



**REGISTRATION PROCESS
ST. MARY SCHOOL
PRESCHOOL THROUGH GRADE 8
2010/2011 SCHOOL YEAR**

Registration Process:

Birth Certificate

Baptismal Certificate

Two separate checks:

1. Registration fee - (NON-refundable) \$100.00
2. Supply or book fees - (NON-refundable upon acceptance)
 - \$125.00 Program A&B \$150.00 Program C supply fee
 - \$275.00 K-8 book fee

Acceptance Process:

Children must be age appropriate for all programs and grades.

3 by August 31st for 2 day program

5 by August 31st for Kindergarten

6 by August 31st for Grade 1

Order of acceptance is as follows:

1. ~Siblings of children already present in St. Mary School
2. ~Children of teachers working at St. Mary School
3. ~Children of registered, active, and contributing members of St. Mary Parish
4. ~Children transferring from other Catholic Schools
5. ~Children of registered and contributing members of other Catholic parishes
6. ~Other families interested in Catholic education

The Pastor and Principal make all final acceptance decisions.

Pre-school Programs Offered

Program A	3 year olds	8:15 -10:45AM	Tuesday & Thursday	\$1775.00
Program B	3-4 yr. olds	8:15 -10:45AM	Mon., Wed., and Fri.	\$2275.00
Program C	4-5 yr. olds	Noon-3:00PM	Mon., Tues., Thurs., and Fri.	\$3325.00

Basic Tuition for K-8 *Please inquire about current tuition rates by contacting the school office.*

Please mail all applications to the St. Mary School Office.

Following Registration: Send the information needed to complete your application within TWO weeks of registration to:

St. Mary School - 16 Summer Street - Shrewsbury, MA 01545
(508) 842-1601 FAX: (508) 845-1535 E-mail: brookhartk@stmarysparish.org
www.stmarysparish.org

City State Zip

Parish you are registered in _____
Name City/Town

Are you a contributing member of your Parish? Yes No

Do you use the weekly envelope system? Yes No

Do you have children currently attending St. Mary School? Yes No
Do you have children who have attended St. Mary School? Yes No

If so years _____ Grades _____

Are you or your spouse alumni of St. Mary School? Yes No

Siblings not currently enrolled in or applying for entrance to St. Mary School:

Name

Birth Date

<u>Name</u>	<u>Birth Date</u>
_____	_____
_____	_____
_____	_____
_____	_____

FOR OFFICE USE ONLY

- **Application Complete**
- **Attached original Birth Certificate**
- **Attached original Baptismal Certificate**
- **Completed Developmental History**
- **Parent Rating Form**
- **Teacher Rating Form**
- **Enclosed Application Fee(Non-Refundable)**
- **Enclosed Book Fee**



To be completed by the parents/guardians and mailed to the school office with the Kindergarten application.



DEVELOPMENTAL HISTORY

CHILD'S NAME: _____

PERSONAL HISTORY:

Type of birth _____

Any complications? _____

Age began: Sitting _____ Crawling _____ Walking _____

Talking _____ Any difficulties speaking? _____

Has your child ever received speech services? _____

If so, describe the services _____

Other language spoken in home? _____

HEALTH:

Any serious illnesses or hospitalization? _____

Any physical disabilities or allergies? (asthma, hayfever, insect bites, etc.)

Any medications given regularly? _____

EATING:

Does your child ever have any eating problems? _____

Food allergies? _____

CONTINUED ON REVERSE SIDE

SOCIAL RELATIONSHIPS:

Has your child had experiences playing with other children? _____

How does your child relate to other children? _____

By nature is your child: Friendly? _____ Withdrawn? _____

Aggressive? _____ Shy? _____

How does your child relate to strangers? _____

Does your child play well alone? _____

Is your child frightened by: Animals? _____ Loud noises? _____

Storms? _____ Rough children? _____

Anything else? _____

Who does most of the disciplining? _____

What is the most effective way of handling your child? _____

How do you comfort your child? _____

Please add any information that you feel would be valuable to those who will work with your child. _____

Parent's Signature

Date



Kindergarten Admission Information -- Parent's Rating Form

Student's Name _____

Student's Age _____

Date _____

Parent's Name _____

Purpose: Our school recognizes that parents can provide valuable information that can be helpful in planning a better school program for their child. You can supply this information by responding to the items listed below.

Directions: Read each item and check the column ("No", "Uncertain", or "Yes") on the right that best applies to your child.

Personal/Speech

Can your child tell others his/her

No Uncertain Yes

1. first and last name?			
2. age?			
3. street address(if applicable)?			
4. birth date/			
5. telephone number?			

Beginning Academic Skills

Does your child

No Uncertain Yes

6. recognize (by naming) five colors?			
7. recognize (by Naming) ten colors?			
8. count by rote to five?			
9. count by rote to ten?			
10. recognize numerals to five?			
11. recognize numerals to ten?			
12. comprehend numerals to five?			
13. recognize some lower case letters?			
14. recognize some upper case letters?			
15. comprehend pictures depicting action in books?			
16. comprehend stories read to him or her?			

Visual- and Fine-Motor Skills

Does your child

No Uncertain Yes

17. recognize his/her name in print?			
18. copy a circle and a plus sign?			
19. write his/her first name?			
20. write his/her last name?			
21. draw pictures that are recognizable?			
22. try to stay within the lines when coloring a picture with crayons?			
23. use scissors to cut paper?			
24. successfully complete arts & crafts projects appropriate for age?			
25. assemble puzzles appropriate for age?			

Dominance/Laterality

Does your child consistently

No Uncertain Yes

26. use the same hand as the preferred hand?			
27. discriminate between his/her right hand and left hand?			
28. follow the pattern of working left to right and top to bottom when appropriate?			

Self-Help Skills

Does your child

No Uncertain Yes

29. dress himself/herself?			
30. button his/her clothing?			
31. totally care for toileting needs?			
32. tie his/her shoes?			
33. know which shoe goes on which foot?			
34. usually take care of personal items?			

Social Skills

Does your child

No Uncertain Yes

35. greet others in an appropriate manner?			
36. usually share and take turns willingly?			
37. usually play well with at least one child?			
38. willingly and cooperatively participate in small-group activity or game?			
39. show concern for using materials and equipment safely and appropriately?			

Emotional/Self-Reliance

Does your child

No Uncertain Yes

40. willingly engage in a new activity?			
41. usually make an effort to solve problems before seeking help from others?			
42. usually continue an activity without constant attention and encouragement?			
43. usually continue a task until completed or until it is time to stop?			
44. usually accept limits set by an adult?			
45. usually reflect a happy disposition?			

Speech

Does your child

No Uncertain Yes

46. express needs and requests verbally rather than by inappropriate means?			
47. have speech that is understandable?			
48. speak in sentences of four or more words?			

Please use the back of this form to list and explain any additional information regarding your child that the teacher or other personnel should be aware of (allergies, medications, significant developmental history, etc.)

Kindergarten Admission Information -- Teacher's Rating Form

To be completed by the preschool teacher

Student's Name _____

Student's Age _____

Date _____

Teacher's Name _____

Purpose: As a preschool teacher, you may have pertinent data that can be helpful in determining program placement and planning for the student listed above.

You can supply this data by responding to the items listed below.

Directions: Read each item and check the column ("No", "Uncertain", or "Yes") on the right that best applies to your child.

Personal/Speech

Can this student tell others his/her

No Uncertain Yes

1. first and last name?			
2. age?			
3. street address(if applicable)?			
4. birth date/			
5. telephone number?			

Beginning Academic Skills

Does this student

No Uncertain Yes

6. recognize(by naming) five colors?			
7. recognize (by Naming) ten colors?			
8. count by rote to five?			
9. count by rote to ten?			
10. recognize numerals to five?			
11. recognize numerals to ten?			
12. comprehend numerals to five?			
13. recognize some lower case letters?			
14. recognize some upper case letters?			
15. comprehend pictures depicting action in books?			
16. comprehend stories read to him or her?			

Visual- and Fine-Motor Skills

Does this student

No Uncertain Yes

17. recognize his/her name in print?			
18. copy a circle and a plus sign?			
19. write his/her first name?			
20. write his/her last name?			
21. draw pictures that are recognizable?			
22. try to stay within the lines when coloring a picture with crayons?			
23. use scissors to cut paper?			
24. successfully complete arts & crafts projects appropriate for age?			
25. assemble puzzles appropriate for age?			

Dominance/Laterality

Does this student consistently

No Uncertain Yes

26. use the same hand as the preferred hand?			
27. discriminate between his/her right hand and left hand?			
28. follow the pattern of working left to right and top to bottom when appropriate?			

Self-Help Skills

Does this student

No Uncertain Yes

29. dress himself/herself?			
30. button his/her clothing?			
31. totally care for toileting needs?			
32. tie his/her shoes?			
33. know which shoe goes on which foot?			
34. usually take care of personal items?			

Social Skills

Does this student

No Uncertain Yes

35. greet others in an appropriate manner?			
36. usually share and take turns willingly?			
37. usually play well with at least one child?			
38. willingly and cooperatively participate in small-group activity or game?			
39. show concern for using materials and equipment safely and appropriately?			

Emotional/Self-Reliance

Does this student

No Uncertain Yes

40. willingly engage in a new activity?			
41. usually make an effort to solve problems before seeking help from others?			
42. usually continue an activity without constant attention and encouragement?			
43. usually continue a task until completed or until it is time to stop?			
44. usually accept limits set by an adult?			
45. usually reflect a happy disposition?			

Speech

Does this student

No Uncertain Yes

46. express needs and requests verbally rather than by inappropriate means?			
47. have speech that is understandable?			
48. speak in sentences of four or more words?			

Health/Physical

Does this student

No Uncertain Yes

49. appear to have good physical health and stamina?			
50. appear to be free of physical/mental conditions or problems that might cause a need for special services?			

