

A DOZEN REASONS

to Choose Catholic Schools



1

We offer an education that combines Catholic faith and teachings with academic excellence.

2

We partner with parents in the faith formation of their children.

3

We set high standards for student achievement and help them succeed.

4

We provide a balanced academic curriculum that integrates faith, culture and life.

5

We use technology effectively to enhance education.

6

We instill in students the value of service to others.

7

We teach children respect of self and others.

8

We emphasize moral development and self-discipline.

9

We prepare students to be productive citizens and future leaders.

10

We have a 99 percent high school graduation rate. 85 percent of our graduates go to college.

11

We cultivate a faculty and staff of people who are dedicated, caring and effective.

12

We provide a safe and welcoming environment for all.

SAINT THOMAS THE APOSTLE PARISH
47 PINE STREET
WEST SPRINGFIELD, MA 01089

Dear Parent/Guardian,

We are grateful to all who will be a part of our St. Thomas School community and for your support of Catholic education. We are amazed each day by the dedication and sacrifice of the administration, faculty and staff who pour their energies into the work of transmitting the Gospel values of Jesus Christ to the young people entrusted to our care. Their lived example of unselfish service speaks volumes about the Christian way of life that each of us is called to live and share each day.

All families must utilize FACTS Tuition Management for the 2024-2025 school year. Information regarding FACTS is included in the registration package. Upon registration, a non-refundable \$100.00 deposit per child, must be paid through FACTS Tuition Management. This deposit will be applied to your 2024-2025 tuition bill. Tuition billing begins in July 2024 – April 2025. You will find our 2024-2025 tuition rates on the reverse side of this letter.

Families foreseeing financial difficulties are encouraged to apply for financial aid for tuition assistance through FACTS. Students must be registered at St. Thomas to apply for this aid. Financial aid is available for students in kindergarten through grade eight.

Tuition related questions should be directed to Mr. Steve Coffey, our parish business manager, by calling the rectory at 739-4779.

Sincerely,
Rev. Jack Sheaffer, Pastor
Sr. Patricia Hottin, Principal

2024-2025 Tuition Information

TUITION 2024-2025 (Grades K-8)

St. Thomas Parish (Sponsored)

1 st Child	\$5,175.00
2 nd Child	\$4,875.00
3 rd Child	\$4,075.00
4 th Child	\$4,075.00

St. Thomas Parish (Not Sponsored) and Other Parishes

1 st Child	\$6,125.00
2 nd Child	\$5,825.00
3 rd Child	\$5,525.00
4 th Child	\$5,525.00

TUITION 2024-2025 (Preschool)

Monday-Friday	Full Day (8:00-2:00)	\$6,700.00
Monday-Friday	Half Day (8:00-11:30)	\$5,575.00
Four Full Days	Full Day (8:00-2:00)	\$6,050.00
Four Half Days	Half Day (8:00-11:30)	\$4,985.00
Monday, Wednesday, Friday	Full Day (8:00-2:00)	\$4,725.00
Monday, Wednesday, Friday	Half Day (8:00-11:30)	\$3,875.00

- The projected cost to educate one child at St. Thomas is \$8,020.00, for the 2024-2025 school year.
- The budgeted parish support/subsidy to the school is \$238,000.00, for which we are very grateful.
- To be considered a "sponsored family" by St. Thomas Parish for the 2024-2025 school year, parishioners must have contributed at least \$750.00 to St. Thomas Parish for the calendar year 2023. Parish sponsorship applies to students in grades K-8 only.



ST. THOMAS THE APOSTLE SCHOOL TUITION BILLING FOR 2024-2025 WILL BEGIN JULY 2024

FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.

To set up your FACTS agreement, visit your school's website and locate the FACTS link, or go to <https://online.factsmgt.com> and Sign in or Register.

FACTS CONFIRMATION NOTICE

Once your information is received and processed by FACTS, you will receive a confirmation notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

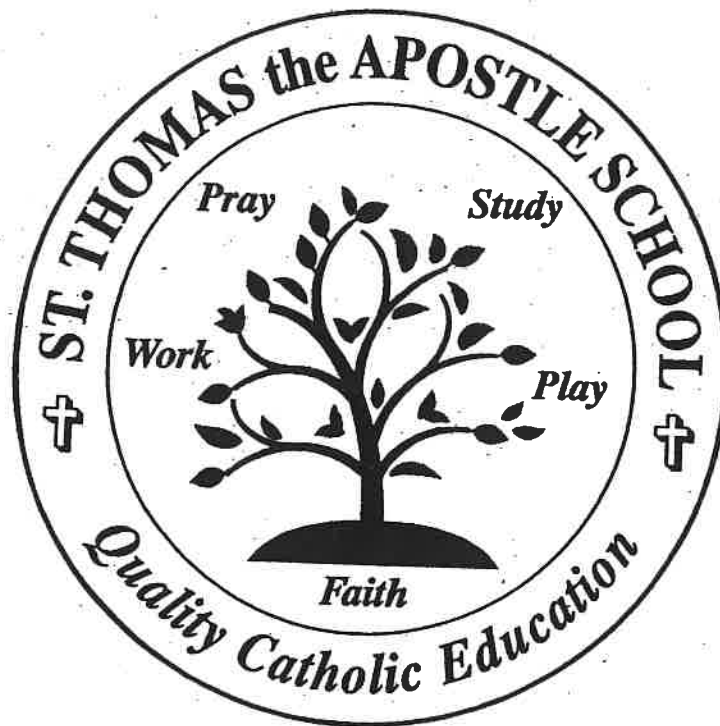
Frequently Asked Questions

- **Is my information secure?**
Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit [FACTSmgt.com/Security-Compliance](https://factsmgt.com/Security-Compliance).
- **When will my payments be due?**
Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.
- **What happens when my payment falls on a weekend or a holiday?**
Your payment will be processed on the next business day.
- **What happens if a payment is returned?**
Returned payments may be subject to a FACTS returned payment fee. Watch for a returned payment notice for additional information.
- **How do I make changes once my agreement is on the FACTS system?**
Changes to your address, phone number, email address, or banking information can be made at Online.FACTSmgt.com or by contacting your school or FACTS. Any changes to payment dates or amounts need to be approved by the school and the school will then need to notify FACTS. **All changes must be received by FACTS at least two business days prior to the automatic payment date in order to affect the upcoming payment.**
- **What is the cost to set up a payment plan?**
If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

FACTS CUSTOMER SERVICE

We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you. **To view your payment plan details, log in to your FACTS account at Online.FACTSmgt.com. Customer Care Representatives are also available to assist you 24/7.**

NEW STUDENT REGISTRATION INFORMATION



75 Pine Street
West Springfield, MA 01089

Greetings,

Thank you for your interest in Saint Thomas the Apostle School.

Students in grades kindergarten through grade eight begin the day at 7:35 with drop off beginning at 7:20. Dismissal is at 1:45.

Preschool students begin the day at 8:00 and dismissal is at 2:00. If you have a child in our elementary school, your preschool child is also welcome to arrive with your older child. For families that will need an arrival earlier than 7:20 or 8:00 because of a work situation, please call the school office.

*We must have a current copy of your child's health and immunization record before he/she starts school. Your child cannot start school without this information.

*We will need a photocopy of your child's birth certificate and baptismal certificate, if your child was baptized.

*If you are registering a child for any grade other than preschool or kindergarten, a copy of your child's latest report card and any standardized tests scores, such as MCAS etc., must be included with the registration information.

Students entering kindergarten will have to be screened in the spring for kindergarten readiness by our kindergarten teachers. We will contact you with an appointment for your child.

All families must enroll in our tuition billing program -FACTS TUITION MANAGEMENT. FACTS information is included in the packet. We require a \$100.00 deposit when you register your child, paid through FACTS, which will be applied to your child's tuition bill. Tuition billing for the 2024-2025 school year begins July 2024-April 2025.

Please do not hesitate to call the school office at (413)739-4131 or email our school secretary at jwhitehead@stthomasapostleschool.org if you have any questions.

We look forward to getting to know your family, and we thank you for entrusting your child to our care.

God Bless!

Sr. Patricia Hottin, SSJ
Principal

Dear Parents,

We are offering preschool program options in the hopes that we will meet your family's needs. We realize that your child's preschool program may be subject to change after you complete this form. Please contact the school office if you need to make a change or if you have any questions.

Students in grades kindergarten through grade 8 begin the day at 7:35, with student drop-off beginning at 7:20. If you have a child in elementary school, your preschool child is also welcome to arrive with your older child.

For families that will need an arrival time earlier than 7:20 or 8:00 because of a work situation, please call the school office.

We look forward to getting to know your child, and we thank you for entrusting them to our care.

God bless!

Sr. Patty

2024-2025 PRESCHOOL PROGRAM SELECTION FORM

Child's Name _____

Parent's Name _____

4 Year Old Program _____
(4 by September 1)

3 Year Old Program _____
(2.9 by September 1)

Please check appropriate line:

TUITION 2024-2025

Preschool Program

_____ Monday – Friday	Full Day (8:00-2:00)	\$6,700.00
_____ Monday – Friday	Half Day (8:00-11:30)	\$5,575.00
_____ Four Full Days-specify days below	Full Day (8:00-2:00)	\$6,050.00
_____ Four Half Days-specify days below	Half Day (8:00-11:30)	\$4,985.00
_____ Monday, Wednesday, Friday	Full Day (8:00-2:00)	\$4,725.00
_____ Monday, Wednesday, Friday	Half Day (8:00-11:30)	\$3,875.00

Please specify choice of days needed other than above.

Student Information

Enrollment for Grade _____

Last Name _____ First Name _____ Middle Name _____ Gender M or F

Address _____ City _____ State _____ Zip _____ Home Phone Number _____

Date of Birth (Month,Day,Year) _____ City _____ State _____

Religion _____ Parish _____ City _____

Baptized – Yes / No _____
Baptismal Date _____ Church _____ City _____First Communion – Yes / No _____
First Communion Date _____ Church _____ City _____

Schools Previously Attended (including preschool)

School Name _____ City _____ State _____ Dates Attended _____

School Name _____ City _____ State _____ Dates Attended _____

Race (please circle) American Indian Black (not of Hispanic origin) Asian Hispanic White (not of Hispanic Origin)

Family Information

Father Last Name _____ First Name _____ Home Phone/Cell Number _____

Address if different than child _____

Occupation _____ Place of Employment _____ City _____ State _____ Work Phone _____

Religion _____ Parish _____ City _____ State _____

Email Address _____

Father Special Interests, Memberships in Community or Civic Organizations:

Mother Last Name First Name Maiden Name Home Phone/Cell Number

Address if different from child _____

Occupation Place of Employment City State Work Phone

Religion Parish City State

Email Address

Special Interests, Memberships in Community or Civic Organizations:

Student lives with: Mother Mother&Father Father Mother& Stepfather Father&Stepmother Legal Guardian

Name of Student's Legal Guardian (If applicable)

Name of Student's Stepparent (If applicable)

List Sibling Information:

Name Age School

Name Age School

Name Age School

Student Medical and Emergency Information

Emergency Contact Name	Address	Relationship	Contact Phone/Cell Number
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Emergency Contact Name	Address	Relationship	Contact Phone/Cell Number
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Physician's Name	Address	City	State	Phone Number
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Dentist's Name	Address	City	State	Phone Number
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Name of Medical Insurance Policy Holder	Company Name	Group Number
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***If you do not have Medical Insurance, the Diocese requires that you purchase school accident insurance for your child.**

Please list any food allergies for your child:

Please list any circumstance where your child would have an allergic reaction-for example bee stings, etc.:

Does your child take medications on a daily basis? If so, please list:

Does your child require medication to be administered during school hours? - Yes No

Does your child require Special Education Services? - Yes No

Is there anything else you would like us to know about your child?

AGREEMENT

Individual Responsible for Payment of Tuition and Fees:

Last Name	First Name	Address	City	State	Home/Cell Phone
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In registering our child, I (we) agree to meet the financial and service commitments of the school. Further, I (we) agree to abide by the guidelines established in the school handbook and recognize that failure to do so could result in dismissal.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

GENERAL INFORMATION

How did you hear about St. Thomas the Apostle School?

What most influenced you to enroll your child?

What do you hope your child will gain from this experience?

Please list family members who have attended St. Thomas the Apostle School

PHOTOGRAPH CONSENT AND RELEASE FORM

_____ I hereby consent and grant St. Thomas the Apostle School full permission and authority to the unlimited use of my child's name and photograph for the purpose of publication in the newspaper, marketing brochure or in any media presentation, such as St. Thomas School's website and Facebook page.

_____ I hereby do not consent and grant St. Thomas the Apostle School permission to use my child's name or photograph in any capacity. I understand that by not consenting to the use of my child's name or photograph in any school media presentation, that my child may not be included or able to participate in any class or group photos taken at school.

Child's Name _____

Parent Signature _____ Date _____

St. Thomas School is a PEANUT AND NUT FREE SCHOOL!

Your child cannot bring any food items to school for their snack, lunch, classroom celebration or snack for the After School Program that contains peanuts or any other nut.

Many of the children at St. Thomas have severe life threatening allergies to peanuts and nuts, so to keep all the children safe, our school is PEANUT and NUT free!

Parent Signature _____ Date _____

AFTER SCHOOL/ EXTENDED CARE PROGRAM
INFORMATION
2024-2025

The cost for the program is as follows:

Materials/Registration Fee - \$90.00 per child, due with completed registration form in May

Hourly Rate - \$6.00 (first child)

\$5.00 (second child)

\$4.00 (third child)

The program is open to children in preschool – grade eight.

The program starts directly after school at 1:45

Preschool program closes at 4:00

Kindergarten – Grade 8 program closes at 5:00

You will be billed monthly for the hours that your family uses the program. After School bills will be sent home with your child at the beginning of each month, for the previous month.

Billing starts at 1:45. You will be billed on a 2 hour minimum basis for the days that your child uses the program. Example; if you pick your child up before 3:45 you will be billed for two full hours.

After the 2 hour minimum, billing is done in 15 minute increments.

The program is in session only on school days. The program is not available the day before a holiday or on early dismissal days. A school calendar will be given to you the first week of school so you can plan accordingly.

If your family is unsure at this time about needing the After School Program, please know that you can register your children at any time during the school year.

The registration form and complete informational pamphlet will be sent to you in May if you have completed the attached 2024-2025 AS/EC interest form.

**AFTER SCHOOL/EXTENDED CARE
INTEREST FORM
2024-2025**

**Please send the After School Extended Care Registration form
to:**

PARENT/GUARDIAN NAME:

ADDRESS:

CITY _____ **ZIP** _____

PHONE _____

CHILD/REN'S NAMES:

_____ **Grade Level** _____

_____ **Grade Level** _____

_____ **Grade Level** _____