

Mrs. Sharon Johnston, Principal  
St. Rose of Lima Elementary  
115 North Biesecker Road  
Thomasville, PA 17364  
Phone: 717-792-0889



Father Celestine Nwakwuo, OP, Pastor  
St. Rose of Lima Church  
950 West Market Street  
York, PA 17401  
Phone: 717-846-4935

January 16, 2026

Dear *St. Rose of Lima Elementary* Families,

It is time to begin the re-registration process for our current St. Rose of Lima Elementary School families.

Our school continues to experience success in many areas. Enrollment has increased to 132 students—our highest enrollment in over ten years. Standardized test scores have risen in both Reading and Math, and our Assessment of Religious Knowledge (ARK) scores have greatly improved. Additionally, we have enhanced our Religion curriculum by implementing the Theology of the Body program. We have also improved school safety with the addition of the front enclosure, and updated security doors will be installed in each classroom before the end of the school year.

As we plan for the upcoming school year, we are blessed to continue offering our families an exceptional value for their children's education. For the 2026–2027 academic year, a **3.5% tuition increase** will be implemented even though our total cost to educate increased by a full 9%. To help offset tuition costs, we have once again partnered with **RedefinED**, an organization that has significantly increased our scholarship funding through the **PA EITC program**. All families are strongly encouraged to consider participation in this valuable opportunity, as it provides meaningful support in offsetting tuition costs for our families..

All families are eligible for a reduction in tuition by participating in the PA EITC program, applying for financial assistance, or both. Participation in the PA EITC program can multiply your donation to our school tenfold. Please note that **EITC documentation and/or Financial Aid through Simple Tuition Solutions (STS) must be completed in order to qualify for any reduced tuition rate or need-based scholarship**.

**All families are required to complete the Financial Aid application.** This process benefits our school in two important ways: it allows us to secure additional funding to support families in need, and it helps our scholarship team accurately identify those families who qualify for assistance. To be eligible for any tuition discounts or need-based scholarships, the Financial Aid application must be completed by **April 1, 2026**. **Applications submitted after this date may not qualify for discounts or scholarship awards, as all available funding may have already been distributed.**

Attached to this letter, you will find the tuition rates for the 2026–2027 academic year, along with the necessary registration paperwork:

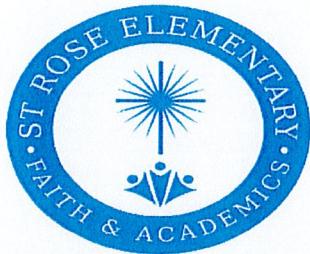
- School application (one per family)
- Three-page registration form (one per family)
- Emergency form (one per child)

A \$50 registration fee per family (cash or check) must accompany the completed registration forms in order to hold your child's place at St. Rose of Lima Elementary School. Registration materials for current families are due by **Friday, January 30, 2026**. Registration for prospective families will open on **February 2, 2026**.

We look forward to welcoming you and your family back to the St. Rose of Lima Elementary School community next year. If you have any questions or concerns, please do not hesitate to contact me. Thank you for choosing our wonderful school for your child's education.

Sincerely,  
Mrs. Sharon Johnston, *MAT*  
Principal  
*St. Rose of Lima Elementary School*  
717-792-0889

*"St. Rose Elementary School, rooted in Catholic values, strives to achieve educational excellence by facilitating the intellectual, spiritual, and physical growth of each child and promoting a community of faith, hope, love and service."*



# ST. ROSE ELEMENTARY SCHOOL

STUDENTS: PRE-K THROUGH 6TH GRADE

*St. Rose of Lima Elementary School, rooted in Catholic values, strives to achieve educational excellence by facilitating the intellectual, spiritual, and physical growth of each child and promoting a community of faith, hope, love and service.*

## Parent Contributions for 2026-2027 Academic Year

	Cost per Child	2nd Child	3rd Child
<b>Actual Cost to Educate</b>	\$10,900.00	\$10,900.00	\$10,900.00
<b>St Rose Parishioner Rate Kindergarten through Grade 6</b>	\$5,330.00	\$4,830.00	\$4,330.00
<b>Practicing Catholic at other Parish Rate Kindergarten through Grade 6</b>	\$5,865.00	\$5,365.00	\$4865.00
<b>Non-Catholic Rate Kindergarten through Grade 6</b>	\$6,450.00	\$5950.00	\$5,450.00
<b>PreK 4 Rate (5 days per week)</b>	\$6,720.00		
<b>PreK 3 Rate (5 days per week)</b>	\$6,720.00		
<b>PreK 3 Rate (3 days per week) MWF</b>	\$4,265.00		

To qualify as a St Rose parishioner, families must be registered and practicing members of St. Rose of Lima Parish. Documentation must be provided.

To qualify as a Practicing Catholic families must be registered and practicing members of another parish in the Diocese of Harrisburg. Documentation must be provided.

For PreK 3 - to qualify for the PreK 3 class, **students must be age 3 on or before August 31, 2025**. Students may turn 4 during the school year while in the PreK 3 class.

For PreK 4 - to qualify for the PreK 4 class, **students must be age 4 on or before August 31, 2025**. Students may turn 5 during the school year while in the PreK 4 class.

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## St. Rose of Lima Elementary School Registration 2026 - 2027

Please complete this form and email it to the Administrative Assistant, Mrs. Molly Raetz, at [mraetz@stroseschoolpa.org](mailto:mraetz@stroseschoolpa.org).

Student Name	Gender	DOB	Grade
	M/F		

### Parent/Guardian Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

*We have a parent alert system in place that will contact you via text and/or email. It is imperative that you provide a current, active email address and at least 1 cell phone number per family.*

### Family Address:

\_\_\_\_\_

Public School District in which you reside: \_\_\_\_\_

Last school child attended: \_\_\_\_\_

**Please list any special needs or concerns for your child:** \_\_\_\_\_

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**Ethnicity: Please circle most appropriate**

African American	American Indian/Native American	Asian	Caucasian
Hispanic	Mulit-Racial	Native Hawaiian/Pacific Islander	

**Religion: Please circle one**

**Church/Parish:**

**Sacraments Received: Please include Church, City/State, and Date**

**Baptism:** The sacrament of baptism is the first of the three sacraments of initiation. It is the sacrament of new birth and purification.

## ***First Reconciliation:***

## ***First Eucharist:***

In case of separation or divorce, please provide custodial documentation/court order.

**Family Information Student(s) reside with:**

Biological Parents	Grandparents	Single Parent	Other _____
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**Additional Children living at home:**

Child's Name	Age

**Father: Highest level of Education**

High School	Trade School	College	Advanced Degree
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**Occupation** - \_\_\_\_\_

**Place of Business** - \_\_\_\_\_

**Mother: Highest level of Education**

High School	Trade School	College	Advanced Degree
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**Occupation** - \_\_\_\_\_

**Place of Business** - \_\_\_\_\_

**Please print the names of those adults who are permitted to pick-up your child(ren) at school:**

Name	Address	Phone Number

**In the event of an emergency, please list, in order, the top 3 individuals St. Rose should contact:**

Name	Phone Number



## Emergency Information Form

*Please Print*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

School District: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell Number: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Father's Place of Business: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell Number: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Mother's Place of Business: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

**Please list two emergency contacts who will assume temporary care of your child if you cannot be reached:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



## PLEASE FILL IN INFORMATION BELOW

If your child is under a doctor's care for any of the following, please circle:

Diabetes	Epilepsy	Heart Condition
Asthma	Vision Defect	Allergy
Hearing Problem	Kidney Disease	Allergy to Bug Bites
Learning Disability	Physical Disability	Other

Please specify if you circled other: \_\_\_\_\_  
\_\_\_\_\_

Please list any physical limitations that would prevent your child from participating in Physical Education: \_\_\_\_\_

Has your child received any immunizations during the past year: \_\_\_\_\_

Is your child taking any prescribed medication routinely: \_\_\_\_\_

Does your child have any additional problems not covered by the above questionnaire? \_\_\_\_\_

Child's Physician's Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_