

ENROLLMENT & REGISTRATION PACKET
2024-2025



Christ the Teacher
CATHOLIC SCHOOL

5508 W. Chestnut Avenue
Yakima, WA. 98908
Phone: 509-575-5604

School Year Office Hours: 7:30am-4:00pm



Christ the Teacher Catholic School Enrollment

2024-2025

Achieving Excellence Together

A copy of Birth Certificate and Immunization record are required to register your child.

Option C # _____ Name: _____ Date of Enrollment: _____ Date of Termination: _____

Student Information:

First Name: _____ Last Name: _____ M.I. _____

Birthdate: _____ M/F: _____ Nickname: _____ Grade Entering: _____

Mailing Address: _____ Physical Address: _____

City/State: _____ Zip: _____ Primary Language Spoken at Home: _____

School Attended Prior: _____ City/State: _____

Ethnicity: White Hispanic/Latino Native American or Native Alaskan Asian
 Pacific Islander Black Two or more races Other: _____

Is Your Family Catholic? Yes or No Other: _____ Church Attending: _____

Family/Guardian Information:

Parent/Guardian Name (First, M.I., Last): _____

Address: _____

Occupation and Employer: _____

Work#: _____ Cell#: _____

Email Address: _____

Parent/Guardian Name (First, M.I., Last): _____

Address: _____

Occupation and Employer: _____

Work#: _____ Cell#: _____

Email Address: _____

Parent/Guardian Relationship: single married separated divorced other: _____

Who should be the first person we contact in case of an emergency? _____

Emergency Contact and Person(s) allowed to pick up from school/base: Please List at Least 2

1. _____ Phone#: _____ Relationship: _____ Pick Up? Y/N

2. _____ Phone#: _____ Relationship: _____ Pick Up? Y/N

3. _____ Phone#: _____ Relationship: _____ Pick Up? Y/N

4. _____ Phone#: _____ Relationship: _____ Pick Up? Y/N

5. _____ Phone#: _____ Relationship: _____ Pick Up? Y/N

Parent/Guardian Signature: _____ Date: _____



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Name: _____

Date of Enrollment: _____

Date of Termination: _____

Person(s) NOT ALLOWED to have access to my child:

1. _____ Relationship: _____

2. _____ Relationship: _____

****If a restraining order is in effect, court documentation is required****

Sacraments:

Baptism Date: _____ Performed by: _____

Church & City: _____

Reconciliation Date: _____ Performed by: _____

Church & City: _____

First Communion Date: _____ Performed by: _____

Church & City: _____

Medical Information

I hereby, give permission that my child may be given emergency treatment (First Aid, CPR) by a qualified staff member at Christ the Teacher Catholic School:

Parent Signature: _____

I give permission in a medical emergency, including emergency surgery, if I cannot be reached, for treatment by the Doctor named below, or the emergency room at _____ hospital.

Parent Signature: _____

Doctor/Clinic Name: _____ Phone _____

Dentist/Clinic Name: _____ Phone _____

Date of students last physical: _____

List ALL medical problems: _____

List ALL restricted activities &/ or health concerns: _____

List ALL daily medication/ dosing needed during school (must fill out additional paperwork): _____

Does your student have any of the following plans: 504 IEP Speech Therapy Behavioral Other: _____

If yes, please provide the school with a copy

Parent Signature: _____ Date: _____



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Name: _____ Date of Enrollment: _____ Date of Termination: _____

Allergies:

Drug /Food/Bee Stings/Other: _____

-List Reactions: _____

-List Medications: _____

List any important medical information we need to be aware of: _____

Has Epi-Pen been prescribed (Y/N): _____

Asthma: Please indicate which level applies to your students.

Severe: In addition to daily oral medications, my child is using a nebulizer &/or inhaler daily.

-List medications: _____

Moderate: Required daily medication to control condition, will need inhaler occasionally.

-List medications: _____

Mild: Requiring medication occasionally, such as flare-up from a cold &/or seasonal allergies.

-List medications: _____

Diabetes:

Type 1: Insulin Dependent

Type 2: Control w/ diet

-Insulin required/Self administered (Y/N) _____

-Oral Medication (Hypoglycemic) (Y/N) _____

Heart Condition: _____

Blood Conditions: _____

Digestive Disorders: _____

Hearing Loss: _____

Neurological Disorder (C.P., Hydrocephalus): _____

Orthopedic Problems (Arthritis, MS): _____

Respiratory Conditions: _____

Seizures (Epilepsy): _____

Other Condition: _____

Medication for listed condition(s): _____

Parent Signature: _____ Date: _____



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Permissions/Agreements
2024-2025

_____ I give permission for my child(ren) to be photographed (including still photos, digital photos, and video recordings) during school activities and/or functions. I understand that these photographs may be used in publications for Christ the Teacher Catholic School. Monsignor Ecker Foundation. Diocese of Yakima and/or local television stations.

_____ I give permission for my child(ren) to use computers in the classroom and to access the internet. I understand that my child must follow the rules set by Christ the Teacher Catholic School Administration.

_____ I give permission to Christ the Teacher Catholic School to add my contact information to the school directory.

_____ We have read Christ the Teacher Catholic School's *iPad Initiative Program Manual in the parent/student handbook*. We accept full responsibility if and when my student's use of technology is not in a school setting and understand that my student is subject to the same rules and agreements while not at school if using Christ the Teacher of Yakima's network or Christ the Teacher of Yakima's network to the internet. We understand the information contained in this policy and agree to abide by all rules set forth in this agreement.

Parent Signature: _____

Date: _____



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WHY CTCS?

Parents: Why do you want your child(ren) at CTCS?

Students: Why do you want to attend CTCS?



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MAJOR FUNDRAISERS

REQUIRED PARTICIPATION

Elephant Ear Booth at the Central Washington State Fair

Time frame: End of September to early October (runs entire length of the fair).

What is it? The EEB is a booth run entirely by CTCS families. Families sign up for their required shifts and work together alongside their school community and cook delicious elephant ears for fair goers! This is our second largest fundraiser and by far the most labor intensive, which means we truly rely on each and every shift being filled. Invite our family members, neighbors, and friends to come out and support a great cause while having FUN! Not to mention, free fair admission.

2024-2025 Family Requirements: Kindergarten-8th Grade; Three (3) Shifts at the Elephant Ear Booth or \$300/Shift

365 Raffle

Time frame: October through December

What is it? Our 365 Raffle Fundraiser is our year long raffle. These tickets are drawn daily in our front office and prizes range from \$10-\$500 cash! Winners are announced weekly in our school newsletter. This is a fun way to get kids involved in asking friends, grandparents, or neighbors to purchase a raffle ticket!

2024-2025 Family Requirements: Pre-Kindergarten-8th Grade; 6 books of raffle tickets (10 tickets/book) per family.

Mardi Gras

Time frame: February

What is it? Mardi Gras is our largest, most successful fundraiser each year! It is comprised of a live auction, silent auction, dinner and dancing. Mardi Gras is more fun than just a fun night for our families, it is a community event. Parents have the opportunity to provide a cash donation to help procure auction items beforehand or sign up for a shift to work before/during/after the event.

2024-2025 Family Requirement: \$300 cash donation prior to the event OR 1 shift coverage per Kindergarten-8th family.

The \$300 cash donation does not purchase a ticket to the event.

Parent Hours

During the school year we ask parents to donate 25 hours of their time. These hours can be completed by working in a classroom, driving on fieldtrips or to sports games, working extra shifts, (above the required shifts at E.E.B. or Mardi Gras) or helping with events.



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SCHOLARSHIP RESOURCES

[Www.online.factsmgt.com/signin/4CH2k](http://www.online.factsmgt.com/signin/4CH2k)

Central Washington Catholic Foundation:

- Based on Financial need.
- Families apply online and submit via FACTS. Handwritten applications are not accepted. Please contact the office if you are unable to complete the application online.
- Deadline for new applicants: May 1, 2024
- Deadline for renewal applicants: **April 1, 2024**
- Awards range from \$500--\$1,500/student

Monsignor Ecker Foundation:

- Based on financial need.
- Apply online with FACTS
- First Deadline: July 1, 2024
- Average award is \$1,000/student

CTCS Scholarship:

- Open to all families.
- Based on financial need.
- Apply online with FACTS.
- First Deadline: July 1, 2024
- Awards range from \$700- \$1,000/student

Our mission is to provide every family who values Catholic education an excellent Educational and moral environment for their children. Additional tuition assistance is applied on a case by case basis. Please inquire at the front office for additional information.



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Frequently Used Websites

School Website: www.ctcsyakima.org

Parent/Student Portal: www.optionc.com

Tuition/Lunch/BASE Payments: www.online.factsmgt.com

Keep Up With Us On Social Media

@ctcsyakima

