



Hello! My name is Emily Crabtree and I have been the kindergarten teacher at St. Mary School for 15 years. When your child starts kindergarten, it is a very exciting time. I understand that there are often many questions and concerns. I'd like to provide you with some helpful information about our kindergarten curriculum as well as what a typical day looks like.

At the beginning of the school year, there are a few skills that are beneficial for children to already know such as:

- ❖ Identifying upper and lowercase letters
- ❖ Identifying the sounds of each letter
- ❖ Identifying the numbers 0-10 (up to 20 is even better!)
- ❖ Writing their name with the first letter capital and the rest of the letters lowercase

○ Example: Jane instead of JANE

- ❖ Counting with one-to-one correspondence. For example, there are 7 blocks on the table and your child can identify that there are 7 blocks by pointing to one block at a time and counting accurately as he points.

The biggest, best thing you can do at home is read to your child every day for at least 20 minutes!



Some of the skills we work on in kindergarten are:

- ❖ Identifying all 26 letters and their sounds
- ❖ Reading sight words in a variety of contexts
- ❖ Using what we know about letter sounds and sight words to begin reading simple books
- ❖ Writing, writing and more writing! We write our names, we write our letters, we write simple words and sentences and we practice doing all of it neatly
- ❖ Identifying numbers up to 20
- ❖ Counting to 100 by ones and tens
- ❖ Addition and subtraction
- ❖ 2-D and 3-D shapes
- ❖ And much, much more!

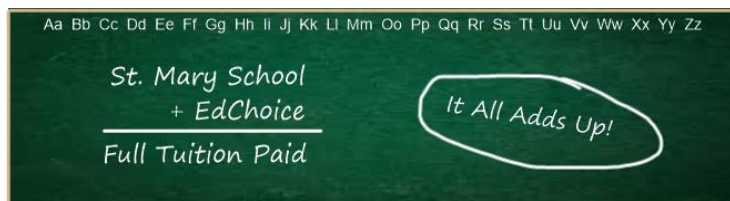
A typical morning in kindergarten includes specials (gym, library, music or computer) followed by a math and language arts block. After lunch and recess, we do small group learning centers as well as religion, science and/or social studies.

What about Religion?

St. Mary is a Catholic elementary school. We attend Mass weekly with our fifth grade buddies. We work with a Religion text book that teaches the children many simple concepts about the Catholic faith. The students learn that God loves them and wants them to act as an image of Him. We learn a variety of prayers such as the Our Father, Hail Mary and a blessing before meals. We read stories from the bible and discuss the stories as a class. We take part in service-learning projects such as raising money for St. Vincent de Paul food pantry and donating items to the local Humane Society.



Please feel free to contact the school to set up a visit if you would like to see the classroom in person. You can also email me with any questions you might have about St. Mary School or the kindergarten program. My email address is ecrabtree@marionstmarys.org.



274 N. Prospect St.
Marion, Ohio

740-382-1607



ST. MARY SCHOOL
 274 N. Prospect Street
 Marion, Ohio 43302
 Phone - 740-382-1607
 Fax - 740-382-6577
 Email: jmental@cdeducation.org
 Website: school.marionstmary.org

Student Name: _____

Parent Name: _____

Grade: _____

Birth Date: _____

REQUIRED FORMS FOR Self-Pay/Financial Aid Applicants	REQUIRED FORMS FOR Ed Choice Scholarship Applicants
_____ Registration Form (blue)	_____ Registration Form (blue)
_____ Family Information Sheet (2 sided)	_____ Family Information Sheet (2 sided)
_____ Birth Certificate (copy)	_____ Birth Certificate (copy)
_____ Immunization Record	_____ Immunization Record
_____ Transportation Form	_____ Transportation Form
_____ Physical Form - Kindergarten only (due by end of first week of school)	_____ Physical Form - Kindergarten only (due by end of first week of school)
_____ Records Release form	_____ Records Release form
_____ Court/Custody papers if needed	_____ Court/Custody papers if needed
_____ Social Security Number	_____ Social Security Number
Payment details: _____ _____ _____	_____ Ed Choice Application
	_____ Proof of Address (see Acceptable Forms of Address Proof)
	_____ Income Verification Form and Proof of Income (Ed Choice Expansion only)

Ed Choice – grades K - 5 attending/assigned to Marion City, Elgin, Ridgedale or RV Heritage

Ed Choice Expansion – grades K - 8 **not** attending/assigned to a designated building **and** meeting the income eligibility guidelines (Guidelines are listed on the Income Verification Form)

Families interested in financial aid need to complete the online FACTS Tuition Assistance Application at www.factstuitionaid.com and the Father Furey Scholarship Application.

If you have questions or need help with the application process please contact Mrs. Chatman in the school office at 740-382-1607.

Student has been approved for admissions: _____

Signature of Principal

DIOCESE OF COLUMBUS – REGISTRATION FORM

The schools of the Diocese of Columbus recruit and admit students of any race, color, or ethnic origin to all its rights, privileges, programs, and activities. In addition, the school will not discriminate on the basis of race, color, or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.



Student Last Name	Student First Name	Middle Name	Gr. Entered	School Yr. Entered	Grad. Year
Address		City	State	Zip	Home Phone
Religion		Parish		Parish City	State
<input type="radio"/> Catholic <input type="radio"/> Non-Catholic					
Birthdate (00/00/0000)	Birthplace City & State		Sex		SSN (Last 4 digits)
			<input type="radio"/> M <input type="radio"/> F		
Race (You are not required to provide this information.)					
<input type="radio"/> Asian		<input type="radio"/> Black		<input type="radio"/> Multiracial	
<input type="radio"/> American Indian/Native Alaskan		<input type="radio"/> Hispanic		<input type="radio"/> Native Hawaiian/Pacific Islander	
<input type="radio"/> White					
FAMILY					
	Last Name	First Name	Birthplace	Religion	Education
Father					
Mother					
Guardian					
	Work Phone	Cell Phone	Home Phone	Email	
Father					
Mother					
Guardian					
	Type of Occupation		Place of Occupation		
Father					
Mother					
Guardian					
HOME STATUS OF PARENT(S)					
Check all that apply.					
<input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Single <input type="radio"/> Mother Deceased <input type="radio"/> Father Deceased					
Student lives with: (CHECK ALL THAT APPLY.)					
<input type="radio"/> Both Parents		<input type="radio"/> Mother/Custodial		<input type="radio"/> Stepmother	
<input type="radio"/> Father Custodial		<input type="radio"/> Stepfather		<input type="radio"/> Guardian/Custodial	
<input type="radio"/> if separated or divorced, a copy of custody papers has been provided.					
Language spoken in home					
<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other _____					
SACRAMENTS					
	Date	Church	City	State	
Baptism					
Eucharist					
Confirmation					
ENTRANCE AND WITHDRAWAL					
Date Entered	Prior School	Prior School City/State/Zip		Grade Entered	
PUBLIC SCHOOL DISTRICT INFORMATION					
Public School District	Public Elem. School in Attend. Area		Public Middle School in Attend. Area		

Primary Parent/Legal Guardian: (Required)

Last Name:_____ First Name:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Email address:_____

Phone Numbers: Primary:_____ Secondary:_____

Receive alerts by (√): Text _____ Email _____

Relationship to student(s) (please circle): Father Mother Legal Guardian/Custodian

School district in which you reside: _____

Secondary Parent: (Optional)

Last Name:_____ First Name:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Email address:_____

Phone Numbers: Primary:_____ Secondary:_____

Receive alerts by (√): Text _____ Email _____

Relationship to student(s) (please circle): Father Mother Stepparent

Send correspondence to secondary parent if not at primary address? yes no

Financial Information:

Is either parent a registered member of St. Mary Church yes no

Do you contribute to St. Mary Church using parish envelopes? yes no

Are you applying for an EdChoice or EdChoice Expansion Scholarship? yes no

Are you applying for FACTS Diocese of Columbus financial assistance? yes no

Are you applying for the Father Furey Scholarship? yes no

How will you pay the balance of tuition not covered by scholarship or assistance?

In full before June 30/\$50 discount In full before August 15 Monthly with FACTS

Student 1

Name: _____

Grade: _____

Date of Birth: _____

Primarily resides with (please circle): Father Mother Both Parents Guardian/Custodian

- Does student currently have an IEP or service plan established? yes no
- Was student born outside US and has NOT finished 3 years of school in US? yes no
- Child's first language _____
- Primary language spoken at home _____

Student 2

Name: _____

Grade: _____

Date of Birth: _____

Primarily resides with (please circle): Father Mother Both Parents Guardian/Custodian

- Does student currently have an IEP or service plan established? yes no
- Was student born outside US and has NOT finished 3 years of school in US? yes no
- Child's first language _____
- Primary language spoken at home _____

Student 3

Name: _____

Grade: _____

Date of Birth: _____

Primarily resides with (please circle): Father Mother Both Parents Guardian/Custodian

- Does student currently have an IEP or service plan established? yes no
- Was student born outside US and has NOT finished 3 years of school in US? yes no
- Child's first language _____
- Primary language spoken at home _____

Student 4

Name: _____

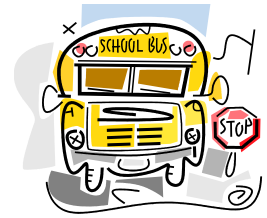
Grade: _____

Date of Birth: _____

Primarily resides with (please circle): Father Mother Both Parents Guardian/Custodian

- Does student currently have an IEP or service plan established? yes no
- Was student born outside US and has NOT finished 3 years of school in US? yes no
- Child's first language _____
- Primary language spoken at home _____

ST. MARY SCHOOL TRANSPORTATION FORM



Dear Parents,

Please indicate your child's **primary** method of transportation. Return this form with your registration packet. For temporary changes to transportation, please notify the office in writing. If a permanent change is needed, please request and complete a new Transportation Form.

Parent Name: _____

Date: _____

Parent Address: _____

Parent Phone Number: _____

Student Name(s): _____

Public School District (circle the name of your home school district):

Marion City

Pleasant

River Valley

Elgin

Ridgedale

Please check appropriately for the PRIMARY mode of transportation:

- My child is a car rider _____ to school _____ home from school
- My child rides the bus _____ to school _____ home from school

Pickup address if different from parent address above:

Drop off address if different from parent address above:

- Other transportation arrangements: _____



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REQUEST TO OBTAIN RECORDS

Request Date: _____

Student Start Date: _____

Previous School Attended: (Include Preschool if entering Kindergarten)

School District: _____

Name of School: _____

Street Address: _____

City, State, Zip: _____

Student Information:

Name: _____ Grade: _____ Date of Birth: _____

Name: _____ Grade: _____ Date of Birth: _____

Name: _____ Grade: _____ Date of Birth: _____

For purposes of enrollment please send to following:

- Birth Certificate
- Health/Immunization records including psychological testing
- Custody papers (if applicable)
- Cumulative records
- Grades
- Attendance records
- Diagnostic and State of Ohio test scores
- IEP, ETR, ESL/LEP, RIMP and/or RTI documents
- SSID

Parent Signature: _____

Date: _____

Send records to the attention of:

Kathy Bramel, Director of Student Services
kbramel@cdeducation.org



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Kindergarten Physical Screening

Name of Child: _____ Gender: M ___ F ___

Birth Date: _____ Age: _____

Parent Name: _____

Address: _____

Objective Data: Height: _____ ()% Weight: _____ ()% BP: _____

Screening Tests:

Vision:

Distance Acuity: Right _____ Left: _____
Muscle Balance: (Near and Far): Pass _____ Fail _____ Not Done _____
Farsightedness: Pass _____ Fail _____ Not Done _____
Color: Pass _____ Fail _____ Not Done _____
Child wears glasses? Yes _____ No _____
Tested with glasses? Yes _____ No _____
Referral made? Yes _____ No _____
Specify test/equipment _____

Hearing:

Pure tone testing:
Right ear: Pass _____ Fail _____ Not Done _____
Left ear: Pass _____ Fail _____ Not Done _____
Child wears hearing aid? Yes _____ No _____
Tested with hearing aid? Yes _____ No _____
Referral made? Yes _____ No _____
Other test (specify) _____

Speech:

Child has discernable speech problem? Yes _____ No _____
Child has possible problem with:
Articulation _____ Rhythm _____ Voice _____ Language _____
Speech evaluation is recommended? Yes _____ No _____

Laboratory Tests:

Hemoglobin/Hematocrit _____ Urine protein _____ Urine blood _____ Urine glucose _____
Other _____

Physical Examination:

This child is essentially within normal limits _____
This child is essentially not within normal limits _____

Explain: _____

Does this child have any physical, developmental or behavioral problems that would require the school to provide special attention, programs, or placement?

Explain: _____

Activities and Limitations:

Can the child participate fully in the following activities:

Classroom and academic activities? Yes _____ No _____

Physical Education activities? Yes _____ No _____

Competitive athletics? Yes _____ No _____

Explain any limitations: _____

Allergies:

Medications: _____

Food: _____

Insect bite: _____

List of Medications (if any): _____

Immunizations:

DPT 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Polio 1 _____ 2 _____ 3 _____ 4 _____

Hep B 1 _____ 2 _____ 3 _____

MMR 1 _____ 2 _____

HIB 1 _____ 2 _____ 3 _____ 4 _____

VARICELLA 1 _____ 2 _____

Examiner:

Name: (print) _____

Address: _____

Phone: _____

Signature: _____

Date: _____