

# John F. Kennedy Catholic School



## Application for Admission *Kindergarten Readiness Program Registration*

### Admission Information

The Kindergarten Readiness Program is a part of the ministry of education in the Diocese of Youngstown. Early childhood should be a time of warmth, security, exploration, and discovery. The faith development of a person begins in the early years of life; thus, preschool education is an important part of total Catholic education.

Young children are active, social individuals who benefit from exploring the world around them. Each is a unique person with individual growth and development patterns, individual preferences for activities, and different family and cultural backgrounds. Children learn best when they are active participants in their own learning, when their curiosity to know influences classroom planning, and when their investigations are hands-on.

We are committed to diversity and open to children of all faiths from ages 4-6. This program provides a safe, faith-filled environment that prepares children to achieve academic excellence and full social potential.

The JFK Kindergarten Readiness program runs Monday, Wednesday and Friday 8:30-2:30. Preschool tuition for the 2018-2019 school year is \$2400.00. Please note, preschool is not included in the Kennedy Family Discount.

#### **Registration Paperwork Checklist:**

1. Preschool Enrollment Form
2. Statement of Responsibility Form
3. Child Medical Statement (Must be completed by physician)
4. Permissions Form
5. Information Regarding Legal Custody Form
6. Family Information Form
7. Tuition Contract
8. Birth Certificate
9. New-Family Registration Fee \$100--one time only, non-refundable
10. Tuition Deposit \$100--non-refundable
11. Emergency Medical Authorization Form
12. Authorization for Pick-Up

#### Lower Campus

3000 Reeves Road  
Warren, Ohio 44483  
P: 330-372-2375  
F: 330-372-2465

W: [www.warrenjfk.com](http://www.warrenjfk.com)

#### Mr. Joseph Kenneally

President  
[jkenneally@warrenjfk.com](mailto:jkenneally@warrenjfk.com)

#### Mrs. Jacquelyn Venzeio

Principal, Lower Campus  
[jfkelem@youngstowndiocese.org](mailto:jfkelem@youngstowndiocese.org)

#### Mrs. Judi LaPolla

Director of Admissions and  
Special Events  
[jlapolla@warrenjfk.com](mailto:jlapolla@warrenjfk.com)



Preschool Enrollment Form

Revised 7/11/2016 This form meets Ohio Administrative Code.

Section I - Student & Family Information

Child's Name, Date of Birth, Family/Guardian Name, Home Address, City, State, Zip, Employer Name, Employer Street Address, Cell Phone, Home Phone, Work Phone, Call Order

Alternate Family Information:

Family/Guardian Name, Family Street Address, City, State, Zip, Employer Name, Employer Street Address, Cell Phone, Home Phone, Work Phone, Call Order

Section II - Authorization for Emergencies

List 2 Emergency Contacts for use ONLY if the parents cannot be contacted:

Name, Street Address, City, State, Zip (two columns)

Please select 1, 2 or 3 to set call order of phone number used to reach emergency contact:

Home, Cell, Work (two columns) with Call Order options

List Medical Contacts, In Case Of Emergency:

Physician, Dentist, Street Address, City, State, Zip, Phone (two columns)

Section III - Child's Health Information

Child's Chronic Medical/Health Needs

Large empty box for chronic medical/health needs

Child's History of Hospitalization:

[Empty box for Child's History of Hospitalization]

Child's Disease History:

[Empty box for Child's Disease History]

Child's Allergies/Treatment:

[Empty box for Child's Allergies/Treatment]

Child's Dietary Needs/Restrictions:

[Empty box for Child's Dietary Needs/Restrictions]

**NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE**

Child's Medication/s:

[Empty box for Child's Medication/s]

### Section IV - Transportation/Activity Authorization

Complete To Allow Child To Leave Program For Specific Activities With Specific People

Destination/Activity _____	Departure Time _____	Authorization Time Period: _____
Authorized Person _____	Return Time _____	
Destination/Activity _____	Departure Time _____	Authorization Time Period: _____
Authorized Person _____	Return Time _____	
Destination/Activity _____	Departure Time _____	Authorization Time Period: _____
Authorized Person _____	Return Time _____	

### Section V - Registration Authorizations

I authorize the following to be listed on the parent roster: My child's name  Yes  No

Family name  Yes  No

Phone numbers  Yes  No  Cell  Home  Work

Exempt from immunizations because of religious conviction:  Yes  No

Child immunization records attached:  Yes  No

**Annual Class Roster:** Each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program.

Date

Signature of Authorized Family Member/Guardian

**John F. Kennedy Catholic School  
Tuition Registration Agreement  
2019-2020**

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

Grade: PK

Our family understands that our relationship with John F. Kennedy Catholic School is contractual and contingent upon our cooperation with the philosophy, policies and procedures of the school. I can find the John F. Kennedy Student Handbook online at [www.warrenjfk.com](http://www.warrenjfk.com). I understand the handbook contains the school's policies and adherence to the policies in the handbook is a condition for admission and continued enrollment by my child. I understand that this agreement is for the 2018-2019 school year and continued attendance at John F. Kennedy Catholic School will be determined annually.

It is also understood that a parent's obligation to pay the charges for tuition, student fees, and other school fees for the full academic year is unconditional and that no portion of such charges so paid or outstanding will be refunded or canceled. Students who withdraw or dismiss from John F. Kennedy Catholic School may receive a pro-rated refund at the discretion of the principal. Students who withdraw or are dismissed from John F. Kennedy Catholic School will not receive an official transcript of grades until all tuition and fees are paid.

\_\_\_\_\_  
Printed Name of Parent/Guardian Responsible for tuition and Fees

\_\_\_\_\_  
Signature of Parent/Guardian Responsible for Tuition and Fees

\_\_\_\_\_  
SS or Driver's License#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian Responsible for tuition and Fees

\_\_\_\_\_  
Signature of Parent/Guardian Responsible for Tuition and Fees

\_\_\_\_\_  
SS or Driver's License#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

## CHILD MEDICAL STATEMENT

### Section I - Child Medical Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

**Limitations of health condition (including allergies, medications, dietary restrictions)**


<b>Immunizations</b>		
Complete for age	Yes	No
In Process	Yes	No

<b>Exempt from Immunizations</b>		
Religious conviction	Yes	No
Medical Reason	Yes	No

Assessments/Screenings	Completed		Date completed	Results	Reason not completed
Vision	Yes	No			
Hearing	Yes	No			
Dental	Yes	No			
Lead	Yes	No			
Hemoglobin	Yes	No			

Was a referral made? Yes No Reason: \_\_\_\_\_

### Section II - Child Medical Statement Verification

*This child has been examined and is in suitable condition to participate in group care.*

Signature of Examiner: _____  Physician/Clinic/Hospital Name:  Provider Address:  Provider Phone:	Check One:  <input type="checkbox"/> <b>Physician</b> <input type="checkbox"/> <b>Physician's Assistant</b> <input type="checkbox"/> <b>Advanced Practice Nurse</b>	<b>Date of Exam:</b>   
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## PERMISSIONS FORM

### Media Release

I **DO** **DO NOT** give my permission to have my child appear in any media coverage  
(Circle One)  
approved by the school. Examples include, but not limited to, brochures, posters, newspapers.

### School Website Permission

I **DO** **DO NOT** give my permission to have my child appear in any pictures placed  
(Circle One)  
on the Facebook/internet website I understand that names are never listed.

### Parent/Teacher Communication Through E-Mail

Although e-mail has become a valuable communication tool, it is important to remember that it is not always a completely secure and confidential method of communication. We would like to make e-mail available as another possible way for parents to communicate with their child's teacher when appropriate. We are, however, concerned about maintaining privacy laws, especially as they relate to student records. We will not send any student record information via e-mail. If your e-mail address changes, you are required to fill out and sign an updated form before we send information to the new address.

\_\_\_\_\_ I give permission for general information regarding my child to be sent to me via e-mail, at the following e-mail address:

\_\_\_\_\_

\_\_\_\_\_ I **do not** give permission for general information to be sent via e-mail.

### Handbook Agreement

We, members of the \_\_\_\_\_ family, have received and read a copy of the \_\_\_\_\_  
Preschool Family Handbook.

We accept responsibility for acceptance and adherence to the policies, guidelines, rules, and fee payment plan of our school.

### Parent/Guardian

Print Name(s) \_\_\_\_\_

Signature(s) \_\_\_\_\_

Date: \_\_\_\_\_

**Information Regarding Legal Custody**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Address of child's residence: \_\_\_\_\_  
\_\_\_\_\_

Child lives with: \_\_\_\_\_ both natural parents  
\_\_\_\_\_ natural mother, step/adoptive father  
\_\_\_\_\_ natural father, step/adoptive father  
\_\_\_\_\_ only mother  
\_\_\_\_\_ only father  
\_\_\_\_\_ grandparents (with legal custody)  
\_\_\_\_\_ other relative or guardian (with legal custody) Relationship: \_\_\_\_\_  
\_\_\_\_\_ Other: Please explain. Include any arrangements that the school will need for its  
information and records: \_\_\_\_\_

Residential parent/guardian: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Is there a court order (or pending order) affecting the custody and/or residency of the child? \_\_\_ Yes \_\_\_ No

**Please attach a certified copy of the page of the court decision bearing the case number and those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of the date of registration of the child in this school. It is also the responsibility of the parents to inform the director of any subsequent modifications during the child's tenure at the school.**

Non-residential parent/guardian: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Does the non-residential parent have visitation rights? \_\_\_ Yes \_\_\_ No

Is there a court decision that states that the non-residential parent should NOT receive school information or attend school activities? \_\_\_ Yes \_\_\_ No

Is the non-residential parent responsible for paying tuition: \_\_\_ Yes \_\_\_ No

Signature of person completing this form: \_\_\_\_\_

**Note: This form is given to the family to complete upon registration. It will be kept in the file throughout your child's tenure at the Early Childhood Learning Center. It is the parent's responsibility to be sure that the office has the most up-to-date information.**



**FAMILY INFORMATION**

Child's Name (Last)	(First)	Nickname (If any)
<p><i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i></p>		
<p>Who is in the child's immediate family?</p>		
<p>Who lives at home with your child?</p>		
<p>What is the primary language spoken in your child's home?</p>		
<p>Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?</p>		
<p>Are there any changes or transitions that your child has recently experienced or is experiencing? (divorce, new home, death of family member, friend or pet) Additional Details?</p>		
<p>Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)</p>		
<p>Do you have any pets at home? If so, what are they and what are their names?</p>		
<p>Are there any family holiday traditions that you feel may be significant?</p>		
<p>Has your child had a previous preschool or care experience? <input type="radio"/> Yes or <input type="radio"/> No Additional Details? (Center based, in home, with family, with parents, etc.)</p>		
<p>Does your child have an IEP?</p>		



Is your child being serviced by an outside service provider? (example: speech, occupational therapy, physical therapy, hearing, etc.)
My child drinks <input type="checkbox"/> milk <input type="checkbox"/> juice <input type="checkbox"/> water. (Check all that apply)
Does your child have any favorite foods?
Does your child dislike any foods?
Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)
<p>Please check <u>all</u> of the words that best describe your child's personality and behavior</p> <p><input type="checkbox"/> active <input type="checkbox"/> adventurous <input type="checkbox"/> affectionate <input type="checkbox"/> anxious <input type="checkbox"/> bossy <input type="checkbox"/> bright <input type="checkbox"/> busy <input type="checkbox"/> calm <input type="checkbox"/> cautious <input type="checkbox"/> cheerful  <input type="checkbox"/> content <input type="checkbox"/> creative <input type="checkbox"/> curious <input type="checkbox"/> easily-angered <input type="checkbox"/> emotional <input type="checkbox"/> energetic <input type="checkbox"/> excitable <input type="checkbox"/> friendly <input type="checkbox"/> gives-in-easily  <input type="checkbox"/> happy <input type="checkbox"/> hesitant <input type="checkbox"/> insecure <input type="checkbox"/> jealous <input type="checkbox"/> likes structure/routines <input type="checkbox"/> loud <input type="checkbox"/> loving <input type="checkbox"/> mellow <input type="checkbox"/> outgoing  <input type="checkbox"/> prefers adult attention <input type="checkbox"/> quiet <input type="checkbox"/> sensitive <input type="checkbox"/> serious <input type="checkbox"/> shares-well <input type="checkbox"/> social <input type="checkbox"/> spontaneous <input type="checkbox"/> stubborn  <input type="checkbox"/> tentative <input type="checkbox"/> other:</p>
Are there additional personality and behavior characteristics that would be useful to know about your child? (example: separation anxiety)
Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?
What routines/actions or items do you use to comfort your child?
What causes your child to feel angry or frustrated?
What methods do you use to respond to your child's negative behavior?
Does your child engage in some form of physical activity daily?
How much time daily does your child spend on electronic devices?
Does your child use the toilet independently?

What words, gestures or signs does your child use if he/she needs to use the bathroom?	
What time does your child normally go to bed at night and wake up in the morning?	
What time(s), and for how long, does your child usually nap?	
What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?	
Does your child have trouble sleeping (night terrors, trouble going to sleep, etc.)? Please explain.	
What might you and/or your child be anxious about as he/she starts in this program?	
What are you and/or your child excited about as he/she starts in this program?	
What are your expectations of this program?	
What other information would be helpful for the staff caring for your child to know?	
Parent/ Guardian's Signature	Date

Adopted from Ohio Department of Job and Family Services.

**EMERGENCY MEDICAL AUTHORIZATION**

Student: \_\_\_\_\_ Grade and Room: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mothers' Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Fathers' Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Alternate Persons to Contact:** (People to contact if your child is ill and neither parent can be reached.)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments or medical condition which the school or an emergency physician should know.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Public School District of Residence: \_\_\_\_\_ Public School child would attend \_\_\_\_\_

**Purpose: To enable parents or guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.**

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Medical Specialist \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Local Hospital \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**Refusal to Consent**

I do NOT GIVE my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# John F. Kennedy

CATHOLIC SCHOOL

*educating leaders of courage, integrity and dedication*



## AUTHORIZATION FOR PICK UP

The following people listed below are authorized to pick up my child from John F. Kennedy Catholic School Lower Campus.

Child's name: \_\_\_\_\_

Grade: \_\_\_\_\_

Name	Relationship	Phone#
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following people are NOT authorized to pick up my child:

_____
_____

Parent/Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*For your child's safety, a driver's license will be required for those, other than parents, who are picking up students!