



HOLY CROSS
SAINT BERNADETTE
SAINT THOMAS MORE
SAINTS PETER & PAUL
OUR LADY OF LOURDES

A Collaboration of Parishes, Schools, Parents and Community Partners

January 2019

Dear Parents and Guardians,

Thank you for your continued support of our Consortium Schools. Each year at this time, we work to analyze our budget and project our expenses for the upcoming year. A big part of this analysis is in tuition and fees, coupled with teacher salary and benefits. The tuition rates for the 2019-2020 school year, approved by our Board of Directors, is included in this communication. We are mindful of the commitment it takes to send your child(ren) to Catholic school, and we are proud to partner with you in the education of your children.

As you may already know, one of our largest operational expenses is teacher salaries and benefits. We are grateful to our dedicated teachers who provide the best possible education to our students. To honor their continued commitment to Catholic education, we are providing an annual salary increase to reflect the cost of living increases in our community. This helps us retain our experienced, remarkable teachers who give so much to our schools and your children.

We recognize the sacrifices you make to provide your children with a Catholic education at our schools. We commit to being good stewards of your tuition payments. We are proud of our efforts to be fiscally responsible, and will continue to find ways to increase our efficiencies and keep education affordable for you, our families. Through our collaborative community of schools, we will continue to look for ways to manage costs and are committed to raising additional funds through grants, individual donor gifts, and foundations. However, tuition will continue to be a vital source of income for our schools.

Registration for current families and our supporting Consortium Parishes will be February 4th-February 15th. DLA families will, again, register by filling out paper registration forms (available in English and Spanish). You are also welcome to make an appointment at the DLA, and school staff will be available to assist with the registration process. It is important that our current families register in the two-week window designated for current families; we want to ensure our current students have first priority! Registration for new families will begin on Monday, February 18th and any open seats will be filled.

We have worked to simplify the process for registration by making some changes. One of the changes we made this year will be reflected in the registration fee structure. We will collect a non-refundable registration fee of \$100 per family and will not collect an application fee. Registration is not considered complete, and the spot(s) for your student(s) will not be held until the \$100 registration fee is received at the school office. The second change we made is with FACTS. We have rolled the FACTS enrollment fee into tuition and it will be paid by the Consortium rather than added to your first payment. Finally, you will note that we will again collect the technology fee (K-1st), as we did last year. It is identified on the tuition rate sheet, but is not collected separately; it is a part of tuition. Those families who pay by the end of June will be credited \$75 to cover the cost of the enrollment fee and a discount for paying in full.

Our faculty and staff are committed to providing your child with the best possible education, and we are grateful for your commitment and continued support to make that possible.

Sincerely,

Chris Nelson, Consortium Executive Director

Andrew Bauer, Co-Principal
Megan Fiedler, Co-Principal
Amanda Alvarado, Assistant Principal

**Archdiocese of Omaha Catholic School Consortium Dual Language Academy
at St. Stanislaus Early Childhood Education Center
Application for Reduced Tuition Rate (Preschool & Prekindergarten)
2019-20 School Year**

**** This form is not a guarantee of acceptance****

The Archdiocese of Omaha Catholic School Consortium wants to ensure that the Dual Language Immersion form of instruction is accessible to families of all household income levels. As such, we offer a tiered tuition structure for the Preschool and Prekindergarten programs.

Preschool & Prekindergarten	Income Level	Annual Tuition
Tier I rate	Available to all families	\$7,950.00
Tier II rate	Available for family income below \$75,000 with proof of income	\$3,825.00
Tier III rate	Available for family income below \$30,000 with proof of income	\$2,865.00

If you wish to be considered for Tier II or Tier III pricing, please fill out the Household Income

Household Income Calculation		
Income Source	Amount	Information
Adjusted Gross Income *	\$	This is income reported on your 2017 Federal 1040 Tax form. Please attach the signed first 2 pages of the 1040 form. If you filed taxes electronically, please attach page 1.
Child Support Income	\$	Please provide official documents. See www.nebraskachildsupport.com or call 877-631-9973 if you need help
Food Stamp Income (SNAP)	\$	Please provide official documents. Call 402-595-1258 or 1-800-383-4278 for a 12 month summary. https://dhhs-access-neb-menu.ne.gov/start/?tl=en
Social Security Income	\$	Please provide official documents. Call 1-866-716-8299 for help.
Public Housing Assistance/ Section 8	\$	Please provide official documents. Call 402-595-1258 for help.
ADC/ Public Assistance.	\$	Please provide official documents. Call 402-444-4200 for help.
Total Household Income	\$	
Total Number of Adults in Household: Currently: _____ On 2017 tax return: _____		Total Number of Children: Currently: _____ On 2017 tax return: _____

Calculation chart below, and attach supporting documentation for each item.

*** If your family did not file an income tax return in 2017, provide alternate supporting documentation for income earned.**

Verification & Signature

I verify that all of the information provided on this form, including the attached supporting documentation, is true and complete to the best of my knowledge. I am authorized to sign this form and to disclose this information.

Signature of Applicant

Date

Printed Name of the Applicant

Printed Name of the Student

****All Applications and Supporting Documents must be returned to the Omaha Catholic School Consortium office**
4501 S. 41st Street, Omaha, NE 68107 Phone: 402-590-2810/402-991-3400**



Archdiocese of Omaha Catholic School Consortium Dual Language Academy at St. Stanislaus Early Childhood Education Center 2019/20 Application

Date: _____ Please Check One: _____ New Family _____ Current Consortium Family

Family Name : _____

With whom do your students live? _____ Both Parents _____ Mother _____ Father _____ Joint Custody _____ Grandparent _____ Guardian _____ Other

Primary language parent(s) speak at home: _____

Language student(s) speaks most frequently at home: _____

Language student(s) speaks most frequently: _____

My child will continue the dual language program at _____ Our Lady of Lourdes _____ Sts. Peter & Paul

Do you have internet access in the Home? _____ Yes—Both with Tablet & PC/Laptop _____ Yes—Only through Tablet (not a phone)

_____ Yes—PC/Laptop only _____ Yes—Phone only w/data network _____ No internet access

What school district would your child attend? _____ OPS _____ Bellevue _____ Papillion/LaVista _____ Ralston _____ Westside _____ Millard _____ Gretna

Catholic: _____ Non Catholic: _____

If Catholic, Name of your Parish: _____

Parent/Guardian #1

Name : _____ Relationship to student: _____

Address: _____

City/ State: _____ Zip : _____

Phone #'s: _____ (Daytime) _____ (Evening) _____ (Cell)

Are you an alumni of a Catholic school? Please check one: _____ Holy Cross _____ Our Lady of Lourdes _____ St. Bernadette _____ Ss. Peter & Paul
_____ St. Thomas More _____ Other Catholic school (please list name)
_____ No, I am not an alumni

Email : _____

Parent/Guardian #2

Name: _____ Relationship to student: _____

Address: _____

City/ State: _____ Zip: _____

Phone #s: _____ (Daytime) _____ (Evening) _____ (Cell)

Are you an alumni of a consortium school? Please check one: _____ Holy Cross _____ Our Lady of Lourdes _____ St. Bernadette _____ Ss. Peter & Paul
_____ St. Thomas More _____ Other Catholic school (please list name)
_____ No, I am not an alumni

Email: _____

Class Selection

Please list the student's name and class selection below.

Preschool students: Born on or before July 31, 2016

Prekindergarten students: Born on or before July 31, 2015

Kindergarten students: Born on or before July 31, 2014

1st Grade: Born on or before July 31, 2013

All Students must be toilet trained by August 1, 2019.

**Extended Care offerings: Before Care - 6:30 am to 8:15 am
After Care - 3:30 pm to 6:00 pm**

Student #1 information:

First Name: _____ Middle _____ Last Name: _____ Goes by: _____

Male Female (circle one) Date of Birth: ____/____/____

Church where baptized: _____

Please choose one:

Preschool - M-F all day _____

Prekindergarten - M-F all day _____

Kindergarten—M-F all day _____ I plan to Apply for Financial AID: _____

First Grade—M_F all day _____ I plan to Apply for Financial AID: _____

Will student be attending Extended Care? ____yes ____no If yes, check all that apply: ____Before Care ____After Care

Student #2 information:

First Name: _____ Middle _____ Last Name: _____ Goes by: _____

Male Female (circle one) Date of Birth: ____/____/____

Church where baptized: _____

Please choose one:

Preschool - M-F all day _____

Prekindergarten - M-F all day _____

Kindergarten—M-F all day _____ I plan to Apply for Financial AID: _____

First Grade—M_F all day _____ I plan to Apply for Financial AID: _____

Will student be attending Extended Care? ____yes ____no If yes, check all that apply: ____Before Care ____After Care

Student #3 information:

First Name: _____ Middle _____ Last Name: _____ Goes by: _____

Male Female (circle one) Date of Birth: ____/____/____

Church where baptized: _____

Please choose one:

Preschool - M-F all day _____

Prekindergarten - M-F all day _____

Kindergarten—M-F all day _____ I plan to Apply for Financial AID: _____

First Grade—M_F all day _____ I plan to Apply for Financial AID: _____

Will student be attending Extended Care? ____yes ____no If yes, check all that apply: ____Before Care ____After Care

Emergency Contact Information:

If a parent/guardian needs to be contacted during the day please call this preferred contact:

Preferred contact information: Name _____ Relationship _____
Phone #1 _____ Phone #2 _____

Please list one non-guardian contact : Name _____ Relationship _____
Phone #1 _____ Phone #2 _____

If there is an Emergency Closure during the day, my student(s) will: ☐ Walk Home ☐ Leave w/Preferred Contact
☐ Parent will pickup ☐ Other

<u>Student Name</u> —Please list all students	<u>Ethnicity:</u> H—Hispanic N/H Non-Hispanic <i>Please list one for each student</i>	<u>Race:</u> AM-American Indian /Alaska Native AS-Asian BL-Black or African American PI-Pacific Islander W-White <i>Please list one for each student</i>

How did you hear about the Dual Language Academy? ☐ Word of mouth ☐ Media (TV, radio, newspaper) ☐ CSO website
☐ School Website (Facebook) ☐ Parish bulletin/announcement ☐ School website or newsletter ☐ Other

Why did you choose our School? ☐ Academic excellence & curriculum ☐ Faith formation ☐ Safe environment ☐ Community
☐ Technology ☐ Location ☐ Dual Language ☐ Other

Enrollment: I understand for my student to receive maximum value of the Dual Language form of instruction he/she will need to continue the Dual Language program through 8th grade.

☐ Agree ☐ Disagree

Tuition Accounts: I am responsible to pay tuition. Once my application has been accepted, I agree to set up a FACTS Management tuition payment plan within two weeks. I agree to abide by the terms/conditions and payment schedule of my payment plan. If I should ever have a problem making my tuition payment by the assigned payment date, it is my responsibility to contact the Consortium business office at 402-590-2810 or 402-590-2817 (Spanish) at least 2 business days before the payment is due.

☐ Agree ☐ Disagree

Attendance: I agree to ensure at least a 90% attendance of my child(ren) and to comply with the standards of the Omaha Catholic Schools Dual Language Academy.

☐ Agree ☐ Disagree

Photo Release: I give this school permission to include my child(ren)'s picture and name in photographs, videos, printed material and local media stories about the school. I understand that the school will use these materials for information and promotional purposes only.

☐ Agree ☐ Disagree

Parent/Guardian Signature: _____

PAGE INTENTIONALLY LEFT BLANK

Medical Information Form

Parent/Guardian Name: _____ Phone #1 _____ Phone #2 _____

Physician information: Name: _____ Phone: _____

Address: _____ Preferred Hospital: _____

Student #1

Name: _____

Please check all that apply: ☐ Asthma ☐ Seizures ☐ Bladder/Kidney ☐ Sickle cell ☐ ADD/ADHD
 ☐ Diabetes ☐ Deafness ☐ Hemophiliac ☐ Sight Impairment

Allergies: _____

Medications: _____

Permission to administer: ☐ Acetaminophen ☐ Ibuprofen (Written permission may be required by school office)

No Health Issues: _____

If any conditions are checked, please provide an explanation and possible treatments:

Student #2

Name: _____

Please check all that apply: ☐ Asthma ☐ Seizures ☐ Bladder/Kidney ☐ Sickle cell ☐ ADD/ADHD
 ☐ Diabetes ☐ Deafness ☐ Hemophiliac ☐ Sight Impairment

Allergies: _____

Medications: _____

Permission to administer: ☐ Acetaminophen ☐ Ibuprofen (Written permission may be required by school office)

No Health Issues: _____

If any conditions are checked, please provide an explanation and possible treatments:

Student #3

Name: _____

Please check all that apply: ☐ Asthma ☐ Seizures ☐ Bladder/Kidney ☐ Sickle cell ☐ ADD/ADHD
 ☐ Diabetes ☐ Deafness ☐ Hemophiliac ☐ Sight Impairment

Allergies: _____

Medications: _____

Permission to administer: ☐ Acetaminophen ☐ Ibuprofen (Written permission may be required by school office)

No Health Issues: _____

If any conditions are checked, please provide an explanation and possible treatments:

Dual Language Academy 2019-2020 Tuition Rates

Preschool Tiered Tuition Rates

	Tier I	Tier II	Tier III
Annual Tuition	\$7950	\$3,825	\$2,865
Registration Fee*	\$100	\$100	\$100
FACTS Fee	\$41	\$41	\$41
Total Due	\$8091	\$4066	\$3006

*Registration fee of \$100 is due at the time of registration.

If your child is in Preschool or Prekindergarten, and you would like to apply for a reduced tuition rate (Tier II or Tier III as outlined in the chart below), please fill out the Application for Reduced Tuition Rate.

Kindergarten and 1st Grade Tuition

# of Students	Tuition	Registration Fee*	Tech. Fee	FACTS Fee	Total Due		Pay in full discount by June 30, 2019**	Total due after discount
1	\$3810	\$100	\$75	\$41	\$4026		\$75	\$3951
2	\$6080	\$100	\$150	\$41	\$6371		\$75	\$6296
3	\$7732	\$100	\$225	\$41	\$8098		\$75	\$8023

*\$100 registration fee is due at the time of registration. The rest of the fees (Technology and FACTS) will be rolled into your tuition payments.

**Pay in full discount offered for TK-8 tuition only. Must be paid by Jun. 30, 2019

If you would like to apply for financial support, please refer to the Children's Scholarship Fund of Omaha handout. Other aid sources may be utilized, once CSF has been determined. Contact the school office for more details.



Children's Scholarship Fund FAQs: 2019-2020 Application

What is CSF?

CSF provides scholarships for students in kindergarten through 8th grade whose family qualifies financially.

(See income bracket to the right to know if you qualify.)

When can I apply?

CSF applications will be available online from February 11 - May 3. No late applications will be accepted. Follow the link to apply:

<https://csfomaha.civicore.com/familylogin>

Click on the link that says "please click here to fill out a new application".

What do I need to do to apply?

CSF requires copies of all 2018 income documentation.

Please have your documentation ready before you begin the application. Examples of this documentation include: Federal Income Tax Return (2018 1040 or 1040A Form), Child Support Income, Aid to Dependent Children Income, SNAP Income, Social Security Income, Public Housing/Section 8 Income, Other income.

Online Application Steps

The online application has five steps:

Step 1: Fill out your family information. This information has no bearing on your scholarship eligibility, and is used for data collection purposes.

Step 2: Enter your 2018 financial information. This includes your taxes (if applicable) and any other income that you may have received. You can upload financial documentation directly to the application or send it into the CSF office via mail, email, or fax. More information will be provided at the end of the application.

Step 3: Fill in student information for each student you are seeking a scholarship for.

Step 4: Read and check the verification boxes and type your name, which will act as digital signature. When you are finished, click submit.

Step 5: After you have submitted your application you will be taken to your family portal page where you can download your cover letter. **Note: This cover letter must be included with any documentation that you mail, email, or fax to the CSF office. Documentation without a cover letter will not be accepted.**

Household Size	Maximum Eligible 2017 Income Per Family
Two	\$30,451
Three	\$38,443
Four	\$46,435
Five	\$54,427
Six	\$62,419
Seven	\$70,411
Eight	\$78,403
	<i>For each additional child add \$7,992</i>

If your household income exceeds the Maximum Eligible Income, your family is not eligible for a scholarship.

Please note, filling out an application does not guarantee you a scholarship. You will be notified as to whether or not you received a scholarship on July 1, 2019.

Questions? Call CSF offices at 402.819.4990 or visit www.csfomaha.org for more information.



Solicitud del Fondo de Becas para Niños (CSF) Preguntas frecuentes: 2019-2020

Que es el CSF?

El CSF (Fondo de Becas para Niños) proporciona becas para estudiantes desde kínder hasta 8° grado y cuyas familias califiquen financieramente.

(Ver tabla de ingresos ala derecha para saber si califica.)

¿Cuándo puedo ingresar la solicitud?

Las solicitudes para el CSF estarán disponibles en línea a partir del 11 de febrero hasta el 4 de mayo. No se aceptarán solicitudes fuera de este plazo. Siga el siguiente enlace para someter su solicitud:

<https://csfomaha.civcore.com/familylogin>

Presione en el enlace que dice: “please click here to fill out a new application”

(presione aquí para llenar una nueva solicitud.)

Personas que viven en la casa	Máximo ingreso familiar para ser elegible el 2018
Dos	\$30,451
Tres	\$38,443
Cuatro	\$46,435
Cinco	\$54,427
Seis	\$62,419
Siete	\$70,411
Ocho	\$78,403
	<i>Por cada niño adicional añadir \$7,992</i>

¿Qué documentos necesito para llenar la solicitud?

El CSF requiere copias de todos sus comprobantes de ingresos del año 2018. Por favor tenga sus documentos listos y a la mano antes de iniciar la solicitud. Ejemplos de los documentos requeridos son: Su regreso federal de impuestos (Formas 1040 o 1040^a del 2018), Ingresos por manutención de niños (Child Support), Ayuda al ingreso de niños dependientes, estampillas de comida (SNAP), Ingresos por parte del Seguro Social, ingresos por Vivienda Pública/Sección 8, u otros ingresos.

Pasos a seguir para elaborar la solicitud en línea

Seguir estos cinco pasos para llenar su solicitud en línea:

Paso 1: Llene la información familiar. Esta información no determina si son candidatos para recibir una beca, solo se utiliza con fines de recopilación de datos.

Paso 2: Ingrese la información financiera del 2018. Esto incluye sus impuestos/taxes (Si es que aplica) y cualquier otro ingreso que usted haya recibido. Usted puede adjuntar su documentación financiera directamente en la aplicación en línea, o la puede enviar a la oficina del CSF por correo, e-mail, o por fax. Al terminar su solicitud encontrará más información.

Paso 3: Llene la información para cada alumno para el cual este solicitando la beca.

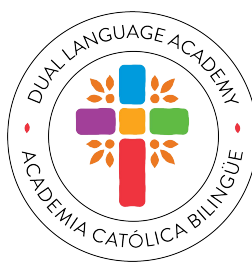
Paso 4: Lea y seleccione los cuadros de verificación y escriba su nombre, el cual servirá como su firma digital. Cuando termine presione donde dice “submit” (enviar).

Paso 5: Después de haber enviado su solicitud, va a encontrar la página en donde podrá descargar la carta que comprueba que ha hecho una solicitud (cover letter). **Tome nota: Esta carta-comprobante deberá incluirla con el resto de su documentación que mande por correo, e-mail o por fax a la oficina del CSF. Los documentos que vengan sin carta- comprobante no serán aceptados.**

Tenga en cuenta que el llenar una solicitud no le garantiza una beca. Usted será informado si ha sido elegido o no para recibir una beca el 1 de Julio del 2019.

¿Tiene Preguntas? Llame a las oficinas del CSF al teléfono 402.819.4990 o visítanos en

www.csfomaha.org para más información.



Omaha Catholic School Consortium Dual Language Academy
Academia Católicas Bilingüe
Uniform Options/ Opciones de Uniforme

<p>Shirts <i>Camisetas</i> <i>Cuello</i> <i>Polo</i></p>			
<p>Pants <i>Pantalón,</i> <i>falda, short</i></p>			
<p>Socks (Solid Color) <i>Calcetines</i> <i>(color liso)</i></p>			
<p>Cardigan/ Sweatshirt <i>Sueter/</i> <i>Sudadera</i></p>			