

Phone: 717-738-2414

FAX: 717-738-4983

Enrollment Office E-mail: enrollment@omph.org

Admission Procedure for Kindergarten

Thank you for your interest in OMPH School! We look forward to having your family join us. Please contact the Enrollment Office if you have any registration questions.

1. Return completed pre-admission forms along with all required items on checklist.
2. Teachers and principal will review the applicant's pre-admission information when file is complete. At this time, the family will be notified of the student's application status for enrollment (yes, no, or pending conditions).
3. A student may spend a day at OMPH School after the above is completed.
4. Upon notice of acceptance and enrollment, formal registration must be finalized. The following must be completed before official enrollment is granted. Upon official enrollment, students will be considered for financial aid. Official formal registration includes:
 - completing the OMPH registration form
 - submitting the non-refundable registration fee
 - providing copy of legal custody documentation (if applicable)
 - completing the reservation/enrollment tuition agreement
5. All students must have an immunization card with immunizations documented as required by the PA Department of Education
6. For more information please see full Admission Policy on OMPH Catholic School website or parent handbook.

Note: Acceptance of all students is conditional upon a review of the student's first four weeks of attendance at which time a parent conference may be required. New students are on probation for a period of one full school year. Failure to report accurately any child's learning disability or similar concerns as well as other academic, conduct, discipline or health records could result in the termination of the child's enrollment.



Reverence, Respect and Responsibility

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Pre-Admission Checklist for Kindergarten

The following are required for pre-admission.

Please indicate with a check mark those items included and sign below.

- _____ 1. Completed and signed Kindergarten Pre-admission form (2 pages)
- _____ 2. Completed and signed Diocese of Harrisburg Memorandum of Understanding
- _____ 3. Completed and signed Home Language Survey
- _____ 4. Completed Verification of Parish Membership Form
- _____ 5. Copy of Birth Certificate
- _____ 6. Copy of Baptismal Certificate (if applicable)
- _____ 7. Copy of Social Security Card
- _____ 8. Record of Immunizations
- _____ 9. Completed Emergency Medical Authorization Form
- _____ 10. Any preschool progress or achievement reports (if available)
- _____ 11. Copies of the results of testing your child has received including (if applicable):
 - _____ Early Intervention
 - _____ PreK/Kindergarten Screening
 - _____ Psychological
 - _____ Speech/Occupational/Physical therapy
 - _____ Counseling Services
 - _____ Current Academic Evaluations/Copies of Standardized Test Scores

Verification:

I verify that the information provided is accurate to the best of my knowledge.

Parent/Guardian Name (PRINT): _____
(Please Print)

Parent/Guardian SIGNATURE: _____

Date: _____

Enrollment Office E-mail: enrollment@omph.org

| | | | | | | |
|----------------------|------------|---------------|--------------------------------------|------------------|-----------|--|
| Student | <hr/> | | | | | |
| | First Name | | | Full Middle Name | Last Name | |
| Date of Birth | Age | Gender | Desired date for school entry | | | |

- | Previous Schools Attended: | | |
|----------------------------|---------|--------|
| Name | Address | Grades |
| _____ | _____ | _____ |

- ☐ Reading Assistance ☐ Math Assistance ☐ ESL ☐ Speech
☐ Gifted Program ☐ Learning Support ☐ Emotional Support

8. Has the child ever been expelled from school? _____ Yes _____ No

- ☐ Student resides with both parents.
☐ Student resides with single parent.
☐ Legal custody is with the father. *(documentation required)*
☐ Legal custody is with the mother. *(documentation required)*
☐ Legal custody is with _____. *(documentation required)*
☐ Custody is presently being disputed.
☐ Court documentation provided.

- American Indian/Alaskan Native Asian Black Hispanic Native Hawaiian/Pacific Islander White Multi Racial

1

Family Information:

Child's Name _____

Address _____
Street City Zip

School District of Residence (child) _____

Place of Birth _____

Date of Birth _____ SS# _____

Registered Parish _____
Sacrament Parish City/Town Date

Baptism _____

Parent 1 Full Name: _____ Occupation: _____ Religion _____

Place of Birth: _____ Highest Level of Education: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Address (if different from child): _____

Street City Zip

Parent 2 Full Name: _____ Occupation: _____ Religion _____

Place of Birth: _____ Highest Level of Education: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Address (if different from child): _____

Street City Zip

Siblings (please list all, regardless of age)

_____ Birth Date _____ Present Grade _____

_____ Birth Date _____ Present Grade _____

_____ Birth Date _____ Present Grade _____

_____ Birth Date _____ Present Grade _____

Financial aid is available to families who are unable to pay the full tuition.**Verification:**

I verify that the information provided in this form is accurate to the best of my knowledge. After a review of the pre-admission form and required items you will be notified if your child is accepted. Acceptance will be conditional upon a review of the student's first four weeks at school at which time a parent/teacher conference may be required.

The Parents and/or Guardians of the applicant student hereby agree that they and their applicant student will abide by each of the policies and procedures that may be adopted from time to time by the Diocese of Harrisburg and by the Our Mother of Perpetual Help School, including but not limited to those set forth or referred to in the Diocese of Harrisburg's School Policies and Regulations and/or Our Mother of Perpetual Help's Parent/Student Handbook.

Parent/Guardian Signature _____ Date _____



All families enrolling children in Catholic Schools of the Diocese of Harrisburg are apprised of the following *Memorandum of Understanding* which is found in the Diocesan Policy section on the diocesan website at www.hbgdiocese.org. (Community Policy #1115)

CATHOLIC SCHOOL PARENTS MEMORANDUM OF UNDERSTANDING

As a parent/guardian of a student in a Catholic School I understand and affirm the following:

1. The primary purpose of a Catholic school education is to form students in the values of Jesus Christ and the teaching of the Catholic Church.
2. Catholic schools are distinctive religious education institutions operated as programs of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parish(es), and the diocese.
3. Attending a Catholic school is a privilege, not a right.
4. While academic excellence and involvement in extracurricular activity (i.e., sports, clubs, etc.) are important, fidelity to the Catholic identity of the school is the fundamental priority.
5. The school and its administration have the responsibility to ensure that Catholic values and moral integrity permeate every facet of the school's life and activity.
6. In all questions involving faith, morals, faith teaching, and Church law, the final determination rests with the diocesan bishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this memorandum of understanding. I pledge support for the Catholic identity and mission of this school and by enrolling my child I commit myself to uphold all the principles and policies that govern a Catholic school.

Parent 1: _____
Printed

Parent 2: _____
Printed

Signature

Signature

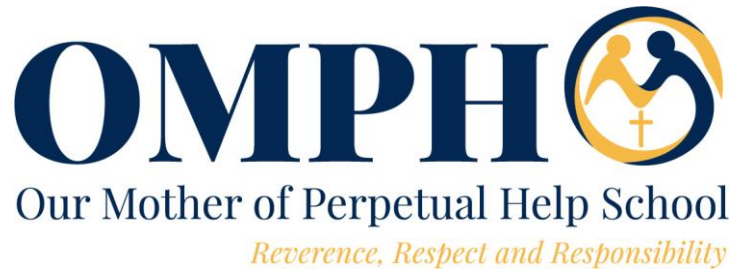
(Guardian): _____
Printed

Signature

Student's Name _____

School: _____

Date: _____



HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

Date: _____

Student's Name: _____ **Entering Grade:** _____

1. What is/was the student's first language? _____

2. Does the student speak a language(s) other than English?

(Do not include languages learned in school.)

☐ **No**

☐ **Yes**

If yes, specify the language(s): _____

3. What language(s) is/are spoken in your home? _____

4. Has the student attended any United States school in any 3 years during his/her lifetime?

☐ **No** ☐ **Yes**

If yes, complete the following:

| Name of School | State | Dates Attended |
|-----------------------|--------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Person completing this form (if other than parent/guardian): _____

Parent/Guardian signature: _____

**EMERGENCY MEDICAL AUTHORIZATION FORM – OMPH Catholic School, Ephrata
Diocese of Harrisburg**

| | |
|--------------------------|------------------|
| Student's Name & Address | Grade: |
| | Date of Birth: |
| | Home Phone: |
| | School District: |
| | Bus #: |

PARENT/GUARDIAN CONTACT INFORMATION

| | |
|--------------------------------|-------------|
| Parent 1/Guardian Name | Home Phone: |
| | Cell Phone: |
| Parent 1's Place of Employment | Work Phone: |
| | |
| Parent 2/Guardian Name | Home Phone: |
| | Cell Phone: |
| Parent 2's Place of Employment | Work Phone: |
| | |

IF ABOVE PARENTS/GUARDIANS CANNOT BE REACHED, PLEASE CALL:

| | |
|-------------------------------|---------------|
| First Contact Name & Address | Relationship: |
| | Home Phone: |
| | Cell Phone: |
| | |
| Second Contact Name & Address | Relationship |
| | Home Phone: |
| | Cell Phone: |
| | |

In case of an accident or serious illness, I request the school to contact me or my designate.
In the event emergency treatment is needed, I give the school permission to call 911 immediately. I,
also, give the hospital and its authorized personnel and physicians permission to treat my
son/daughter as necessary.

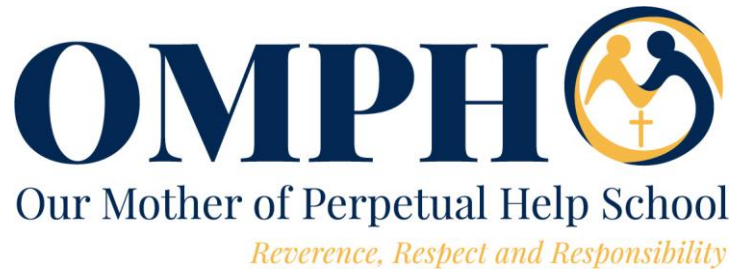
Signature of Parent/Guardian: _____ Date: _____

| | |
|-------------------------------------|-----------------|
| Blood Type: | Medical Issues: |
| Allergies: | |
| | |
| Taking Medication: Yes_____ No_____ | |
| If yes, Name of medication: | Reason: |
| | |
| Physician Name: | Phone Number: |
| Dentist Name: | Phone Number: |
| Medical Insurance Carrier: | |

Signature of Parent/Guardian: _____ Date: _____

Families new to the school, please submit this form to your parish for membership verification.

Please return this form to: **Our Mother of Perpetual Help School**
330 Church Avenue
Ephrata, PA 17522



How Did You Hear About Us?

Please fill out the information below (new families only):

Parent(s)/Guardian(s) Name: _____

Address: _____
Street City Zip

Email Address: _____

New Families: Please let us know if a current school family encouraged you to enroll at OMPH!
Please list only one family on this form, so we can consider a tuition credit to the family for the 2023-24 school year (based upon your 2022-23 enrollment at OMPH).

We were referred by the _____ family.

This section to be completed by the School:

_____ Tuition Credit Given for 2023-24

Notes: _____

Please return this form to: Our Mother of Perpetual Help School
Attn: Enrollment Office
330 Church Avenue
Ephrata, PA 17522