

ST. BERNARD TIGERS



# NEW STUDENT PACKET

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St. Bernard Catholic School

3604 N. 65th Street Omaha, NE 68104 "Omnia Per Mariam"  
(402) 553-4993 [www.stbernardomaha.org](http://www.stbernardomaha.org)



# 2021-2022 St. Bernard School Registration Form

Registering Family (Last Name) \_\_\_\_\_ Parishioner Y/N Pre-K Session AM / PM

Student First and Last Name	Birth Date	Gender	Grade

	Father/Guardian	Mother/Guardian
First and Last Name		
Address/Zip Code		
Work/Home/Cell Phone		
Home E-Mail		

**St. Bernard's 2021-2022 Tuition:**

	<u>Pre-K</u>	<u>One Child</u>	<u>Two Children</u>	<u>Three Children</u>	<u>Four+ children</u>
<b>In-Parish</b>	\$1,295	\$2,585	\$4,495	\$5,710	\$6,535
<b>Non-Parish</b>	\$1,585	\$3,175	\$5,500	\$7,010	\$8,200

Tuition may be collected by SMART TUITION with several payment options available. You *must* enroll to be eligible for a payment plan. (see pamphlet)

If you are a returning family filling out this form and signing it **AUTOMATICALLY** re-enrolls you in SMART Tuition.

\* Classroom fees are separate from tuition and will be collected on Back-to-School night.

**Registration Fee:** The registration fee for K-8 is \$250 per student. However, **if not paid before April 1**, the registration fee for returning families goes up to \$350 per student. This fee is payable at the time of registration and holds a spot for your child(ren). **\*\*The registration fee is non-refundable. If you are unable to pay the \$250 registration fee, but will be returning next year, please work with the business office to make arrangements to pay this fee.**

- Families may defer (for later payment) up to \$200 of the \$250 per child provided the following occur.
  - SMART Tuition enrollment with auto payment set-up by April 1.
  - \$50 per child paid by April 1.

**Please recall:** It has been determined the actual cost to educate a child is over **\$5,000**. The difference is supplemented by Parish subsidy, Children's Scholarship, and other tuition assistance.

- If tuition is paid in its entirety on or before August 31, 2021, families will receive a 3% tuition discount.
- St. Bernard School retains the right to refuse admission to any student if the administration believes placement in St. Bernard will not meet the child's educational needs. Students who are admitted have a reasonable, well-founded hope of successfully completing the school's academic program and adhering to the school's discipline policies. In doubtful cases, students may be admitted on an interim basis.
- St. Bernard Catholic School may, in its sole discretion, refuse admission to any student or applicant.

\*By signing this form I verify that all information provided is correct and I accept the terms of enrollment:

\_\_\_\_\_ Date \_\_\_\_\_



# New Student Checklist

## Forms to Submit to School

- |  |  |
|--|--|
| <input type="checkbox"/> Registration Form                   | <input type="checkbox"/> Baptism Certificate (if Catholic)         |
| <input type="checkbox"/> O.P.S. Form                         | <input type="checkbox"/> Birth Certificate                         |
| <input type="checkbox"/> St. Bernard Family Information Form | <input type="checkbox"/> Record Release Form (if transfer student) |
| <input type="checkbox"/> Immunization Records                | <input type="checkbox"/> Physical for Kindergarten & 7th grade     |

## Financial Aid

- |   |
|---|
| <input type="checkbox"/> Children's Scholarship Fund (K-8) apply online by visiting <a href="http://www.csf.org">www.csf.org</a>  |
| <input type="checkbox"/> F.A.I.R. Financial Aid Independent Review, available to all grades & required if aid is needed apply online by visiting <a href="http://www.fairapp.com">www.fairapp.com</a> |
| <input type="checkbox"/> Financial Aid is not needed _____<br>(signature)   |

## Tuition Payment Plan

- |  |
|--|
| <input type="checkbox"/> We have enrolled in SMART Tuition for monthly automatic deductions <a href="http://www.enrollwithsmart.com">www.enrollwithsmart.com</a> |
| <input type="checkbox"/> We will <u>not</u> be enrolling in SMART because we will be paying our tuition in full by August 31                                     |

# St. Bernard Family Information Sheet



Father Last Name: _____	Mother Last Name: _____
Father First Name: _____	Mother First Name: _____
Religion: _____	Religion: _____
Place of Birth: _____	Place of Birth: _____
Occupation: _____	Occupation: _____
Place of Employment: _____	Place of Employment: _____
Education: _____	Education: _____
Marital Status: _____	Marital Status: _____
Custody of Child: _____	Custody of Child: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____	State: _____
Zip Code: _____	Zip Code: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

## Student Information

<u>General</u>	<u>Sacraments (Date, Church, City &amp; State)</u>
Last Name: _____	Baptism: _____
First Name: _____	_____
Middle: _____	Reconciliation: _____
Sex: _____	First Communion: _____
Date of Birth: _____	Confirmation: _____
Ethnic Background: _____	Not Catholic: _____

## Emergency Information

Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Phone: _____	Phone: _____
Relationship to Child: _____	Relationship to Child: _____



**OMAHA PUBLIC SCHOOLS**  
**Non-Public Student Enrollment Form**  
**Complete ONE per student - Please Print**

**Student Information**

Student Last Name <i>(legal)</i> :	Student Name Suffix (Jr, III, etc):	Ethnicity <i>(choose one)</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Student First Name <i>(legal)</i> :	Gender: M    F	Race <i>(Choose one or more, regardless of Ethnicity)</i> <input type="checkbox"/> Native American or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White
Student Middle Name <i>(full)</i> :	Birth Date <i>(month/day/year)</i> :	
Student Number:	Current School:	Grade:
Name of Last School	City/State	Year Attended

**Primary Household - The primary residence of the student**

Residential Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Mailing Address *(if different)*: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Parent/Guardian Information - (Parent(s)/Guardian(s) living in primary household with students)**

Parent Last Name <i>(legal)</i> :	Parent Last Name <i>(legal)</i> :
Parent First Name <i>(legal)</i> :	Parent First Name <i>(legal)</i> :
Parent Middle Name <i>(legal)</i> :	Parent Middle Name <i>(legal)</i> :
Gender:            Birth Date:	Gender:            Birth Date:
Work Phone: (    )	Work Phone: (    )
Cell Phone: (    )	Cell Phone: (    )
E-Mail Address:	E-Mail Address:
Relationship to Student: _____	Relationship to Student: _____
Legal Guardian:    Yes    No	Legal Guardian:    Yes    No

**Please list ALL CHILDREN living at the above address**

Student Number	Full Legal Name <small>(Last, First, Middle)</small>	Gender <small>(Circle)</small>	Birth Date <small>(mm/dd/yy)</small>	Relationship to Student <small>(Sibling, Cousin, Foster Child etc.)</small>	School Attending <small>(where applicable)</small>	Grade
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				

**FOR OFFICE USE ONLY**

School: \_\_\_\_\_ Bldg Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Enter Code: \_\_\_\_\_ Enter Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Legal Name and Birth Date Verified by \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Summary of the School Immunization Rules and Regulations

Student Age Group	Required Vaccines
Ages 2 through 5 years enrolled in a school based program not licensed as a child care provider	4 doses of DTaP, DTP, or DT vaccine 3 doses of Polio vaccine 3 doses of Hib vaccine or 1 dose of Hib given at or after 15 months of age 3 doses of pediatric Hepatitis B vaccine 1 dose of MMR or MMRV given on or after 12 months of age 1 dose of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. 4 doses of pneumococcal or 1 dose of pneumococcal given on or after 15 months of age
Students entering school (Kindergarten or 1 <sup>st</sup> Grade depending on the school district's entering grade)	3 doses of DTaP, DTP, DT, or Td vaccine, one given on or after the 4 <sup>th</sup> birthday 3 doses of Polio vaccine 3 doses of pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age 2 doses of MMR or MMRV vaccine, given on or after 12 months of age and separated by at least one month 2 doses of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. If the child has had varicella disease, they do not need any varicella shots.
Students entering 7 <sup>th</sup> grade	Must be current with the above vaccinations AND receive 1 dose of Tdap (contain Pertussis booster)
Students transferring from outside the state at any grade	Must be immunized appropriately according to the grade entered.

Source: Nebraska Immunization Program, Nebraska Department of Health and Human Services. . For additional information, call 402-471-6423.

The School Rules & Regulations are available on the internet: [http://dhhs.ne.gov/Pages/reg\\_t173.aspx](http://dhhs.ne.gov/Pages/reg_t173.aspx) (Title 173: Control of Communicable Diseases - Chapter 3; revised and implemented 2011)

Updated 01/26/2018

# HEALTH EXAMINATION CARD

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ (M) (F) (W) (B) (H) (A) (Other) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent or Guardian's Name \_\_\_\_\_ Name of Physician \_\_\_\_\_

The Nebraska School Immunization Rules and Regulations require students to provide proof of immunization before attending school.

PLEASE WRITE MONTH, DAY, YEAR IMMUNIZATIONS WERE GIVEN BELOW:

Immunization	(Month/Day/Year)	Immunization	(Month/Day/Year)	Immunization	(Month/Day/Year)
DTP/Td	1. / /	Polio (oral)	1. / /	Hepatitis B (Hep B)	1. / /
	2. / /		2. / /		2. / /
	3. / /		3. / /		3. / /
	4. / /		4. / /		4. / /
	5. / /	MMR 1	1. / /	Varella 1	1. / /
Tdap	1. / /	MMR 2	2. / /	Varella 2	2. / /
Other	/ /	Other	/ /	Other	/ /

**PHYSICAL EXAM:** Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_  
 General Appearance \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ BMI% \_\_\_\_\_  
 Nutritional Status \_\_\_\_\_ Hematocrit or Hgb. \_\_\_\_\_ Urinalysis \_\_\_\_\_  
 Skeletal Development/Posture \_\_\_\_\_ Scoliosis \_\_\_\_\_  
 Scalp and Skin \_\_\_\_\_ Lymph Nodes \_\_\_\_\_ Neck \_\_\_\_\_  
 Ears \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_  
 Mouth \_\_\_\_\_ Teeth and Gums \_\_\_\_\_ Speech \_\_\_\_\_  
 Heart \_\_\_\_\_  
 Lungs \_\_\_\_\_ Tuberculin Skin Test: Positive \_\_\_\_\_ Negative \_\_\_\_\_  
 Abdominal Examination \_\_\_\_\_ Hernia \_\_\_\_\_  
 Extremities – Upper \_\_\_\_\_ Extremities - Lower \_\_\_\_\_  
 Neurological exam \_\_\_\_\_  
 Mental developmental assessment \_\_\_\_\_

**Vision Exam required for Kindergarten and students transferring from outside of NE (Please document all tests listed below).**

Tests	Pass	Fail	Recommend Further Examinations (See comments below)
Amblyopia			
Strabismus			
Internal Eye Health			
External Eye Health			
Visual Acuity	Right	Left	Both
With/without Glasses	20/	20/	20/

HEALTH HISTORY: Check any past or present illness of this child the school should be made aware of, such as:

asthma       concussion       physical handicaps  
 allergies       diabetes       seizure disorder  
 cancer       heart disease       serious injuries  
 chicken pox       kidney infections       surgical operations  
 Other (specify): \_\_\_\_\_

Hearing Screening:	Pass			Fail		
AUDIO TEST	500	1000	2000	4000	6000	8000
Right Ear						
Left Ear						

- Is this child subject to any illness which may result in a classroom emergency? YES ( ) NO ( )  
If yes, please describe: \_\_\_\_\_
- Is this child subject to any condition which limits:
 

	Classroom activities?	YES ( )	NO ( )
	Physical education?	YES ( )	NO ( )
	Competitive sports?	YES ( )	NO ( )

 If yes, please describe: \_\_\_\_\_
- Is this child taking any medication? YES ( ) NO ( ) If yes, please identify, etc.: \_\_\_\_\_
- Any other remarks or suggestions? \_\_\_\_\_

Date of exam \_\_\_\_\_

Signature of Health Care Provider \_\_\_\_\_

Phone \_\_\_\_\_



Request for Student Records

Date of Request: \_\_\_\_\_

Originating School

Name of Previous School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Student's Information

Legal Name:	Last	_____
	First	_____
	Middle	_____

Signature of Parent/Guardian (if available) \_\_\_\_\_

The following records are hereby requested:

- |   |  |
|---|--|
| <input type="checkbox"/> Transcripts or report cards                      | <input type="checkbox"/> Discipline records        |
| <input type="checkbox"/> Test data / standardized test scores             | <input type="checkbox"/> Immunization records      |
| <input type="checkbox"/> List of courses and grades at time of withdrawal | <input type="checkbox"/> Health / medical records  |
| <input type="checkbox"/> Attendance records                               | <input type="checkbox"/> Psychological records     |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable    | <input type="checkbox"/> Copy of birth certificate |
|   | <input type="checkbox"/>                           |

Signature of Requesting School Representative:

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Signature	Title	Date
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PLEASE MAIL OR EMAIL TO:

St. Bernard School  
 3604 N. 65<sup>th</sup> Street  
 Omaha NE 68104  
[KSORENSEN@STBERNARDOMAHA.ORG](mailto:KSORENSEN@STBERNARDOMAHA.ORG)  
 Phone: 402.553.4993 Fax: 402.551.4939

St. Bernard Catholic School

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# ST. BERNARD'S CHILDCARE



Ages	Weekly Fee	3-Day Maximum
Infant	\$205	<b>FULL-TIME ONLY</b>
Toddler	\$180	\$144
Early Preschool	\$170	\$136
Preschool	\$160	\$128
Pre-K Care	\$145	\$116
School-Age Summer/ Winter Break	\$135	\$100

Families with multiple children - A 10% discount will be applied to every additional sibling enrolled with at least **ONE** child in full-time care. **School year fees are effective from the FIRST to the LAST week of the school year, regardless of attendance.**

School Year Flat Fees	Before Care \$25	After Care \$50	Before & After Care \$70
<b>ADDING</b>			
1 No-School Day	\$50	\$75	\$95
1 Half Days	\$45	\$70	\$90
<b>ADDING</b>			
2 No-School Days	\$75	\$100	\$120
2 Half Days	\$65	\$90	\$110
<b>ADDING</b>			
3 No-School Days	\$100	\$125	\$135
3 Half Days	\$85	\$110	\$130

St. Bernard's Childcare

3604 North 65th Street Omaha, NE 68104 "Omnia Per Mariam"  
 (402) 556-4161 www.stbernardomaha.org

