



St. Catherine Labouré Preschool Admission and Policies 2026-2027

Welcome! We're so glad you're considering St. Catherine's Preschool for your child. We want your child's first school experiences to be positive ones. St. Catherine's Preschool provides a first-school experience in a faith-centered environment that nurtures a love for learning and preparing your child for entrance into TK or Kindergarten programs. Our curriculum encourages the growth of each child's God-given talents and abilities, ensuring your child will learn, grow, and develop in a warm and loving environment.

REQUIREMENTS FOR ADMISSION:

Admission to Saint Catherine Labouré Preschool is evaluated on an annual basis. All parents wishing to enroll a child for the upcoming, academic year must submit a completed Registration Packet during specified enrollment periods and meet the criteria as set out in this policy.

ENROLLMENT:

St. Catherine Labouré Preschool is currently open to children who are three years of age by August 15TH, and **fully potty-trained**. Registration priority is not accepted until a completed Registration packet and nonrefundable registration fee are submitted and processed in the preschool office. Registration fees are nonrefundable unless the child is not being granted enrollment or subject to the waiting list or other school-determined reasons. Enrollment is subject to space available and the approval of the Preschool Director.

GENERAL ORDER OF ACCEPTANCE:

1. Children from registered families, in good standing, of St. Catherine Labouré Parish.
2. Siblings of children currently enrolled in St. Catherine Labouré School.
3. Children from the community who will support the Preschool's philosophy, goals, and policies, as space is available.

Children will be placed in one of the Preschool rooms at the Preschool Director's discretion.

WAITLIST:

In order to maintain optimal class size, a wait list for admission will be maintained. In such cases, the list will be generated based on admission criteria stated in this Admission Policy, with consideration given to the date the application for admission was received.

MISSION OF ST. CATHERINE'S PRESCHOOL

It is the mission of St. Catherine Labouré Preschool to provide an exemplary, Christ-centered education to all of its students. There may be certain circumstances related to special physical or

learning needs where St. Catherine's Preschool cannot provide an adequate educational program for a student. Therefore, admission or re-registration may be denied after consultation with the parents.

SPECIAL CIRCUMSTANCES

Upon discretion of the program director, it may be determined that the needs of a child may be beyond the program's service delivery capacity. In such situations the parents will be given a two week notice that the child will be withdrawn. At that time, the parent may also choose to have their child leave before the end of that 2-week period. Tuition will be charged through the child's last day of attendance.

NOTICE OF WITHDRAWAL

A **one-month notice** is required if planning to withdraw a child. Tuition will be charged during that period.

PRESCHOOL POLICIES

Admission to the school shall be with the understanding that parents have familiarized themselves with and will support the philosophy and agree to comply with the policies of St. Catherine's Preschool as stated in the Parent Handbook.

CALENDAR:

The Preschool Program calendar will be set to and match St. Catherine's elementary school calendar.

TUITION:

Tuition during the school year is calculated on the number of days we are in the school year with school holidays factored into the Tuition Payment Schedule, visit Tuition Payment Link for the current year payment schedule. Payments are made online only through FACTS.

LATE FEES

A \$40.00 fee will apply for any late payments.

St. Catherine Labouré Preschool

2026-2027 Tuition & Fees

Registration

There is a non-refundable registration fee of \$260.00 once your child is accepted for admission.

Tuition Payments

The tuition is based on the number of school days which coincides with the main school (TK-8th). The school year operates from mid-August through mid-June. Preschool tuition payments are due by the 1st of the month. All payments are only accepted online through FACTS. A late fee of \$40.00 will be applied for missed payments.

2026-2027 Tuition Rates

Full-time (M-F):

Option 1: 7:55 a.m.-3:15 p.m. \$780/per month (10 months)

Option 2: 7:55 a.m.-6:00 p.m. \$950/per month (10 months)

*Students may arrive as early as 7:30 a.m.

Part-time (M-F):

Option 3: 7:55 a.m.-12:00 p.m. \$560/per month (10 months)

*Students may arrive as early as 7:30 a.m.

Extended Day Care:

If you need child care after school on occasion, the cost will be at an hourly rate of \$12 per hour. Morning day care is available from 7:00 a.m.-7:30 a.m. at a rate of \$6.00 per 30 minutes.

Late Pick-up Fee:

Our preschool day care closes promptly at 6:00 p.m. Late pick up will apply at a rate of \$10.00 for the first 10 minutes and \$1.00 per minute thereafter.





St. Catherine Labouré Preschool

License #197415735

3846 Redondo Beach Blvd. Torrance, CA 90504

(310) 755-8604

PRESCHOOL APPLICATION

Program Choice:

Full Time: () Option 1: 7:55 a.m.-3:15 p.m. \$780/per month (10 months)
 () Option 2: 7:55 a.m.-6:00 p.m. \$950/per month (10 months)

From: _____ to _____

Part Time: () Option 3: 7:55 a.m.-12:00 p.m. \$560/per month (10 months)

Child's Name: _____ Date: _____

Child's Age: _____ Child's Birth Date: _____

Child's Gender: _____

Is your child completely toilet trained? _____

Does your child have any allergies and/or take any medications? _____

*Please list:

Address:

Number and Street

City

State

Zip Code

Home Phone: _____

E-mail Address: _____

Mother's Name: _____ Father's Name: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Marital Status of Parents: () Married () Divorced () Separated () Single

Please list your family ethnicity: _____

Is your family Catholic? _Y_ or _N_ If not, please list your religion: _____

Are you a parishioner of St. Catherine Labouré Church? _____



**St. Catherine Labouré Preschool
Admission Agreement
2026-2027**

We have received, read and understand St. Catherine Labouré Preschool Admission policies and procedures. We agree to abide by the policies set forth by the preschool. We understand that the program director has the right to modify and/or amend this agreement as necessary during the school year.

I agree and understand that I will be making monthly payments starting with the first payment due when we start school in August of 2026, which is a full payment. Your last payment is due on May 1st, 2027.

Child's Name Printed

Date

Parent/Guardian Name Printed

Signature

Parent/Guardian Name Printed

Signature

***Both Parent's/Guardian's must sign the Admission Agreement**

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

Physician Physician's Assistant Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

_____ HOME PHONE
()

_____ WORK PHONE
()

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov