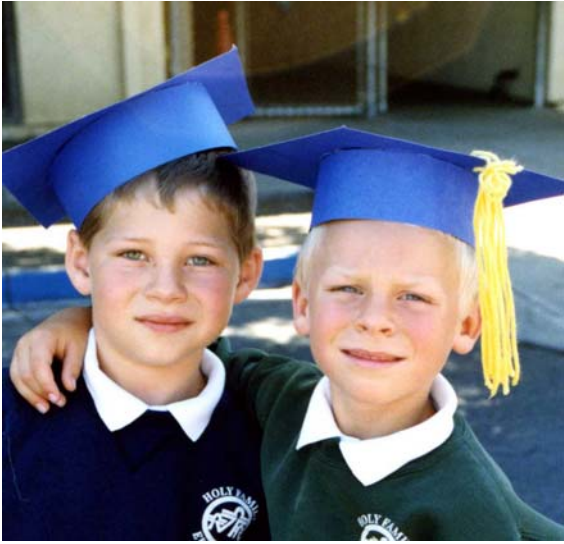


# **HOLY FAMILY SCHOOL APPLICATION PACKET 2010-2011**



**HOLY FAMILY SCHOOL  
4850 PEARL AVENUE  
SAN JOSE, CA 95136  
978-1355  
[www.hfsj.org](http://www.hfsj.org)**

## Holy Family “Ready for Life” Preschool



In a high quality preschool environment, a child learns on average 22,000 vocabulary words in a year. Children who do not develop this level of verbal aptitude are never able to catch up. Additionally, research has proven that a seamless Pre-K through 3rd grade program produces the highest outcomes, and highest 4th grade test scores. Our high quality teaching approach stacks your child for success.

### How does Holy Family differentiate our Preschool from other schools?

We provide a high quality experience that includes:

- Seamless Pre-K through 3rd grade experience
- High academic standards
- Right mix of play and academics
- Community support system through parent involvement and Church Community involvement
- Flexibility allowing for part-time attendance with a full-time program

Our high quality experience has resulted in successful students who are “Ready for Life”

- Prepared for Kindergarten and grades 1-12
- 98% of Holy Family students are accepted into their High School of choice
- 98% of Catholic High School students go on to college
- 95 % of those Catholic High School students who attend college, graduate college

Ensure that your child has a spot in an education program that offers a unique and seamless experience from Pre-K through High School, and gets them “Ready for Life”!

**For more information, come to our upcoming Open House on June 12, 2010**

**or visit our website [www.hfsj.org](http://www.hfsj.org)**

*The pathway for academic success starts with Holy Family “Ready for Life” Preschool.*



Holy Family School · 4850 Pearl Street · San Jose, CA 95136 · (408) 978-1355



**HOLY FAMILY SCHOOL  
PRESCHOOL  
OPEN HOUSE**

Our Open House for Prospective Families, will be on Saturday, June 12, 2010 from 2 to 4 pm.

Holy Family School Preschool is located behind the Kindergarten-8<sup>th</sup> grade school. The physical address is 4758 Joseph Especiale Dr. San Jose, CA 95136.

Please call Sheryl Citta at 408 978-1355.

## **BELONGING TO THE HOLY FAMILY COMMUNITY**

Families that choose to join the Holy Family community are committing to the philosophy of shared responsibility in the education of their child. It is a partnership between the parents and the school that supports the development of the whole child. Research has shown that children whose parents are involved in their child's education do better in the academic environment. In understanding this philosophy, we have instituted several programs and activities to encourage our parental involvement. Below is a list of these activities and a brief description of the expectation for participation. More information will be shared as families go through orientation.

### **Tuition**

As a private Catholic educational institution, our operating budget is funded solely by tuition payments made by parents and fundraising activities throughout the year. Tuition for the school year is based on teacher and staff salaries, and other educational costs. Tuition may be paid monthly or yearly. A tuition schedule is handed out yearly, along with a tuition agreement. In order to receive the Holy Family Parish tuition discount, a Parish Affiliation form must be on file. To qualify, a family must be a registered member of Holy Family Parish for at least six months, use weekly Sunday envelopes and participate in parish activities.

### **Service Hours**

Each family has an obligation to complete 20 hours of service each year. Single parent families are required to fulfill 10 hours. The purpose of this program is for all school parents to participate as volunteers in the activities of the school and/or parish. Activities include, but are not limited to, teacher aide, board member, field trip driver, working at festival, etc. A list of opportunities is sent home at the beginning of the school year, and may be found on our web site. In order to volunteer at Holy Family School, cleared fingerprint reports must be on file in the school office.

### **Scrip Commitment**

Each family is expected to purchase 4,000.00 of Scrip per school year to help offset operating budget expenses. This amount must be reached by the end of April 2011. Our list of Scrip participants is extensive to help all families meet this commitment.

### **PTG Fundraising Participation**

Our Parent-Teacher Group (PTG) sponsors several major fundraisers each year. These fundraisers currently are: Cookie Dough, QSP and See's Candy in the fall and Jog-A-Thon in the spring. PTG is also involved with the Annual Golf Tournament and Enchanted Evening Dinner/Dance Auction. All of the money raised goes to support the operating budget of the school, or specific projects that are not covered by the school budget. All families are required to participate in and support these events.

### **School Development**

Tuition pays the majority of costs for educating our children, but not all of them. The shortfall is covered by fundraisers. Our "The Gifting of Faith" appeal will be used to fund our long-range plan which includes technology upgrades, and other needed improvements (last year we were able to raise over \$200,000 for the school). This is a tax-deductible way to help support the school. We ask our families to support this appeal based on their financial capabilities.

**Holy Family School Preschool**  
**Application Information and Admission Policy**

All students interested in applying to Holy Family School Preschool must meet the criteria: Must be age 3 by September 1, 2010. **Must also be potty-trained.**

**Admission Policy**

Non-Discrimination Statement

The preschool does not unlawfully discriminate on the basis of race, color, national or ethnic origin, age, sex, or disability in the administration of its educational policies, scholarship, and loan programs, and other school administered programs.

Admission Priorities

All incoming students will be admitted as follows:

- Priority 1: Santa Familia eligible children (10 seats)
- Priority 2: Siblings of children currently enrolled in the school.
- Priority 3: Students whose families are registered and active parishioners, who regularly attend Mass at Holy Family Parish and whose registration forms are submitted by the required dates.
- Priority 4: If room is available, transferring Catholic preschool students whose families register and become active parishioners.
- Priority 5: If room is available, Catholic preschool students from outside the parish who will support the school.
- Priority 6: If room is available, other students who by their behavior and attitude demonstrate an acceptance of the Preschool philosophy will be admitted.

Admission Criteria

Following the priority determination listed above, admission to preschool will be determined by these criteria:

- Criteria 1: The applicant must be potty trained and three years of age by September 1 and be **potty-trained.**
- Criteria 2: The applicant family must complete all required forms and provide a birth certificate and proof of the child having had a physical examination within last year.
- Criteria 3: It is of the utmost importance that parents understand and agree that their support of the preschool, especially in regards to prompt payment of tuition and a willingness to volunteer in the preschool, is required for admission and continued good standing with the school.
- Criteria 4: All applicants and their parent(s) may be interviewed by the Director. Those students accepted for preschool will be placed on probation for 2 months. The administration and faculty of the preschool wish to remind every family that this preschool is not designed to accommodate behavioral problems. We will do all in our power to facilitate specialized testing where deficiencies may be caused by specific learning difficulties. During the 2-month trial period, it will be determined if the program meets the child's best interests. At the end of the trial period, the child may be withdrawn at the request of the Director.

Completed Application Consists of:

1. Application Fee-\$60.00 (non-refundable)
2. Copy of County Birth Certificate (not a hospital copy)
3. Copy of Baptismal Certificate (if baptized)
4. Evaluation from previous preschool or day care
5. Copies of Immunization Records
6. Completed Application

Return the application and accompanying materials to Sheryl Citta, Admissions Director. Interview times will not be scheduled until the application is completed.

## **Curriculum Overview**

### **SPIRITUAL DEVELOPMENT**

- to learn about God's love for them
- to develop natural curiosity and wonder about God and the world
- to shape attitudes of love and respect for self and others
- to learn prayer and songs

### **SOCIAL DEVELOPMENT**

- to be responsible for behavior, classroom materials and school routine
- to learn how to share
- to participate in group activities
- to begin to develop relationships with others

### **COGNITIVE DEVELOPMENT**

- to develop listening and speaking skills related to self expression
- to utilize play to order, generalize, and interpret experiences
- to utilize thinking skills and process information
- to begin to understand symbolic relationship between written and spoken forms of communication
- to develop the basic math concept of number patterns
- to be exposed to the concept of proceeding from concrete to the representational to the abstract

### **EMOTIONAL DEVELOPMENT**

- to develop a positive self image
- to relate to others in group situations
- to develop self help skills
- to utilize quiet and reflective moments

### **PHYSICAL DEVELOPMENT**

- to utilize activities to develop gross motor skills
- to utilize activities to develop fine motor skills
- to employ these skills in cooperative outdoor play
- to promote the development of coordination through specific activities

**Student Application**

**Requested Forms**

Student Name \_\_\_\_\_

Initial Forms: (Place a check if the materials are included)

Enrollment Application \_\_\_\_\_

Development History \_\_\_\_\_

Once Accepted:

Admission Agreement

Physician statement and Immunization history

Health History

Acknowledgement of parent rights

Emergency Card



# HOLY FAMILY SCHOOL APPLICATION 2010-2011

## Father Information

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Last First  
Address \_\_\_\_\_ Birthplace \_\_\_\_\_  
Number & Street City Zip  
Religion \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Wk Ph(\_\_\_\_) \_\_\_\_\_ Cell Ph(\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Drivers License No. \_\_\_\_\_

## Mother Information

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Last First  
Address \_\_\_\_\_ Birthplace \_\_\_\_\_  
City Zip  
Religion \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No\_\_\_ Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Wk Ph (\_\_\_\_) \_\_\_\_\_ Cell Ph (\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Drivers License No. \_\_\_\_\_

## Step-Parent or Guardian Information (If applicable) Please indicate if Step-Parent or Guardian

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Last First  
Address \_\_\_\_\_ Birthplace \_\_\_\_\_  
City Zip  
Religion \_\_\_\_\_ U.S. Citizen? Yes\_\_\_ No\_\_\_ Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Drivers License No. \_\_\_\_\_

## Session Preference:

\_\_\_\_\_ 5 Day \_\_\_\_\_ 3 Day

Please attach a \$60.00 non-refundable application fee.

When submitting this application please include a copy of the child's birth certificate.

## **Preschool Tuition 2010-2011**

### **Holy Family Parishioner:**

\$5,855.00 Mon. - Fri. preschool - 9:00 am – 1:00 pm

\$5,738.00 (2% discount for annual payment)

\$3,513.00 Any three days of the week - preschool 9:00 am – 1:00 pm

\$3,443.00 (2% discount for annual payment)

### **Other Families**

\$7,528.00 Mon – Fri. preschool – 9:00 am – 1:00 pm

\$7,377.00 (2% discount for annual payment)

\$4,517.00 Any three days of the week - preschool 9:00-1:00 pm

\$4,426.00 (2% discount for annual payment)

*Tuition is due and payable one month in advance.*

### **Extended Care**

Extended care will be offered at the fee of \$6.00 per hour. A monthly fee will also be available and is to be determined. A discount will be available for monthly charges being auto debited.

**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES? ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*		

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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