

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



Father Celestine Nwakuwo, 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:

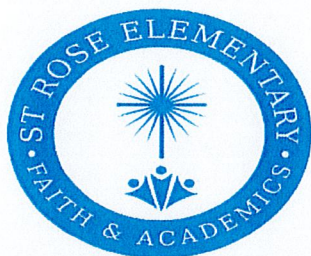
- School application (one per family)
- Three-page registration form (one per family)
- Emergency form (one per child)

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
Actual Cost to Educate	\$10,900.00	\$10,900.00	\$10,900.00
St Rose Parishioner Rate Kindergarten through Grade 6	\$5,330.00	\$4,830.00	\$4,330.00
Practicing Catholic at other Parish Rate Kindergarten through Grade 6	\$5,865.00	\$5,365.00	\$4,865.00
Non-Catholic Rate Kindergarten through Grade 6	\$6,450.00	\$5,950.00	\$5,450.00
PreK 4 Rate (5 days per week)	\$6,720.00		
PreK 3 Rate (5 days per week)	\$6,720.00		
PreK 3 Rate (3 days per week) MWF	\$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.

Student Name	Gender	DOB	Grade
	M/F		
	M/F		
	M/F		
	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: _____

Ethnicity: Please circle most appropriate

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

Religion: Please circle one

Catholic

Non-Catholic

Church/Parish:

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

Baptism: _____

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: _____