



SS. COLMAN – JOHN NEUMANN SCHOOL



Registration Policies & Procedures for Admission to Ss. Colman-John Neumann Catholic School

Ss. Colman-John Neumann Catholic School does not discriminate on the basis of race, religion, color, national origin, gender, age, or disability in admission to its programs, services, or activities.

As we fill classes for admission to Ss. Colman-John Neumann School, PreKindergarten through Grade Eight, priority is given according to the list below:

1. The children of registered St. Colman or St. John Neumann parishioners.
2. Children of registered parishioners of a parish that does not have a school.
3. Children who are not Catholic.

Please make sure *all* forms are complete. Only completed registration packets will be accepted. New students must provide the following:

- Completed application form, must be submitted for each new student.
- Copy of Birth Certificate
- Copy of Baptismal Certificate, if Catholic
- Copy of any psycho-educational evaluations, if applicable
- Textbook Loan Form
- Photo Release Form
- Memorandum of Understanding
- Immunization Requirements Form
- School Health Record
- Physical and Dental Examinations
- Allergy Fact Sheet, if applicable
- Custody Agreement, if applicable

All students entering Kindergarten and all new students to the school must also include:

- Physical form completed by a physician required by the first day of school

TRANSFER STUDENTS: Must request records from the transferring school. A form is provided in this packet for your convenience.

- Copy of their most current Report Card or Progress Report
- Standardized test results
- School medical records
- If applicable, psychological or educational test results

Pre-K students must be fully potty trained and should not need to wear “pull-ups”.

AGE REQUIREMENTS:

- To enter Pre-K 3 students must be 3 on or before August 31st.
- To enter Pre-K 4 students must be 4 on or before August 31st.
- To enter Kindergarten, students must be 5 years old on or before August 31st.
- To enter grade 1, students must be 6 years old on or before August 31st.

2025-2026 Tuition

**Tuition and fees for 2026-2027 school year will be set in early 2026*

PREKINDERGARTEN 3 YEAR OLD AND 4 YEAR OLD

Program	Days	Times	Tuition
3 Half Days	Monday, Wednesday, Friday	8:15 until 12:00	\$5,170
3 Full Days	Monday, Wednesday, Friday	8:15 until 2:50	\$6,530
5 Half Days	Monday through Friday	8:15 until 12:00	\$6,530
5 Full Days	Monday through Friday	8:15 until 2:50	\$8,540

KINDERGARTEN TO GRADE 8

One child	\$6,144
Two children	\$11,220
Three or more children	\$15,100

Out of Parish \$8,920 * Tuition rate is set and collected by the sending parish *Your pastor may pay a subsidy towards this tuition. You need to check with your pastor if you are not in St. Colman or St. John Neumann parishes.

All tuition will be paid through FACTS for the 2026-2027 school year. We are still working through details and dates and will communicate with you as soon as they are finalized.

A non-refundable deposit of \$300 is required along with this form. The \$300 will be deducted from the tuition. Please make your check payable to: Ss. Colman-John Neumann School.

*If you are a member of St. Thomas of Villanova Parish: Please contact the St. Thomas of Villanova rectory to inquire about tuition rates.

Extended Day Program:

Before School: Before school care is available from 6:45AM to 7:45AM.

After School: After school care takes place from 3:00PM to 6:00PM.

Rates for CARES will be shared before the start of the new school year.

2026-2027 Application for New Student Admission Pre-Kindergarten - Grade 8

Pre-K Options: 3 Full Day (Monday, Wednesday, Friday) 5 Full Day (Monday-Friday)

3 Half Day (Monday, Wednesday, Friday) 5 Half Day (Monday-Friday)

Hours: Half Day 8:15-12:00 Full Day 8:15-2:45

Pre-K Program----*Please Circle One:* Pre-K 3 Pre-K 4

Pre-K Schedule---*Please Circle One:* 3 ½ days 5 ½ days 3 full days 5 full days

Registration for Grade (Kindergarten-8): _____

If transferring, previous school: _____

Child's Name _____

Address _____

City, State, Zip Code _____

Gender M F **Date of Birth** _____

Place of Birth City _____ State _____ Country _____

Religion _____ **Parish** _____

Sacraments Received: Please provide copy of Baptismal Certificate

*****Please list Date and Parish on the lines*****

Baptism: _____

Reconciliation: _____

Holy Eucharist: _____

Confirmation: _____

Public School District: _____

Bus Transportation (Kindergarten- Grade 8): _____ Yes _____ No

(NOTE: Marple-Newtown DOES NOT bus Kindergarten students)

Father/Guardian:

Name—First and Last _____

Address (If different from student) _____

Home Phone # _____ Cell # _____ Work # _____

E-Mail _____

Occupation/Employer _____

Religion _____

Mother/Guardian:

Name—Frst and Last _____ Maiden Name _____

Address (if different from student) _____

Home Phone # _____ Cell # _____ Work # _____

E-Mail _____

Occupation/Employer _____

Religion _____

Siblings:

_____ Date of Birth _____ School Attending _____

_____ Date of Birth _____ School Attending _____

_____ Date of Birth _____ School Attending _____

Family Background:

Parents' Marital Status: *Please check all that apply*

_____ Single _____ Married _____ Separated* _____ Divorced* _____ Mother Deceased _____ Mother

Remarried _____ Father Deceased _____ Father Remarried

Student lives with:

_____ Mother and Father _____ Mother Only _____ Father Only

_____ Legal Guardian/Relationship to Student: _____

***Custody:**

Legal Custody: Joint Sole Custody: Mother Father Guardian Physical Custody:

Joint Sole Custody: Mother Father Guardian

Is there court paperwork showing custody arrangements? Yes No

For legal reasons, the principal will need a copy of the custody arrangements.

*** NOTE:** Parents who are (or become) divorced, separated, unmarried, or who have any other special circumstances regarding the custody of their children must provide the school with a current court order or decree of custody for the student's file. Any other specific instructions regarding the release of the child or his/her records must be in writing and signed by the parent or parents with court-ordered legal custody. **All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form**

The following information if necessary when completing census data for grants and the National Catholic Education Association (NCEA) Data bank. This information is not used in any way to determine admission.

Ethnicity of Student:

Please check one of the following: Hispanic Non-Hispanic

Please check one of the following:

American Indian/Native Alaskan Asian Black Native Hawaiian/Pacific Islander

White Two or More

Student Background Information:

Subject to the review and approval of the principal, students with special needs may be permitted to attend archdiocesan schools; however, parents must provide accurate and complete information regarding the applicant's needs to assist schools in determining whether reasonable accommodations can be made.

Has the child been retained? Yes _____ No _____ Grade _____

Has your child received special services from a professional (e.g. counselor, speech therapist, special education teacher)? No Yes

Briefly describe the type of service, length of service, and if it discontinued, a reason for discontinuation: _____

Does your child have an Individualized Education Plan (IEP)? Yes _____ No _____ If yes, please provide a copy of the report.

Physical Disability:

No existing physical disability Identified Disability (specify): _____

Learning Disorder:

_____ No known learning disorder

_____ Identified Disorder (specify): _____

Please provide copies of any completed diagnostic work, evaluations or specialized plans that have been developed for your child in the past, which may include psycho-educational evaluations, speech & language evaluations, an Individualized Educational Plan (IEP), a 504 plan, testing for Gifted and Talented Programs or any similar documents. Although Archdiocesan Catholic Schools are not required to implement public schools' special education plans, principals may determine the school is able to provide reasonable accommodations in some circumstances.

I/We hereby acknowledge that all the information contained in this application and its accompanying documents is accurate and truthful. I/We agree to pay all of the applicant's tuition and fees when due.

Names of Parents/Guardians:

Signatures:

Mother Sign and date:

Father Sign and date:

CERTIFICATE OF INDIVIDUAL REQUEST FOR LOAN OF TEXTBOOKS

I hereby request the loan of textbooks and instructional materials in accordance with Pennsylvania Act 195-1972 and Act 90-1975 for my child(ren) attending Ss. Colman-John Neumann School. This request will cover the time that my child(ren) attends said school.

_____ Child(ren) Year of Graduation

_____ Child(ren) Year of Graduation

_____ Child(ren) Year of Graduation

_____ Child(ren) Year of Graduation

_____ Child(ren) Year of Graduation

Signature of Parents or Guardian

PHOTO RELEASE FORM

I, _____ hereby give the Archdiocese of Philadelphia, its successors and assigns and those acting with its authority, the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use any school pictures of my child produced by the Archdiocese of Philadelphia. This authorization and release covers the use of said school pictures in any published form and any media of advertising.

I also understand that our school may be identified by name and I fully understand that this is a complete release of all claims against the Archdiocese of Philadelphia or any other person, firm or corporation by reason of any such use of such school pictures.

I hereby warrant that I am free to give this permission. I further warrant that the information I have provided is, to the best of my knowledge, true and accurate.

Signature of Parent/Guardian

Student

Address

City, State, Zip

Phone Date

Kelly Ciminera
Principal

NB: This release is in effect throughout your child's years at SCJN School

MEMORANDUM OF UNDERSTANDING

Every Catholic school student has a right to be treated as a child of God, with the love and respect that implies, regardless of family circumstances. In like manner, the believing community has the right to an education guided by Catholic teaching and identity, unimpeded by pressures contrary to Church teaching. As parent/guardian of a student in a Catholic school, I understand, affirm, and support the following:

1. The primary purpose of a Catholic school education is two-fold: to strengthen the Catholic community in its faith, and to form students in the teachings of Jesus Christ and the Catholic Church.
2. Catholic schools are distinctive religious education institutions guided by the teachings of the Catholic Church. They are not simply private schools offering a positive moral code. Rather, they exist to advance the faith mission of the sponsoring Catholic parish(es), Archdiocese, or Catholic religious community.
3. While Catholic education places a high value on academic excellence and extracurricular achievement, its fundamental priority is fidelity to Catholic teaching and identity.
4. Attending a Catholic school is a privilege, not a right. The school and its administration have the responsibility to ensure that Catholic teaching and moral integrity permeate every facet of the school's life and activity and that the school is able to function as a community of faith.
5. In all questions that involve Catholic teaching, morals, and Church law, the final determination rests with the Archbishop.

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 principles and policies that govern the Catholic School.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Immunization Requirement for Students Entering Ss. Colman-John Neumann School

Dear Parent/Guardian,

Pennsylvania Code 27.77 requires certain immunizations (shots) to enter Pre-Kindergarten and attend school. Please check with your healthcare provider as soon as possible to make sure that your child has all the needed immunizations.

Please send proof of immunizations with the registration packet. Updated immunizations can be sent when completed. Mrs. Rebecca Moscia or Mrs. Liz Coll, the school nurses, will contact you if any more records are needed. If not received by August 31, your child will ***NOT*** be permitted to start school in September. Proof of immunization must be an immunization certificate/report from your healthcare provider.

If you have any questions or concerns, please contact the school nurse, Mrs. Rebecca Moscia or Mrs. Liz Coll, via email: becky.moscia@scjnschool.org or liz.coll@scjnschool.org or at 610-525-3266.

Kelly Ciminera
Principal

Rebecca Moscia
Certified School Nurse

Liz Coll, BSN

Required Medical Information for Registration

New Students/Transfer students:

- Physical (completed within the calendar year)
- Immunization Record
- Dental exam

Kindergarten Registration:

- Physical (completed within the calendar year)
- Immunization Record
- Dental exam

3rd Grade:

- Dental exam

6th Grade:

- Physical (completed within the calendar year)

7th Grade:

- Immunization Record (Tdap & Meningococcal Vaccine required for 7th gr.)
- Dental exam

Medication Check List for School

If your child requires a prescription medication to be kept at school please provide the following:

- Prescription medication in original packaging that includes directions and dosing information
- Signed [parent permission form](#)

If your child requires **ALLERGY** medication and/or an epi-pen to be kept at school please provide the following:

- Allergy medication (zyrtec, benadryl)
- Epi-pen (in original package)
- Signed [parent permission form](#)
- [Allergy](#) action plan (signed by physician)

If your child requires **ASTHMA** medication to be kept at school please provide the following:

- Asthma medication (albuterol inhaler)
- Spacer for administration of medication with mask
- Signed [parent permission form](#)
- [Asthma](#) action plan (signed by physician)

*Please note that action plans linked above are example forms. They can be used if needed, but most physician offices have their own forms they will provide.

ALLERGY FACT SHEET

Student Name:

Date of Birth:

Grade:

Teacher:

My child has the following food allergies: _____

My child has the following medication allergies: _____

My child has the following other allergies (bee sting, seasonal, skin related, etc.):

My child has no known allergies. _____

Parents are responsible for creating a partnership with the school nurse, teachers, and their child in order to prevent allergic reactions in school. The school needs to be informed in order to 1) avoid or prevent allergic reactions, 2) recognize a reaction should one occur, 3) give prompt treatment. If medication is required, it is the responsibility of the parent to provide the nurse with the necessary medication required to treat the reaction. Documentation should also be provided from your child's health care professional with emergency medication orders and dosing.

Parent/Guardian Signature

Date

SCHOOL HEALTH RECORD

(to be completed by parent or guardian)

Student's Name:

Date of Birth:

Childhood Illnesses

(Check all that apply)

Chicken Pox Diabetes Whooping Cough Epilepsy Scarlet Fever
 Pneumonia Rheumatic Fever Migraines Other

Allergies: _____

Operations: _____

Bee Sting reaction: (circle one) MILD SEVERE NONE UNKNOWN

Is your child presently under medical treatment? YES NO

May your child have Tylenol: YES NO

Please list any illnesses or health conditions which you or your family physician feel the school health office, teachers and/or administration should be aware of:

Parent/Guardian Signature

Date

Physical and Dental Examinations

Dear Parent/Guardian:

In accordance with the School Health Act, your child must have a physical examination (including immunizations) completed upon original entry, kindergarten, and 6th grade. Your child must also have a dental examination completed for kindergarten, 3rd grade, and 7th grade.

You may use your practitioner's forms or we can provide forms to take to your family doctor/dentist. If you need assistance arranging healthcare appointments, please reach out to the health office.

Please indicate below that you will have these examinations completed and submitted by the first day of school.

Student's name: _____

Parent Signature: _____ Date: _____



RECORDS RELEASE FORM
For transfer students only—
please submit to this form to your child's current school

I authorize _____ School

Located at _____

Phone # _____

to release my child's records both medical and academic for

Student Name _____

Entering Grade _____

Who is registered at:

Ss. Colman-John Neumann
372 Highland Ave
Bryn Mawr, PA 19010
610-525-3266

Parent Signature _____

Date _____