

## ST. CHARLES SCHOOL APPLICATIONS FOR 2010-11

Applications for the 2010-11 school year will be available beginning Monday, January 4, 2010 both in the Rectory and the School Office.

### **KINDERGARTEN:**

All parents who are interested in Kindergarten placement for 2010-11 (including the parents of students presently enrolled in our preschool) must submit an application by January 22, 2010.

**NEW STUDENTS FOR GRADES 1-6:** Parents of new students must submit an application and signed release of information form by February 12, 2010. 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 2010-11 (including the parents of students presently enrolled in our preschool program and interested in continuing in our preschool program) must submit an application by January 22, 2010.

### **IN ADDITION:**

In order for the application to be complete, families will need to submit the following information:

**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, 2010

**Preschool: Three year old program** must be three on or before March 1, 2010

**Four year old program** must be four on or before September 1, 2010

**INFORMATION NEEDED FOR APPLICATIONS:** To complete the application forms parents will need to provide the following:

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

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? \_\_\_\_\_

2. Is your family registered in St. Charles Parish? \_\_\_\_\_

If yes, please indicate date/year: \_\_\_\_\_

Did you attend a re-registration meeting in the summer of 2003? \_\_\_\_\_

Are you participating in the "My Fair Share" Program? \_\_\_\_\_

If no, indicate name of parish where registered: \_\_\_\_\_

Is your family using the certificate program? \_\_\_\_\_

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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)

**Two Day Program**

(Three ½ and younger four- year-olds)

(8:15-10:45)

(11:30-2:00)

**Monday Wednesday Friday**

\_\_\_\_\_ Morning

\_\_\_\_\_ Afternoon

**Tuesday Thursday**

\_\_\_\_\_ Morning

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

Continue on the reverse side

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.

Attached 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.

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For office use:

Baptism Verification \_\_\_\_\_

All forms completed \_\_\_\_\_

Fee/tuition paid \_\_\_\_\_ check \_\_\_\_\_ cash \_\_\_\_\_

Full registration accepted: Date \_\_\_\_\_

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.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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 \_\_\_\_\_

Ear infection \_\_\_\_\_ Which ear? \_\_\_\_\_

Speech problems \_\_\_\_\_

Bowel or Bladder elimination problems \_\_\_\_\_

5. Medications currently being administered to child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

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