



Dear Crusader Families,

In January, the principal, Kris Peugh, and the school accounting department, with the assistance of the School Advisory Commission (SAC), Finance Committee, pastor, and others, began to develop the school's budget for the 2025-2026 school year. Significant contributions were made by everyone involved. We would like to acknowledge and thank Kendra Nies, Courtney Costinett, Suzanne Russcher, Kris Peugh, Mark Austin, Corey Short, Bill Tierney, members of the SAC and Msgr. Champoux for their time and thoughtful deliberation in this process.

To sustain the high-quality education, resources, and programs that define Christ the King Catholic School, and to keep pace with the rising cost of living, annual tuition adjustments are necessary. We remain committed to keeping these increases as modest as possible while sustaining the exceptional educational experience you have come to expect. Tuition for 2025 - 2026 can be found in the registration packet. We appreciate your understanding and partnership in maintaining a thriving learning environment for our students.

Families who register before March 13th will pay a \$300.00 registration fee per student. After March 13th, the fee will increase to \$350 per student. For families with multiple children, you are able to spread your registration payments over three months, provided you register by the March 13th deadline.

We're excited to share that this year's budget includes the addition of a full-time interventionist, who will work closely with K-8 teachers to provide additional support for our students, especially in math. This is a great step toward ensuring that all our students are empowered to reach their full potential.

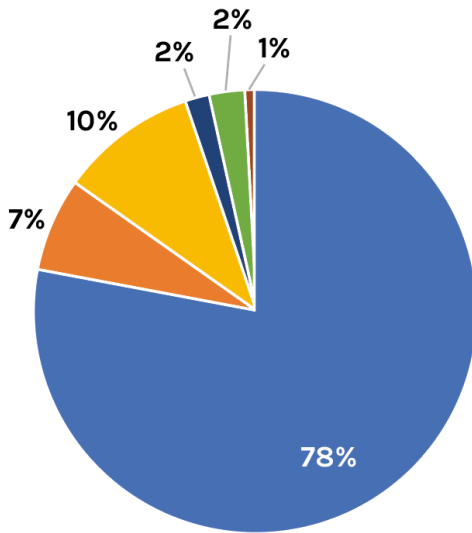
Our Advancement Team continues to play a vital role in generating additional revenue outside of tuition. Their efforts are made possible by the commitment each family makes to volunteer 25 hours in our school each year. Included in your registration packet, you'll fill out a form to indicate how you plan to contribute your time and talents for the 2025-2026 school year. The culture of service that we foster in the students at CKCS starts with you, and we are grateful for every hour you volunteer.

We believe this approved budget will allow us to continue our mission of forming the whole child—mind, body, and spirit—while providing a nurturing environment for your child's growth and development. Thank you for your unwavering support of Christ the King Catholic School. We are honored that you have entrusted us to partner with you in the education and formation of your children.

Warmly,

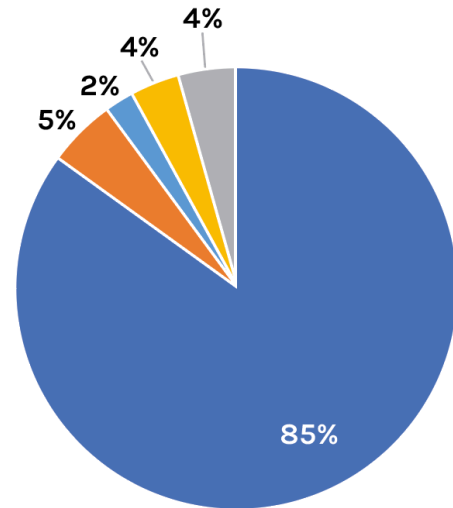
Kris and the School Advisory Commission

REVENUE



- Tuition and Registration (78%)
- Parish Subsidy (7%)
- Fundraisers (10%)
- Preschool & After School Care (2%)
- Scholarship Funds (2%)
- All Other (1%)

EXPENSE



- Staff Salaries and Benefits (85%)
- Education - Student Tech, Books, Supplies (5%)
- Tuition Assistance (4%)
- Other - Marketing, Utilities, Office Equipment, Telecommunication (4%)
- School Maintenance (2%)



Office Use Only:

Date Received:

Initial:

REENROLLMENT ADMISSION APPLICATION

2025-2026

Please return the reenrollment packet with registration fee to the school office.

Registration Fee

Early Bird Discount through March 13th: **\$300/student.**

(If you are paying one fee per month for multiple students (maximum of 3 months), all fees will be \$300 when reenrollment is submitted on or before March 13th)

All reenrollment applications received after March 13th will have a \$350/student registration fee.

Student Name #1: _____ Date of Birth: _____ Entering Grade: _____
Student Name #2: _____ Date of Birth: _____ Entering Grade: _____
Student Name #3: _____ Date of Birth: _____ Entering Grade: _____
Student Name #4: _____ Date of Birth: _____ Entering Grade: _____
Student Name #5: _____ Date of Birth: _____ Entering Grade: _____

Contact Information

☐ No Changes

Please complete the section below if you have had any changes to your contact information or living situation.

<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Guardian
FIRST MIDDLE LAST		
Address: <input type="checkbox"/> Same as Above		
STREET		
CITY	STATE	ZIP
Cell Phone: _____		
Home Phone: _____		
Work Phone: _____		
Primary Email: _____		
Occupation: _____		
Employer: _____		
Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased		

<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Guardian
FIRST MIDDLE LAST		
Address: <input type="checkbox"/> Same as Above		
STREET		
CITY	STATE	ZIP
Cell Phone: _____		
Home Phone: _____		
Work Phone: _____		
Primary Email: _____		
Occupation: _____		
Employer: _____		
Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased		

Student(s) live with:

☐ Both Parents ☐ Mother only ☐ Father only ☐ Mother & Stepfather ☐ Father & Stepmother
Other: (Please specify) _____

Notice of Nondiscriminatory Policy As to Students: Christ the King admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and load programs, and athletic and other school administered programs.



ENROLLMENT CONTRACT

2025-2026

Office Use Only:

Date Received:

Check #:

Cash:

Initials

Tuition

Tuition is due on the first of each month, **September 2025 – June 2026**, and it is past due if received after the 10th of the month. ***Tuition received after the 10th of the month will be subject to a \$20 late fee.** Tuition that is over 30 days delinquent may be charged an additional 1.5% on the total tuition balance. ***ACH withdrawals on the 15th of the month are not subject to late fees.**

Parish Tuition Schedule (K-8 th)		Non-parish Tuition Schedule (K-8 th)	
One Child	\$6,470 or \$647/mo	One Child	\$8,570 or \$857/mo
Two Children	\$11,650 or \$1,165/mo	Two Children	\$15,870 or \$1,587/mo
Three Children	\$15,580 or \$1,558/mo	Three Children	\$21,020 or \$2,102/mo
Four Children	\$18,140 or \$1,814/mo	Four Children	\$24,020 or \$2,402/mo
Five Children	\$20,320 or \$2,032/mo	Five Children	\$25,700 or \$2,570/mo

Each month the Church provides a significant subsidy to the school to help us meet our operational costs. This subsidy allows CKCS to extend a parishioner discount to those families who are registered and actively participate in the life of the Church by attending Mass regularly and contributing financially to the church and the diocesan appeals.

Parish Tuition: To qualify for parish tuition, the following criteria must be met:

- ☐ YES ☐ NO Are you a registered member of the Christ the King Parish?
- ☐ YES ☐ NO Has your family contributed financially to the parish through the use of church envelopes or online giving?

I typically attend the (day) _____ Mass @ (time) _____ on the weekends.

Just moved to the area? If you intend to register in the parish and wish to receive the parish discount, please register with the parish before submitting your school application.

- ☐ I am a CK Parishioner, and I would like to apply for financial aid.

Parent/Guardian, please complete:

Total Kindergarten - 8th grade tuition: MONTHLY _____ or YEARLY _____

Tuition Guidelines:

- 1) All registration payments will be made directly to Christ the King Catholic School, since school finances are separate from parish finances.
- 2) **Registration fees are non-refundable.** Registration fees equal to one child are due at the time of initial registration. Multi-student families, registration fees may be made in payments equaling one child per month.
- 3) Tuition is paid on a ten-month schedule from September – June. ACH is strongly encouraged (see attached form). If you are unable to do ACH, arrangements can be made through the finance office.
- 4) Family accounts will be assessed a \$25 return check fee on checks returned for non-sufficient funds.
- 5) The school is a ministry to our parish children. For those parish families with a genuine inability to pay, financial aid is available. A copy of this year's tax return form will be requested. Please indicate your desire to apply for financial aid on your registration form.

- 6) Any family including those receiving financial aid falls behind in payments, the following may result (A) The scholarship amount will be withdrawn; (B) My child(ren) may be withdrawn from Christ the King Catholic School.
- 7) Families must be up to date on all accounts before they can register their children for the following year.
- 8) Any questions concerning the tuition plan should be referred to the principal or School Finance Committee.

Cafeteria (Hot Lunch)

The cafeteria account is prepaid and IS NOT a charge account. Lunch is \$5.00/meal. Funds may be added to the account through the ACH form or by sending a check to the office. (A negative balance means funds are available.) Milk cards (\$5 per card for 10 milk cartons) are available for purchase at lunch time in the cafeteria to those who bring lunch from home.

Volunteer Policy

The strength of Catholic education centers on the partnership between the teachers, students, parents and community. The volunteer program is a way to encourage and recognize the gifts of time and talent given by our families in this partnership. These gifts build up our community in significant ways. In the spirit of cooperation and collaboration, families are required to provide at least 25 hours of service to the school during the course of the school year.

Signing the enrollment contract indicates my agreement that my family will volunteer at least 25 hours during the school year, or that we will participate in the Volunteer Hours Buy-Out Option. I understand that I am responsible for tracking my volunteer hours in Renweb/Facts, and that any unfulfilled hours will be billed at \$40.00/hr.

Christ the King Catholic School Volunteer Requirements	
Adult Volunteers Requirements	Drivers
<ol style="list-style-type: none"> 1) Volunteer Application 2) Read Diocese of Yakima Safe Environment Policies and agree to follow them. (yearly) 3) Complete Virtus Safe Environment Training Acknowledgement (one time 3-hour class with online refreshers) (every 6 years) 4) Oath of Confidentiality (yearly) 5) Complete a criminal background check (every six years) 	<p>In addition to the adult volunteer requirements, adult volunteers (21 & over) must also complete the following:</p> <ol style="list-style-type: none"> 1) Driver Information Sheet (yearly) 2) Adult liability waiver (yearly) 3) Be Safe-Drive Safe 12 minute video & questionnaire (one time) <p>https://yakima.cmgconnect.org/</p>

I have read the Enrollment Contract and I understand that I have a moral and legal obligation to fulfill my responsibilities. I further understand that failure to comply with the payment schedule outlined in the tuition payment plan may result in: (A) My child(ren) will be withdrawn from Christ the King School; (B) Initiation of legal proceedings; (C) Loss of eligibility for re-registering; (D) subject to Collection Agency.

Parent or Legal Guardian (Printed Name): _____

Parent or Legal Guardian Signature: _____ Date: _____

- | | |
|--|--|
| <input type="checkbox"/> Registration Fee | <input type="checkbox"/> Signed Records Request (Grades 1-8 only) |
| <input type="checkbox"/> Tuition Contract (with Automatic Payment form if using) | <input type="checkbox"/> Copy of Birth Certificate |
| <input type="checkbox"/> Student Health History Form | <input type="checkbox"/> Copy of Baptismal Certificate (if applicable) |
| <input type="checkbox"/> Copy of Immunization Record | |
| <input type="checkbox"/> FACTS/Renweb Form | |

CHRIST THE KING CATHOLIC SCHOOL encourages ACH withdrawals as the primary means of payment for **regular monthly tuition and cafeteria payments**.

**** A new form is required each year to authorize the new Tuition amounts ****

DIRECT PAYMENT Authorization Form 2025-2026

Student Family Last Name _____

I hereby authorize **Christ the King Catholic School** to initiate withdrawals from my account at the financial institution named in this application for payment of my **regular monthly** bills to Christ the King Catholic School. This authorization will remain valid until June 30, 2026, or until either I, Christ the King Catholic School, or my financial institution revoke it.

Monthly Tuition: \$ _____ Monthly Pre-School Tuition: \$ _____
Monthly Cafeteria: \$ _____ Monthly ASC withdrawal on 15th only \$ _____
Registration Fee \$ _____ withdrawal select one ☐ 1st ☐ 10th ☐ 15th of month(s) _____

I understand that the Direct Payment program is an alternative method of payment only and does not otherwise affect my rights or the rights of Christ the King Catholic School or my financial institution with respect to each other. I further understand that Christ the King School and my financial institution reserve the right to terminate the Direct Payment plan and/or my participation in it.

This authority is to remain in full force and effect until Christ the King School has received written notification from me (or either of us) of its termination in such time and manner as to afford Christ the King Catholic School and the financial institution a reasonable opportunity to act on it.

Name of Financial Institution	Checking or Savings	Bank Routing Number	Bank Account Number

Indicate date of monthly ACH withdrawal: 1st of each month: \$ _____, starting _____
10th of each month: \$ _____, starting _____
15th of each month* \$ _____, starting _____

Note: Family accounts will be assessed a \$25.00 fee on return ACH for non-sufficient funds. *\$20.00 late fee will be charged to family accounts for NSF-15th ACH no exceptions.

Account Holder Signature _____

Date _____

Joint Account Holder Signature _____

Date _____

For Christ the King Catholic School to verify bank account and routing numbers, account holders should attach a **VOIDED CHECK** for the account holder account that is to be debited. Christ the King Catholic School and account holders should retain completed copies of this form for their records.

Place VOIDED CHECK Here

*NOTE: If withdrawal date falls on Saturday, your funds will be withdrawn on Friday.
If withdrawal date falls on Sunday, your funds will be withdrawn on Monday.*



Christ the King Vaccination Policy

Personal or philosophical exemptions are no longer allowed under Washington State Law for the Measles, Mumps and Rubella vaccines (MMR).

Additionally, tied to the Catholic Church's teachings uplifting the "common good", **the Diocese of Yakima will not allow exemptions based on religious affiliation, personal or philosophical reasons for any of the eleven required childhood vaccines:**

- Chickenpox (Varicella)
- Diphtheria • German measles (Rubella)
- Haemophilus influenzae type b (Hib) *
- Hepatitis B • Pertussis • Pneumococcal *
- Tetanus • Measles • Mumps • Polio (Poliomyelitis)

(* Required for children under 5 years of age.)

All students attending Yakima diocesan schools must provide a proof of vaccination, or have a measurable schedule consistent with ACIP guidelines for timing of vaccination in place prior to enrollment. This applies to all the immunizations listed above.

Should a student apply to be enrolled with a medical exemption as defined by law in the Washington State RCW, the application and associated medical information will be forwarded to the Vice-Chancellor of the Diocese of Yakima for a review.

Medical exemptions require a medical diagnosis that the Diocese of Yakima and its medical personnel can review. **A note from a physician is not sufficient.**

In the circumstance where a medical exemption is granted by the Diocese of Yakima, additional requirements will be placed upon the medically exempt, or partially-vaccinated student should a local disease outbreak occur. For example, the student might be required to stay home and learn remotely during, and immediately after, the outbreak.



STUDENT # 1 HEALTH HISTORY FORM

This information is considered confidential. To ensure the health and safety of your child, it will be shared with school staff as needed while your child is enrolled at Christ the King Catholic school, unless you request otherwise in writing.

Student Name: _____

Grade: _____ **Date of Birth:** _____ ☐ **Male** ☐ **Female**

Life Threatening Medical Conditions: WA State law requires a medication/treatment order from a Health Care Provider if your child's health condition will put your child in danger during the school day. Written orders must be received by the School Nurse with a care plan and medications **BEFORE YOUR CHILD CAN ATTEND SCHOOL.**

Does your child have a **LIFE THREATENING HEALTH CONDITION?** ☐ NO ☐ YES

If yes, please state condition: _____

☐ NO ☐ YES Severe allergic reaction to bee sting? Please describe reaction: _____

Anaphylactic: ☐ NO ☐ YES

☐ NO ☐ YES Severe allergic reaction to **food or nuts**? Type: _____

Anaphylactic: ☐ NO ☐ YES Please describe reaction: _____

☐ NO ☐ YES Mild allergic reaction to **food, nuts or other**? Type: _____

Please describe reaction: _____

☐ NO ☐ YES Asthma? Will your child require asthma management during school hours? ☐ NO ☐ YES

☐ NO ☐ YES Diabetes? Type: _____ Self Manage: ☐ NO ☐ YES Pump: ☐ NO ☐ YES

☐ NO ☐ YES Heart Condition? Diagnosis: _____ Pacemaker: ☐ NO ☐ YES

☐ NO ☐ YES Bleeding Disorder? Diagnosis: _____

☐ NO ☐ YES Seizure/Neurological Disorder? Please describe: _____

☐ NO ☐ YES GI/Feeding Condition? Please describe: _____

☐ NO ☐ YES Bowel/Bladder Condition? Please describe: _____

☐ NO ☐ YES Other health concerns? _____

☐ NO ☐ YES Does your child have any other condition that would affect classroom performance or PE activities? _____

Please describe: _____

☐ NO ☐ YES Behavioral/Emotional/Academic Concerns: _____

☐ NO ☐ YES Visual Impairment? ☐ Glasses ☐ Contacts Date of last eye exam: _____

☐ NO ☐ YES Hearing Impairment? Hearing Aids ☐ YES Date of last hearing exam: _____

Health Insurance Company: _____

Primary Care Provider: _____ **Last exam:** _____

Dentist: _____ **Last dental exam:** _____

Daily Medications

State law requires written authorization from a Health Care Provider and parent before **any** medication, prescription or over the counter, can be given at school. Please complete the medication administration form for any medications to be given at school.

☐ NO ☐ YES. Medication need at school: Please specify: (authorization needed) _____

☐ NO ☐ YES. Medication needed at home: Please specify: _____

Parent/Guardian Contact Phone Numbers: Please order from 1-3 which number to call first.

	Cell:		Work:		Home:
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Parent/Guardian (Printed Name): _____

Parent/Guardian Signature: _____



STUDENT # 2 HEALTH HISTORY FORM

This information is considered confidential. To ensure the health and safety of your child, it will be shared with school staff as needed while your child is enrolled at Christ the King Catholic school, unless you request otherwise in writing.

Student Name: _____

Grade: _____ **Date of Birth:** _____ ☐ **Male** ☐ **Female**

Life Threatening Medical Conditions: WA State law requires a medication/treatment order from a Health Care Provider if your child's health condition will put your child in danger during the school day. Written orders must be received by the School Nurse with a care plan and medications **BEFORE YOUR CHILD CAN ATTEND SCHOOL.**

Does your child have a **LIFE THREATENING HEALTH CONDITION**? ☐ NO ☐ YES

If yes, please state condition: _____

☐ NO ☐ YES Severe allergic reaction to bee sting? Please describe reaction: _____

Anaphylactic: ☐ NO ☐ YES

☐ NO ☐ YES Severe allergic reaction to **food or nuts**? Type: _____

Anaphylactic: ☐ NO ☐ YES Please describe reaction: _____

☐ NO ☐ YES Mild allergic reaction to **food, nuts or other**? Type: _____

Please describe reaction: _____

☐ NO ☐ YES Asthma? Will your child require asthma management during school hours? ☐ NO ☐ YES

☐ NO ☐ YES Diabetes? Type: _____ Self Manage: ☐ NO ☐ YES Pump: ☐ NO ☐ YES

☐ NO ☐ YES Heart Condition? Diagnosis: _____ Pacemaker: ☐ NO ☐ YES

☐ NO ☐ YES Bleeding Disorder? Diagnosis: _____

☐ NO ☐ YES Seizure/Neurological Disorder? Please describe: _____

☐ NO ☐ YES GI/Feeding Condition? Please describe: _____

☐ NO ☐ YES Bowel/Bladder Condition? Please describe: _____

☐ NO ☐ YES Other health concerns? _____

☐ NO ☐ YES Does your child have any other condition that would affect classroom performance or PE activities? _____

Please describe: _____

☐ NO ☐ YES Behavioral/Emotional/Academic Concerns: _____

☐ NO ☐ YES Visual Impairment? ☐ Glasses ☐ Contacts Date of last eye exam: _____

☐ NO ☐ YES Hearing Impairment? Hearing Aids ☐ YES Date of last hearing exam: _____

Health Insurance Company: _____

Primary Care Provider: _____ **Last exam:** _____

Dentist: _____ **Last dental exam:** _____

Daily Medications

State law requires written authorization from a Health Care Provider and parent before **any** medication, prescription or over the counter, can be given at school. Please complete the medication administration form for any medications to be given at school.

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☐ NO ☐ YES. Medication needed at home: Please specify: _____

Parent/Guardian Contact Phone Numbers: Please order from 1-3 which number to call first.

	Cell:	Work:	Home:
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Parent/Guardian (Printed Name): _____

Parent/Guardian Signature: _____

Family Name: _____ Email: _____ Phone: _____



VOLUNTEER COMMITMENT

At Christ the King Catholic School, families are required to complete 25 volunteer hours between the first day of school and the last day of June. This spirit of volunteerism is an integral part of the unique and meaningful culture of parent-school partnership at CKCS. Those hours can be completed in a variety of ways, and it is encouraged that families volunteer within their God-given skill sets and talents.

Please select 1-2 areas below for your volunteer commitment. The Directors of Advancement will follow up shortly after school begins to finalize your volunteer roles:

- ☐ Sausage Fest (September)
- ☐ School Auction (May)
- ☐ Bridge the Gap Campaign (ongoing)
- ☐ Golf Tournament (May/June)
- ☐ PTO events
- ☐ Classroom Volunteering
- ☐ School Play
- ☐ 7th Grade Outdoor School fundraisers
- ☐ Purchase out my volunteer hours in full (\$1000)
- ☐ Facilities and Maintenance Projects
- ☐ Room parent
- ☐ Other _____

Christ the King Catholic School Volunteer Requirements	
Adult Volunteer Requirements	Drivers
<ol style="list-style-type: none">1) Volunteer Application2) Read Diocese of Yakima Safe Environment Policies and agree to follow them. (yearly)3) Complete Virtus Safe Environment Training Acknowledgement (one time 3-hour class with online refreshers) (every 6 years)4) Oath of Confidentiality (yearly)5) Complete a criminal background check (every 6 yr)	<p>In addition to the adult volunteer requirements, adult volunteers (21 & over) must also complete the following:</p> <ol style="list-style-type: none">1) Driver Information Sheet (yearly)2) Adult liability waiver (yearly)3) Be Safe-Drive Safe 12 minute video & questionnaire (one time) https://yakima.cmgconnect.org/

If you have any volunteer questions, please reach out to Caitlin Elder celder@ckschool.net or Theresa Woehle twoehle@ckschool.net.