St. Catharine of Siena School

IGNITE. EMPOWER. INNOVATE. INSPIRE. EXCELLENCE.

Dear Prospective Families,

Welcome to St. Catharine of Siena School!

It is truly an honor to introduce you to a school that has been such a meaningful part of my own journey. As a proud alumna and now principal, I have experienced firsthand the lasting impact of a St. Catharine's education—and I am excited for your family to discover it as well.

At St. Catharine's, we believe every child is called to ignite their gifts, be inspired through faith and learning, and feel empowered to grow into their very best self. Our classrooms are rooted in innovation and excellence, where students are challenged, supported, and encouraged to think creatively and confidently.

Choosing a school is one of the most important decisions you will make for your child, and we are honored that you are considering joining our school family. From the moment you walk through our doors, you will feel a sense of belonging that sets St. Catharine's apart.

We would love to partner with you in your child's educational journey and welcome you into our vibrant, faith-filled community.

Please review the enclosed materials and return the required forms at your convenience. If you have any questions or would like to schedule a visit, we are here for you every step of the way.

With a warm and heartfelt welcome,

Mrs. Cindy Williamson
Principal

ADMISSION CHECKLIST

KINDERGARTEN	✓
Application plus *100 application fee	
Immunization Records	
Physical / Medical form	
Dental form	
Copy of IEP, GIEP, 504, IST learning plan, if applicatble	
Copy of Birth Certificate	
Copy of Student's Social Security card	
Copy of Baptismal Certificate, if Catholic	
*Complete transportation form found online	

PRE-KINDERGARTEN	✓
Application plus $100 application fee	
Days of Week form, 5 full, 5 ½ or 3 full	
PA State Paperwork Packet (DHS)	
Immunization Records	
Physical / Medical form	
Dental form	
Copy of IEP, GIEP, 504, IST learning plan, if applicatble	
Copy of Birth Certificate	
Copy of Student's Social Security card	
Copy of Baptismal Certificate, if Catholic	

TRANSFER STUDENT (1ST - 8TH GRADE)	✓
Last 2 years report cards (before applying)	
Copy of IEP, GIEP, 504, IST if applicable	
Application plus $100 registration fee	
Request to Transfer Records	
Signed Homework Agreement	
Immunization Records	
Physical / Medical form	
Dental form	
Copy of Birth Certificate	
Copy of Student's Social Security card	
Copy of Baptismal Certificate, if Catholic	
*Complete transportation form found online	

FINANCIAL	✓
Application fee $100 per student (non refundable) cash, check or money order payable to "SCS"	
FACTS Payment Plan (1st / 15th) - also used for incidental expense	
Simple Tuition Solutions (STS) to apply for financial aid	

FUNDRAISER	✓
Sign up for SCRIP/Raise Right - Mandatory May 1st - April 30th or select the buyout	
Walk-a-thon - fall registration encouraged and appreciated	

ST. CATHARINE OF SIENA SCHOOL

St. Catharine of Siena School Application

2330 Perkiomen Avenue Reading, PA 19606 610-779-5810 phone 610-779-6888 fax

Accredited by The Middle States Association on Elementary School

Student Information

M F

Last Name | First Name | Middle Name | Birth Date | Social Security # | Sex

Street Address | City | State | Zip | School District | Place of Birth

Pre-K K 1st 2nd 3rd 4th 5th 6th 7th 8th

Phone # | Alternate Phone # | Parish, if Catholic | Grade in Sept. (circle one)

☐ White / European American ☐ Black / African American ☐ Asian American ☐ American Indian / Alaska Native ☐ Native Hawaiian or Pacific Isalnder

Ethnic Orgin

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Ethnicity

Parent / Guardian Information

Mother's Last Name | Mother's First Name | Maiden Name | Place of Birth | Religion | Daytime Phone # | Email Address

Father's Last Name | Father's First Name | Place of Birth | Religion | Daytime Phone # | Email Address

Step Parent/Guardian Last Name | First Name | Place of Birth | Religion | Daytime Phone # | Email Address

Step Parent/Guardian Last Name | First Name | Place of Birth | Religion | Daytime Phone # | Email Address

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Remarried ☐ Single

Legal Custody: ☐ Both Parents ☐ Mom ☐ Dad ☐ Other

Siblings

Sibling's Last Name | Sibling's First Name | Age / Grade | School

Sibling's Last Name | Sibling's First Name | Age / Grade | School

Sibling's Last Name | Sibling's First Name | Age / Grade | School

OVER →

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

Academic Record

Name and Address of Previously Attended School, if applicable:

Describe any special emotional or academic needs or concerns of your student:

Do you expect the student to have any issus with the self-disciplined that is required of the students in St. Catharine of Siena School?	☐ No ☐ Uncertain ☐ Yes
As a parent will you support the philosophy of St. Catharine of Siena School?	☐ No ☐ Uncertain ☐ Yes

Transportation

Transportation Plans: ☐ Walker ☐ Car Rider ☐ Bus Rider **School District:** _____

Medical

Describe any special medical needs or concerns of your student:

Allergies	
Daily Medications	
Asthma	
Other	

Sacramental Record (if Catholic)

Sacrament	Date	Church	City	State
Baptismal				
First Holy Communion				
Confirmation				

Required Parent / Guardian Signatures

_____ _____

Parent / Guardian Signature **Parent / Guardian Signature**

pennsylvania
DEPARTMENT OF HEALTH

Bureau of Community Health Systems
Division of School Health

Private or School PHYSICAL EXAMINATION
OFSCHOOLAGESTUDENT

PARENT / GU ARDI AN/ 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: ☐ Asthma Anemia Diabetes 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: ☐ High blood pressure ☐ High cholesterol Heart murmur or heart infection Kawasaki disease 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? ☐ Yes ☐ 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: less than 1 year 1-2 years 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:	***YES***	***NO***
42. Is there a family history of the following? If so, check all that apply: ☐ Anemia/blood disorders ☐ Asthma/lung problems ☐ Behavioral health issue ☐ Diabetes Inherited disease/syndrome Kidney problems Seizure disorder 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: ☐ Brugada syndrome ☐ Cardiomyopathy ☐ High blood pressure ☐ High cholesterol QT syndrome Marfan syndrome Ventricular tachycardia 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_____

Adapted in part from the ***Pre-participation Physical Evaluation History Form***; ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

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

Physical exam for grade: ***K/1*** ☐ ***6*** ***11*** ***Other*** ☐	***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				
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***
exam_____20_____ ***Date of***

Print name of examiner _____

Print examiner's office address _____ ***Phone*** _____

Signature of examiner _____ ***MD DO PAC CRNP***

STUDENT NAME:

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 ☐	Date:_____				
Varicella: Vaccine ☐ Disease ☐	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)					

 ADDITIONAL COMMENTS (PARENT / GUARDIAN/ STUDENT / HEALTH CARE PROVIDER)
STUDENT NAME:

HL514.47 (rev. 2/24)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

SCHOOLDENTALHEALTHRECORD

Complete the following section before the examination/screen:

SCHOOL DISTRICT/CHARTER SCHOOL	COUNTY	DATE OF BIRTH	
STUDENT: LAST FIRST MIDDLE		GRADE	SEX M □ F □
HOME ADDRESS		TELEPHONE NO.	

Record on Dental Chart: Deciduous teeth - d (Decayed), e (indicated for extraction), and f (filled)
Permanent teeth - **D** (Decayed), **M** (Missing), and **F** (Filled)

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
First Exam or Screen	Upper																	UPPER
	Lower																	LOWER
Second Exam or Screen	Upper																	UPPER
	Lower																	LOWER
Third Exam or Screen	Upper																	UPPER
	Lower																	LOWER
Fourth Exam or Screen	Upper																	UPPER
	Lower																	LOWER
Fifth Exam or Screen	Upper																	UPPER
	Lower																	LOWER

Untreated Decay: No Yes

Treated Decay: No Yes

Any Sealants onPermanentMolars: No Yes

Treatment Urgency: None Early Urgent

Name of Dental Provider_____ **Signature**_____

Address_____ **Phone** _____

STUDENTREFERRAL

DATE	EXAMINED or SCREENED BY	REFERRED TO	REMARKS (if yes, provide details at bottom of page)
1ST EXAM or SCREEN			Yes ☐ No ☐
2ND EXAM or SCREEN			Yes ☐ No ☐
3RD EXAM or SCREEN			Yes ☐ No ☐
4TH EXAM or SCREEN			Yes ☐ No ☐
5TH EXAM or SCREEN			Yes ☐ No ☐

DENTAL FINDINGS – Check Applicable Items

GRADE	DATE	EXAMINED or SCREENED BY	PROPHYLAXIS	PROPHYLAXIS (Specify)	FLUORIDE VARNISH	NUTRITION COUNSELING	SEALANTS PREMOLARS ST	SEALANTS 1 MOLARS ND	SEALANTS 2 MOLARS	TOTALS Def DMF	TOTALS OHI Index	INSTRUCTION TOOTHBRUSH	Referral Completed
K													
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
Other													

Remarks

DATE	
DATE	
DATE	
DATE	

Tuition Rates - School Year 2026-2027

Number of Children (K-8)	Total Tuition	Active Catholic SCS Parishioner Discount*	Adjusted Tuition (Where Applicable)
One	$6,075	-$500.00	$5,575
Two	$10,150	-$500.00	$9,650
Three	$13,500	-$500.00	$13,000
Four	$16,250	-$500.00	$15,750
PRE- K TUITION IS BILLED SEPARATELY FROM GRADE SCHOOL TUITION			
Pre-K / 5 Full Days Pre-	$5,900	n/a	$5,900
K / 3 Full Days	$3,800	n/a	$3,800
Pre-K/5 Half Days	$3,800	n/a	$3,800

- *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 FACTS payment plan; your present payment plan will be rolled over for the 2026-2027 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.

Set Up PAYMENT PLAN

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 haveanaccount with STS, click "Sign in", and enter yourpreviously created loginand 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 areselectingthe proper School year you are seeking assistancefor.
   ** *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.

All Rights Reserved © 2021 Simple Tuition Solutions
PLEASE DO NOT REPLY TO THIS MESSAGE.

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

Simple Tuition Solutions

Financial Aid Application

APPLY BY 6/1/26 TO RECIEVE THE MAXIMUM AMOUNT

To apply for Financial Aid, please use this STS link or the QR code below:
https://app.simpletuitionsolutions.org/regiser?s=20426

STUDENT ELIGIBILITY

Base income limit (before additional children allowance): $116,055

- Additional income allowance of $20,428* for each dependent child living in the household

Parent/Parents + 1 children: up to $136,483
Parent/Parents + 2 children: up to $156,911
Parent/Parents + 3 children: up to $177,339
Parent/Parents + 4 children: up to $197,767

If you qualify for the program, you will receive a minimum of $750 in Financial Aid per student

DON'T MISS THIS OPPORTUNITY!

Apply Now!

Questions? Contact:
Mrs. D'Achille mdachille@scsreading.org

ST. CATHARINE OF SIENA SCHOOL

ST. CATHARINE OF SIENA

Uniforms

SCHOOL UNIFORM CAN BE PURCHASED:

Flynn & O'Hara Uniforms or Lands End*

*Lands End school code 900199670

GYM UNIFORMS CAN BE PURCHASED:

SV Sports when advertised in school newsletter & social media (pre-order)

or

Sneaker Villa (order in store)

4290 Perkiomen Avenue

Reading, PA 19606

DRESSED FOR SUCCESS AT SCS

- Shirts are to be tucked in at all times.
- Slacks/Shorts (no stripes, plaids, jeans, or trousers with outside pockets, tight or gathered cuffs
- Shoes are purchased from the approved selection.
- Shoe laces must be tied at all times and not simply tucked in the shoe / sneaker.
- Fingernail polish, make-up, eye shadow/liner, and mascara are not permitted. Eighth Graders may only have nails done for Baccalaureate Mass and Graduation Ceremony.

Jewelry

- One Catholic religious necklace is permitted. (No rings or bracelets)
- Girls – One set of small, pierced earrings is permitted (Post, not dangling or hoops)
- Boys – Earrings are not permitted.
- Boys Hair Style should be neat and clean-cut with no hair over the collar or hanging down into the eyes, natural hair color only. No fad styles or cut hair designs are permitted. This applies to color fads as well as unusual cuts, such as spikes, tails, Mohawks, etc.

Girls Hair Style

- Hair should be neatly groomed and natural color only. Outlandish fad styles are not permitted. Streaked or dyed hair is not acceptable. Small hair bands, bows, ribbons may be worn. Bandanas, scarves and other hair coverings are not permitted.
- 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 day.

Out of Uniform Days

- 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.

Permitted:

Girl

- Jeans, gym pants, slacks (no stretch slacks), capris, skirts, dresses, blouses, T-shirts or other appropriate tops, socks, shoes or sneakers
- Leggings may only be worn with a skirt or dress of appropriate length.
- Aug.-Oct. 14 and April 15 – June: Shorts may be worn but should be the same length as the uniform shorts.

Boys

- Jeans, gym pants, slacks, T-shirts, knit shirts, or other appropriate shirts, socks, shoes or sneakers
- Aug.-Oct. and April – 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 in clothing, inappropriate graphics or words, flip-flops, or sandals.
- Modesty is the guiding virtue. On an "out of uniform day" if a student is dressed inappropriately, the student will be required to either call the parents to bring the school uniform and change or obtain a uniform from the uniform corner.

Gently Used Uniforms

Parents can donate or obtain used uniforms through the Uniform Exchange. Located at the bottom of the stairwell between the cafeteria and the computer lab, this is available on Wednesday mornings before school. The service is maintained by parent volunteers. Please be respectful of the space and help keep it organized.

GYM UNIFORM

For Pre-Kindergarten & Kindergarten students
the school gym uniform is the 5-day a week uniform

Spring/Summer Uniform

- **Black regulation gym shorts – with school insignia**
- **Red regulation (cotton or moisture wicking) T-shirt – with school insignia**
- **White socks – must cover the 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.**



Purchase Gym Uniforms:

In person: Sneaker Villa 4290 Perkiomen Ave Reading, PA 19606

Online: Check our SCS S'mores newsletter to periodically order through SV Sports



Fall/Winter Uniform

- **Black sweatpants (Grades Pre-K – 5) – with school insignia**
- **Black warm up pants (Grades 6 – 8) with school insignia**
- **Red sweatshirt (Grades Pre-K – 5) – with school insignia**
- **Black jacket (Grade 6 – 8) – with school insignia**
- **Black regulation gym shorts – with school insignia**
- **Red regulation (cotton or moisture wicking) T-shirt – with school insignia**
- **"Modestly styled or simple" white, grey, blue, or black sneakers with white or black**
- **laces (No light-up sneakers or high-tops)**
- **White socks – must cover the ankle**







SCRIP TIPS

REQUIRED FUNDRAISER

QUOTA

Download the Raise Right app.

Website: https://www.raiseright.com/enroll

- K-8 and 5 Full-Day Pre-K: Required $125 in credit.
- 5 1/2 day or 3 Full-Day Pre-K: Required $75 in credit.

Or pay a $400 buyout fee.

SCS CODE

SCS Enrollment Code

6LD95B8C7L2L

SCS Scrip Tracking:
https://scsreading.org/scsschool/localscrip/

CONTACT

SCRIP Coordinator

Cristina Schmehl

email: scripprogramscs@gmail.com

PURCHASE

- Raise Right app - electronically
- School Office - cash or check
- Parish center during business hours
- Mass - SCRIP table - back of the church

Raise Right Intro Video

REQUIRED RaiseRight /SCRIP Program at SCS

Your family's choice to provide a Catholic education is deeply valued. To help keep tuition costs down and support school improvements, St. Catharine of Siena School **requires all families to participate in the SCRIP program**, powered by RaiseRight.

What is RaiseRight?

RaiseRight is a gift card fundraising platform that makes earning simple. Buy gift cards for your everyday shopping (groceries, dining, home improvement, etc.) and earn a percentage back.

How It Works

- Buy gift cards at full value from 750+ brands (eGift or physical).
- Earn up to 20% back on every gift card purchase.
- Use gift cards at full value for your regular purchases.
- Earnings are split: 50% to your family's SCRIP account, 50% to SCS.

Example

Buy a $100 Giant gift card.

- Giant offers 5% back ($5 total). • SCS keeps $2.50, and $2.50 goes to your account.
- No extra money spent. No extra time wasted.

Family Fundraising Requirements May 1st - April 30th

- K–8 and 5 Full-Day Pre-K: Must earn $125 in credit.
- 5 Half-Day or 3 Full-Day Pre-K: Must earn $75 in credit.
- Or pay a $400 buyout fee.

How to Buy SCRIP

- RaiseRight App or RaiseRight.com (Enrollment Code: 6LD9B8C7L2L)
- School Office – send cash/check with your child or visit.
- Parish Center – during business hours.
- Church – SCRIP table at the back after Mass.

Tracking Your Earnings

- View purchases on your RaiseRight account.
- Remember: earnings shown are full amounts—actual credited amount is 50%.
- School account totals updated throughout the year. Be consistent to meet your quota!

Start date: May 1st End date: April 30th

Get Started Today!

1. Download the RaiseRight app or visit RaiseRight.com.
2. Create an account using enrollment code: 6LD95B8C7L2L.
3. Start shopping and earning for SCS!

Watch the intro video: https://youtu.be/BZNu-ftcPKo?si=ScTnBiJ2WRkbUyUB

IMPORTANT REMINDER ABOUT SCRIP PARTICIPATION & TUITION CREDIT

REQUIRED FUNDRAISER

As part of our school community, each family plays an important role in supporting our fundraising efforts through the SCRIP program. Families who meet the following participation goals earn valuable tuition credits:

- **K–8 and 5 Full Day Pre-K: $125 credit**
- **3-Day Pre-K / 5 Half-Day Pre-K: $75 credit**

Families who do not meet their designated goal will forfeit any tuition credit earned to date. In addition, the applicable Buy-Out fee—$400 or $200 depending on your program—will be applied, minus any tuition credit already earned. This balance will be due the first week of May or will be automatically charged to your FACTS account during May of the current school year.

To ensure a smooth end-of-year experience for all students, we kindly remind families that all financial obligations, including SCRIP, must be fulfilled for students to:

- **Receive their final report cards**
- **8th grade students to participate in the Hershey Trip, Graduation Dinner/Dance, and Graduation**
- **Pre-K and Kindergarten students to take part in Step-Up Day and Kindergarten Graduation**

Thank you for your continued partnership in supporting our school's mission and programs. If you have any questions or need assistance with your SCRIP balance, please don't hesitate to reach out.

PRE-KINDERGARTEN

DAYS SELECTION

☐ 5 Full Days
8:30am - 2:30pm M-F

☐ 5 Half Days
8:30am - noon M-F

☐ 3 Full Days
8:30am - 2:30pm M-W-F

*Please return with
Pre-Kindergarten application

GENERAL INFORMATION

PRE – KINDERGARTEN

Eligibility

- Children must be ***4 years old by October 15th*** of the school year entering.
- Students must be ***fully potty trained***.

Program Philosophy

- Catholic, faith-based foundation: sharing God's love through prayer, stories, and music.
- Safe, nurturing, community-oriented environment.
- Focus on whole-child growth: social, emotional, physical, cognitive, and spiritual.
- Balanced academics: math, reading readiness, art, science, music, drama, and more.

Goals

- Foster a love of learning, imagination, and curiosity.
- Develop independence, problem-solving, and respect for others.
- Strengthen language, motor skills, and social skills.
- Encourage creativity through art, drama, and cooperative play.
- Build strong home-school partnership with families.

Daily Life

- **Half-day dismissal:** 12:00 p.m.
- **Full-day dismissal:** 2:20 p.m. (with aftercare available until 3:00 p.m.)
- **Snack & Lunch:** Nut-free; students may pack or purchase lunch.
- **Rest Time:** 60 minutes daily (rest mat + small blanket required).
- **Uniforms:** Seasonal red/black SCS uniforms with non-tie sneakers.
- **Specials:** Weekly art, music, library, and PE classes.
- Outdoor recess daily (weather permitting).

Curriculum Focus

- **Religion:** God's creation, feast days, prayer (Our Father, Hail Mary).
- **Math:** Counting, shapes, patterns, measurement, early addition/subtraction.
- **Language & Writing:** Letter ID, phonics, writing names, rhyming, sentences.
- **Social Studies/Science:** Weekly lessons integrated with class themes.

GENERAL INFORMATION

PRE – KINDERGARTEN

Key Policies

- **Toilet Training:** 3 accidents = pause in attendance until readiness improves.
- **Health:** Forms due before the first day; sick students must be symptom-free 24 hours.
- **Transportation:** Drop-off at door #2 (behind office) by 8:20 a.m.; dismissal also at door #2.
- **Behavior Program:** "Bucket Fillers" – teaching kindness, respect, and positive actions.

Supplies (Parent-provided)

- **Backpack** (folder-sized), glue sticks, markers, tissues, paper towels, wipes, 3 oz. cups.
- **Rest mat** ($22 at school or reuse from home), blanket, non-tie sneakers.
- All items labeled with child's name.

Special Pre-K Events

- **Halloween Parade** (Oct)
- **Thanksgiving Feast** (Nov)
- **Christmas Show** (Dec)
- **Mother's Day Tea** (May)
- **Step-Up Day** (June)

Family Involvement

- Parent-teacher conferences (March).
- Volunteers must complete all diocesan clearances.
- Families participate in Scrip fundraising (gift card program benefiting tuition).

📞 Contact:

- **Mrs. Jennifer Sneeringer – jsneeringer@scsreading.org**
- **St. Catharine of Siena School Office – 610-779-5810**

Saint Catharine of Siena School

PRE-KINDERGARTEN



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 dismissal)
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







ST. CATHARINE OF SIENA SCHOOL

AGREEMENT

55 PA CODE CHAPTERS 3270.123 & 181(c); 3280.123 & 181(c); 3290.123 & 181(c)

NAME OF CHILD		
FEE AMOUNT $ ***per FACTS***	PER DAY / WEEK ***per FACTS***	DAYPAYMENTTOBEMADE:**FRIDAY PRIOR TO WEEK OF CHILDCARE SERVICES** ***per FACTS***
Services to be provided as part of the daycare fee:		
Infants, Toddlers, Preschool/Pre-K: Breakfast, lunch, PM snack, childcare		
Kindergarten: Breakfast, lunch, PM snack, childcare, transportation to/from field trips		
Summer Program: Breakfast, lunch, PM snack, childcare, transportation to/from and associated field trip fees		
Before School Care (only): Breakfast, care **After School Care (only): PM snack, care**		
Before & After School Care (both): Breakfast, PM snack, care & lunch on days public school is closed		
CHILD'S ARRIVAL TIME:	DEPARTURE TIME:	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED: **SEE EMERGENCY CONTACT FORM**
GRACEWAY CHILDREN ACADEMY CLOSES PROMPTLY AT 6PM LATE FEE: **$5.00** PER **5 MINUTES**		
EXTRA SERVICES TO BE PROVIDED AT AN ADDITIONAL FEE (IF APPLICABLE): **CARE OVER 10 HOURS: SEE DIRECTOR FOR FEE**		
I, the parent/guardian; **X** received complete written program information at the time of enrollment. (3270.121, 3280.121, 3290.121) **X** agree to update the Emergency Contact / Parental Consent Form information whenever changes occur or every 6 months at a minimum. (3270.124, 3280.124, 3290.124) Signature of Operator / Date:		Signature of Parent or Guardian / Date:
Date of Child's Admission: Date of Child's Withdrawal:		6-month review SignatureofParent or Guardian / Date:

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & .182; 3290.124 (a) (b), 3290.181 & .182

CHILD'S NAME	DATE OF BIRTH
ADDRESS	

PARENT'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER ( )
ADDRESS	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
ADDRESS	

PARENT'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
ADDRESS	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
ADDRESS	

EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE

PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE NUMBER
ADDRESS	

SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL SITUATION
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS	SWIMMING
TRANSPORTATION BY THE FACILITY	WADING

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN _____ DATE _____

SIGNATURE OF PARENT or GUARDIAN _____ DATE _____

WHITE COPY (Original) YELLOW COPY (Child Care Space) PINK COPY (Excursion)

CHILD HEALTH REPORT

(55PA CODE§§3270.131,3280.131AND3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:

I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

YES NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:		SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:		TITLE:
	PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

MEDICATION LOG

55 Pa. Code§3270.133; §3280.133;§3290.133

PLEASE PRINT

Page _____ of _____

Child's Name: _____ Medication: _____

☐ Prescription ☐ Non-Prescription Refrigeration Required: ☐ YES ☐ NO

If Prescription, Prescriber's Name: _____ Telephone: _____

Dosage Amount: _____ Time to Administer: _____ a.m. _____ p.m. _____ times/day

Dates for Administration: From _____ (Date) To _____ (Date)

Special instructions i.e., symptoms signaling need for administration, medication indications, reasons to hold medication, contraindications:

_____

_____

I give permission to administer medication to my child as stated above.

_____ _____

Parent Signature Date

FACILITY STAFF COMPLETE THIS SECTION				
Date Administered (mm/dd/yyyy)	***Time Administered (a.m. / p.m.)***	***Amountof Medication Administered***	***Comments/Reactions***	***Staff Initials***

This information is confidential and may not be shared or released without the parent's written permission.