

REGISTRATION CHECKLIST

— SAINT CATHARINE OF SIENA SCHOOL



APPLICATION & FEE

- ☐ REGISTRATION FORM COMPLETED* DATE _____
*Required to hold student's spot
- ☐ REGISTRATION FEE* AMOUNT \$ _____ DATE _____ CHECK # _____
*Required to hold student's spot - non-refundable fee of \$100 per student
- ☐ PRE-K DAYS SELECTION, IF APPLICABLE

FINANCIAL

- ☐ TUITION PAYMENT SET UP THROUGH SIMPLE TUITION SOLUTIONS (STS)
*Link will be emailed to you to complete set-up online
- ☐ FINANCIAL AID ONLINE APPLICATION, IF APPLICABLE
*Link will be emailed to you to complete application online

HOME SCHOOL DISTRICT INFO

- ☐ DOCUMENTATION OF SPECIAL EDUCATION* ☐ 504 ☐ IEP ☐ GIEP ☐ IST
*Required for review prior to acceptance, if applicable. Please circle one if applicable and provide a copy.
- ☐ TRANSPORTATION FORM SCHOOL DISTRICT: _____
*1 form per student required
- ☐ REQUEST FOR SCHOOL RECORDS & EVALUATIONS
- ☐ COPY OF REPORT CARD (TRANSFER STUDENT)

HEALTH FORMS

*please send in most recent copies - especially of immunization records

- ☐ PHYSICAL FORM
- ☐ IMMUNIZATION RECORDS
- ☐ DENTAL FORM

COPIES OF OFFICIAL DOCUMENTS

- ☐ COPY OF BIRTH CERTIFICATE ☐ COPY OF STUDENT'S SOCIAL SECURITY CARD
- ☐ COPY OF BAPTISMAL CERTIFICATE, IF APPLICABLE

SCHOOL INFORMATION

Saint Catharine of Siena School | Marcella Kraycik, Principal | 2330 Perkiomen Ave. Reading, PA 19606



610) 779-5810



altbscs@ptd.net



www.scsreadingschool.org

ALL APPLICABLE PAPERWORK MUST BE RECEIVED IN ORDER TO BEGIN 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	Place of Birth
PARISH _____		American Indian/Alaska Native	
Mother email: _____		Native Hawaiian or Pacific Islander	
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			Legal Custody		
<input type="checkbox"/> Married	<input type="checkbox"/> Separated		<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	
<input type="checkbox"/> Divorced	<input type="checkbox"/> Remarried		<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Father	
			<input type="checkbox"/> 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)



St. Catharine of Siena School
2330 Perkiomen Avenue
Reading, PA 19606

REQUEST FOR TRANSFER OF STUDENT RECORDS

(We do not need this record form for children entering
PreK or Kindergarten)

(Name of Student)

(Grade)

(Date of Birth)

____ Presently a student at St. Catharine of Siena School

OR

____ Presently a student at another school:

Was Enrolled at:

_____ on _____
(Name of School) (Date)

I hereby request and give permission for all academic records, health records and results of testing to be released and sent to the new school that is indicated above.

Date: _____ Signed: _____

(Parent or Guardian)

Telephone: _____

Address of New School: _____

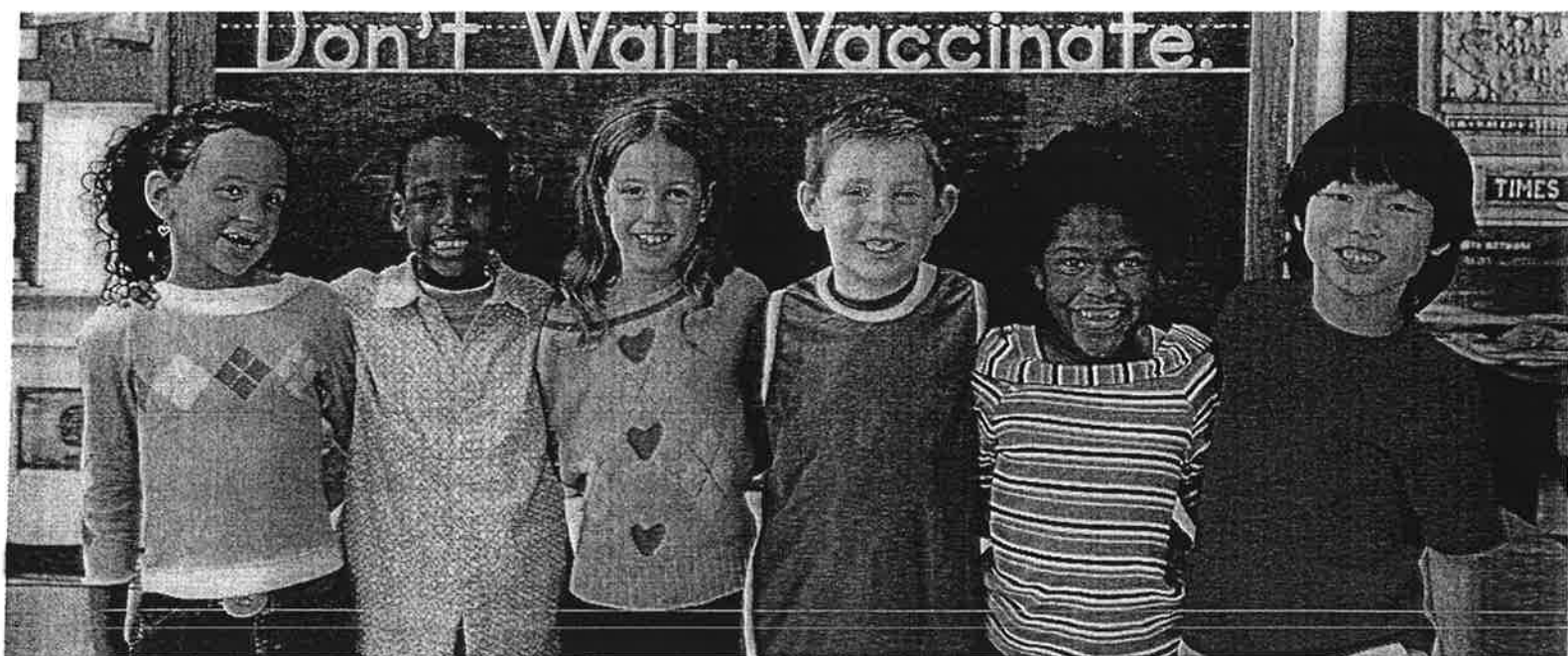
OR

Address of Old School: _____

If the transfer is being made due to change of residence, the new address is:

Reason for Transfer: _____

Don't Wait. Vaccinate.



SCHOOL VACCINATION INFORMATION FOR PARENTS

The Department of Health is changing school immunization regulations beginning in August 2017. The regulations are intended to ensure that children attending school in the commonwealth are adequately protected against potential outbreaks of vaccine preventable diseases.



A CHILD MUST HAVE REQUIRED VACCINES OR RISK EXCLUSION FROM SCHOOL.

A child must have the required medically-appropriate vaccines or a plan to complete those vaccines or risk exclusion from school. A child may still obtain medical, religious or philosophical exemption from meeting the immunization requirements. Talk to your child's pediatrician about the vaccines your child needs to attend school.



NEW VACCINATION REQUIREMENTS:

- combination form for diphtheria and tetanus;
- pertussis vaccination;
- combination form for measles, mumps and rubella; and
- meningococcal conjugate vaccine for entry into 12th grade, or in an ungraded school, in the school year the child turns 18.

For more information on the vaccines your child needs to attend school, visit dontwaitvaccinate.pa.gov or talk to your child's pediatrician.

dontwaitvaccinate.pa.gov



SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:

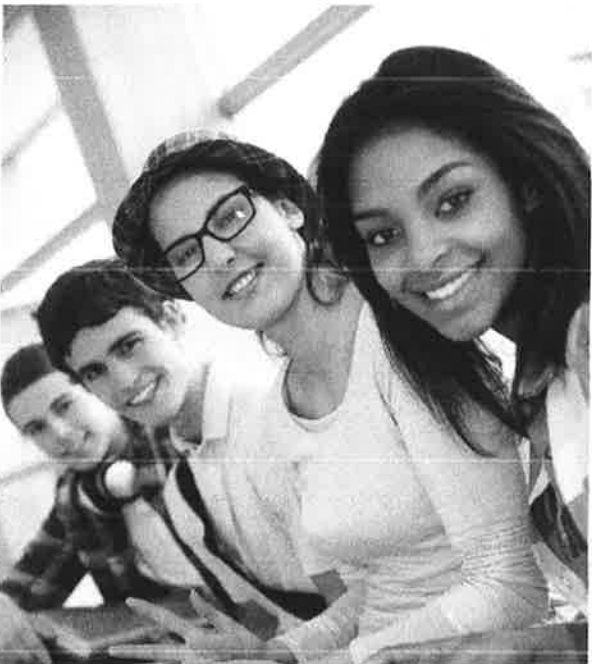


- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
- 2 doses of measles, mumps, rubella***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

**Usually given as DTP or DTap or if medically advisable, DT or Td*

*** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose*

****Usually given as MMR*



ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

• If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

• If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

• The medical plan must be followed or risk exclusion.

FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.



pennsylvania
DEPARTMENT OF HEALTH



Bureau of Community Health Systems
Division of School Health

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: <i>Has the student...</i>	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: <i>Has the student...</i>	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: <i>Has the student...</i>	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: <i>Has the student...</i>	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: <i>Has the student...</i>	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: <i>Has the student...</i>	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:	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: <i>Has the student...</i>	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:	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 _____

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 ☐

HEALTH CARE PROVIDERS: Please photocopy Immunization history from student's record – OR – Insert information below.

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)	1	2	3	4	5
	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
Other Vaccines: (Type and Date)					

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



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\$1,000+
per year**



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How it works



You buy a gift card

You get the full value



The brand gives back

No extra money comes
out of your pocket.



Your organization earns

Impacting what
matters most to you

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Jen H., earns for hockey

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For step-by-step instructions, visit RaiseRight.com/m/StartEarning

Saint Catharine of Siena SCRIP Coordinator: Christina Schmehl email: scripprogramscs@gmail.com

SCS Enrollment Code: 6LD95B8C7L2L



MANDATORY FUNDRAISER



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 1st thru April 30th

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, and create an account (Please call office or email 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.



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

Create an account or sign into your existing account

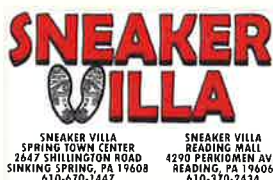
- Search for your school by name or search by using SCS's Preferred School Number: 900199670
- Use the True Fit tool to find your child's right size and then place your order

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

- 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



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



DRESS CODE



WARM WEATHER UNIFORM:

1st day of school – the 1st Monday in November

1st Monday in April – last day of school



WINTER UNIFORM:

1st Monday in November – LAST Friday in March

GENERAL INFORMATION:

- Shirts must be tucked in.
- Shoelaces must be tied.
- Pants/shorts – solid colors only; straight leg with no cuff or outside pockets (no cargo pants)

- Jewelry
Girls: one set of small, pierced earrings (posts, no hoops) and one Catholic religious necklace is permitted (no rings or bracelets)

Boys: earrings are not allowed

- Make-up
Fingernail polish, nor other makeup, is permitted.

8th grade girls may have their nails done for Baccalaureate Mass and Graduation Ceremony.

- Hair Styles – Girls

Hair should be neatly groomed and natural color only. Small hair bands, bows, ribbons may be worn. No bandanas, scarves or other hair coverings permitted. Dyed hair and fad styles are not permitted.

- Hair Styles – Boys

Hair should be neat and clean-cut with no hair over the collar or hanging in eyes. No fad styles or designs are permitted including spikes, tails, Mohawks, etc.

- Violations

Violations of the school uniform will be noted on the Uniform Violation Form. The parent is required to sign and return the form to the teacher. The student is expected to correct the violation by the next school day.





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



GYM 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)



Winter Uniform for Boys and Girls:

- Black sweatpants (Pre-K – 5th grade) with school insignia
- Black warm-up pants with school insignia (6th – 8th)
- Red sweatshirt with school insignia (Pre-K – 5th grade)
- Black jacket (6th–8th 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).



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.**



ST. CATHARINE OF SIENA SCHOOL UNIFORMS

GIRLS GRADES 1ST – 5TH

Warm Weather Uniform:

- Dress navy-blue one-panel uniform skort (not more than 2" above the knees) Option: Blue plaid jumper with light blue short-sleeved blouse (rounded collar)
- Light blue short-sleeved golf shirt with school insignia
- Navy blue knee socks; canvas or leather casual dress shoes

Winter Uniform:

- Blue plaid jumper with school insignia patch (the length not more than 2" above the knees)
- Light blue long-sleeved uniform blouse (rounded collar)
- Navy blue V-neck cardigan sweater, or round collar neck sweater with school insignia.
- Navy blue socks or tights; canvas or leather casual dress shoes

GIRLS GRADES 6TH – 8TH

Warm Weather Uniform:

- Dress navy-blue one-panel uniform skort (not more than 2" above the knees) or blue Plaid skirt
- Light blue short-sleeved golf shirt with school insignia
- Navy blue knee socks; canvas or leather casual dress shoes

Winter Uniform:

- Navy blue two-panel uniform skort (no more than 2" above knees) or blue plaid skirt
- Light blue long-sleeved collared blouse
- Navy blue V-neck cardigan sweater with school insignia
- Navy blue knee socks or tights; canvas or leather casual dress shoes



ST. CATHARINE OF SIENA SCHOOL UNIFORMS

BOYS GRADES 1ST – 8TH



Warm Weather Uniform:

- Dress navy blue uniform slacks or uniform shorts
- Belt – Black, navy, or dark brown leather
- Light blue short-sleeved golf shirt with school insignia
- Navy blue or white socks (must cover the ankle)
- Canvas or leather casual dress shoes



Winter Uniform:

- Dress navy blue uniform slacks or uniform shorts
- Belt – Black, navy, or dark brown leather
- Navy blue V-neck sweater vest with school insignia
- Light blue long-sleeved oxford shirt
- Navy blue tie
- Navy blue or white socks (must cover the ankle)
- Canvas or leather casual dress shoes



PRE-KINDERGARTEN **OPTIONS**

— SAINT CATHARINE OF SIENA SCHOOL



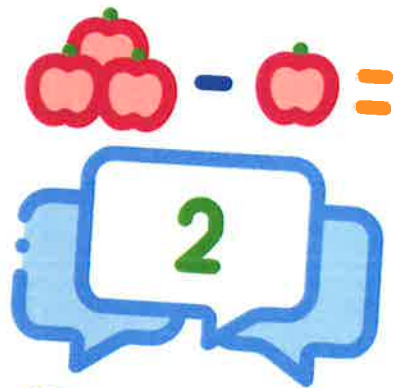
PLEASE SELECT ONE OF THE FOLLOWING PRE-K OPTIONS:

☐ **5 FULL** DAYS: MONDAY - FRIDAY 8:30AM - 2:30PM

☐ **5 HALF** DAYS: MONDAY - FRIDAY 8:30AM - NOON



☐ **3 FULL** DAYS: MONDAY, WEDNESDAY, FRIDAY (ONLY) 8:30AM - 2:30PM



SCHOOL INFORMATION

Saint Catharine of Siena School | Marcella Kraycik, Principal | 2330 Perkiomen Ave. Reading, PA 19606

610) 779-5810

altbscs@ptd.net

www.scsreadingschool.org

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