

# ENROLLMENT CHECKLIST

SAINT CATHARINE OF SIENA SCHOOL



## APPLICATION & APPLICATION FEE

- ☐ completed registration form date \_\_\_\_/\_\_\_\_/2024
- ☐ application fee \$100 date \_\_\_\_/\_\_\_\_/2024  
(non-refundable & per student required to hold student's spot in the classroom.)

## FINANCIAL

- ☐ establish an account through Simple Tuition Solutions (STS)
- ☐ select payment plan - monthly payments are deducted 10th or 25th
- ☐ apply for financial assistance through STS

## HOME SCHOOL DISTRICT INFORMATION

- ☐ transportation form - bussing time/location will be set through home district
- ☐ documentation of special education IEP GIEP 504 IST

### FOR TRANSFER STUDENTS:

- ☐ copy of report card for 2 school years-enrollment pending principal's approval
- ☐ request of school record & evaluation form


## HEALTH FORMS

- ☐ physical form
- ☐ immunization records \*please submit most recent copy with this application
- ☐ dental form

## OFFICIAL DOCUMENTS

- ☐ copy of birth certificate
- ☐ copy of student's social security card
- ☐ copy of baptismal certificate (if applicable)

## SCHOOL INFORMATION

St. Catharine of Siena School 2330 Perkiomen Avenue Reading, PA 19606 (610) 779-5810  
Principal: Marcella Kraycik mkraycik@scsreading.org | Admissions: Stephanie Conlon sconlon@scsreading.org  
Office / Finance: Martha D'Achille mdachille@scsreading.org |  www.scsreadingschool.org

All required paperwork and STS account MUST be complete in order to start school.



St. Catharine of Siena School  
2230 Perkiomen Avenue  
Reading, PA 19606  
610-779-5810 (phone)  
610-779-6888 (fax)

*Accredited by The Middle States Association on Elementary Schools*

## STUDENT

Last Name First Name Middle Name Sex

Street Address S.S. Number Religion

City/Town/State Zip Code Ethnic Origin Date of Birth  
 White/European American  
 Black / African American  
 Asian American  
 American Indian/Alaska Native  
 Native Hawaiian or Pacific Islander  
 Place of Birth

PARISH

Mother email:

Father email:

Ethnicity  
 Hispanic or Latino  
 Not Hispanic or Latino

Main Phone Number Alternate Phone Number School District Grade in Sept

## PARENTS/GUARDIANS

Mother's Last Name Maiden Name Mother's First Name Place of Birth Religion Daytime Phone

Father's Last Name Father's First Name Place of Birth Religion Daytime Phone

Step-Parent's Last Name Step-Parent's First Name Place of Birth Religion Daytime Phone

Step-Parent's Last Name Step-Parent's First Name Place of Birth Religion Daytime Phone

Guardian's Last Name Guardian's First Name Place of Birth Religion Daytime Phone

MAILING/Billing Address City/Town State Zip Code

### Marital Status

- ☐ Married ☐ Separated  
☐ Divorced ☐ Remarried

### Legal Custody

- ☐ Both Parents ☐ Mother  
☐ Step-Parent ☐ Father  
☐ Other

## PUBLICITY

Check here if you DO NOT WANT your child's picture taken except for the YEARBOOK

## BROTHERS & SISTERS

Last Name

First Name

Age

Religion

School

Grade

## SACRAMENTAL RECORD

SACRAMENT

DATE

CHURCH

CITY

STATE

Baptism

First Holy Communion

Confirmation

## MEDICAL

Please list any medical concerns regarding your child such as:

- Allergies
- Asthma
- 3. Daily Medication
- 4. Other

## ACADEMIC RECORD

Did student previously attend SCS

Date Attended

Grade Assigned

Teacher Assigned

Level Assigned

Source or Reason for Admission

Date Attended

Grade Requested

Level Requested

Placement Notes

Grade Assigned

Teacher Assigned

Level Assigned

Describe any academic concerns or special needs:

Transferred to

Date

Reason for Transfer

Transportation Requirements ☐ Walker ☐ Car Rider ☐ BUS Rider School District

NAME and ADDRESS OF SCHOOL PREVIOUSLY ATTENDED:

Describe any special emotional needs and /or academic needs of your child.

Do you expect the student to have any problems with the self-discipline that is required of the students in St. Catharine School?

As a parent will you support the philosophy of St. Catharine School?

Parent/Guardian

Signatures:

(Father / Guardian)

(Mother / Guardian)

**Private or School  
PHYSICAL EXAMINATION  
OF SCHOOL AGE STUDENT**

**PARENT / GUARDIAN / STUDENT:**

Complete page one of this form before student's exam. Take completed form to appointment.

Student's name \_\_\_\_\_ Today's date \_\_\_\_\_

Date of birth \_\_\_\_\_ Age at time of exam \_\_\_\_\_ Gender: ☐ Male ☐ Female

**Medicines and Allergies:** Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies? ☐ No ☐ Yes (If yes, list specific allergy and reaction.)

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: Has the student...	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: Has the student...	YES	NO
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: Has the student...	YES	NO
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other _____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: Has the student...	YES	NO
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: Has the student...	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: Has the student...	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL: Has the student...	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
SOCIAL/LEARNING: Has the student...	YES	NO
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH: Has the student...	YES	NO
42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other _____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other _____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	YES	NO
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student \_\_\_\_\_ Date \_\_\_\_\_

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes ☐ No ☐

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: ( ) inches				
Weight: ( ) pounds				
BMI: ( )				
BMI-for-Age Percentile: ( ) %				
Pulse: ( )				
Blood Pressure: ( / )				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes ☐ No ☐Physical exam performed at: Personal Health Care Provider's Office ☐ School ☐ Date of exam \_\_\_\_\_ 20 \_\_\_\_\_

Print name of examiner \_\_\_\_\_

Print examiner's office address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of examiner \_\_\_\_\_ MD ☐ DO ☐ PAC ☐ CRNP ☐

**IMMUNIZATION EXEMPTION(S):**

Medical ☐ Date Issued: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_

Medical ☐ Date Issued: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_

Medical ☐ Date Issued: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_

**NOTE:** The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
<b>Other Vaccines: (Type and Date)</b>					





COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH**PRIVATE DENTIST REPORT  
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ 20 \_\_\_\_

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
Last	First	Middle				

ADDRESS \_\_\_\_\_

No. and Street	City or Post Office	Borough or Township	County	State	Zip
_____	_____	_____	_____	_____	_____

**REPORT OF EXAMINATION**

		TOOTH CHART																
		RIGHT								LEFT								
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER		32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
	UPPER																	Upper
	LOWER																	Lower

Is The Child Under Treatment

Yes ☐No ☐

Treatment Completed

Yes ☐No ☐\_\_\_\_\_  
Date of Dental Examination\_\_\_\_\_  
Signature of Dental Examiner\_\_\_\_\_  
Print Name of Dental Examiner\_\_\_\_\_  
Address





## Tuition Rates - School Year 2024-2025

Number of Children (K-8)	Total Tuition	Active Catholic SCS Parishioner Discount*	Adjusted Tuition (Where Applicable)
One	\$5,510	-\$500.00	\$5,010
Two	\$8,780	-\$500.00	\$8,280
Three	\$11,740	-\$500.00	\$11,240
Four	\$14,260	-\$500.00	\$13,760
<b>PRE- K TUITION IS BILLED SEPARATELY FROM GRADE SCHOOL TUITION</b>			
Pre-K / 5 Full Days	\$5,680	n/a	
Pre-K / 3 Full Days	\$3,590	n/a	
Pre-K/5 Half Days	\$3,590	n/a	

- \*Active Catholic SCS Parishioners are eligible for a \$500.00 Scholarship. One per family with at least one student in Grades K-8. Active Catholic SCS Parishioners are defined as those who attend Mass at least *40 times per year* (based on putting your envelope in the collection).
- **All families must be enrolled in the STS payment plan; your present payment plan will be rolled over for the 2024-2025 school year.**
- Supply fees of \$75 and 8th grade graduation fee (if applicable) of \$175 will be added to your first tuition payment along with any unpaid registration or SCRIP fees.



Dear Parent or Guardian,

St Catharine of Siena School has partnered with Simple Tuition Solutions (STS) to Determine Eligibility for Tuition Assistance.

To complete the STS Financial Aid Application, please follow these 6 simple steps:

- 1.) Click on the unique link specific to St Catharine of Siena: <https://app.simpletuitionsolutions.org/register?sc=20426>

If you happen to land on a page that asks you to enter a School or Scholarship Organization Code, you want to enter code: **20426**

- 2.) If you do not already have an account with STS, you want to click on the Orange Button "Create a new account".  
*\*\* If you already have an account with STS, click "Sign in", and enter your previously created login and password. \*\**
- 3.) Create your account
- 4.) Upon creation of your account you will be sent to a page that will allow you to "Start a new Application". Be sure you are selecting the proper School year you are seeking assistance for.  
*\*\* Note: You may include ALL of your students on one application, even if they attend other private schools \*\**
- 5.) The Application Process is 8 Steps counting the payment step, each step will save as you advance to the next step. You are able to use the 8-step tool bar across the top of the page to toggle back to a previous step and make any necessary edits. However, please note, once you complete the process of uploading your required financial documents it will lock the application from all editing. At this point, if any changes would need to be made to the submitting application, you can gladly email STS at [support@simpletuitionsolutions.org](mailto:support@simpletuitionsolutions.org) or via chat on our company website within the "Contact Us" section
- 6.) After completion of the payment process you will be advised as to which financial documents you need to provide STS. You will also be sent an email that outlines what you need to provide as well as introduce you to the application processor that will be handling the review of your application. **Please Note:** You can simply scan or take a photo of your financial documents and upload them into STS's system using STS's convenient upload feature. This is the fastest way to provide STS with your required financial documentation. However, you can also mail the signed copies of your financial documents to STS to the following P.O. Box address: **Simple Tuition Solutions, LLC, P.O. Box 779 Camp Hill, PA 17001**. Once your financial documents are loaded the system will lock the application from all editing. At this point, if any changes would need to be made to the submitting application, you can gladly email STS at [support@simpletuitionsolutions.org](mailto:support@simpletuitionsolutions.org) or via chat on our company website within the "Contact Us" section.

Finally, once STS has received all of the required financial documentation from you, STS's application processors will verify the data and review your entire application per Pennsylvania State Law to determine your eligibility for any state programs. You will be notified directly via email upon the completion of this verification/review process. In addition, the results will also be available to your School or any Scholarship Organization associated with the scholarship. **It is important to note that STS is only contracted to handle the verification and eligibility determination, therefore, DOES NOT have any input, control, or insight into scholarship amounts or when they may be awarded.**



# ST. CATHARINE OF SIENA SCHOOL UNIFORMS



WHERE TO PURCHASE SCS UNIFORMS:



1st grade – 8th grade Uniforms Flynn & O'Hara – online and Exton store

404 W. Lincoln Highway Exton, PA 19341 (610) 594-1970

Visit <https://flynnohara.com/shop/st-catharine-of-siena-school-pa231/>



1st grade – 8th grade Uniforms

HOW TO ORDER FROM LANDS' END: PREFERRED SCHOOL NUMBER--900199670 Visit [landsend.com/myschool](https://landsend.com/myschool)

Create an account or sign into your existing account

- Search for your school by name or search by using SCS's Preferred School Number: 900199670
- Use the True Fit tool to find your child's right size and then place your order

Call one of our customer service representatives 6am-12am (CST) at 1-800-469-2222

- Reference your school number:
- Reference your child's grade level, gender and size
- Place your order

Visit [landsend.com/myschool](https://landsend.com/myschool)

- Create an account or sign into your existing account
- Search for your school by name or search by using SCS's Preferred School Number: 900199670
- Use the True Fit ® tool to find your child's right size
- Place your order



SNEAKER VILLA  
SPRING TOWN CENTER  
2647 SHILLINGTON ROAD  
SINKING SPRING, PA 19088  
610-670-1447

SNEAKER VILLA  
READING MALL  
4290 PERKIOMEN AVE.  
READING, PA 19606  
610-370-2424

Gym Uniforms, including Pre-K and Kindergarten uniforms, can be purchased at Sneaker Villa 4290 Perkiomen Aven. Reading, PA 19606



Boscov's is a local store that can be used to purchase school shoes. Pre-K and Kindergartners may wear sneakers.







# ST. CATHARINE OF SIENA SCHOOL UNIFORMS



## OUT-OF-UNIFORM DRESS CODE

Occasionally students will be permitted to "dress down" either as a reward for an announced reason, to participate in a fund-raiser for a designated cause, or to celebrate an event. Clothing should be modest, neat and clean without holes or "rips," inappropriate language, or inappropriate graphics. The following guidelines should be followed for out-of-uniform days:

### GIRLS OUT-OF-UNIFORM DAYS:

Permitted : Jeans, gym pants, slacks (no stretch slacks), capris, skirts, dresses, blouses, T-shirts or other appropriate tops, socks, shoes or sneakers.

\*Leggings/stretch slacks may only be worn with a skirt or dress of appropriate length.  
August – October 14th and April 15th – June: Shorts may be worn but should be the same length as the uniform shorts/skirts.

### BOYS OUT-OF-UNIFORM DAYS:

Permitted: Jeans, gym pants, slacks, T-shirts, knit shirts, or other appropriate shirts, socks, shoes or sneakers.

August – October 14th and April 15th – June: Shorts may be worn but should be the same length as the uniform shorts.

### NOT ACCEPTABLE:

- Tank tops, halters, spaghetti straps, short-shorts, stretchy pants, holes or rips in clothing, inappropriate graphics or words, flip flops, or sandals.
- If a student is dressed inappropriately, the student will be required to either call the parents to bring the school uniform to change or obtain a uniform from the uniform corner. Modesty is the guiding virtue.



# ST. CATHARINE OF SIENA SCHOOL UNIFORMS

## PRE-K & KINDERGARTEN UNIFORMS



Warm Weather Uniform for Boys and Girls:

- Black regulation gym shorts with school insignia
- Red regulation (cotton or moisture wicking) T-shirt with school insignia
- White socks – must cover ankle
- "Modestly styled or simple" white, grey, blue, or black sneakers with white or black laces (No light-up sneakers or high tops)

\*\*Pre-K is encouraged to wear Velcro straps instead of laces.



Winter Uniform for Boys and Girls:

- Black sweatpants (Pre-K – 5th grade) with school insignia
- Red sweatshirt with school insignia (Pre-K – 5th grade)
- Black regulation gym shorts with school insignia
- Red regulation (cotton or moisture wicking) T-shirt with school insignia
- White socks – must cover ankle
- "Modestly styled or simple" white, grey, blue, or black sneakers with white or black laces (No light-up sneakers or high tops)

\*\*Pre-K is encouraged to wear Velcro straps instead of laces.





# SCRIP

Tuition Rewards  
Program

# **SCRIP Program**

## ***What is SCRIP?***

**SCRIP is a MANDATORY fundraising program for St. Catharine and ALL families must participate.**

**We offer a buy-out option for those who chose not to participate. Please see the last page of this packet for information regarding the buy-out.**

**SCRIP Coordinator: Cristina Schmehl  
scripprogramscs@gmail.com  
Please contact Cristina with any questions!**



### **How does SCRIP work?**

**You simply purchase gift cards to any of the retailers we participate with for your everyday shopping, and you receive a percentage of the purchase of each gift card into your SCRIP account. The program is the easiest fundraiser to participate in, because all you have to do is by gift cards for the shopping you do and you earn the school money!**

### **How much do I have to earn?**

**K-8, including 5 day Pre-K must earn \$125.00 in credit.**

**Pre-K (3 day only) must earn \$75.00 in credit.**

### **How are the percentages calculated?**

**Percentages vary by retailer. They are listed on the order form.**

**EXAMPLE: Giant Food Stores is 5%. St. Catharine's purchases a \$100 gift card from Giant for \$95. You purchase the gift card from the SCRIP program for the full \$100 face value. St. Catharine's keeps half (\$2.50) toward the subsidy that is sent to school, and the other half goes towards your credit in your SCRIP account (\$2.50 credit).**

### **Can I track my SCRIP account?**

**Yes. On the school website, there are instructions on how to create an account to track your earnings.**

### **What if I don't make my quota?**

**You will pay the difference of the buy-out. If you only earned \$100 credit, rather than the required \$125 credit, we will deduct that \$100 from the buy-out cost of \$400. This fee must be paid by the first week of May or it will be charged to your FACTS account in May of the current school year.**

### **What if I go over my quota?**

**Great! That money will come off of your following year's tuition, in addition to the required \$125 that will also be deducted from your following year's tuition!**

### **Where can I buy SCRIP?**

**SCRIP is available at the school office, the parish center, and at all masses at the SCRIP table in the back of the church. You can also send an order into school with your child and it will be sent home that day or the following with them.**

## **How can I pay for SCRIP?**

Cash or check made out to St. Catharine of Siena.

Credit cards are NOT accepted at this time.

## **When does the program run?**

May 1<sup>st</sup> thru April 30<sup>th</sup>

## **What is Great Lakes Scrip?**

Great Lakes is an additional way to purchase SCRIP. It is an online company that offers over 300 brands, including department stores, hotels, restaurants and many more. To purchase through this site, go to [www.shopwithscrip.com](http://www.shopwithscrip.com), and create an account (Please call office or email [scripprogramscs@gmail.com](mailto:scripprogramscs@gmail.com) for code). There is a place to add the student or family that you are buying for – so anyone can do this! Family members that live far away can easily contribute to your account by shopping this way! Once you create your account, you can set up PrestoPay, which is a secure way to pay by check online. There are a few ways to receive your cards through this site:

1 – You can place the order and pay through PrestoPay OR send your payment into school. Orders this way are placed every two weeks (weekly during holidays – check the website for order dates). Your order will arrive at school and will go home with your child, or you can pick it up.

2 – You can order ScripNow (requires PrestoPay use). These are electronic gift cards that you can either print out from your computer, or use a supplied code for online shopping.

3 – You can use a tool called MyScripWallet, which is designed to be used from your mobile device. It operates like an app (however, it is not downloaded from an app store). Any ScripNow purchases you make will show in your “wallet”, and the scan codes used to pay are available on it.

## **How are these purchases tracked?**

You will always have access to your purchases on your shopwithscrip account, however, the earnings do not reflect the percentage we take for the fundraiser. If your reward shows you earned \$100, you need to divide that by 2, so your earning is actually \$50. The totals will be entered several times throughout the year on your school SCRIP account that you need to set up. *There are instructions on the website on how to utilize the various features of this website. If you need assistance setting up an account, please contact the SCRIP coordinator, or the school office.* The KEY to meeting and surpassing your quota is to be consistent! Simply paying for your weekly groceries and gas will get you the

earnings required. Anything above and beyond is more money off tuition and more money earned for the school – it's a win-win!

## **SCRIP Program Failure to Comply Policy**

**Any family that does not earn the (K-8 and 5 day full day Pre-K) \$125.00 credit or (Pre-K 3 day) \$75.00 credit tuition reward will lose their tuition credit earned to date. You will also be charged the \$400.00 (K-8 and 5 day full day Pre-K) or \$200.00 (Pre-K 3 day) Buy-Out, minus the amount of tuition credit earned to date and that amount will be due by the first week in May or it will be charged to your FACTS account in May of the current year.**

**All financial obligations, including SCRIP, must be paid in full in order for students to receive their final report card.**

- **For eighth grade students to participate in the Hershey Trip, Graduation Dinner Dance, Build-A-Bike and Graduation and to receive their final report card, all financial obligations, including SCRIP, must be paid in full.**
- **PreK and Kindergarten students to participate in the PreK Step-Up Day and Kindergarten Graduation and to receive their final report card, all financial obligations, including SCRIP, must be paid in full.**

**Your family's choice to make the commitment to give your children a Catholic education is an important one. The SCRIP program is in place to keep tuition down and to fund improvements at SCS.**

TURN SHOPPING INTO EARNING



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*Jen H., earns for hockey*

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Saint Catharine of Siena SCRIP Coordinator: Cristina Schmehl

email: [scripprogramscs@gmail.com](mailto:scripprogramscs@gmail.com)

**SCS Enrollment Code: 6LD95B8C7L2L**



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Saint Catharine  
of Siena School

# COME JOIN OUR PRE-K



## SCS SAMPLE CLASS SCHEDULE

- ✓ 8:00- Arrival / Freeplay
- ✓ 8:30- Circle Time
- ✓ 9:00- Snack / Restroom
- ✓ 9:30- Language Arts / Centers
- ✓ 10:00- Math / Centers
- ✓ 10:30- Religion
- ✓ 11:00- Recess
- ✓ 11:30- Storytime
- ✓ 12:00- Lunch (½ day students will be dismissed)
- ✓ 12:30- Centers
- ✓ 1:00- Rest Time
- ✓ 2:00- Wake-up / Pack-up
- ✓ 2:10- Free Play
- ✓ 2:20- Begin to dismiss

\*Aftercare students stay in class and continue  
with free play until going to  
the cafeteria around 3:10





## Pre-Kindergarten

Pre-Kindergarten Orientation  
for parents & student  
**Wednesday, August 14, 2024**

First day of school:  
**Tuesday, September 3rd**

## Kindergarten

Kindergarten Orientation  
for parents & student  
**Wednesday, August 14, 2024**

First day of school:  
**Tuesday, August 27th**

