

*Learning  
for Life*

**SDS**

**St. Dominic School**  
*Faith  
for Living*

# ***PRESCHOOL*** **REGISTRATION** **INFORMATION**

## **St. Dominic School**

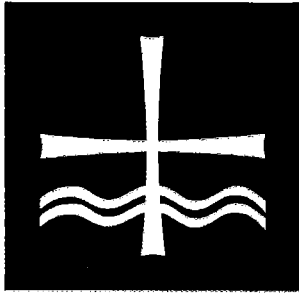
*309 West Main Street*

*Springfield, Kentucky 40069*

*859-336-7165 Phone*

*859-336-7169 Fax*

*[www.stdominicelem.org](http://www.stdominicelem.org)*



# ARCHDIOCESE OF LOUISVILLE

OFFICE OF LIFELONG FORMATION AND EDUCATION  
FLAGET CENTER

1935 LEWISTON DRIVE • LOUISVILLE, KENTUCKY 40216-2569

502-448-8581 • 502-448-5518 (FAX)

E-MAIL: ADMINISTRATION – [OLFE@ARCHLOU.ORG](mailto:OLFE@ARCHLOU.ORG)

Dear Parents,

Thank you for choosing a Catholic school for your child. We are confident that you will truly find “Excellence That You Can Believe In” in our Catholic schools. This quality is manifested daily in our core values of:

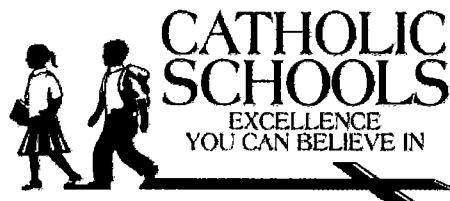
Living Faith  
Celebrating Community  
Embracing Service  
Inspiring Achievement

Christ is the foundation for Catholic education, and our students deepen their relationship with Jesus Christ and connect their faith to their daily lives. Catholic schools celebrate community through the spirit of camaraderie that unites people who share common values and goals. As students mature within the supportive environment of Catholic schools, they embrace service by sharing their gifts with the broader community. By inspiring achievement, students excel academically and have the knowledge and skills to be successful today and tomorrow.

We welcome this application for admission of your child to one of the Catholic elementary schools in the Archdiocese of Louisville. We look forward to working with you as partners in your child’s academic and religious formation.

Sincerely,

Leisa Schulz  
Superintendent of Schools



# NEW STUDENT REGISTRATION

Last school attended: \_\_\_\_\_

Student's Name: \_\_\_\_\_

last

middle

first

Age: \_\_\_\_\_

Entering grade \_\_\_\_\_ in 20\_\_\_\_ - \_\_\_\_ school year

Pre-registration date: \_\_\_\_\_

Registration date: \_\_\_\_\_

## REGISTRATION MATERIALS CHECKLIST

\_\_\_ **Academic Records**

*Transferred from previous school*

Date received \_\_\_\_\_ By \_\_\_\_\_

\_\_\_ **Birth Certificate**

*Copy of state-issued certificate (not hospital certificate);  
transferred w/records from previous school*

Date received \_\_\_\_\_ By \_\_\_\_\_

\_\_\_ **Eye Exam**

*Required for ALL new students; must be completed by an  
optometrist or ophthalmologist (form enclosed)*

Date received \_\_\_\_\_ By \_\_\_\_\_

\_\_\_ **Immunization Certificate**

*Must be up-to-date; transferred w/records from previous school*

Date received \_\_\_\_\_ By \_\_\_\_\_

\_\_\_ **Internet Use/Authorization form**

Date received \_\_\_\_\_ By \_\_\_\_\_

\_\_\_ **Media Release/Authorization form**

Date received \_\_\_\_\_ By \_\_\_\_\_

\_\_\_ **Medical Authorization form**

Date received \_\_\_\_\_ By \_\_\_\_\_

\_\_\_ **Physical Exam**

*ALL NEW STUDENTS & 6TH GRADERS ONLY; must be completed  
at a physician's office; form enclosed*

Date received \_\_\_\_\_ By \_\_\_\_\_

\_\_\_ **Sacramental Records**

*If your child is Catholic, we require copies of certificates of all  
sacraments (Baptism, First Communion, First Reconciliation, and  
Confirmation) that your child has received prior to entry at  
St. Dominic School. Our students receive First Communion and  
First Reconciliation in 2nd grade and Confirmation in 8th grade.*

Date received \_\_\_\_\_ By \_\_\_\_\_

\_\_\_ **Social Security Card**

*Transferred w/records from previous school*

Date received \_\_\_\_\_ By \_\_\_\_\_

\_\_\_ **Stewardship Forms**

*School stewardship form must be completed by all school families,  
regardless of whether they are parishioners; parish stewardship and  
intention card must be completed by all parish families.*

Date received \_\_\_\_\_ By \_\_\_\_\_

\_\_\_ **Transportation Form**

Date received \_\_\_\_\_ By \_\_\_\_\_

\_\_\_ **Youth Leader/Chaperone Form**

Date received \_\_\_\_\_ By \_\_\_\_\_



**STUDENT INFORMATION**

Name: \_\_\_\_\_ Child's Social Security \_\_\_\_\_  
 Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Birth City/State/Country: \_\_\_\_\_  
 Proposed Grade Placement: \_\_\_\_\_  
 Oldest (Y/N) \_\_\_\_\_ Transportation: \_\_\_\_\_

First Language Child Learned to Speak: \_\_\_\_\_  
 Language Child Speaks Most Often: \_\_\_\_\_

**After school, child goes to:**

Place: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact: \_\_\_\_\_

**Religious Records:**

Religion: \_\_\_\_\_

SACRAMENT	DATE	CHURCH	CITY/STATE	ZIP
Baptism				
First Eucharist				
First Reconciliation				
Confirmation				

**Health/Emergency Information:**

First Contact/Relation: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_  
 Second Contact/Relation: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_  
 Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Health/Physical Limitations: \_\_\_\_\_  
 Medicine: \_\_\_\_\_  
 Instructions/Allergies: \_\_\_\_\_  
 Immunization Expiration Date: \_\_\_\_\_

**Transferred Information:**

School: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Withdrew: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason code:**

- Codes: 1 - Completed Program                      2 - Moved                      3 - Illness  
           4 - Parent Choice                            5 - Other

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OTHER EMERGENCY NUMBERS TO CALL**

NAME	RELATIONSHIP	HOME	WORK	CELL

PREVENTATIVE HEALTH CARE EXAMINATION FORM - INITIAL ENTRY [headstart - fourth (4) grade]

All local boards of education shall require a preventative health care examination of each child first entering a Kentucky public school within a period of twelve (12) months prior to initial admission to school. Local school boards may extend this time not to exceed two (2) months. The administration shall have an approved program of continuous health supervision which shall include evidence of having been screened for vision and hearing.

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.

MEDICAL HISTORY

Seizures: \_\_\_\_\_

Chronic Illness: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Significant Historical Information: \_\_\_\_\_

Physical Exam:

N.	Abn.	
_____	_____	General Appearance
_____	_____	HEENT
_____	_____	Skin
_____	_____	Neck
_____	_____	Chest
_____	_____	Heart
_____	_____	Abd - Genitalia
_____	_____	Extremities-Back
_____	_____	Neuro

Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_  
Hearing: R \_\_\_\_\_ L \_\_\_\_\_  
Vision: R \_\_\_\_\_ / \_\_\_\_\_ L \_\_\_\_\_ / \_\_\_\_\_  
STRABISMUS/AMBLYOPIA SCREEN  ABNORMAL  
Optional-----HCT/HGB: \_\_\_\_\_ (required for headstart)  
Optional-----UA: \_\_\_\_\_

Explain Abnormal Exam: \_\_\_\_\_

Recommendations:

\_\_\_\_\_ No Restrictions: Normal Exam

\_\_\_\_\_ RESTRICTIONS AND SUGGESTIONS TO SCHOOL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Age appropriate and suggested anticipatory guidance (health assessments)

- Discuss injury prevention with parents
  - Bicycle Safety
  - Car Seat Belts
  - Memorization of Name, Address and Phone Number
- Advise the child not to go with or accept anything from strangers and feel free to say "NO" to strangers.
- Emphasize the importance of dental care.
- Discuss mental health issues.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician/ARNP/PA/EPSDT Provider

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Kentucky Department of Education

**Archdiocese of Louisville  
Kentucky Eye Examination Form for School Entry**

Effective with the 2004-05 school year, Archdiocese of Louisville Catholic elementary schools require proof of a vision examination by an optometrist or ophthalmologist be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5), or six (6) year old child is enrolled. Vision examination information may be reported on the Kentucky/Archdiocese of Louisville Eye Examination Form for School Entry.

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name:	
Date of Birth:	
Parent or Guardian Name:	

**RECORD OF IMMUNIZATION TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230**

CASE HISTORY

Date of Exam: \_\_\_\_\_

Ocular History:    Normal     or Positive for: \_\_\_\_\_

Medical History:    Normal     or Positive for: \_\_\_\_\_

Drug Allergies:    NKDA     or Allergic to: \_\_\_\_\_

Family Ocular and Medical History:     Amblyopia     Strabismus     Glaucoma     Diabetes

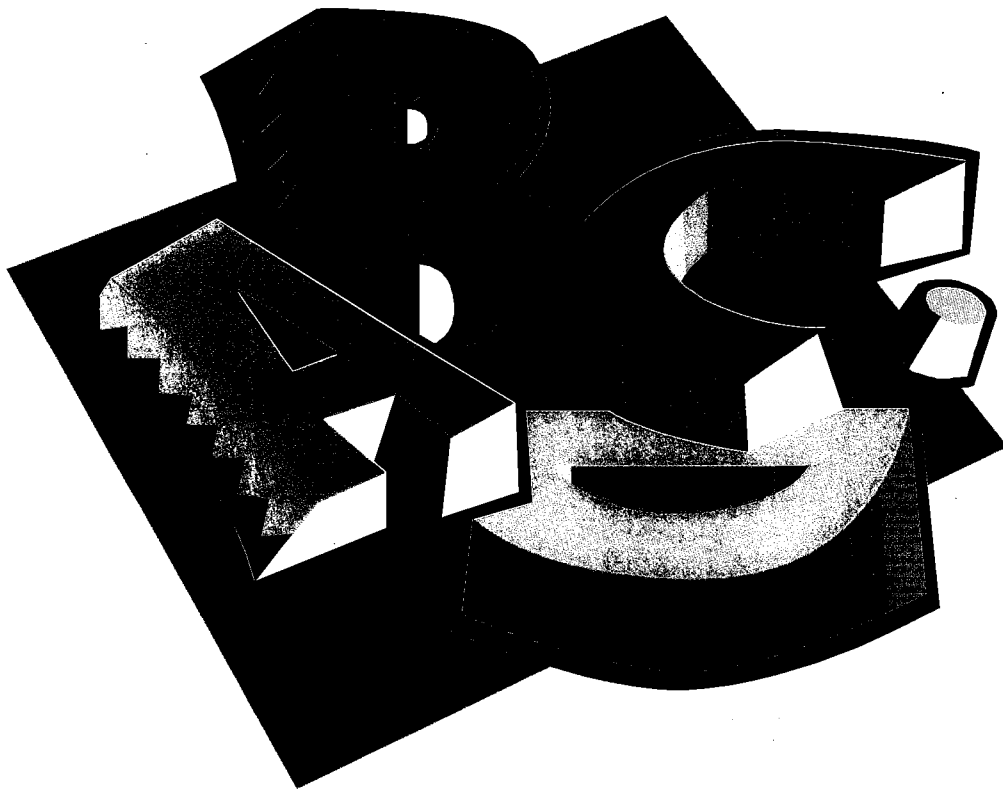
Other: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

Refraction with cycloplegic? (please indicate one)     YES     NO

	<u>OD</u>	<u>OS</u>	
Unaided Acuity	20 / _____	20 / _____	
Best Corrected Acuity	20 / _____	20 / _____	
	Normal	Abnormal	Not able to assess
External Exam (eye and adnexa)	o	o	o
Internal Exam (media, lens, fundus, etc.)	o	o	o
Neurological Integrity (pupils)	o	o	o
Binocular Function (stereopsis)	o	o	o
Accommodation and convergence	o	o	o
Color Vision	o	o	o

**ST. DOMINIC  
PRE-K CHILD CARE CENTER**



**Handbook  
2011-2012**

St. Dominic Child Care offers a Pre-Kindergarten program to families registered in St. Dominic Parish and to non-parishioners, space permitting. The SDCC Pre-Kindergarten is licensed by the state and teaches a curriculum that is in compliance with the directives of the Archdiocese of Louisville's Office of Lifelong Formation & Education (OLFE). The program builds academic and social skills necessary for entering kindergarten. The administration and staff are dedicated to providing a quality program in a Christian atmosphere that supports the philosophy, formation and education mission of St. Dominic School and Parish.

Policies and procedures contained within this Handbook are subject to change and notice of any and all changes will be communicated to parents in a timely manner. Because most of the guidelines contained in the *St. Dominic School Student-Parent Handbook* also must be followed in the preschool program, a copy of this document will be provided for parents of Pre-K students.

### **Absences from Preschool**

If your child will be absent from Pre-K, you must call the school at 336-7165 before 9:00 a.m. Please leave a message if no one answers.

### **Arrival & Departure**

Students may arrive as early as 7:30 a.m. Parents must accompany students into the Pre-K classroom and sign them in on the first day. Older students or other designated persons may drop off students in the preschool classroom after the first day. Bus transportation is also available. Students who ride the bus will dismiss when the bus bell rings and will be walked to the bus; from there they will ride the bus to the middle/high school and a St. Dominic aide will then load them onto the correct bus. An aide will ride on the bus for Pre-K students and will sit in the front seats with the preschool students. **Parents or others authorized to pick up their children must come into the building and sign them out.** Departure time for pick-ups is 2:30 PM.

### **Behavior Management**

The primary purpose of discipline is to help the child develop self-control and to assume responsibility for his/her actions. All Pre-K staff will be responsible for disciplining children using methods of anticipation, distraction, negotiation and time-out. The staff will follow some basic rules when approaching a discipline problem: react quickly to the action involved, use positive reinforcement over negative, respect the child as an individual, be consistent with procedures and set a good example. The Pre-K teacher will record behavior problems. If a child consistently displays inappropriate behavior, the Pre-K teacher shall inform the parent and request a conference. Parents are encouraged to visit the program and to express questions or concerns.

## **Clothing and Supplies**

- For your child's comfort, a change of clothes must be provided each day. The extra outfit should consist of shirt, pants, underwear and socks and does not have to be a uniform. The change of clothes must be labeled and stored in a Ziploc bag.
- All articles of clothing must be labeled.
- Children may not wear flip-flops, open-toed shoes or shoes without a back strap; it is recommended for safety reasons that all children wear comfortable shoes daily, such as athletic shoes. On gym days, athletic shoes must be worn. **For more information on St. Dominic School Dress Code, please refer to the school handbook.**
- Children may bring a small pillow and beach towel for nap time. The pillow and beach towel must be small enough to fit in their cubby.
- Each child must bring a zippered backpack daily that will hold a pocket folder.
- A detailed school supply list will be sent in July.
- A daily schedule will be sent in July

## **Calendar**

A preschool calendar will be provided for your assistance (this will also be sent in July). Please keep it handy!

## **Contracting For Days**

All children are contracted for four (4) days a week. A part-time spot will only be allotted if there is space available. Full-time spots must be filled first. Students will be charged for four (4) days even if they do not attend due to illness, vacation, etc.

The following guidelines will be used for enrollment:

1. Parish Members
2. Those whom have a sibling already enrolled in school
3. Other

If at any time a child must be withdrawn from the Pre-K program, notice in writing must be given two weeks in advance.

## **Days/Hours of Operation**

In order to accommodate children and parents, SDCC offers a program of four full days. The hours are from 8 a.m. until 2:45 p.m. Doors will open at 7:30 a.m. The program operates only on those days when St. Dominic School is in session. SDCC Pre-K is not open when school is canceled or dismissed early due to snow. Please listen to the media for Washington County School closings or delays.

## **Emergency Procedures**

Fire drills are held monthly to acquaint students with evacuation procedures. Other drills (tornado, earthquake, intruder, etc.) are held several times annually according to state requirements. The evacuation plans are posted in the room and all Pre-K staff members are instructed on these procedures.

## **Fees/Payment Policy**

**Preschool** \$2200 per year (\$220/mo. for 10 mos.)  
**Preschool + After School Program (ASP)** \$2550 per year (ASP=\$2.65 per day)

Tuition will not be charged for scheduled school breaks at Christmas, in the Fall and in the Spring. Fees can be paid on a bi-weekly or monthly basis through electronic bank draft (EBT). The Automatic Withdrawal Authorization Agreement must be completed and returned along with the Registration/Medical Form by **July 19, 2011** in order for your child to begin pre-school in August. Parents wishing to enroll their child in the After School Program (ASP) also must complete the registration for ASP.

## **Illness/Injury**

If your child is running a fever, has an unidentifiable rash, or has had diarrhea or vomiting within 24 hours, please refrain from sending him/her to school. Children with fever, vomiting or diarrhea while at school will be sent home. All injuries will be recorded on an Accident Report Form.

## **Lunch**

The children will walk to the school cafeteria at their scheduled lunch time each day. They are encouraged to participate in the school lunch program which includes a hot lunch and milk for \$2.35. If parents choose not to participate in the lunch program, they must provide a nutritional sack lunch and drink. Milk or juice may be purchased for \$0.45. Please do not send foods that need refrigeration or preparation on a stove or in a microwave. Soft drinks, food purchased at fast food restaurants, etc., are also not allowed as this violates state regulations. Pre-K children may not choose from ala carte and snack items offered by the school cafeteria. Menus will be sent home on a monthly basis.

## **Medications**

In order for any medicines to be administered, specific guidelines from the Division of Licensed Child Care of the Cabinet for Health and Food services must be followed. The parent or guardian must sign a daily medicine permission form or send a written note daily requesting that the medication be given to the child. If you do not sign the sheet, or send a daily note, the child will not be given the medication. SDCC Pre-K keeps a written record of the child's name, medication, dosage, date, time given, and person giving medication throughout the year. All medicines are kept in a locked cabinet.

## Medical Emergencies

Medical emergencies will be handled as follows:

1. If a medical emergency arises, we will first attempt to contact the parent. If that fails, we will call those authorized for emergency pick-up.
2. In the event that neither the parent nor authorized persons can be reached, we will call the child's physician and follow his/her orders.
3. If in the judgment of the SDCC Pre-K staff, immediate medical and/or hospital attention is indicated, the staff will call 911 and then a parent or authorized emergency person.
4. A report shall be made to the Division of Licensed Child Care of the Cabinet of Health Services at 595-4079 for any major emergency.

## Nap Time

All Pre-K students will be required to spend 90 minutes of nap/quiet time.

## Personnel

Principal.....	Mrs. Pam Breunig
Office Manager.....	Mrs. Connie Smith
Preschool/ASP Director.....	Mrs. Amanda Carney
Pre-K Teacher.....	Mrs. Amanda Carney
Assistant Pre-K Teacher.....	Mrs. Crystal Graves
Phone.....	859-336-7165
Cell Phone.....	859-336-4243
Fax.....	859-336-7169
Email address.....	<a href="mailto:acarney@stdominicelem.org">acarney@stdominicelem.org</a>

## Policy on Child Abuse/Neglect

In the event that child abuse, neglect or dependency is suspected by a staff member, he/she is required by law to contact the Child Protection Services hotline at 1-800-752-6200 or the County Department for Social Services. If the child is in imminent danger and is in need of immediate protection, the local police department will be called. If a report is filed, the Cabinet for Families and Children, Child Care Services Branch will be contacted at 595-4550.

## Registration

A **\$50.00** registration fee is due with preschool application. This fee is non-refundable. All student registration information must be filled out and returned by **March 7, 2011**.

**Snacks**

An afternoon snack with milk, juice or water will be served during Pre-K hours.

**Staff Expectations**

All staff will be required to have a state background check, a minimum of six hours of orientation required by state child care regulations, and have a completed CAN (Criminal Abuse and Neglect) report. All staff will attend 15 hours of training during the year. Other training required annually includes First Aid, CPR and Bloodborne Pathogens. The completion of a Safe Environment workshop also is required by the Archdiocese of Louisville.

**Toileting**

All children must be toilet-trained and able to take care of themselves in the restroom before entering preschool.

**Toys/Personal Items**

Please do not send toys or valuables to Pre-K, unless it is requested by the teacher for a project or show and tell.

**Volunteers/Parent Helpers**

All volunteers/parent helpers must complete Safe Environment training as required by the Archdiocese of Louisville. Safe Environment training is a two-hour workshop provided at various locations in the Archdiocese throughout the year. In addition to Safe Environment training, all volunteers must complete a background check. Please see the Director for a schedule of Safe Environment workshops and Authorization for Background Check form.