

Saint Rose Catholic School

4300 Old Redwood Highway

Santa Rosa, CA 95403

(707) 545-0379

APPLICATION PACKET

Preschool

TK

Kindergarten – 8th Grade



St. Rose Catholic Preschool – License #493009536

Developmental Readiness Screenings:

All Kindergarten applicants will be scheduled for a Developmental Readiness Screening to be scheduled in February / March.

Kindergarten Applications should be submitted by January 25th.

www.strosecatholicsschool.org

St. Rose Catholic School ADMISSION POLICY

Notice of Non-Discrimination Policy as to Students

School Student Non-Discrimination Policy

The school, mindful of its mission to be a witness to the love of Christ for all, admits students regardless of race, color, national origin, and/or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school.

The school does not discriminate based on race, color, disability, medical condition, sex, or national and/or ethnic origin in the administration of educational policies and practices, scholarship programs, and athletic and other school-administered programs, although certain athletic leagues and other programs may limit participation.

While the school does not discriminate against students with special needs, a full range of services may not always be available to them. Decisions concerning the admission and continued enrollment of a student in the school are based upon the student's emotional, academic, and physical abilities and the resources available to the school in meeting the student's needs.

PLEASE READ BEFORE COMPLETING THE APPLICATION FORMS

- Age requirement for PRESCHOOL enrollment: PK3= 3 YEARS and toilet trained. / PK4 = 4 YEARS
- TK is available for children whose fifth (5th) birthday falls AFTER September 1st, between September 2nd and June 2nd of the entry year. The TK program is 5 full days a week, M-F.
- KINDERGARTEN ENTRY: 5 YEARS by September 1st of the entry year. (St. Rose follows CDE state law which requires students entering Kindergarten turn 5 years on or before September 1st of entry year.)

APPLICATION CHECKLIST FOR ALL

Applications will not be reviewed or placed on the wait list if incomplete. All required documents must be submitted.

All required items are non-returnable. After 2 years, if your child is not enrolled, all documents will be shredded.

- Preschool applicants must include Preschool program selection form**
- Copy of Birth certificate**
- Copy of updated immunization records**
- Recent wallet size photo of your child**
- \$30 application fee**

- Copy of most recent report card and test scores (Grades 1-8)**
- Copy of Baptismal/First Communion certificates (Grades 1-8 if applicable)**

CHECKUP REQUIREMENT FOR INCOMING KINDERGARTNERS & 1ST GRADERS see below:

Report of Health Examination for School Entry: Incoming Kindergartners and 1st Graders are required to have a health checkup before school entry. **Kindergarten physicals must occur AFTER MARCH 15TH for the exam to qualify for the 1st grade entry.** This is mandated by the State of California Child Health and Disability Prevention Program. Proof of this health examination is due no later than August 15th prior to entering FIRST grade.

Letters of Acceptance or Waiting List Status will be emailed to all parents of applicants in March / April.

Applying is not a guarantee of placement. Student age, academic report card & test scores if applicable, class sizes, along with other criteria will be used to determine if a student is accepted. In the event class space is not available or limited, your child's application will be placed on a waitlist for one year.

SCHOOL UNIFORM: St. Rose students in TK – Eighth grade wear a school uniform that parents purchase from the school uniform store. Details regarding the school uniform are provided to families after acceptance.

PARENT'S GUIDE TO IMMUNIZATION REQUIREMENTS

For Children Entering School or Child-Care in California

Immunizations (shots) are required before starting pre-kindergarten (childcare) and at each age checkpoint after entry. CA State Law requires schools, public and private, to refuse attendance to children until all requirements have been met. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/tk-12-immunizations.aspx>

The State of California has eliminated the personal and religious beliefs exemption. Beginning January 1, 2021, all medical exemptions for school and childcare entry must be issued through CAIR-ME, <https://cair.cdph.ca.gov/exemptions/home> through the CDPH. Medical exemptions can only be issued by MDs or DOs licensed in California and must meet applicable Centers for Disease Control and Prevention (CDC) and American Academy of Pediatrics (AAP) criteria.

PRESCHOOL / TK ENTRY: The state of California requires children ages 18 months through 5 years to provide verification of the following immunizations: (<https://eziz.org/assets/docs/IMM-222ChildCare.pdf>)

- 3 Polio
- 4 DTap
- 3 Hep B
- 1 Hib* (on or after 1st birthday)
- 1 Varicella
- 1 MMR (On or after 1st birthday)

KINDERGARTEN – EIGHTH GRADE ENTRY: The State of California 'shots required schedule' is listed below: (<https://eziz.org/assets/docs/IMM-222School.pdf>)

- Diphtheria, Tetanus, and Pertussis (DTap, DTP, Tdap or Td) 5 doses (4 doses OK if one was given on or after 4th birthday. 3 doses OK if one was given on or after 7th birthday or 7th – 12th graders, at least 1 dose of pertussis containing vaccine is required on or after 7th birthday.
- Polio – 4 doses (3 doses OK if one was given on or after 4th birthday)
- Hepatitis B – 3 doses (not required for 7th grade entry)
- Measles, Mumps, and Rubella (MMR) – 2 doses (Both given on or after 1st birthday)
- Varicella (Chickenpox) – 2 doses

PRIOR TO 7th GRADE ENTRY: The State of California requires students provide verified immunization records for: (<https://eziz.org/assets/docs/IMM-222School.pdf>)

- Tetanus, Diphtheria, Pertussis (Tdap) – 1 dose prior to entry into 7th grade
- Varicella (Chickenpox) – 2 doses (Usually given at ages 12 months and 4-6 years)

Verified Immunization Records are 'official' immunization records parents provide to the school that are obtained through your child's physician; medical records that identify your child's name, date of birth, immunization dose and date received.

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APPLICATION FOR ST. ROSE CATHOLIC PRESCHOOL – EIGHTH GRADE

PLEASE PRINT CLEARLY and COMPLETE ALL FORMS



DATE SUBMITTED TO ST. ROSE ___ / ___ / ___

FOR SCHOOL YEAR ___ / ___

Child's: FIRST NAME	MIDDLE	LAST NAME	Birthdate	Gender	Entering
			___/___/___	M / F	PK3 <input type="radio"/> PK4 <input type="radio"/> TK <input type="radio"/> K <input type="radio"/> OR Grade ___
Child's ADDRESS - # / Street		City / Zip	Name of school presently attending		

IF APPLICABLE:

Baptismal Date _____	First Eucharist Date _____	PARENTS' RELIGION if NOT Catholic Mother _____ Father _____
Church: _____	Church: _____	
City / State _____	City / State _____	

PARENT/GUARDIAN INFORMATION (PRINT First & Last name of both parents / guardians if applicable)

FATHER / Parent/Guardian # 1 ALL FIELDS REQUIRED

First & Last Name	Daytime Phone #	Email address
Mailing Address (IF DIFFERENT THAN ABOVE)	City / ZIP	OCCUPATION

MOTHER / Parent/Guardian # 2 ALL FIELDS REQUIRED

First & Last Name	Daytime Phone #	Email address
Mailing Address (IF DIFFERENT THAN ABOVE)	City / ZIP	OCCUPATION

Please check all that apply:

- Sibling of current St. Rose student
Sibling Name: _____ Grade _____
- Registered, active member of St. Rose Parish
- Donate regularly through the church envelope OR
- Don't use church envelopes
- Registered, active Catholic Family who attend Mass Regularly. Name of Parish: _____
- Non-Active Catholic Family
- Non-Catholic Family
- Are there other siblings living in household?
Sibling Name _____ Grade _____
Sibling Name _____ Grade _____

Child lives with both parents in the same household.

Primary language in home:

- English Spanish Other

Complete if child does not live with both natural parents:

- Parents divorced.
- Father remarried Mother remarried.
- Is there a shared custody arrangement?

Lives with Father when?

Lives with Mother when?

- Father deceased Mother deceased

Does your child have an IEP? YES No (An IEP does not mean your child will not be accepted. St. Rose must be certain we are able to offer your child all the resources necessary to achieve success. Administration will discuss with parents the needs of your child prior to acceptance.)

Office Use Only APP FEE	Office Use Only TOUR	Office Use Only BLACKBAUD	Office Use Only FINANCE	Office Use Only ACCEPT	Office Use Only DECLINE
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**ST. ROSE CATHOLIC PRESCHOOL
PROGRAM SELECTION FORM**

**FOR PRESCHOOL (PK3 & PK4) APPLICANTS ONLY
NOT FOR STUDENTS ENTERING TK****

PRESCHOOL PROGRAM SELECTION FORM MUST BE SUBMITTED with PRESCHOOL APPLICATIONS

- **NOT FOR STUDENTS ENTERING TK – Tuition for TK students will be provided to TK applicants.**

Preschool hours of operation are Monday-Friday 7:30 a.m. - 5:00 p.m.

Please check your program selection for PK3 & PK4:

	5 FULL TIME DAYS (7:30 – 5:00)
	5 HALF DAYS (7:30 – 12:30)
	4 FULL TIME DAYS (7:30 – 5:00) MON-THURS OR TUES-FRI
	4 HALF DAYS (7:30 – 12:30) MON-THURS OR TUES-FRI
	3 FULL TIME DAYS (7:30 – 5:00) MON-WED OR WED-FRI
	3 HALF DAYS (7:30 – 12:30) MON-WED OR WED-FRI

TK is 5 full days a week, M – F, 8:10AM – 2:45PM.

Before and after TK childcare is available for additional fee.

Families who are accepted will receive updated tuition schedule with annual tuition contract.

Parent / Guardian Name – please print _____

Parent / Guardian Signature _____ Date ___ / ___ / ___



St. Rose Catholic School

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS (INCOMING 1st – 8th students)

PARENT to complete TOP PORTION, sign and return with application.

Student Name: Print F/L _____ Birthdate: __/__/__

Current School of Attendance: _____ Grade: _____

School Address: _____

City/State/Zip: _____

I, _____, the parent or legal guardian of the student named above, hereby authorize the release of my child's school records including achievement, enrollment, health and developmental data, to the person, institution, or agency named below:

TO THE PARENT: St. Rose Catholic School will send this request for the cumulative records of your student only when they have been accepted for enrollment into St. Rose Catholic School.

I understand that the records are released only on the condition that the receiving person or agency will not release these records without the written consent of the parent or legal guardian.

Signature of Parent or Legal Guardian

Relationship to Student

Named school above, please send transcript files to:

St. Rose School Registrar
4300 Old Redwood Hwy.
Santa Rosa, CA 95403

Questions, please contact KC Paul at: 707-545-0379 / k_paul@sonic.net

(Retain in student's cumulative record after forwarding copies of requested record)

PARENT QUESTIONNAIRE

Please use the back of this sheet if your answers require more space.

How did you hear about us?

CIRCLE those that apply: Referral Media Live in neighborhood Other

If a referral, what is the name of the family who referred you?

1. What are your reasons for wanting your child to attend St. Rose Preschool / Elementary School?
2. Do you discuss religion and or your faith with your child at home?
3. How does your family practice your faith?
4. To what parish or church do you belong and how have you contributed your time, talent, and treasure there?
5. Have you read our school handbook which is available on our website www.strosecatholicsschool.org and do you agree to abide by the policies stated there?
6. Are you prepared to undertake the financial responsibility of a Catholic education, which increases annually and includes tuition and fundraising?
7. Are you willing to participate in specific St. Rose Parish liturgies with your child's class occasionally?
8. Are you willing to become an active member of the St. Rose Parents' Association by contributing and supporting all our various fundraisers?
10. Are there any circumstances we should be aware of that would help your child to be more successful in school? IEP, learning disability, special resource needs, etc.

SIGNATURES:

FATHER/GUARDIAN: _____ Date_____

MOTHER/GUARDIAN: _____ Date_____