



Dear Parents/Guardians:

St. Ignatius Loyola Pre-Kindergarten is committed to providing a high-quality education in the Catholic tradition. The faculty, staff and administration work each day to achieve this goal and to meet the needs of every student. Saint Ignatius provides children an opportunity to learn in a nurturing environment where they develop spiritually, academically and socially.

The Pre-Kindergarten is very blessed to have highly qualified and dedicated teachers. These teachers make countless contributions to the school and parish community. They ensure the advancement of Catholic education.

We thank you for your interest in Saint Ignatius Loyola Early Learning Center. Enclosed you will find application and registration materials. Please make sure the following information is submitted:

- | | |
|--|---|
| <input type="checkbox"/> Registration Form | <input type="checkbox"/> Medical Form |
| <input type="checkbox"/> Registration & Activity Fee | <input type="checkbox"/> Dental Form |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Religious Education Form |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Baptismal Certificate |

We look forward to having the opportunity to educate your child.

Emilia Ward
Principal

St. Ignatius Loyola Regional School

Faith in Every Child

2700 Saint Albans Drive, West Lawn, PA 19609

Pre-K Admission Policy

Due to the increased interest of parents in the religious and academic programs of St. Ignatius Loyola Regional School, the following admission guidelines have been adopted and are in effect. Enrollment status will only be valid upon receipt of registration forms and fees.

New students: Acceptance into the general Pre-Kindergarten program will be based on the policy below:

- A. Siblings of students who are presently enrolled in our school, grades kindergarten through eighth, and whose parents are active members and financially support St. Ignatius Loyola Parish or St. Francis de Sales Parish in Robesonia.
- B. New kindergarten students, including those who attend our preschool, whose parents financial support the parish of St. Ignatius or St. Francis de Sales.
- C. Siblings of students who are presently enrolled in our school who are non-parishioners of St. Ignatius Loyola or St. Francis de Sales or non-Catholic.
- D. Children whose parents are non-parishioners of St. Ignatius Loyola or St. Francis de Sales Parish will be put on a waiting list.
- E. Children whose parents are non-Catholic will be placed on a waiting list.

Non-Catholic Students

In imitation of the Lord Jesus who welcomed the children, St. Ignatius Loyola Regional School welcomes all children, Catholic and non-Catholic. The Catholic school has much to offer academically, spiritually, and morally. We believe that non-Catholic children can, in turn, enrich the school by their presence, interest, participation, and by sharing with the school community their own religious traditions.

Religion Classes and Liturgical Functions

It is necessary that parents realize and accept the school's policy that religion classes and liturgical functions are part of the school program and are an integral part of the school's curriculum.

Responsibilities of the Non-Catholic Students

1. General Attitude – The child should understand, respect and be willing to actively support the philosophy and goals of the school, a community within the Catholic Church.
2. Attendance of Religion Classes – the child must be willing to attend religion classes since these classes are an essential part of the school's curriculum. Participation in these classes can be an ecumenical experience helping him/her to understand and respect the beliefs of others and to come to a better understanding and appreciation of his/her personal beliefs.

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Uniform Requirements

Pre-Kindergarten

Girls and Boys

- Any St. Ignatius Loyola School T-Shirt
- Navy blue Sweatshirt
- Navy blue shorts
- Navy blue sweatpants
- Navy blue gym shorts
- **Sweatpants MUST be worn during winter dress code**
- Socks
- VELCRO Sneakers ONLY

Hairstyle Guidelines:

No Pre-K student shall have hair that covers the eyes

**Please mark all sweatshirts and outer clothing such as jackets, mittens, hats, backpacks, lunch boxes, etc. with your child's name

Uniform Suppliers

Flynn and O'Hara School Uniforms

www.flynnohara.com

Spirit Wear

The St. Ignatius Home & School Association has partnered with Team One Tees to offer new on-line spirit wear options. This on-line spirit wear store will be open year round. Purchased items will be shipped directly to your home. Visit the on-line store here. If you have any questions about the new spirit wear store, please contact Kelly Burkman: kellyburkman110@gmail.com.

Note: St. Ignatius Loyola Regional School HSA hosts a uniform exchange at the school twice a year.

When questions arise, the administration will have final say.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL _____ DATE _____ 20__

<u>NAME OF STUDENT</u>	<u>AGE</u>	<u>SEX</u>	<u>GRADE</u>	<u>SECTION/ROOM</u>
Last _____ First _____ Middle _____		M F		

ADDRESS

No. and Street City or Post Office Borough/Township County State Zip

REPORT OF EXAMINATION

		<u>TOOTH CHART</u>																
		<u>RIGHT</u>								<u>LEFT</u>								
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	
<u>UPPER</u>					<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	<u>H</u>	<u>I</u>	<u>J</u>				Upper
<u>LOWER</u>		<u>32</u>	<u>31</u>	<u>30</u>	<u>29</u>	<u>28</u>	<u>27</u>	<u>26</u>	<u>25</u>	<u>24</u>	<u>23</u>	<u>22</u>	<u>21</u>	<u>20</u>	<u>19</u>	<u>18</u>	<u>17</u>	Lower
<u>EXAM</u>	<u>UPPER</u>																	Upper
	<u>LOWER</u>																	Lower

Untreated Decay: No Yes

Treated Decay: No Yes

Any Sealants on Permanent Molars: No Yes

Treatment Urgency: None Early Urgent

Date of Dental Examination

Signature of Dental Examiner Print Name of Dental Examiner

Address of Dental Examiner

**PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE _____ 20 ____

NAME OF SCHOOL _____ GRADE _____ HOMEROOM _____

NAME OF CHILD	DATE OF BIRTH	SEX
_____ Last First Middle		<input type="checkbox"/> M <input type="checkbox"/> F

ADDRESS _____

No. and Street	City or Post Office	Borough or Township	County	State	Zip Code
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**MEDICAL HISTORY
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day and Year Each Immunization Was Given					BOOSTERS & DATES
	DOSES					
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, Td	1 / /	2 / /	3 / /	4 / /	5 / /	
Polio (Circle): OPV, IPV	1 / /	2 / /	3 / /	4 / /	5 / /	
Measles, Mumps, Rubella	1 / /	2 / /				
Hepatitis B	1 / /	2 / /	3 / /			
HIB	1 / /	2 / /	3 / /			
Varicella	1 / /	2 / /				Varicella Disease or Lab Evidence Date: _____
Other _____						

- MEDICAL EXEMPTION** The physical condition of the above named child is such that immunization would endanger life or health
- RELIGIOUS EXEMPTION** (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

If Applicable:

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:

Parent/Guardian notified of significant findings on. _____ Date

Results of Diagnostic Studies: _____ Date

Preventive Anti-Tuberculosis – Chemotherapy ordered. NO YES _____ Date

Significant Medical Conditions (✓)

	Yes	No	If Yes, Explain
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might effect his/her education? If so, specify.

Report of Physical Examination (✓)

	Normal	Abnormal	Not Examined	Comments
• Height (inches)				
• Weight (pounds) BMI				
• Pulse ()				
• Blood Pressure /				
• Hair/Scalp				
• Skin				
• Eyes/Vision				
• Ears/Hearing				
• Nose and Throat				
• Teeth & Gingiva				
• Lymph Glands				
• Heart – Murmur, etc.				
• Lung – Adventitious Findings				
• Abdomen				
• Genitourinary				
• Neuromuscular System				
• Extremities				
• Spine (Presence of Scoliosis)				

Date of Examination

Signature of Examiner

PRINT Name of Examiner

Address

Telephone Number