\_\_\_\_ NO \_\_\_\_\_

**NOTE:** Copy of an up-to-date court order must be on file with the school.



**St. James Catholic Church**  
**2607 27<sup>th</sup> Street, Vernon, BC V1T 4W1**  
**Office: 250-542-1276 Fax 250.542.1270**

**Parish Office E-mail: [stjamesvernon@rdck.org](mailto:stjamesvernon@rdck.org)**  
**Pastor's E-mail: [frpeter@rdck.org](mailto:frpeter@rdck.org)**  
**Parish Webpage: [www.rccv.org](http://www.rccv.org)**

Dear Parents/Guardians of children attending, or registered for St. James School,

The Church continues to promote Catholic Schools as one of the best ways to assist parents in forming their children in the Catholic Faith. Jesus founded the Church to proclaim his message to all nations and we do our best to continue this mandate. As a Church, we continue to pray that every day we will "...go and make disciples of all nations..." (Matthew 28:19)

The Catholic Bishops of British Columbia state, in their philosophy of education for Catholic Schools in the Province of BC, that "all those involved in Catholic education are called to build communities of faith and holiness. In partnership with the family and the Parish, the Catholic School builds up both the Family of faith and the human community."

Our Catholic Schools are funded in the following ways:

1. **Provincial Government Grant**—a per student grant that is 50% of the operating grant provided to local Public Schools.
2. **Tuition**—these rates are determined annually by the School Council and School Administration.
3. **Parish Support**—financial support provided by the Parishes to the School to help meet the capital costs.
4. **School Fundraising Activities**

The Parishioners of St. James, Our Lady of the Valley, St. Benedict's and St. Theresa's Parishes support St. James School in a financial manner. Traditionally, tuition rates have differed between families who are Parish supporters and those who are not. This is because Parish supporters support their Parish financially through envelope offerings. The family supports the Parish and the Parish supports St. James School. The expectation is that Parish supporters will contribute at least \$100 annually in support to the Parish by means of Parish envelopes.

To be both fair and just with all our families, those who indicate that they are practicing Catholics, and therefore Parish supporters, will be required to meet the following criteria:

1. The Family believes and lives their Catholic Faith as taught in the *Catechism of the Catholic Church* and the precepts of the Catholic Church.
2. The parents understand their role as the first and best teachers of their children in matters of Faith.



3. The Family is registered in a Catholic Parish and submits an envelope on a regular basis to that Parish.

I must also say Parish support means more than submitting a parish envelope to one's Parish for its financial support. Parish support also means getting involved in Parish life by the use of one's time and talent as well as treasure. This means assisting in Parish liturgical life as a reader, Eucharistic minister, musician and cantor, greeter or altar server. One can also support the parish through involvement in Children's Liturgy of the Word, Youth ministry, visiting the sick and shut-ins, or through organizations like the Knights of Columbus, Catholic Women's League, etc.

A Parish supporter, therefore, is also understood to be one who is engaged in some form of Parish activity. For that reason, a Parish supporter is defined as someone who has and uses Parish envelopes *and/or* is actively engaged in some form of Parish liturgical, organizational or outreach activity. Both distinct forms of support are acceptable to define oneself as a Parish Supporter.

Being engaged as a Parish supporter in some form of parish activity will also be acknowledged in the St. James School *Saints of Service* Program. This means that your service hours in some Parish activity will also be counted as service hours to the *Saints of Service* program. This arrangement is not reciprocal, however—service hours given to St. James School will not be counted as a Parish Support activity.

In your registration package for the 2024/2025 School Year, you will receive a Pastor's reference form to be completed as part of the re-registration or registration process. Once you have completed the form, please return it to St. James School. Completed forms will then be given to Father Peter for signing. (Please **do not forget to include your envelope number** on the form). The signed forms will then be returned to the School, so that the Parish supporter rate can be given to those families who meet the criteria found above. In the absence of a signed Pastor's reference form, families will be charged the non-Parish supporter rate.

If you have any questions regarding the criteria shown above, please contact myself or Fr. Peter.

The costs of operating St. James Catholic School increase in the same manner as other institutions. With your continued assistance via your time, talent and treasure, and the generous assistance provided by our Parishes, St. James School will continue to grow, develop and thrive for generations to come, and its high standards and cost efficiency will continue to be maintained.

Yours Sincerely in Christ,

Mrs. Melanie Inzunza  
Principal  
St. James School



**St. James Parish**  
**Our Lady of the Valley Parish**  
**St. Benedict's Parish**

**Pastor's Reference Form**  
**Application for 2024/2025 Parishioner Rate**

(Must Re-register each year)

**To be completed by the Applicant and returned with the re/registration package**

**Parish you attend: (circle one)** St. James    OLOV    St. Benedict    Sacred Heart

**Your designated Envelope #** \_\_\_\_\_

**Parent's Names:** \_\_\_\_\_

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

**Phone #** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Student's Name:**

\_\_\_\_\_ **Grade:** \_\_\_\_\_ (Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_)

\_\_\_\_\_ **Grade:** \_\_\_\_\_ (Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_)

\_\_\_\_\_ **Grade:** \_\_\_\_\_ (Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_)

\_\_\_\_\_ **Grade:** \_\_\_\_\_ (Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_)

**New family to St. James School – contact Fr. Peter Nguyen @ [frpeter@shaw.ca](mailto:frpeter@shaw.ca) to introduce yourself**

**To be completed by the Family's Pastor:** *The Pastor's signature indicates the family qualifies for the parish supporter rate at St. James School for the 2024/2025 school Year.*

**Pastor's Comments:**

**Pastor's Signature:** \_\_\_\_\_

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



## St. James Catholic School

2700 - 28 Avenue  
Vernon, BC V1T 1V7  
Telephone: 250-542-4081

Student(s) Name(s) & Grade(s)

1  
2  
3  
4

### Payment Options 2024/2025

#### Pre-Authorized Debit - Banking information must be renewed each year

Include void cheque/banking information with ReRegistration Package

☐ 10 Payments:

- ☐ 5 Sep-2024 - (Beginning Sept 5, 2024 & Ending June 5, 2025)  
☐ 22 Sep-2024 - (Beginning Sept 22, 2024 & Ending June 22, 2025)

☐ 12 Payments:

- ☐ 5 July-2024 - (Beginning July 5, 2024 & Ending June 5, 2025)  
☐ 22 July-2024 - (Beginning July 22, 2024 & Ending June 22, 2025)

#### INTERAC e-Transfer: please check which is your preference:

**St. James School e-Transfer address: [payments@stjamesvernon.com](mailto:payments@stjamesvernon.com)**

- 1.) ☐ Monthly Payment amount: \$ \_\_\_\_\_
- 2.) A ☐ Year (after September 13, 2024) Payment amount: \$ \_\_\_\_\_
- 2.) B ☐ Lump sum discount: see below Discount: \$ \_\_\_\_\_

**Lump Sum - 5% Discount applied, if paid by September 13, 2024, by: Cash, Credit Card, post dated cheque.**

☐ **Other** Please Specify (ie: Credit Card, Cash, Post Dated cheques)

**Alternate Payment:** If someone other than you will be paying all or part of the tuition, please complete the following section and forward the necessary payment information (ie: post dated cheque, void cheque, preauthorized debt).

Name:	Relationship to Student(s):	Phone Number:
Form of payment:	% of Tution paid by Other:	% of Tution paid by Parents/Guardians

Mailing Address:

Parent/Guardian Name (please print)

Date

Parent/Guardian Signature

# St. James School

## Tuition Rates 2024/2025

### **PARISH SUPPORTER RATES:**

Number of Children	Yearly Tuition	10 Monthly Payments (Sept – June)	12 Monthly Payments (July to June)
1 Child	\$ 4,400.00	\$ 440.00 (\$430.00)	\$ 366.67 (\$358.34)
2 Children	\$ 7,000.00	\$ 700.00 (690.00)	\$ 583.33 (\$575.00)
3 Children or More	\$ 7,080.00	\$ 708.00 (698.00)	\$ 590.00 (\$581.67)

### **TUITION – FULL PAYMENT BALANCE DUE BY SEPTEMBER 15, 2024**

Number of Children	Yearly Tuition	5 % Discount	BALANCE due Sept 15/24
1 Child	\$4,400	• \$220	\$4,180.00
2 Children	\$ 7,000	• \$350	\$ 6,650.00
3 Children or More	\$ 7,080	• \$354	\$ 6,726.00

### **NON-PARISH SUPPORTER RATES:**

Number of Children	Yearly Tuition	10 Monthly Payments (Sept – June)	12 Monthly Payments (July to June)
1 Child	\$ 5,800	\$ 580.00 (\$570.00)	\$ 483.33 (\$475.00)
2 Children	\$ 9,150	\$ 915.00 (\$905.00)	\$ 762.50 (\$754.17)
3 Children or More	\$ 10,000	\$ 1000.00 (\$990.00)	\$ 833.33 (\$825.00)

### **TUITION – FULL PAYMENT BALANCE DUE BY SEPTEMBER 15, 2024**

Number of Children	Yearly Tuition	5 % Discount	BALANCE due Sept 15/24
1. Child	\$ 5,800.00	• \$ 290.00	\$ 5,510.00
2. Children	\$ 9,150.00	• \$ 457.50	\$ 8,692.50
3. Children or More	\$ 10,000.00	• \$ 500.00	\$ 9,500.00

(Amount in bracket reflects \$100.00 deposit for new families)



# PREAUTHORIZED DEBIT AUTHORIZATION FORM (E1)

Complete all sections to instruct your financial institution to make payments directly from your account. Return the completed form to us, **with a blank cheque marked "void"**.

**Payee:**

St. James School  
2700 – 28<sup>th</sup> Avenue  
Vernon, BC V1T 1V7

**Telephone:**

(250) 542-4081

**Financial Institution Branch:**

Name of Financial Institution:

Address:

**Transaction Information:**Transaction Type: 450Personal ☐Business ☐[illegible]

Office Use Only

First due date: \_\_\_\_\_  
mm      dd      yy

Final due date: \_\_\_\_\_  
mm dd yy

Frequency: \_\_\_\_\_ \$ Amount: \_\_\_\_\_

**Payor:**

Names of Account Holders:

Address:

Account Number

Office Use Only

I (we) hereby authorize **St. James School** to draw on my (our) account with the afore-mentioned financial institution, for the following purpose, **Tuition and School Fees.**

By signing this authorization, I (we) acknowledge that I (we) understand I (we) are participating in the Pre-authorized Debit Plan established by **St. James School**, and I (we) accept participation in the PAD plan upon the terms and conditions set herein.

I (we) consent to the disclosure of any personal information that may be contained in this authorization to the financial institution that holds the account for **St. James School** with the pre-authorized debit to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H4 of the Canadian Payments Association Rules:

Signature of Account Holder

Date:

Signature of Account Holder

Date:

See over for terms and conditions

Valid Signing Authority - I (we) warrant that all persons whose signatures are required to sign on this account have signed this agreement.

Cancellation of Agreement - I (we) acknowledge that, in order to completely revoke this authorization, I (we) must provide and deliver written notice of revocation to **St. James School**. This authorization may be cancelled at any time by me(us).

Acceptance of Delivery of Authorization - I (we) acknowledge that provision and delivery of this authorization to **St. James School** constitutes delivery by me (us) to the afore-mentioned financial institution. Any delivery of this authorization to you constitutes delivery by me (us).

Validation by Financial Institution - I (we) acknowledge that the afore-mentioned financial institution is not required to verify that the debit has been issued in accordance with the particulars of the authorization including the amount and frequency of payments.

I (we) acknowledge that the afore-mentioned financial institution is not required to verify that any purpose of payment for which the debit was issued has been fulfilled by **St. James School** as a condition to honouring a preauthorized debit issued by on my (our) account.

Contract for Goods/Services - Revocation of this authorization does not terminate any contract for goods or services that exists between me (us) and **St. James School**. My (our) authorization applies only to the method of payment and does not have any bearing on the contract for goods and services exchanged.

Change of Account Information - I (we) undertake to inform **St. James School**, in writing of any change in the account information provided in this authorization prior to the next due date of the debit.

Pre-notification - If this authorization is for personal/household debits, I (we) acknowledge we will receive:

a) with respect to fixed amount pre-authorized debits, written notice from **St. James School** of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first pre-authorized debit, and such notice will be received every time there is a change in the amount or the payment dates(s); or

b) with respect to variable amount pre-authorized debits, written notice from the Payee on the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of every pre-authorized debit; except that if the pre-authorized debit plan provided for the issuance of a pre-authorized debit in response to a direct action by me (us) (such as, but not limited to, a telephone instruction) requesting **St. James School** to issue the pre-authorized debit the 10 day pre-notification is waived.

If this authorization is for business pre-authorized debits, I (we) waive any and all requirements for pre-notification of debiting.

Rights of Dispute - I (we) acknowledge that a pre-authorized debit may be disputed only under the following conditions:

- a) the pre-authorized debit was not drawn in accordance with this authorization
- b) my (our) authorization was revoked
- c) pre-notification was required and was not received

I (we) further acknowledge that in order to be reimbursed, a written declaration to this effect must be given to my(our) financial institution on or before the 90<sup>th</sup> calendar day, the case of personal/household pre-authorized debit or on or before the 10<sup>th</sup> business day, in the case of a business pre-authorized debit, after the date on which the pre-authorized debit in dispute was posted to my (our) account. I (we) acknowledge that any claim made after the periods set out above must be resolved solely between me (us) and **St. James School**.



## St. James School

2700 28th Avenue Vernon, BC V1T 1V7  
T: 250-542-4081 email: office@stjamesvernon.com

### Saints of Service Parent Participation Program 2024-2025

Family Name: \_\_\_\_\_ (Child)ren name(s): \_\_\_\_\_  
Mother's First Name: \_\_\_\_\_ Home Number: \_\_\_\_\_ Cell: \_\_\_\_\_  
Father's First Name: \_\_\_\_\_ Home Number: \_\_\_\_\_ Cell: \_\_\_\_\_  
Mother's email: \_\_\_\_\_ Father's email: \_\_\_\_\_

#### What is required?

- Participation of 20 hours per year for each family from July 1, 2024 to June 30, 2025
- Choose your desired participation level and attach one cheque to this form in the amount of \$300, payable to St. James School, dated September 1, 2024 or May 15, 2025 per your participation level choice
- Mark five or more areas of interest from the list below.
- Dates and events are subject to change.
- When working with students, all volunteers require a Ministry of Justice criminal record check which will need to be kept on file. The forms are available in the school office or on the school's web site.

Online Sign Up Genius Program is used to organize volunteers.

	Category	✓		Category	✓
1	Local School Committee or Parent Support Group Executive		13	Gently used Uniforms - wash/sort clothes	
2	St. James School Events		14	Uniform sales. New and Used.	
3	Community Builders (through-out year). Movie nights, family fun night, skating party, OKIB cultural event.		15	Coaching: volleyball, basketball, track and field, cross country running.	
4	Scholastic Book Fair (October). Set-up, take-down, fair sales, promotions.		16	Classroom helper/bulletin boards. Assist as required.	
5	Poinsettias (November). Count money/orders, promo/sales, order pick-ups.		17	Cleaning Bees. Inside of school.	
6	Christmas Market (December). Coordinate donations, sell tickets, count money.		18	Handy Man Projects. Repairs, maintenance.	
7	One to One Reading		19	Volunteer Driver or field trip chaperone.	
8	Terry Fox Run		20	Spring work party. Exterior clean-up.	
9	February Family Fling. promotion, ticket sales, concession, decorations		21	Ishmael's Spear-it.	
10	Pub Auction Night (March). Concession, auction, ticket sales, decorations, casino.		22	Christmas concert. Props, costumes, as required.	
11	Library Helper: Assist as required		23	Church bulletin boards - display pictures from school	
12	Staff appreciation luncheon (End of June). Set-up, take-down, meal planning/preparation.		24	Organize Lost & Found	

OTHER: Please indicate any other areas of interest you may have as well as any additional information that may help us serve you better.

#### Please indicate which Participation Level you choose (check one option below and sign)

<input checked="" type="checkbox"/>	I choose to participate in the Saints of Service (SOS) Parent Participation Program by completing 20 volunteer hours by May 30th, 2025. I enclose a \$300 cheque dated May 15, 2025 which will be cashed only if I do not complete all 20 hours. I understand there will be no refund processed for partial completion of the assigned 20 hours of Parent Participation.	OR	<input checked="" type="checkbox"/>	I choose NOT to actively participate in the SOS Parent Participation Program through volunteer hours. I agree to participate by paying the \$300 fee. I have enclosed a cheque for \$300 dated September 1st, 2024 which will be deposited immediately.
Signature _____			Signature _____	