

January, 2010

Dear Parents/Guardians:

Thank you for your interest in School of the Incarnation. Enclosed please find the necessary materials to begin the application process. Please provide all forms and information requested on the application checklist for each child. *Incomplete packets will not be considered until all information is received.* Completed packets may be brought to the School Office Monday, February 1st through Monday, February 15th between the hours of 8:30 a.m. and 3:30 p.m. **Deadline for applications is Tuesday, February 16th at 3:30 p.m.**

If you are applying for kindergarten, please have your child's Preschool complete the enclosed Developmental Descriptors Inventory and return it to School of the Incarnation in the self-addressed envelope (please provide stamp). If your child does not attend preschool, the parent should complete the form and return it with the application.

Students entering grade 1-7 will be invited to participate in a school visit which will include an assessment of both math and reading/writing skills. Invitations will be made based on the availability of seats at each grade level and will be given in order of priority as outlined on the Board of Pastors Application Criteria enclosed in the application packet.

Notification of admission decisions will be mailed the week of March 15th. If you have any questions, please contact the School Office at 410-519-2285.

Thank you for your interest in School of the Incarnation.

Blessings in Christ,

Dr. Barbara McGraw Edmondson
Principal



School of the Incarnation

Parent/Guardian Checklist for Application Packet 2010-2011

In order to ensure the proper processing of your application, please use the following checklist to review your packet for completeness **BEFORE** returning it to the School Office.

Note: All applications **MUST** be returned by **3:30 PM on Tuesday, February 16, 2010** to School of the Incarnation, 2601 Symphony Lane, Gambrills, MD 21054.

Thank you for your cooperation and support of the School of the Incarnation.

Checklist for Complete Application

Please check off the items as you complete and insert in the large envelope provided.

- Copy of the Child's Birth certificate
- Copy of child's Sacramental certificates
- Enrollment Application
- Family Parish Information (one copy or photocopy per child)
- Photo copy of both parent/guardian driver's license or military photo ID
- Developmental Inventory for kindergarten applicants only
- Copy of the 1st and 2nd quarter report cards for the current school year, standardized test scores for Grade 1-8 applicants
- If applicable, IEP/504 Plan. Additional evaluations (Speech/Language, Occupational, Educational/Developmental Assessments)
- Check for \$100 non-refundable application fee made payable to: "School of the Incarnation"

Child's Name _____

Grade 2010/2011 _____

Home Phone _____

Work Phone _____

Email address _____

Board of Pastors
Application Criteria
School of the Incarnation

Registration for the School of the Incarnation begins January 30, 2010. As an inter-parish School, the Board of Pastors applies the same standards for evaluation and endorsement of applicants in each of the incorporating parishes. The following items are necessary for applications to the school to be endorsed as parish members. Please read this carefully before making application to the School.

1. The family is registered with one of the following parishes

Church of the Holy Apostles, Gambrills
Holy Family, Davidsonville
Our Lady of Perpetual Help, Edgewater
Our Lady of the Fields, Millersville
St. Elizabeth Ann Seton, Crofton
St. Joseph, Odenton

2. The family participates in weekly Liturgy and in various activities of the parish community
3. Registered families participate in sacrificial giving through the regular use of collection envelopes of their parish
4. The family supports the Catholic identity of the School and is committed to collaborative efforts with the Principal and the Administration
5. Both new applicants and current households will be certified by their pastor annually as meeting these criteria
6. Those who are not certified as parish members, but are admitted because of available seats will be assessed an out-of-parish tuition rate

Tuition assistance is available for “participating” parishioners and is provided through the School from a unified fund, not through individual parishes. Inquiries for tuition assistance should be made to the School Office.

SCHOOL OF THE INCARNATION
ENROLLMENT APPLICATION

Last Name _____ First Name _____ Middle Initial _____

Name you wish child to be called at school _____

Street Address _____ Apt. _____

City _____ State _____ Zip _____ County _____

Home telephone _____ Area/Neighborhood _____

Home E-mail address _____

Grade Fall 2010 _____ Current School _____

Current School Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security # _____

Gender Female Male Religion _____

Race: Asian/Pacific Islander (P) Black/African American (B) Hispanic (H)

Multi-racial (M) Native American (I) White (W)

FAMILY DEMOGRAPHIC INFORMATION

Father's Full Name _____ Religion _____

Father's Address _____

Father's Home Phone _____ Father's Day Phone _____

Father's Occupation _____

Father's Employer _____

Father's Work Address _____

Father's Work E-mail Address _____

Mother's Full Name _____ Religion _____

Mother's Address _____

Mother's Home Phone _____ Mother's Day Phone _____

Mother's Occupation _____

Mother's Employer _____

Mother's Work Address _____

Mother's Work E-mail Address _____

Guardianship: Both Parents _____ Mother _____ Father _____ Other _____

If other checked, please complete:

Guardians: _____ Religion _____

Address _____

Home Telephone _____ Work Phone _____

Occupation _____

Employer _____

Work Address _____



SCHOOL OF THE
INCARNATION

Family Parish Information

APPLICANT INFORMATION:

Child's Full Name _____
Last First Middle

Home Address _____
Number and Street

_____ City State Zip

_____ Date of Birth Place of Birth Social Security#

Religious Affiliation: _____

Sacramental Information:

	<u>Date Received</u>	<u>Parish</u>	<u>Address</u>
Baptism	_____	_____	_____
Eucharist	_____	_____	_____
Reconciliation	_____	_____	_____
Confirmation	_____	_____	_____

FAMILY INFORMATION:

Child's Father

Child's Mother

Name: _____
Work Phone: _____
Home Phone: _____
Religious Affiliation: _____

Name: _____
Work Phone: _____
Home Phone: _____
Religious Affiliation: _____

Please indicate: ___ Married ___ Single
___ Deceased ___ Other

Please indicate: ___ Married ___ Single
___ Deceased ___ Other

With whom does child live? _____

Parish you attend: _____

Are you registered? _____ Yes _____ No

1. Does your child/children currently participate in Religious Education/Faith Formation or Children's Liturgy of the Word? _____ Yes _____ No

If yes, please describe:

2. Parent/family involvement in Parish Ministries (Please name: e.g. Eucharistic Minister, Greeter, Reader, Pastoral Council, Catechist, K of C, Bible Study, etc.)

3. Parent/family volunteer in Parish activities (Please name: e.g. Office help, Our Daily Bread Casseroles, Scouts, etc.):

Paternal Grandfather

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Religious Affiliation: _____
Please indicate: _____ Living _____ Deceased

Paternal Grandmother

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Religious Affiliation: _____
Please indicate: _____ Living _____ Deceased

Maternal Grandfather

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Religious Affiliation: _____
Please indicate: _____ Living _____ Deceased

Maternal Grandmother

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Religious Affiliation: _____
Please indicate: _____ Living _____ Deceased

Please note: A photocopy of each parent/guardian's driver's license or other photo ID will be included with application when sent to the pastor.

II
INCARNATION

Developmental Descriptors Inventory

Childs' Name: _____

Date of Birth: _____ Current Age: _____
Years Months

Preschool: _____ Telephone Number: _____

Person Completing Inventory: _____ Title/Position: _____

Please review each descriptors. Mark with a (✓) if the descriptor is strength for the child. Mark with an (x) if further age-appropriate growth is needed in this area. Mark **NA** if this skill has not yet been introduced.

Auditory Descriptors

- _____ Listens without interrupting while maintaining eye contact in a small group.
- _____ Repeats short patterns of sounds, words or numbers.
- _____ Follows simple two or three step directions.
- _____ Recalls familiar rhymes, poems, and songs and completes a sentence with appropriate word or phrase.

Fine Motor Descriptors

- _____ Builds structures with blocks.
- _____ Holds crayon with thumb and finger not fist. Begins to hold primary pencil correctly.
- _____ Prints capital letters on unlined paper.
- _____ Strings beads and can follow pattern.
- _____ Holds scissors appropriately and cuts large objects.
- _____ Attempts to glue with some control.

Gross Motor Descriptors

- _____ Balances on one foot for a few seconds.
- _____ Walks forward, backwards, sideways on taped lines or footprints.
- _____ Correctly identifies right and left side.
- _____ Runs and gallops, begins to skip.
- _____ Walks up and down stairs with alternate feet.
- _____ Jumps with two feet without losing balance.
- _____ Bounces and catches large ball with two hands.
- _____ Imitates more complex movements.

(Continue)

Language Descriptors

- _____ Communicates thoughts and needs in complete sentences.
- _____ Recognizes colors.
- _____ Identifies upper case letters.
- _____ Identifies basic shapes.
- _____ Listens and retells stories in sequence.
- _____ Creates own story dictated to teacher or adult.
- _____ Understands opposites and spatial relationship such as under, above, between.

Social-Emotional Descriptors

- _____ Enjoys cooperative play. Shares and takes turns.
- _____ Follows routines and rules.
- _____ Strives to be independent.
- _____ Recognizes adult as authority and seeks adult support appropriately.
- _____ Shows age-appropriate self-control.
- _____ Uses words to influence peers.

Visual Descriptors

- _____ Matches color, shape, size.
- _____ Sorts and classifies objects by one or more attributes.
- _____ Completes simple puzzles.
- _____ Identifies likenesses and differences of objects.
- _____ Repeats patterns of 3 or 4 items.
- _____ Identifies a group of objects and can name objects removed from the group from memory.
- _____ Recognizes own printed name.
- _____ Identifies one to one correspondence with numerals 1-10.

Please provide any additional comment that would assist in describing the child such as special needs, talents, parental involvement, special services, recommendations, etc.

Teacher/Director's Signature: _____ Date: _____

Thank you for taking the time to complete this inventory and share your insights with us.

Kindergarten Team
School of the Incarnation