



St. Vincent de Paul  
Catholic School

14330 Eagle Run Drive  
Omaha, NE 68164  
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www.svdpomaha.org

November 1, 2018

Dear Parent,

As we prepare for another year of our Preschool and Pre-Kindergarten programs we are filled with much gratitude to all the families and parishioners that have supported this program. We appreciate and value the opportunity to have a Catholic based program for our youngest members.

Everyday I am touched when I see our eager preschoolers come into the building. It not only warms my heart, but the older students and teachers as well. Our preschool program is a wonderful part of our school.

We would like to begin the pre-registration for the 2019-2020 school year. Please complete the pre-registration form and the student background sheet and return it along with their original birth certificate and a copy of their baptismal certificate to the school office by Friday, November 16th. A \$150.00 non-refundable deposit is required with each registration. If this causes any hardship for a family, please do not hesitate to contact me.

\*2-Day preschool program a child must be 3 by September 1, 2019

\*3-Day pre-kindergarten program a child must be 4 by September 30, 2019

\*5-Day program is for children that are 4 by July 31<sup>st</sup> and are entering Kindergarten the following year. All children are required to be toilet trained.

Along with this letter is a fact sheet about the programs and the different options available. Registered parishioners and those already in the preschool program will have priority for acceptance. If you have any questions about anything, please do not hesitate to contact me at [marcheseb@svdpomaha.org](mailto:marcheseb@svdpomaha.org)

Thank you for your interest. We look forward to a wonderful experience for your child.

Sincerely,

Dr. Barbara Marchese  
Principal  
St. Vincent de Paul School

St. Vincent de Paul Catholic Elementary School  
**Preschool/Pre-Kindergarten Information Sheet**

**2-Day Preschool**  
**Mornings Only**  
**Tuesday/Thursday**  
8:10 am – 11:00 am

**Requirements:**

- 3 years old by September 1, 2019
- Independently toilet trained

**Overview:** This program will provide 3-year old children an opportunity to interact with their peers in play-based settings.

**Cost:**

Registration - \$150  
Tuition - \$1225  
Total - \$1375

**3-Day Pre-Kindergarten**  
**Mornings Only**

\*Afternoons offered only if 5-day pre-k does not fill

**Monday/Wednesday/Friday**  
8:10 am – 11:00 am

**Requirements:**

- 4 years old by September 30, 2019
- Independently toilet trained

**Overview:** The 3 day program builds on skills learned in the 2-day program while also focusing on Kindergarten readiness skills.

**Cost:**

Registration - \$150  
Tuition - \$1525  
Total - \$1675

**5-Day Pre-Kindergarten**  
**Afternoons Only**

**Monday-Friday**  
12:30 pm – 3:00 pm

**Requirements:**

- 4 years old by July 31, 2019 and/or entering kindergarten the following year
- Independently toilet trained

**Overview:** This program will focus on kindergarten readiness skills for those with prior preschool experience.

**Amazing Athletes:** (Please read below)

**Cost:**

Registration - \$150  
Tuition - \$2,175  
Total - \$2,325  
Amazing Athletes - \$100

**Mission**

The mission of St. Vincent de Paul School is to provide quality spiritual, educational and social opportunities in a respectful learning environment reflective of our Catholic beliefs.

**Philosophy**

Our program promotes and supports the spiritual, physical, social, emotional, language and cognitive development of young children by facilitating active learning experiences. We believe each child is unique in terms of developmental level, life experience and cultural heritage; and we are committed to creating a safe, nurturing environment where all children can learn and grow. In addition, we believe it's imperative that a partnership exists between school and families in order to provide the optimal learning experience.

**Preschool/Pre-Kindergarten Program Goals**

- each child can experience God's love and grow in a relationship with God
- each child's social and emotional development is fostered
- language, literacy and listening skills are developed and encouraged
- each child is exposed to the arts and sciences (art, music, math, and science)
- each child can cultivate their fine motor skills
- opportunities are given for the development of large motor skills
- creativity, problem-solving and critical thinking skills are fostered
- self-help skills and an awareness of health, nutrition and safety are taught
- each child's individuality with regard to life experiences and traditions is valued

**Academic Program**

Our academic program will include religion, basic reading, math, social studies, and science.

### **Age Requirements for Admittance**

To attend the 2-Day preschool program a child must be 3 by September 1, 2019. To attend the 3-Day pre-kindergarten program a child must be 4 by September 30, 2019. The 5-Day program is for children that are 4 by July 31<sup>st</sup> and are entering Kindergarten the following year. All children are required to be toilet trained.

### **Amazing Athletes (5-day class only)**

This is an Educational sports and fitness program teaching students the fundamentals of nine different sports while focusing on seven key areas of motor development. This is only offered to our 5 day students at this time. This program is contracted with an outside group.

### **Calendar**

The academic school year will be based on the St. Vincent de Paul School calendar.

### **Class Size**

Class size will not exceed the state guidelines (1 adult to 10 students).

### **Criteria for Acceptance**

The criteria for acceptance will follow the policy in place for kindergarten through eighth grades. Current preschoolers and active, registered parishioners will be given first priority.

### **Schedule**

- 2-Day Program will be held on Tuesday and Thursday mornings.
- 3-Day Program will be held Monday, Wednesday and Friday mornings. An afternoon session will be added if the Five Day Program does not fill.
- 5-Day Program will be held 5 days a week in the afternoon.

### **Teachers**

Each class will have a state certified teacher and full time teacher associate.

### **Time**

2-and 3-Day programs will be offered Monday through Friday mornings. If the 5-Day Pre-Kindergarten does not fill, a 3-Day afternoon session will be offered. 5-Day programs will be offered Monday through Friday afternoons.

- Morning Sessions: 8:10 am – 11:00 am
- Afternoon Sessions: 12:30 pm – 3:00 pm

### **Registration**

Pre-registration for the 2019 school year will take place in the fall of 2018. Final registration will take place in December of 2018.

### **Special Classes**

Music, PE, media, and technology will be part of the curriculum.

### **Uniform**

Students will wear uniforms that can be purchased from Dennis Uniform or Di Giorgio's Sportswear.

# St. Vincent de Paul Catholic Elementary School

## Preschool Registration Application

I am interested in (please check one):  2-day Preschool  3-day Pre-kindergarten  5-day Pre-kindergarten

Are you registered at SVdP Parish? \_\_\_ YES \_\_\_ NO Date Registered: \_\_\_\_\_

Student Name: \_\_\_\_\_ M \_\_\_ F \_\_\_  
Last First Middle Gender

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Subdivision  
\_\_\_\_\_ City State Zip School District

Home Telephone: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Student lives with: (please circle one) Both parents Father Mother Other

**Father's Name:** \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_  
Street Subdivision  
\_\_\_\_\_ City State Zip Email Address

Father's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Marital Status: (please circle one)  
Married Separated Divorced Widowed Single

Father's Education: \_\_\_\_\_ Safe Environment: \_\_\_ Yes \_\_\_ No Exp. \_\_\_ / \_\_\_ / \_\_\_

**Mother's Name:** \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_  
Street Subdivision  
\_\_\_\_\_ City State Zip Email Address

Mother's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother's Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Marital Status: (please circle one)  
Married Separated Divorced Widowed Single

Mother's Education: \_\_\_\_\_ Safe Environment: \_\_\_ Yes \_\_\_ No Exp. \_\_\_ / \_\_\_ / \_\_\_

*For Office Use Only:*

Date \_\_\_\_\_  \$150.00 deposit Check # \_\_\_\_\_ Baptismal Certificate  Birth Certificate

# St. Vincent de Paul Catholic Elementary School

## Preschool Registration Application

1. Please include the original birth certificate (per NE state law) for your child with this application form. We will make a copy for our files and return the original to you.

2. Please include month, day and year of Baptism and attach your child's Baptismal Certificate for us to copy. If your child was baptized at SVdP and you do not have the Baptismal Certificate, please request a replacement certificate from the Parish Office (402-496-7988) to be sent to the School Office. If your child was baptized at another church, please request a replacement certificate from that church.

	Date	Church	City, State
Baptism			

3. **ETHNICITY:** Is this student Hispanic/Latino?  yes  no

4. **RACE:** (choose one or more; must choose at least one)

American Indian or Alaska Native       Native Hawaiian or Pacific Islander  
 Asian       White  
 Black or African American

Is this student bilingual? \_\_\_\_\_ Language(s) other than English spoken at home \_\_\_\_\_

Schools Student Previously Attended	Dates	Location

Name of Sisters/Brothers	DOB	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

### Emergency Contact Information (Adults other than Parents)

Name of contact	Telephone Number	Relation to Child (or friend)
1. _____	_____	_____
2. _____	_____	_____

### AUTHORIZATION

**Media Release Notice:** St. Vincent de Paul School and Church assume they have permission to include student photos, videos, printed materials, online newsletters, school web site and/or local media stories for promotion purposes.

Check here  to indicate that you **DO NOT** give permission for your student to be included in media events.

**Student Directory Listing:** Saint Vincent de Paul School publishes a student directory that includes: parent/guardian and student name, home address and home phone number, and primary parent/guardian email.

Check here  to indicate that you **DO NOT** want information on you or your student published in the directory.

**Background Information for Preschool Students  
St. Vincent de Paul**

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_  
                    (First)           (Middle)           (Last) Name

Name for classroom use \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Mother or Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

Name of Father or Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

Marital Status of Parents \_\_\_\_\_

Custody - Visiting Arrangements \_\_\_\_\_

List siblings and their ages:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Is any language other than English spoken at home? \_\_\_\_\_

\_\_\_\_\_

Does your child have any special health problems that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any problems with vision or hearing? If so, please Explain. \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

\_\_\_\_\_

Does your child take any regular medication? \_\_\_\_\_

\_\_\_\_\_

Are there any special medical, physical, or emotional needs that the school or staff should be aware of? \_\_\_\_\_

\_\_\_\_\_

Is your child receiving or has received services from a district or private facility, such as speech, occupational or physical therapy? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Has any individual academic or psychological testing been completed on your child? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

\_\_\_\_\_

How would you describe your child's general disposition (ex. shy, fearful, happy, outgoing)? \_\_\_\_\_

\_\_\_\_\_

Has your child attended preschool or daycare before? \_\_\_\_\_

\_\_\_\_\_

Please describe previous preschool experiences. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope your child will gain from his/her preschool experience at St. Vincent de Paul? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_