

ST. CHARLES SCHOOL APPLICATIONS FOR 2012-13

Applications for the 2012-13 school year will be available beginning January 4, 2012 both in the rectory and the school office.

KINDERGARTEN:

All parents who are interested in Kindergarten placement for 2012-13 (including the parents of students presently enrolled in our preschool) must submit an application by February 10, 2012.

NEW STUDENTS FOR GRADES 1-6: Parents of new students must submit an application and signed release of information form by February 10, 2012. A copy of the child's most recent report card should be attached to the grade 1-6 applications.

PRESCHOOL:

All parents who are interested in preschool placement for 2012-13 (including the parents of students presently enrolled in our preschool program and interested in continuing in our preschool program) must submit an application by February 10, 2012.

IN ADDITION:

In order for the application to be complete, families will need to meet the following requirements:

PARISH REGISTRATION: St. Charles School Admission Policy requires that families be registered in a Catholic parish; participate in Mass every weekend; have a history of contributing a minimum of \$8.00 in the weekly Church envelopes; and be supportive of Catholic Education and the policies of the school. School families are also required to participate fully in our Parish Certificate Program.

AGE REQUIREMENTS:

Kindergarten students must be five on or before September 30, 2012

Preschool: Three year old program must be three on or before March 1, 2012

Four year old program must be four on or before September 1, 2012

INFORMATION NEEDED FOR APPLICATIONS: Applications will not be considered until all of the following are provided:

- Child's birth certificate (copy only)
- Baptismal certificate (copy only)
- Completed St. Charles Preschool Registration Form and Information Sheet (preschool only)
- School Health Questionnaire
- Release of Information Form (Kdg.-6 only)
- Completed Permanent Record Card (Kdg.-6 only)
- Copy of custody/guardian papers (if applicable)
- Proof of residence (utility bill, etc.)

* Students will not be admitted in fall unless Medical Records Form, signed by physician, is up to date and on file with St. Charles School.

St. Charles Borromeo School
Pre-School Enrollment Application

Student's name: _____ Date of birth: _____

Address: _____

1. How long have you lived at your present address? _____
Is your family registered in St. Charles Parish? _____
If yes, please indicate date/year: _____
If no, indicate name of parish where registered: _____
Are you participating in the "My Fair Share" Program? _____
2. Is your family using the certificate program? _____

Twenty students can be accepted in each of our Preschool sessions. To assist in your child's placement, please indicate your session preferences (1, 2 and 3) below. Final program assignment will be determined by the screening committee.

Three Day Program

(Four and five-year-olds)

(8:15-10:45)

(11:30-2:00)

Monday Wednesday Friday

_____ Morning

_____ Afternoon

Two Day Program

(Three ½ and younger four- year-olds)

(8:15-10:45)

(11:30-2:00)

Tuesday Thursday

_____ Morning

(An afternoon class may be added if enough children enroll)

Please complete all of the attached forms. Once all forms are returned to the rectory or the school office a review will be completed with all information applied to the Admission Policy.

Forms to be completed and returned with this application are:

___ St. Charles Preschool Registration Form and Information Sheet

___ St. Charles Preschool Health Questionnaire

along with:

___ copy of birth certificate

___ copy of baptismal certificate

Once the student has been accepted the appropriate medical forms will have to be completed by the student's physician. Please note that the State of Ohio requires a physician's signature on the form. The preschool form is entitled Child's Medical Statement. All medical information must be submitted by August 1 of a given school year. If this form is not returned by the first day of school, the student will not be admitted to class.

ST. CHARLES PRESCHOOL
REGISTRATION FORM

Child's Name _____
Last First Middle

Address _____

City _____ Zip Code _____

Telephone _____ Sex M - F

Father's Name _____

Occupation _____ Work Number _____

Mother's Name _____

Occupation _____ Work Number _____

Marital Status:

Single _____

Married _____

Separated _____

Divorced _____

Remarried _____

Custodial Parent _____

(Custody information must be on file)

Date of Birth _____ Date of Baptism _____

Church of Baptism _____

Siblings:

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ST. CHARLES SCHOOL
INFORMATION SHEET

Child's Name _____ Birth Date _____

1. Has your child attended a nursery school prior to this one? _____
If so, what school? _____

2. Has your child attended a library story hour? _____

3. Is a language other than English spoken at home? _____

4. Does your child have playmates his/her own age? _____

5. Does your child have a nickname that he/she prefers to be called?

6. Does your child have any physical problems that we should be aware of, for example,
an allergy, hearing, or vision problem? _____

Speech problem? _____

7. Does your child have fears that we should be aware of?

8. Does your child have any special interests (ex. dinosaurs, drawing, swimming, etc.)?

9. What does your child look forward to about preschool? _____

10. Are there any family situations we need to be aware of (pending divorce, loss of job,
custody arrangements, etc.)? _____

Additional comments or information about your child that you think might be helpful to
us serving your child better (new baby, family moving, recent death in family, etc.)

PARENT SIGNATURE _____ DATE _____

St. Charles School
Health Questionnaire

Child's Name _____ Birth date _____
Last First Middle

Address _____ Home Phone _____

School last attended _____ City _____

Parent(s) Name: Father _____ Mother _____

Guardian(s) _____

Name of Family Physician: _____ Office Phone _____

Name of Family Dentist: _____ Office Phone _____

MEDICAL HISTORY:

1. Immunizations: Enter month/day/year of each immunization.

DPT: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

POLIO: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

MMR: 1 _____ 2 _____

(If separate: Measles _____ Mumps _____ Rubella _____)

HIB: 1 _____ 2 _____ 3 _____ 4 _____

HEPATITIS B: 1 _____ 2 _____ 3 _____

VARIVAX: 1 _____

Other immunizations: (Give type and date):

(continue on other side)

2. Has your child had any of the following (Give approximate year)

- ALLERGIES/HAY FEVER _____
- ASTHMA _____
- BEE STING ALLERGY _____
- CHICKEN POX _____
- DIABETES _____
- EAR INFECTIONS _____
- ECZEMA/HIVES _____
- EPILEPSY _____
- NOSE BLEEDING _____
- STREP _____

3. Any pertinent medical problems (i.e. hospitalizations, serious injuries):

4. Allergies: List all allergies affecting the child and any special precautions or treatments indicated for these allergies.

Wears glasses _____ Eye Specialist _____ Date of exam _____

Caps or tooth spacers _____

Hearing loss _____ Ear Specialist _____ Date of Exam _____

Speech problems _____

Bowel or bladder elimination problems _____

5. Medications currently being administered to child:

Signature of Parent/Guardian _____

Date: _____