



Dear Parents,

Thank you for your interest in St. Therese Catholic School Preschool & Pre-Kindergarten for the 2012/2013 school year. St Therese Catholic School has a proud 84-year history in the Madrona neighborhood. Our school is committed to providing educational excellence in an environment where students and their families feel a strong sense of community. St. Therese Catholic School welcomes Catholics and non-Catholics alike.

Enclosed is our application packet. Please note the age requirements, and all students must be potty trained. The following items need to be completed and returned to the school.

- Preschool & Pre-Kindergarten Application For Enrollment.**
- \$50** – non-refundable application fee (will be applied to registration fee upon acceptance)
- Birth Certificate** – The State of Washington requires all students have a copy of their birth certificate on file. Students need to be 3 years old by August 31st to enter Preschool and 4 years old by August 31st to enter Pre-Kindergarten. Students must be potty trained as well.
- Baptismal Certificate** – All Catholics need to submit a copy of their child's baptismal certificate.
- Request For In-Parish Tuition** – For all families requesting parish rate
- Certificate of Immunization Status** – The State of Washington requires this form to be in our files for every student.

When paper work is complete, and as space allows, acceptance letters will be mailed to families that will guarantee your child a place at St. Therese Catholic School. We look forward to working with you to provide your child with their first school experience in a faith-centered, secure environment.

Sincerely,

Mrs. Theresa Hagemann
Principal



Preschool & Pre-Kindergarten Application

St. Therese Catholic School
900 35th Avenue
Seattle, WA 98122 206-324-0460

For Preschool, your child must be 3 years old by August 31, 2012
For Pre-Kindergarten, your child must be 4 years old by August 31, 2012
**All students must be potty trained*

Today's Date _____ Program Requesting: Preschool Pre-Kindergarten

Child's Name _____
First Middle Initial Last

Child's Birth Date _____ Place of Birth _____ Male Female
Month Date Year

Religion _____ Date of Baptism _____ Place of Baptism _____

Ethnicity _____ How did you hear about St. Therese? _____

Student resides with: Both Parents Mother Father Other _____

FATHER / Guardian

Name _____
First Middle Initial Last

Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Religion: Catholic Other _____

MOTHER / Guardian

Name _____
First Middle Initial Last

Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Religion: Catholic Other _____

Are you an active, contributing member of St. Therese Parish or another Rainbow Parish?

Yes No

(Rainbow Parishes = St. Therese, St. James Cathedral, Immaculate Conception, Our Lady of Mt. Virgin, St. Mary, St. Patrick, and St. Peter, St. Joseph, St. Paul, St. Edward, St. George)

If not, what Parish or Church do you regularly attend? _____

Do you currently have children enrolled at St. Therese Catholic School in the K-8 program? Yes No

When paper work is complete, and as space allows, acceptance letters will be mailed to families that will guarantee your child a place at St. Therese Catholic School.

\$50 Non-refundable application fee is enclosed.

Parent Signature

Date

To be completed, signed and returned with your Application/Registration Form if requesting in-parish tuition

**St. Therese Parish School
Request For "In-Parish" Tuition Consideration**

FAMILIES OF ST. THERESE PARISH PRESCHOOL – 8TH GRADE NEED TO MEET THE FOLLOWING CRITERIA TO BE CONSIDERED "IN-PARISH" AND QUALIFY TO HAVE THEIR TUITION SUBSIDIZED BY THE PARISH:

- 1) A family must be registered at St. Therese Parish or another Rainbow Parish (Rainbow Parishes = St. James Cathedral, Immaculate Conception, Our Lady of Mt. Virgin, St. Mary, St. Patrick, and St. Peter, St. Joseph, St. Paul, St. Edward, St. George) for a minimum of 3 months at the time of school registration.
- 2) A family must be an active and participating member of one of the above listed parishes. Our Catholic faith tells us that the most important thing we do as Catholics is to attend Mass on Sunday. We also offer our time and talent to the community.
- 3) A family must contribute to the support of their parish by having a current sacrificial giving card on file at one of the above listed parishes, and remain current in their giving.

To request consideration of "In- Parish" tuition, all families must fill out and sign the following and return it with your application/registration.

Family Name: _____

Address: _____

Parish of Registration _____

IF YOU HAVE MET THE FOLLOWING CRITERIA, PLEASE INITIAL EACH OF THE FOLLOWING STATEMENTS:

_____ Our family has been a registered member of one of the above listed Parishes for a minimum of 3 months.

_____ Our family understands the Catholic Church requirement of Mass attendance and we do worship at our Parish

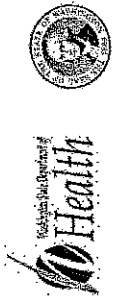
_____ Our family understands the Catholic Church requirement of contributing to the support of the Church, and, in conscience before God, our family has contributed to the best of our ability.

(Please Sign) _____ Date _____

This form must be completed and signed by you and your pastor with the parish seal affixed.

(Pastor's Signature) _____

(Parish Seal Below)



Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Registry.

Child's Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Birthdate (mm/dd/yyyy):** _____ **Sex:** _____
Parent/Guardian Name (please print): _____

Symbols below:
 ◆ Required for School and Child Care/Preschool
 ● Required for Child Care/Preschool Only

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
◆ Rotavirus (RV), RV5				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			

Vaccine	Dose	Month	Day	Year
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
Influenza (flu, most recent)				
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox) or verify disease 1-4				
	1			
	2			
Hepatitis A (Hep A)				
	1			
	2			
Meningococcal (MCV, MPSV)				
	1			
Human Papillomavirus (HPV)				
	1			
	2			
	3			
Office Use Only: Immunization information updated and verified with parent/guardian permission.				
Printed Staff Name	Date	Printed Staff Name	Date	Date
Printed Staff Name	Date	Printed Staff Name	Date	Date

Reviewed by: _____ Date: _____
 Signed (Cert. of Exemption on file)? Yes No

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ Date _____

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. Mark option 1, 2, 3, OR 4 below - see, back #5.

- 1) Chickenpox disease verified by printout from CHILD Profile Immunization Registry. Must be marked by printout (not by hand) to be valid.
 2) Chickenpox disease verified by Health Care Provider (HCP). If you choose this box, mark 2A OR 2B below.
 2A) Signed note from HCP attached OR
 2B) HCP signed here and print name below:

Licensed health care provider (HCP) Signature _____ Date _____
 (MD, DO, ND, PA, ARNP)
 HCP Printed Name: _____

- 3) Chickenpox disease verified by school staff from CHILD Profile Immunization Registry. If you choose this box, staff must initial that parent or guardian approves: _____ (initial) _____ (date)

- 4) Chickenpox disease verified by parent*. If you choose this box, fill in the date or child's age when he or she had the disease: _____
 Age/Date of disease: _____
 *Can ONLY verify for some grades, see back #5 (4).

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. Signed lab report(s) MUST also be attached.

Diphtheria Mumps Other: _____
 Hepatitis A Polio Rubella _____
 Hepatitis B Tetanus _____
 Hib Varicella _____
 Measles

Licensed health care provider (HCP) Signature _____ Date _____
 (MD, DO, ND, PA, ARNP)
 HCP Printed Name: _____

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Registry or filling it in by hand.

#1 To print with info filled in: First, ask if your health care provider's office puts vaccination history into the CHLD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHLD Profile and your child's information will fill in automatically. Be sure to review all the information, sign and date the CIS in the upper right hand box, and return it to school or child care. If your provider's office does not use CHLD Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

EXAMPLE

Vaccine	Dose	Date	
		Month	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)			
DTaP	1	01	2011
DTaP	2	03	2011
DTaP	3	06	2011

#2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.

#3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#5 If your child has had chickenpox (varicella) disease and not the vaccine, use only one of these four options to record this on the CIS:

- 1) If your child's CIS is printed directly from the CHLD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).
- 2) If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
- 3) If school staff access the CHLD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.
- 4) If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: <http://www.doh.wa.gov/cfm/immunize/schools/vaccine.htm>

#6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, and attach signed lab reports. (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and attach signed lab reports.

#7 Be sure to sign and date the CIS in the upper right hand box, and return to school or child care.

#8 If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

Vaccine Trade Names in alphabetical order				(For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/05-vaccines-508.pdf)			
Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
AcelHib	Hib	Engix-B	Hep B	IPV	DTaP + Hep B + Hib	DTaP + Hib	DTaP + Hib
Adacel	Tdap	Infanrix	Flu (TIV)	DTaP	PPSV or PPV23	DTaP	DTaP
Adjuv	Flu (TIV)	Infanrix (Kor)	Flu (TIV)	DTaP + IPV	PCV or PCV7 or PCV13	Twintrix (TwinP)	Hep A + Hep B
Boostrix	Tdap	Menactra	Flu (LAIV)	MCV or MCV4	MMR + Varicella	Vagiflu	Hep A
Cervarix	HPV2	Menomune	Flu (TIV)	MPSV or MPSV4	DTaP + IPV	Varivax	Varicella
Comvax (CmVx)	Hep B + Hib	Pediarix (Prax)	Flu (TIV)	DTaP + Hep B + IPV	Hep B		
Daptacel	DTaP	ProQuad (PrQd)	HPV4	Hib	Rotavirus (RV1)		
Decavac	Td	ProQuad (Prax)	Hep A	DTaP + Hib + IPV	Rotavirus (RV5)		

Vaccine Abbreviations in alphabetical order				(For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/05-vaccines-508.pdf)			
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus, acellular Pertussis	Hep A (HAV)	Hepatitis A	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rdta (RV4 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, Pertussis	Hep B (HBV)	Hepatitis B	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	Hib	Human Papillomavirus	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (TIV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

Printed