



St. Rose of Lima School
 425 N.E. 105 Street
 Miami Shores, FL 33138
 305-751-4257 Office
 305 751-5034 Fax

I/We the undersigned parent/guardian(s) do hereby pledge my/our support and cooperation to St. Rose of Lima Catholic Church and School as outlined herewith.

- **Parishioner Pledge of Faith:**

1. As primary example for my/our child(ren), I/we agree to practice my/our Faith and encourage attendance at Mass and the reception of the Eucharist on Sundays and Holy Days.
2. I/We agree to take an active, meaningful part in my/our child’s spiritual growth through daily prayer and other spiritual activities and continue to practice the Christian virtues in our home.
3. I/We understand, as parents/guardians that we are expected to attend the sacramental group meetings in preparation for my/our child’s First Reconciliation, First Communion, and Confirmation.

- **Tuition Commitment and Support:**

1. I/We fully understand the instructions regarding the rates, payment terms/options, and due dates of tuition and mandatory fees as indicated and administered through the partnership with FACTS. If I/we withdraw my/our child after classes have begun, the tuition balance for that month will be due.
2. I/We fully comprehend that parishioners of St. Rose of Lima Catholic Church who participate in the faith life of the parish by giving fully of their time, talent and treasure and by regularly attending Sunday Mass and Holy Days of Obligation will continue to be eligible for a **Pastor’s discretionary tuition reduction**.
3. I/We understand that Tuition alone does not pay for the total cost of educating a student. I/We agree to support our school through fundraising to the best of my/our ability.
4. **Parent Service Hours:** I/We agree to participate and serve the requested hours through school approved activities and programs, including the Carnival and other Home & School Association fundraising events as outlined in the family handbook.

- **Media Release:** I/We give St. Rose of Lima School authority to use photographs of my/our child(ren) for St. Rose of Lima School promotional purposes including but not limited to brochures, video, newspapers, web pages, and photographs.

- **Emergency Medical Release:** I/We as parent(s)/guardian(s) give permission in case we are unable to be reached, for my/our child(ren) to be treated by an emergency medical team and transported to the nearest hospital.

- **Guidance Counselor Release:** I/We as parent(s)/guardian(s) give permission for the consulting school guidance counselor, with the authorization of the School Principal, to review my/our child’s(ren’s) records, observe my/our child(ren) in the classroom and consult with his/her teacher for academic needs assessment and planning.

I/We agree with all of the above with exceptions noted and to uphold the policies of the Administration, Faculty and Staff, to abide by the School’s philosophy and guidelines, and to be respectful of the School’s procedures.

_____		_____	
Print Last Name		Signature of Parent	Date
_____		_____	
Print Child’s Name	Grade 2017-2018	Print Child’s Name	Grade 2017-2018
_____		_____	
Print Child’s Name	Grade 2017-2018	Print Child’s Name	Grade 2017-2018