



St. Gerard Majella School 2005 Dougherty Ferry Road Kirkwood, MO 63122

**KINDERGARTEN
APPLICATION
FOR ADMISSIONS
2022-2023**



National Blue Ribbon School
2012

WELCOME TO ST. GERARD MAJELLA

Included in this application packet is:

- Principal Letter
- Letter from Fr. Grosch concerning financial obligations for the 2022-2023 school year
- Application Information Packet (**return today**)
- A copy of “APT Green/Gold Weekly Raffle” expectations
- Medical Form
- Gerard Care (After School Child Care) information (will be available in August)
- Speech and Language Screening Form
- Intake Questionnaire

RETURN INTAKE QUESTIONNAIRE AT SCREENING, IT WILL BE REVIEWED BEFORE ACCEPTANCE.

Start date for K-8 will be August 16, 2022.

- St. Louis Archdiocesan New Safe Environment Program “Prevent & Protect” Information
EACH PARENT WHO WISHES TO VOLUNTEER MUST REGISTER ONLINE.
The website is <https://www.preventandprotectstl.org>. In order to register, you will need your social security number and a valid credit card. The fee is \$11.00 per person. Each applicant is responsible for the \$8.00.

Once you have completed these steps you will be in compliance for all SGM activities involving children. If you think you are already in compliance, you may call the parish office to verify your compliance status.

*** March 3 and 4 KINDERGARTEN SCREENING TEST**

The children will be given the Missouri KIDS screening test at school. (2005 Dougherty Ferry Road) on Thursday, March 3rd and Friday, March 4th. The screening test is administered to validate readiness and aid in Kindergarten curriculum planning.

You will receive an email from school to sign up for a testing time through Sign-Up Genius.

In addition to Ms. Guthrie and the school staff,
look forward to a warm welcome from the SGM Mentor Committee.



St. Gerard Majella School 2005 Dougherty Ferry Road Kirkwood, MO 63122

February 6, 2022

Dear Parents,

St. Gerard Majella School is committed to providing a solid religious foundation that is consistent with the tenets of the Catholic faith and which is directly linked to the St. Gerard Majella parish mission statement. St. Gerard Majella School is also committed to providing an academic program that is rigorous and enriching...ever responsive to the potential and needs of the individual student within a general classroom setting.

The success of a child's experience in a Catholic school is built around mutual respect, support, and communication between parents and the school/parish staff.

In the area of faith and living, parents are the strongest influence and example for their children. Consistent participation in the sacramental life of the Church is crucial to a child's faith development. Family participation in weekly Sunday liturgy, sharing of time and talent, responsible financial stewardship, and participating in parish service/outreach projects is expected.

Parental interest in and support of the educational endeavors of their children are a strength and an asset in helping children develop an appropriate and positive attitude toward education. Parents of children enrolled in our school are expected to support the Archdiocesan Parent Witness Statement and the school's policies/procedures as outlined in the Parent Handbook. Parents are also expected to participate in parent/teacher conferences and attend scheduled parent meetings.

By applying for admittance into St. Gerard Majella School, you have elected to place your child in an environment of faith and learning where values, attitudes, and skills acquired and practiced today will serve your child well into their future.

Sincerely,

Ms. Chrisell M. Guthrie, Ed.S.
Principal



National Blue Ribbon School
2012



St. Gerard Majella School 2005 Dougherty Ferry Road Kirkwood, MO 63122

February 6, 2022

Dear Parents,

Enclosed is preliminary tuition information for the coming school year. Exact tuition numbers will be finalized and published soon. We expect a modest increase to account for the cost to educate our students. Ultimately, our school is heavily supported by the generosity of our parishioners who contribute to the parish, which is why it is so important that we all participate in the Sunday Offertory Collection for the parish as well. We all need to work together to support the work and ministry of Catholic Education.

At registration, one check per child for \$180.00 covers the following:

\$100.00 Registration fee (unchanged for several years)

\$50.00 Technology fee (unchanged for three years – licenses, student programs, etc.)

\$30.00 APT annual fee (moved to registration time instead of August)

Every family, through the APT (Alliance of Parents and Teachers), is expected to sell at least 8 *Green and Gold* raffle tickets at \$25.00 a ticket to help fund the APT activities. This raffle has been very successful, especially with the on-line purchasing option. Every child in the school benefits from the proceeds of this raffle, so everyone needs to join in supporting this raffle. The APT continues to invite families to sell their tickets after Mass if they are unable to find other outlets to sell the tickets. If you prefer not to sell tickets, a \$200.00 donation may be offered directly to the APT.

Our parish community is committed to educating every child of the parish that wants a Catholic education. There are resources available to those families that need some assistance to keep their children in school. If financial circumstances make you question sending your child(ren) to SGM, please contact me to discuss some options. Tuition can be negotiated for those that demonstrate a need for tuition assistance.

In the end, tuition is strongly impacted by the enrollment. A full school helps to increase the levels of interaction among the students, it provides opportunities for greater social interaction and keeps down the cost of education by sharing it among a larger pool of families. Have you invited someone to consider SGM? How have you shared the good that happens at SGM school every day? Have you invited someone to take a tour of the school and learn more about what we offer?

As in the past, we will continue with the "Early Payment Discount." If you are able to pay your entire tuition by August 15, 2022, you will receive a 2% discount. Additionally, many companies make matching gifts to elementary schools...check with your company and call the office to inquire how we can help with this as well.

Be assured of my daily prayers for your family. It is a joy to serve at St. Gerard Majella Parish, and a privilege to cooperate with you in the Catholic formation of your child(ren).

In Christ,

Fr. Michael J Grosch
Pastor

February 18, 2022

Dear Parents,

After consultation with the Finance Committee and School Board, tuition numbers for the 2022-2023 school year have been finalized and approved. The following information will assist you in planning for next year. Grade school and preschool will be paid in 10 monthly payments, August through May. As in past years, a 2% incremental discount is available to those who wish to pre-pay tuition before the school year begins.

Tuition for Grades K-8

	Parishioner	Non-Parishioner
1 Child	\$ 6,330	\$ 7,330
2 Children	11,100	12,100
3 Children	13,890	14,890
4 or more Children	15,520	16,520

Tuition for Preschool

With the 2022-2023 school year, we are now offering two new "Full School Day" preschool options, covering four or five days a week. Tuition for children in preschool is as follows:

	Tuition Per Child
<i>Preschool 3/4 - Morning only, three days a week</i>	\$ 2,350
<i>Preschool 3/4 - Full School Day, four days a week</i>	4,500
<i>Preschool 3/4 - Full School Day, five days a week</i>	5,625
<i>Preschool Pre-K - Morning only, four days a week</i>	3,000
<i>Preschool Pre-K - Full School Day, four days a week</i>	4,500
<i>Preschool Pre-K - Full School Day, five days a week</i>	5,625

Please note a change in preschool family discounts. For preschool families with at least one student in our K thru 8th grade program, we are replacing the 5% or 10% discount with a simplified preschool tuition credit in 2022-2023. Preschool families with one child in K thru 8th grade will receive a \$150 preschool tuition credit. Preschool families with two or more K thru 8th grade students will receive a \$300 tuition credit.

Through the blessings of the Guardian Angel Fund, tuition assistance remains available. We stand ready to assist any family that desires a Catholic education but is unable to afford tuition. Please do not hesitate to contact me if you would like information about tuition assistance.

It is a privilege to serve you in the apostolate of Catholic education. Thank you for all that you do to support this important aspect of our parish mission.

Yours in Christ,



Rev. Michael J. Grosch

STUDENT INFORMATION

Date of Application _____ Grade Entering _____

School District student resides in _____

Local Public School Attendance Area:Parkway

Barretts _____

Hannah Woods _____

Wren Hollow _____

Carmen Trails _____

South Middle _____

West Middle _____

Southwest Middle _____

Kirkwood

Keysor _____

North Glendale _____

Robinson _____

Tillman _____

Westchester _____

Nipher Middle _____

North Kirkwood Middle _____

Kirkwood High _____

Other District

School _____

STUDENT INFORMATION:

Full Name _____ Prefers to be called _____

Permanent Address _____ City _____ State _____ Zip _____

Telephone Number _____ Date of Birth _____ Male _____ Female _____

Religion: Roman Catholic _____ Other _____ (please specify) _____

Baptism: Church _____ Date _____ City _____ State _____

First Reconciliation: Church _____ Date _____ City _____ State _____

First Eucharist: Church _____ Date _____ City _____ State _____

Confirmation: Church _____ Date _____ City _____ State _____

PARENT MARITAL STATUS:MARRIEDWIDOWEDDIVORCED*SEPARATED*SINGLEStudent resides with: Both parents _____ Mother only _____ Mother/Stepfather _____
Guardian _____ Father only _____ Father/Stepmother _____* If divorced/separated, indicate custody status: Joint Legal _____ Mother Only Legal _____ Father Only Legal _____
Joint Physical _____ Mother Only Physical _____ Father Only Physical _____

* If divorced/separated, financially responsible part: _____

A COPY OF THE DIVORCE DECREE MUST BE ON FILE IN THE SCHOOL OFFICE PRIOR TO THE FIRST DAY OF SCHOOL.

Total number of children in family _____ Number of Boys _____ Number of Girls _____

Students rank in family (first, second, third, etc.) _____

Names of other children in family:

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

STUDENT BACKGROUND INFORMATION

Schools/Preschools previously attended:

Name of School/Address

Dates Attended:

Has the applicant been diagnosed with a special need or condition that impacts learning or the learning environment? Yes ___ No ___
If yes, explain _____

Are services currently being received for any of the above? Yes _____ No _____
If yes, list provider of services, minutes of support services received weekly, and any other pertinent information _____

PLEASE NOTE: If a special learning need or condition exists, a copy of the diagnostic evaluation and recommended accommodations must be provided to St. Gerard Majella School before registration will be finalized.

Are there any other learning considerations needed for this applicant? Yes _____ No _____
If yes, explain _____

Does the applicant have any medical issue the school needs to be aware of? Yes _____ No _____
If yes, please describe _____

Is the applicant currently on any medication that the school needs to be aware of? Yes _____ No _____
If yes, list medication and possible side effects _____

PARENT INFORMATION

FATHER

Marital Status: Married _____ Divorced _____ Widowed _____ Single _____

Remarried _____ If married, name of spouse _____

Father's Name _____ Home Telephone _____

Address _____

E-mail Address (Please Print) _____

Religion: Roman Catholic _____ Other _____ (please specify) _____

Employer _____

Address _____

Occupation/Title _____ Business Telephone _____

MOTHER

Marital Status: Married _____ Divorced _____ Widowed _____ Single _____

Remarried _____ If remarried, name of spouse _____

Mother's Name _____ Home Telephone _____

Maiden Name _____

Address _____

E-mail Address (Please Print) _____

Religion: Roman Catholic _____ Other _____ (please specify) _____

Employer _____

Address _____

Occupation/Title _____ Business Telephone _____

These statements are true and accurate to the best of my knowledge.

Parent Signature _____

Joie Schuetz Speech-Language Pathologist LLC.
St. Louis, MO 63141
(314) 440-5437
Ryanjoie@sbcglobal.net

SPEECH AND LANGUAGE SCREENING PERMISSION SLIP

Speech and Language Screening is a service St. Gerard Majella School is providing to enrolled students in Kindergarten for the 2022-2023 school year. The screening will be completed by Joie Schuetz, a fully licensed and ASHA certified Speech-Language Pathologist with 20 plus years of experience treating pediatric speech, language, and feeding disorders. Please complete the **permission slip and questionnaire** included on this form.

The screening process will be a quick glance at each child's articulation (production of speech sounds and their intelligibility), language (use of oral language and understanding of language), and the oral mechanism (mouth, tongue, lips, and symmetry present to produce speech).

All kindergarten students will be screened the first month of school and results will be communicated via a form sent home with the student which will include any home programs recommended, teacher suggestions, and weaknesses noted on the screening.

Thank you for your assistance and I look forward to to meeting your child. If you have any questions, please contact Joie Schuetz at (314) 440-5437 or Ms. Guthrie. ***Please be sure to complete the permission form and questionnaire on the back of this form.***

Sincerely,
Joie Schuetz, , M.S.-CCC-SLP
Speech-Language Pathologist
Joie Schuetz Speech-Language Pathologist LLC.
(314) 440-5437



SAFE ENVIRONMENT USER REGISTRATION

Got to <https://www.preventandprotectstl.org>

Click "Register" below the LOG IN button (image at right).

Enter the passcode **stlprotect** when prompted.

Select the type of location where you are a volunteer or employee

- Parish or Parish School
- Non-Parish School or Program
- Archdiocesan Agency
- Non-Archdiocesan Organization

Select the specific location by name.

Click the roles associated with your employment/service at that location.

If you are active at only one location, this will be your "primary" location.

If you are active at more than one location, click the ADD PARISH/LOCATION button and repeat the steps above. With more than one location, please click the "This is my main/primary location" circle to indicate where you are employed or, if you are a volunteer, where most of your ministry or service is performed.

Complete your personal information. Please enter your **legal first name** for the purposes of the background screening.

Create a username, password and password clue.

Agree to the Terms of Use and click SUBMIT.

You will then be prompted to submit information for a background screening, register for a Protecting God's Children workshop*, view two online training modules, and agree to the Code of Ethical Conduct.

*If you have previously attended a PGC workshop, the system will find and ask you to confirm your previous record of attendance. You will not be prompted to register for an upcoming workshop.

You may use the links in your approval checklist to access these requirements. These steps may be completed all at once or may be completed separately at your convenience. You will receive an automated email weekly to remind you which requirements are outstanding. When all compliance requirements have been completed, your account will be approved and you will be clear to work with minors and vulnerable adults.

LOG IN

Username

Password

☐ Remember this account

LOG IN

[Forgot Password](#)

[Register](#)

- ☒ Register onto the site
- ☐ [Submit New Background Check](#)
- ☐ Complete "[Protecting God's Children](#)" training
- ☐ Complete "[Mandated Reporter](#)" training
- ☐ Complete "[Code of Conduct](#)" training
- ☐ Sign "[Code of Conduct](#)"

Should you need any assistance, please contact ocyp@archstl.org

APT - GREEN/GOLD Weekly Raffle – 2022/23

As an alternative way to raise additional funds to secure school programs and to help keep tuition at a minimum, the Alliance of Parents and Teachers (APT) organizes a raffle each spring. This single APT fundraising initiative replaced families having several fundraisers per year. The raffle has been very successful, with over \$60,000.00 raised each year to assist in funding school activities and improvements to the school campus that directly enhance the learning experience of our students.

- **All new & returning registering families** are required to participate.

2022/23 RAFFLE SPECIFICS:

- **ALL PROCEEDS BENEFIT THE SCHOOL!**
- **Every SGM school family is responsible for selling a minimum of eight (8) \$25 raffle tickets.**
- **Sales for new families will start Friday July 22, 2022 and will end at on Monday, August 8, 2022.**
 - The raffle drawings begin the first week of the new school year and continue through the last Monday that school is in session in May.
 - The first Monday of each month a winner is drawn to receive a cash prize of \$250. Each subsequent Monday in the month a winner is drawn to receive a cash prize of \$75.

BONUS: If you win the cash prize for the week your ticket is automatically reentered for the following Mondays!!!!

GOAL:

2,400 tickets sold = \$60,000

- Tickets will be sold via GoRaiseDough.com, an organization that administers online raffle ticket sales. **Tickets may be purchased with credit/debit cards!**
- All families will receive an email from Father through GoRaiseDough.com explaining how to register along with an email format to send to potential buyers.
- Tickets purchased by cash or check will be available by request only for those who have buyers not on the Internet. All tickets purchases this way **MUST** be completed 48 hours prior to the close of sales. Please contact Amanda Wolf purchase of these tickets wolfamanda2015@gmail.com.

St. Gerard Majella Parish Registration

Today's Date ____/____/____

Please Print	Adult #1	Adult #2
Title (circle one)	Mr. Mrs. Miss Ms. Dr. Other _____	Mr. Mrs. Miss Ms. Dr. Other _____
Name (first middle last)		
Preferred/Nickname		
Maiden Name		
Gender	Male _____ Female _____	Male _____ Female _____
Birthday	Date ____/____/____	Date ____/____/____
Street Address		
City, State Zip		
Preferred Email Address		
Marital Status (circle one)	Single Married Divorced Widowed Separated Cohabiting	
Date Married	Date ____/____/____	
Home Phone	() - _____ unlisted? Y _____ N _____	
Cell Phone	() - _____ unlisted? Y _____ N _____	() - _____ unlisted? Y _____ N _____
Work Phone	() - _____	() - _____
Occupation		
Employer		
Religion		
Baptism	Yes _____ No _____	Yes _____ No _____
First Communion	Yes _____ No _____	Yes _____ No _____
Confirmation	Yes _____ No _____	Yes _____ No _____
Marriage blessed by the Catholic Church	Yes _____ No _____	

Are you interested in automatic withdrawal contributions?	Yes _____ No _____
Do you want Information about our full-time School?	Yes _____ No _____
Do you want information about our parish school of religion?	Yes _____ No _____
Do you have a household member living with you who would benefit from a visit from one of the priests?	Yes _____ No _____

Previous Parish _____

Emergency Contact: Name _____

Telephone Number: _____

Continue other side

Dependent Children

Child #1				
Name (First & Last)	Gender	Birthdate	School	Grade
Baptized Y___ N___	Date ___/___/___	Church of Baptism :		
First Communion Y___ N___	Confirmation Y___ No ___			
Child #2				
Name (First & Last)	Gender	Birthdate	School	Grade
Baptized Y___ N___	Date ___/___/___	Church of Baptism :		
First Communion Y___ N___	Confirmation Y___ No ___			
Child #3				
Name (First & Last)	Gender	Birthdate	School	Grade
Baptized Y___ N___	Date ___/___/___	Church of Baptism :		
First Communion Y___ N___	Confirmation Y___ No ___			
Child #4				
Name (First & Last)	Gender	Birthdate	School	Grade
Baptized Y___ N___	Date ___/___/___	Church of Baptism :		
First Communion Y___ N___	Confirmation Y___ No ___			

Adult #3 -- Relationship to you _____	
Name (first last)	
Gender	Male _____ Female _____
Birthday	Date: ___/___/___
Marital Status	Single Married Divorce Widow Separated
Religion	
Baptism	Yes _____ No _____
First Communion	Yes _____ No _____
Confirmation	Yes _____ No _____

Additional needs or comments:

Grade Entering _____

School Year: 2022-- 2023

List Dates (month – day – year)

Physical Examination Form

Type of vaccine	1 st	2 nd	3 rd	4 th	5 th
DTaP/DTP (Diphtheria, Tetanus, Pertussis)					
DT					
Td					
OPV/IPV (polio)					
MMR (Measles, Mumps, Rubella)					
Measles					
Mumps					
Rubella					
HIB					
TB Test (type & result)					
Hepatitis B					
Varicella (chicken pox vaccine)					
Other:					

Follow-Up Notes:

THIS FORM MUST BE RETURNED TO THE SCHOOL OFFICE BY:

Student's Name: _____

Birth Date: _____ Sex: _____

Parent/Legal Guardian: _____

Physician's Name: _____

Physician's Phone #: _____

To Parent/Legal Guardian:

In accordance with the recommendations of the St. Louis Archdiocese Health Advisory Committee, all children are expected to have a complete physical examination upon entrance to kindergarten, 3rd grade, 6th grade, 9th grade, and all newly enrolled students who have not had a physical examination within the past 12 months.

This form is provided for the convenience of your child's physician. At the time of the examination please have your physician complete and sign this form. *It is expected that each student have this form on file at school by the first day of school.*

School Name: St. Gerard Majella

School Address: 2005 Dougherty Ferry Road, Kirkwood MO 63122

School Phone: (314) 822-8844

Physical Examination Form – St. Gerard Majella

Medical History (to be completed by parent)

Eyes: Glasses ____ (reading ____ distance ____) Contacts ____
Other: _____

Ears: Frequent infections _____

Hearing Difficulty (explain) _____

Hearing Aid: right ____ left ____ wear at school ____

Allergies: (drugs, food, insects, pollens)
Please list: _____

Has the allergy ever required emergency action? (explain)

Asthma: Yes ____ No ____ Triggered by: _____

Treatments/Medications: _____

Diagnosed by physician (date): _____

Seizures: Yes ____ No ____ Date of last seizure: _____

Describe Seizure: _____

Medication: _____

Other Medication/Inhaler: _____

Reasons for taking: _____

Other Health Concerns:

- | | | | | | |
|------------------------------|-----------------------------|--------------------|------------------------------|-----------------------------|----------------|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Diabetes | <input type="checkbox"/> yes | <input type="checkbox"/> no | heart problems |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | bleeding | <input type="checkbox"/> yes | <input type="checkbox"/> no | eating |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | sleeping | <input type="checkbox"/> yes | <input type="checkbox"/> no | bowel |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | bladder | <input type="checkbox"/> yes | <input type="checkbox"/> no | bed wetting |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | dental | <input type="checkbox"/> yes | <input type="checkbox"/> no | skin |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | menstrual history | <input type="checkbox"/> yes | <input type="checkbox"/> no | phobias(fears) |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | blood pressure | <input type="checkbox"/> yes | <input type="checkbox"/> no | orthopedic |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | neurological | <input type="checkbox"/> yes | <input type="checkbox"/> no | head aches |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | blood disorder | <input type="checkbox"/> yes | <input type="checkbox"/> no | lungs |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | sickle cell anemia | <input type="checkbox"/> yes | <input type="checkbox"/> no | TB exposure |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | bee allergy | | | |

Explain: _____

Other illness, injury, or health problem that might affect performance at school: _____

Physical Examination (to be completed by physician)

Growth Measurements:

Height: _____ Weight: _____

Dietary restrictions: _____

Physiologic Measurements:

Temperature: _____ Pulse: _____ Respiration: _____

Blood pressure: _____ Urinalysis: _____

Physical Exam:

General Appearance: _____

Skin: _____

Head: _____

Neck: _____

Eyes: _____

Vision Test: Both ____ Right ____ Left ____

Ears: _____

Hearing Test: Pass ____ Fail ____

Nose/Mouth/Throat: _____

Chest: _____

Abdomen: _____

Genitalia: _____

Back & Extremities: _____

Neurological Exam: _____

Chronic conditions and treatment: _____

Should physical activity be restricted? Yes ____ No ____

If yes, specify degree: _____

Other restrictions: _____

Preferential Seating: _____

Signature: _____

Date: _____ Date of Exam: _____