

ENROLLMENT CHECKLIST

SAINT CATHARINE OF SIENA SCHOOL



APPLICATION & APPLICATION FEE

- completed application form - front and back with parent signature(s)
- application fee \$100 per student
(non-refundable - required to hold student's spot in the classroom.)

FINANCIAL

- FACTS payment plan - (you will receive an email prompting you to set up - select payment date of 1st or 15th)
- SIMPLE TUITION SOLUTIONS (STS) - apply for financial aid

HOME SCHOOL DISTRICT INFORMATION

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

FOR TRANSFER STUDENTS (1st - 8th grade):

- must provide copy of past 2 years report cards - after principal approval, application for enrollment may be submitted
- 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 (needed only if you are Catholic & you want your student to receive Sacraments)

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 & FACTS 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	Place of Birth
PARISH		American Indian/Alaska Native	
		Native Hawaiian or Pacific Islander	
Mother email:		Ethnicity	
		Hispanic or Latino	
Father email:		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 _____ 3. Daily Medication _____

· Asthma _____ 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	<input type="checkbox"/> Walker	<input type="checkbox"/> Car Rider	<input type="checkbox"/> 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:

(Name of School)

on

(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: St. Catharine of Siena School

2330 Perkiomen Avenue Reading, PA 19606

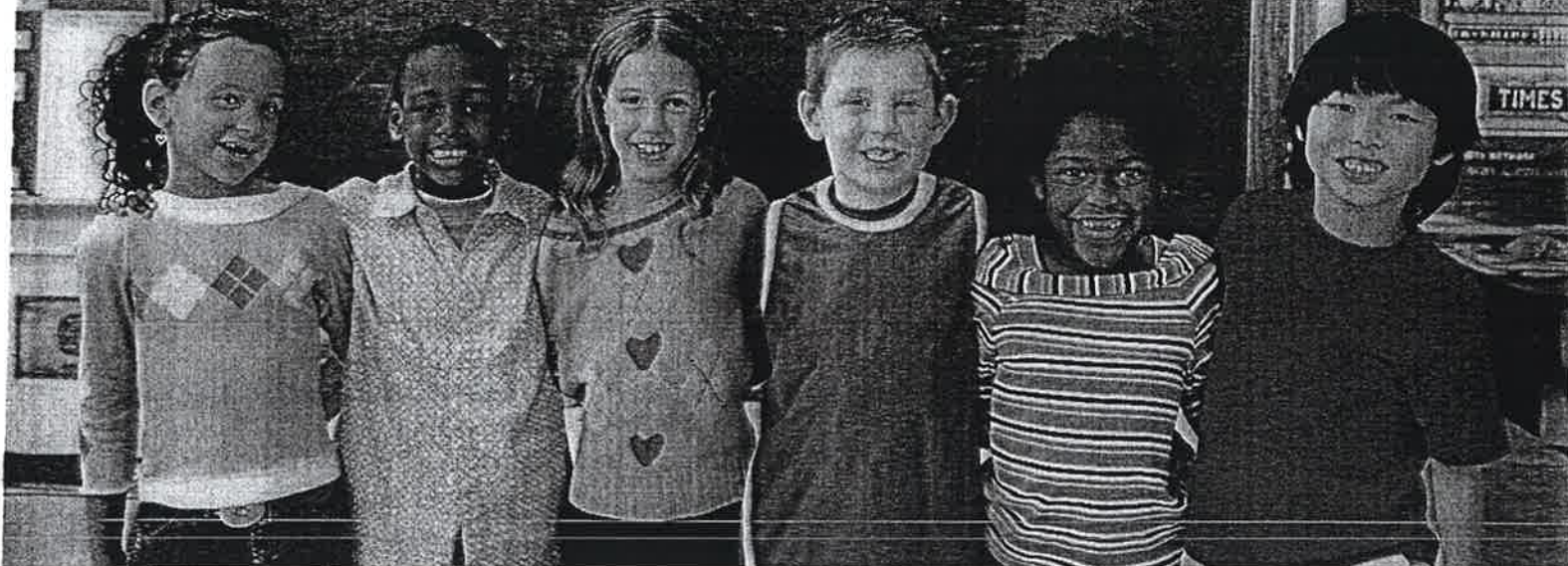
OR

Address of Old School: _____

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

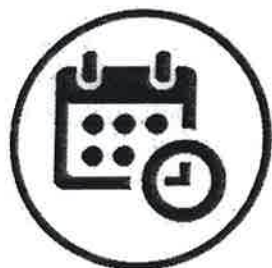
Reason for Transfer: _____

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



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)					

STUDENT NAME:

A series of horizontal lines for writing.

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
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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



PAYMENT PLANS

Dear Parents,

Since the stability of our school and the quality of its programs are of the utmost importance, we are always seeking ways to make improvements to benefit everyone. After much research and investigation, ***we once again partnered*** with FACTS Management Company to help us manage our tuition payment program. FACTS is used by many schools locally and over 7,000 schools nationally. We are excited to be working with them and are confident this program will offer greater efficiency and financial stability for the school while providing convenience to families. ***We will be a one Platform School with FACTS for both the SIS Database and the Financial Tuition Payment Program.***

One of our primary goals this year at St Catharine of Siena is to concentrate our efforts on improving the *business side* of our school. By taking advantage of the security and convenience of payment processing and information technology offered by FACTS, we remain committed to this goal.

You will realize these benefits by using FACTS for your tuition payment plan:

1. **Payment Dates:** You may choose either the 1st or 15th of each month as your payment date. Automatic payments can be made from a checking or savings account or from a variety of credit cards, if applicable.
2. **Once the Program is up and running, you will go to your Family Portal, click on the Financial Button and pick your Tuition Payment Plan.**
3. **Convenience & Security:** Along with multiple payment plan options, your payments are processed securely through a bank to bank transaction.
4. **Consumer Account:** You may check your personal account or make payments online (if applicable) from the convenience of your home or office anytime.

One of the universal challenges in education is achieving a balance between our educational mission and financial stability. It is precisely for this reason we are enlisting the help of the FACTS Management Company. With FACTS, the school maintains decision-making control. As always, we will continue to work with families should special circumstances or "hardship" cases arise during the school year.

Thank you for your continued loyalty and support for St Catharine of Siena. We depend on your support in our efforts to provide the highest quality of education for your children. Your continued support and cooperation is appreciated, as we remain committed to our mission.

Sincerely,
School Administration



****FOR FINANCIAL AID****

Dear Parent or Guardian,

The Diocese of Allentown has partnered with Simple Tuition Solutions (STS) to determine eligibility for tuition assistance. This year all school in the diocese will be using the Simple Tuition Solutions including St. Catharine of Siena.

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>
 - a. 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 or call at 717.599.7611 option 1.
- 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 or call at 717.599.7611 option 1.

Once STS has received all of the required financial documentation, your application processor 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.**

**DO NOT FILL OUT ANY FINANCIAL AID FORMS ON "FACTS".
They will not be accepted.**

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PLEASE DO NOT REPLY TO THIS MESSAGE.

Simple Tuition Solutions, LLC • 3909 Hartzdale Dr. Suite 907 • Camp Hill, PA 17011

over →

PRE-KINDERGARTEN OPTIONS

— SAINT CATHARINE OF SIENA SCHOOL

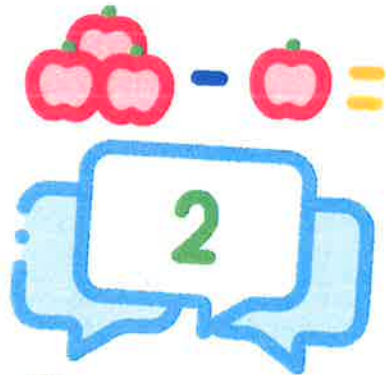


PLEASE SELECT ONE OF THE FOLLOWING PRE-K OPTIONS:

☐ **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



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.

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Jen H., earns for hockey

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Saint Catharine of Siena SCRIIP Coordinator: Cristina Schemhl email: scripprogramscs@gmail.com

SCS Enrollment Code: 6LD95B8C7L2L



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SCS SCRIP ORDER FORM - listed is the % earned by families

Parish _____ SCS School (Student) _____ Date: _____

VENDOR	AMT	% Earned	#	\$\$\$	VENDOR	AMT	% Earned	#	\$\$\$	VENDOR	AMT	% Earned	#	\$\$\$
ALEBRIJE	\$25	7.50%								SUNNY'S Car Wash	\$25	7.50%		\$\$\$
AMAZON	\$25	0.85%			KOHL'S	\$25	3.50%			TARGET	\$25	1.13%		
AMAZON	\$100	0.85%			KOHL'S	\$100	3.50%			TARGET	\$50	1.13%		
ANTHONY'S	\$25	7.50%								TJ MAXX	\$25	3.50%		
ANTHONY'S	\$50	7.50%			Lords & Ladies	\$50	20.00%							
APPLEBEES	\$25	4.00%												
APPLEBEES	\$50	4.00%			LOWE'S	\$25	2.00%			VINCENZO'S	\$25	10.00%		
AUSTIN'S	\$25	4.50%			LOWE'S	\$100	2.00%			VINCENZO'S	\$50	10.00%		
AUSTIN'S	\$50	4.50%								WALMART	\$25	1.13%		
Barnes&Nobles	\$25	4.00%								WALMART	\$100	1.13%		
					OLD NAVY / Gap	\$25	7.00%			WAWA	\$25	1.00%		
BOSCOV'S	\$25	5.00%			OLIVE G.(Darden)	\$25	7.00%			WAWA	\$100	1.00%		
BOSCOV'S	\$100	5.00%			PANERA Bread	\$10	4.00%							
BOSCOV'S	\$250	5.00%			PANERA Bread	\$25	4.00%			WEIS	\$50	2.50%		
CHICK-FIL-A	\$10	5.00%			PANERA Bread	\$25	4.00%			WEIS	\$100	2.50%		
CHICK-FIL-A	\$25	5.00%			RED LOBSTER	\$25	4.00%			THE WORKS	\$25	10.00%		
CVS	\$25	2.50%			RED ROBIN	\$25	4.00%			YELLOW HOUSE	\$25	10.00%		
CVS	\$100	2.50%								YELLOW HOUSE	\$50	10.00%		
DICK's	\$25	4.00%			REDNER'S	\$50	2.50%							
DICK's	\$100	4.00%			REDNER'S	\$100	2.50%							
Dunkin Donuts	\$10	1.75%			RITE AID	\$25	2.00%							
Dunkin Donuts	\$25	1.75%												
					Schmeck's Villa	\$25	2.50%							
ESPOSITO'S	\$25	7.50%												
ESPOSITO'S	\$50	7.50%			SEBASTNO'S	\$25	7.50%							
					SHEETZ	\$25	1.50%							
GIANT	\$50	2.50%			SHEETZ	\$100	1.50%							
GIANT	\$100	2.50%			STARBUCKS	\$10	2.25%							
					STARBUCKS	\$25	2.25%							
HOME DEP	\$25	2.00%			STOKESAY	\$25	2.50%							
HOME DEP	\$100	2.00%			STOKESAY	\$50	2.50%			updated 5.1.2024		TOTAL		



Saint
Catharine
of Siena
School

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