



ST. CYRIL OF JERUSALEM SCHOOL

4548 HASKELL AVENUE, ENCINO, CA 91436

818-501-4155 (P) 818-501-8480 (F)

WWW.STCYRIL.NET

Dear Prospective Family,

Thank you for choosing St. Cyril of Jerusalem School. Our school has been fostering a faith filled community and offering quality academic programs since 1950. As a parent, I know how important choosing a school for your child can be. These are choices that shape the lives of our children and our families as a whole.

At St. Cyril, being an educator is more than a job or a career; it is a calling. Part of that calling is our call to service. We take the call to serve our students in the areas of faith, academics, community, and personal excellence very seriously. My top priority as principal of this great community is to ensure that this call to service is fostered and realized throughout your child's journey at St. Cyril. Our expectation is that when your child moves on from St. Cyril they will have embraced the learning expectations we promote: to Love God, to Love Others, to Love Self, and to Love Learning.

In our time together, I look forward to getting to know you personally. While you will find the same professionalism here that exists in other schools, please know that as Catholic educators, we strive to provide a faith-filled and family atmosphere within our community. I look forward to meeting you and being able to collaborate with you on how to best serve the needs of your child within this wonderful community.

Included in this letter are important dates and information that will help you with the admissions process.

Please take the time to peruse our website and inquire with our front office about admissions questions. I invite you to come and experience all that St. Cyril of Jerusalem School has to offer your family by scheduling a tour or simply dropping by when you have the time. Thank You and God Bless!

Yours in Christ,

Mrs. Angelica Pugliese

Principal

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DATES TO REMEMBER

August 1, 2022

- ☐ School Tours for 2023-2024 school year begins.

To [schedule a tour](https://calendly.com/apugliese-scj/st-cyril-school-campus-tour), go to: <https://calendly.com/apugliese-scj/st-cyril-school-campus-tour>

October 27, 2022

OPEN HOUSE 5:30 p.m.-7:00 p.m.

January 3, 2022

- ☐ New student assessment begins for grades K-8th

Call to make an appointment for new student assessment: 818-501-4155 or email apugliese@stcyril.net

Schedule a new student [assessment](https://calendly.com/apugliese-scj/admissions-new-student-assessment): <https://calendly.com/apugliese-scj/admissions-new-student-assessment>

January 19, 2023

OPEN HOUSE 5:30 p.m. - 7:00 p.m.

February 24, 2023

- ☐ Application deadline
- ☐ Schedule a new student [assessment](https://calendly.com/apugliese-scj/admissions-new-student-assessment): <https://calendly.com/apugliese-scj/admissions-new-student-assessment>

March 7-10, 2023

- Admissions letters sent

April 2, 2023

Deadline for new student registration for 2023-2024 school year.

May 1, 2023

- ☐ Tuition and fees deadline with the business office.

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PRIORITY OF ACCEPTANCE

- ✦ Students who are able to complete the academic program are accepted in the following order:
 - 1st - Siblings of children already enrolled
 - 2nd - Catholic children
 - 3rd - Non-Catholic children

MINIMUM AGE REQUIREMENTS

- ✦ Preschool students MUST BE 3 YEARS OLD upon school entry and toilet trained
- ✦ Pre-Kindergarten students MUST BE 4 YEARS OLD upon school entry and toilet trained
- ✦ Kindergarten students MUST BE 5 YEARS OLD by September 1st

ADMISSIONS PROCESS CHECKLIST:

Preschool & Pre-Kindergarten	Kindergarten	Grades 1st-8th
<input type="checkbox"/> Application Form <input type="checkbox"/> \$100.00 Non-Refundable Application Fee <input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Copy of Baptismal Certificate (Catholic students only) <input type="checkbox"/> Proof of immunization records (current, with month, day, year of immunization) <input type="checkbox"/> Copy of Social Security card <input type="checkbox"/> Parent Questionnaire Form <input type="checkbox"/> Identification and Emergency Information <input type="checkbox"/> Child's Preadmission Health History Parent Report <input type="checkbox"/> Consent for Emergency Medical Treatment <input type="checkbox"/> Notification of Parent's Rights <input type="checkbox"/> Physician's Report <input type="checkbox"/> Personal Rights <input type="checkbox"/> Afterschool Care	<input type="checkbox"/> Application Form <input type="checkbox"/> \$100.00 Non-Refundable Application Fee <input type="checkbox"/> Make an appointment for new student assessment (818-501-4155) or click on https://calendly.com/apugliese-scj/admissions-new-student-assessment <input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Copy of Baptismal Certificate (Catholic students only) <input type="checkbox"/> Proof of immunization records (current, with month, day, year of immunization) <input type="checkbox"/> Copy of Social Security card <input type="checkbox"/> Parent Questionnaire Form <input type="checkbox"/> Academic / Character Reference Form <input type="checkbox"/> Report of Health Examination for School Entry <input type="checkbox"/> Parish Registration & Discount Verification (if applying for tuition reduction) <input type="checkbox"/> Parent Authorization Release of School Records <input type="checkbox"/> Afterschool Care	<input type="checkbox"/> Application Form <input type="checkbox"/> \$100.00 Non-Refundable Application Fee <input type="checkbox"/> Make an appointment for new student assessment (818-501-4155) or click on https://calendly.com/apugliese-scj/admissions-new-student-assessment <input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Copy of Baptismal Certificate (Catholic students only) <input type="checkbox"/> Copy of 1st Communion Certificate (Catholic Students only) <input type="checkbox"/> Proof of immunization records (current, with month, day, year of immunization) <input type="checkbox"/> Copy of Social Security card <input type="checkbox"/> Academic / Character Reference Form <input type="checkbox"/> Parish Registration & Discount Verification (if applying for tuition reduction) <input type="checkbox"/> Most Current Report Card <input type="checkbox"/> Standardized Testing <input type="checkbox"/> Parent Authorization Release of School Records <input type="checkbox"/> Afterschool Care

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Application Form

STUDENT INFORMATION

Last Name _____	First Name _____	Middle Name _____	Grade applying for _____
Gender _____	Date of Birth _____ (month/day/year)	Birthplace _____	

CONTACT INFORMATION

Mother's phone number (cell) _____	(work) _____	(home) _____	email _____
Father's phone number (cell) _____	(work) _____	(home) _____	email _____
Guardian's phone number (cell) _____	(work) _____	(home) _____	email _____

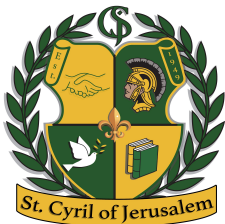
FAMILY INFORMATION

Father's First Name _____	Middle _____	Last Name _____
Birthplace _____	Religion _____	Occupation _____ Marital Status _____ Deceased _____
Mother's First Name _____	Maiden Name _____	Last Name _____
Birthplace _____	Religion _____	Occupation _____ Marital Status _____ Deceased _____
Guardian First Name _____	Last Name _____	
Birthplace _____	Religion _____	Occupation _____ Marital Status _____ Deceased _____

RESIDENCE INFORMATION

Father's Address: _____	City _____	State _____	Zip _____	Telephone _____
Mother's Address: _____	City _____	State _____	Zip _____	Telephone _____

SIGNATURE _____ DATE _____



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PREVIOUS ENROLLMENT INFORMATION

Dates attended: _____ to _____ Grade(s) _____ Releasing School Name _____
City _____ State _____ Phone _____

SACRAMENTAL INFORMATION

Baptism Date _____ (mo/day/year) Church _____ City _____ State _____
1st Communion Date _____ (mo/day/year) Church _____ City _____ State _____

GENERAL INFORMATION

Are you a registered contributing member of St. Cyril of Jerusalem Church?

Yes _____ (if yes, env # _____) No _____ if no, Parish Name: _____

Does your child currently attend Religious Education classes? Yes _____ (where? _____) No _____

Primary Language spoken at home* _____ Ethnic Background* _____

List other siblings names, age _____

* Information gathered will be used **only** for Title 1 and Archdiocesan census.

Thank you for your interest in St. Cyril of Jerusalem School and your belief that a Catholic Education is an advantage for life.

St. Cyril of Jerusalem Parish
PARISH MEMBERSHIP REGISTRATION FORM

Today's Date: _____ ☐ New Registration ☐ Update Registration [Official Use Only]: Envelope/ID # _____

Family Last Name: _____ First: _____ MI: _____

Date of Birth: _____ Email Address: _____ (Important Parish Information, Newsletters & Events sent by email)

Spouse Last Name: _____ First: _____ MI: _____

Date of Birth: _____ Email Address: _____ (Important Parish Information, Newsletters & Events sent by email)

Marital Status: ☐ Single ☐ Married ☐ Catholic Marriage ☐ Widowed ☐ Separated ☐ Divorced

Date of Marriage: _____ What is your Religion: _____ Religion of Spouse: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home/Mailing _____ City: _____ State: _____ Zip: _____

YOUR CHILDREN LIVING AT HOME (UNDER 21)

SACRAMENTS COMPLETED

Name	Date of Birth	M/F	Baptism	1st Confession	1st Communion	Confirmation
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

For Additional Children, Please use an Additional Registration

STEWARDSHIP OPPORTUNITIES: TIME, TALENT AND TREASURE

Besides celebrating weekly Sunday Eucharist with my parish, I want like to:

☐ Make prayers for my parish a part of my daily private devotions

☐ Become a liturgical minister (Hospitality Minister, Lector, Musician-Cantor/Choir, Eucharistic Minister, etc.)

☐ Take part in a parish retreat ☐ Join a Prayer Group ☐ Other: _____

You may contact me to help Regularly Occasionally Each year in the following areas:

☐ Administration ☐ Communications ☐ Faith Formation ☐ Stewardship

☐ Parish Life ☐ Spiritual Life ☐ Peace and Justice ☐ Social Equality ☐ Parish Ministries

☐ I have a special talent for _____ (Please contact me when you need help in this area)

WILL BE FINANCIALLY SUPPORTING THE MINISTRY OF MY PARISH THROUGH:

☐ Sunday Offertory Envelopes (Please send me Sunday Offertory Envelopes to my mailing address)

☐ Personal Checks ☐ Anonymous Contribution ☐ Online Giving: _____

(We do provide a letter of thanks for your sacrificial offerings at the end of the calendar year for tax purposes.) email: parish+ParMemReg@st-cyril.org • phone:

818.986.8234 • mail: 4601 Firmament Avenue, Encino, CA 91436



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PARISH DISCOUNT VERIFICATION FORM

Dear Pastor,

The family indicated below is applying for a reduction of tuition payments based upon being a worshipping and supporting member of St. Cyril Parish. Please verify this application, sign and include the parish seal. St. Cyril of Jerusalem School offers an annual tuition reduction to the members of St. Cyril's parish.

Existing parishioners are considered "worshipping and supporting" after attending a minimum of 30 Sunday Masses in a year. New parishioners are considered "worshipping and supporting" after attending a minimum of 15 Sundays in a six month period. We are pleased to offer this assistance to our Catholic families.

Thank You,

Feather Gentry
Principal

FAMILY INFORMATION (To be completed by parishioner)

Mr./Mrs. _____

Address: _____ City: _____

Phone: _____ Envelope Number: _____

PARISH VERIFICATION (To be completed by pastor)

Pastor: _____

Date: _____

Church Seal

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ACADEMIC / CHARACTER REFERENCE (Grades K - 8)

FOR THE PARENT / GUARDIAN* As part of the admission process at St. Cyril of Jerusalem School, we request a candid assessment of the applicant. Please complete the following information and give this form to a teacher or administration at your child's current school who knows your child well. (He/she will appreciate being given plenty of time to complete this form, as well as a stamped envelope in which to mail it directly to St. Cyril of Jerusalem.)

APPLICANT INFORMATION:

First _____ Middle _____ Last _____ Candidate for Entering Grade: _____

School Name _____ Address/ City/ State _____

PARENT/ GUARDIAN SIGNATURE _____ **Date** _____

FOR THE TEACHER / PRINCIPAL: Thank you very much for your assistance. Your remarks will be held in the strictest confidence and will be most appreciated as we begin our review of the applicant's personal characteristics and academic credentials. Please return this form - along with the applicant's most recent report card to: **St. Cyril of Jerusalem School, Attention: Secretary to the above address as soon as possible.**

ACADEMIC ASSESSMENT:	Excellent	Good	Average	Below Average
Motivation				
Ability in relation to achievement				
Self discipline				
Attendance at school				
Creative qualities				
CHARACTER ASSESSMENT:				
General conduct				
Self confidence				
Personal initiative				
Reaction to setbacks				
Ability to work with others				

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CHARACTER ASSESSMENT continued	Excellent	Good	Average	Below Average
Leadership				
Respect accorded to faculty				
Emotional maturity				
Concern for others				
Warmth of personality				
Sense of humor				

Please list extraordinary health problems: _____

Please list any learning issues which could affect the applicant's performance: _____

Have you any reason to doubt the applicant's integrity? Please explain: _____

Has the applicant's home environment been a positive force in his/her development? Please explain: _____

If this student were to re-apply at your school, would you grant acceptance? _____

Please check all that apply:

- _____ Parents/Guardians meet financial obligations
- _____ Parents/ Guardians have difficulty meeting financial obligations
- _____ Parents/Guardian fail to meet financial obligations
- _____ Parent/ Guardians support school sponsored activities
- _____ Parent/ Guardians do not support school sponsored activities.
- _____ Parent/ Guardians are an asset to school environment and/or morale.
- _____ Parent/ Guardians are not an asset to school environment and/or morale.

Form completed by: Name _____ Position _____

Phone number where you can be reached during the day: _____

Signature: _____ Date _____

Thank you for completing this form. Please return this form - along with the applicant's most recent report card to:
St. Cyril of Jerusalem School, Attention: ADMISSIONS to 4548 Haskell Avenue Encino CA 91436

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Pre-Kindergarten and Kindergarten Parent/Guardian Questionnaire

PARENTS: The information you provide us will allow us to know and understand your child as best as possible.

Please note that it is **not** expected for your child to know/perform all the items on this form.

Childs' Full Name: _____

Nickname, if applicable: _____ **Date of Birth:** _____

Other Children in family:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Please check the places that your child has visited:

farm _____ beach _____ mountains _____ museum _____ county fair _____ downtown _____

zoo _____ other _____

Has your child ever traveled by:

plane _____ train _____ boat / ship _____

Has your child previously attended pre-school?

Yes _____ No _____ Years attended _____ Days per week _____

Name of School _____

Does your child play:

actively _____ quietly _____ mostly by himself/herself _____ with peers _____

with mostly boys _____ with mostly girls _____

What activities does your child enjoy outdoors?

Does your child watch television?

Yes _____ No _____ How many hours per week _____

Favorite shows _____

What kind of books / stories does your child enjoy?

Is your child able to sit and listen to a story? Yes _____ No _____ For how long? _____

Is your child able to remember songs or nursery rhymes?

List examples _____

Has your child had experiences with paints, crayons, and/or scissors? Yes _____ No _____

How often? _____

Does your child have any problems we should be aware of? _____

List any food allergies your child might have: _____

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Parent Questionnaire (continued)

At what age did your child:

walk alone _____

Feed himself / herself _____

Say first words _____

Talk in sentences _____

Is your child right or left handed? _____

Does your child select the clothing he/she wears? Yes _____ No _____

Does your child dress himself/herself? Yes _____ No _____

Which items? buttons _____ snaps _____ ties shoes _____ zipper _____

Is your child able to: skip _____ hop _____ jump _____

Is your child able to print his/her name? Yes _____ No _____

Is your child aware of dangers such as: fire _____ electricity _____ traffic _____ strangers _____

Can your child take care of his/her toileting needs? Yes _____ No _____ To what extent? _____

Does your child wet the bed? Never _____ Occasionally _____ Rarely _____

What time does your child usually go to bed? _____

Is your child able to share and take turns? Yes _____ No _____

Does your child know:

Parent's phone number? _____ Address? _____ Birth Date? _____

Does your child present any of the following behaviors:

Cries easily _____ Temper tantrums _____ Fearful in new situations _____ Sulks _____ Destructive _____

Inattentiveness _____ Bites nails _____ Eating problems _____ Sleeping problems _____ Whines _____ Frustrates easily _____

_____ Jealous _____ Dislikes sharing _____ Sucks thumb _____ None _____

Briefly describe your child: _____

What are your child's strengths? _____

What are your child's challenges? _____

What do you expect your child to acquire through his/her Pre-Kindergarten or Kindergarten experience at St. Cyril School? _____

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Additional Information you would like to share with your child's teacher:

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REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER**HEALTH EXAMINATION**

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	___/___/___
Physical Examination	___/___/___
Dental Assessment	___/___/___
Nutritional Assessment	___/___/___
Developmental Assessment	___/___/___
Vision Screening	___/___/___
Audiometric (hearing) Screening	___/___/___
TB Risk Assessment and Test, if indicated	___/___/___
Blood Test (for anemia)	___/___/___
Urine Test	___/___/___
Blood Lead Test	___/___/___
Other	___/___/___

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian

Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.



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Financial Responsibilities for the 2022-2023 School Year

Base Tuition : K-8th Annual Rate Per Child

- Non-Parish Rate \$8,950.00
- Parish Rate \$6,950.00

Preschool & Pre-K Tuition Per Child

- Full Day, 5 Days Per Week \$9,470.00
- Half Day, 5 Day Per Week \$6,155.00
- Full Day, 3 Days Per Week \$5,682.00
- Half Day, 3 Days Per Week \$3,693.00

EXAMPLE

As practicing Catholics, we encourage families to attend Sunday Mass each week at our home parish of St. Cyril. It is important that we see our parish and school as one community, together in Christ. In order to receive the parish tuition rate, families must contribute to St. Cyril of Jerusalem Parish through regular Sunday Mass attendance and offertory donations given through weekly envelopes or online donations with the school connection noted. To qualify, families be registered with the parish, must maintain their offertory contributions, and attend at least 26 Sunday Masses in a school year (July 1 – June 30). Mass attendance must be confirmed with a weekly envelope or online giving donation. Families must maintain active participation throughout the school year to preserve this discounted rate. Participation will be confirmed at the end of each trimester. Families who no longer meet the parish tuition rate criteria at those intervals will be moved immediately to the non-parish rate.

Payment Plans

Full Payment : Full payment of tuition and fees paid directly to St. Cyril School (\$100.00 discount per child for paying in full by June 1, 2022).

Visa/MasterCard/AmEx/Discover cards accepted.

Payment Plans : FACTS Tuition Management Company (ACH withdrawals) handles tuition payments and other fees by an automatic withdrawal from your checking and/or savings account over a period of 10, 11, or 12 months.

12 Monthly Payments Begin June 2022, Annual FACTS Enrollment Fee \$48.00

11 Monthly Payments Begin July 2022, Annual FACTS Enrollment Fee \$48.00

10 Monthly Payments Begin August 2022 Annual FACTS Enrollment Fee \$48.00

Fees Per Child

Registration (non-refundable) \$325.00

Books/Materials \$350.00

Technology (K-8th Grade) \$230.00

Graduation (8th Grade) \$275.00

Extracurricular (TBD) : Will include sports, mock trial, academic decathlon, etc.

Emergency Fee \$20.00 : Every *2 years (beginning school year 2022-2023), this fee will be used to update emergency supplies for disaster preparedness and any necessary PPE equipment.

iPad Fee \$604.00 : This fee covers a 256 GB iPad + 4-year Apple Care. Optional for 5th grade students. Required for 6th grade students, and incoming new 7th & 8th grade students.

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Financial Responsibilities (continued)

All fees, other than Registration, may be paid as part of a family's regular tuition payment over the course of the year.

iPad fee may be paid in full by May 16, 2022 or over a 12 or 18 month period through FACTS.

Financial Aid and CEF

Financial aid assistance from St. Cyril of Jerusalem School is available. Please connect with Margaret Austria in the Business Office or by email maustria@stcyril.net for additional details. All supporting documentation must be submitted by March 25th, 2022, to be considered for the 2022-2023 school year. Incomplete and late applications will not be considered and will not be considered and will jeopardize a student's ability to receive financial aid.

To receive financial aid through St. Cyril of Jerusalem School, a family must also apply for aid through the Catholic Education Foundation (CEF), which provides additional support for families who meet their income guidelines. The on-site submission date for St. Cyril's families is April 12th. Please contact Margaret Austria at maustria@stcyril.net to set up an appointment and to receive the appropriate forms to complete.

Parent Participation Requirements

VIRTUS Training/Fingerprinting – Every parent/guardian must complete a "Protecting God's Children," (VIRTUS) training class and be fingerprinted before volunteering in any capacity on campus, as a coach, or on a field trip.

Volunteer Hours – Each family is required to complete 30 volunteer service hours during the school year. Kindly note that (15) of these hours may be fulfilled through the Parish. The hours must be fulfilled by June 1, 2023. Any volunteer hours not completed by June 1st will be billed \$25.00 per hour. You are financially responsible for unfulfilled volunteer hours. Please also note that any parent that takes on a chair position for any major school event, or coaches a school sport, receives all (30) of their volunteer hours. Volunteer opportunities are posted on the School Speak Volunteer Calendar and all hours must be recorded through School Speak.

School Fundraising – Because tuition and fees alone do not fully cover the cost of educating your child at St. Cyril, each family is expected to contribute to and participate in our annual fundraisers. The success of our fundraisers is critical to fulfilling our school vision and to help sustain our continued growth, especially in the area of improvement to the school grounds and classroom programs.

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St. Cyril of Jerusalem

PHONE 747-276-7904

Exciting After-School Experiences

St. Cyril of Jerusalem School offers an after-school program for families who are seeking a safe environment under the supervision of our trained staff. The program includes homework period, outdoor play, crafts, and more.

Annual Registration fee	
\$50.00	(non-refundable)
MONTHLY TUITION RATES (Dismissal - 6:00)	
1 st child	\$240 a month
Siblings	\$190 a month
MONTHLY TUITION RATES (4:15-6:00) for Junior High Students participating in sports or enrichment	
1 st child	\$150 a month*
Siblings	\$125 a month*
DAILY FEES FOR EMERGENCY CARE	
Monday - Thursday	\$30/child - \$40 for 2 or more children
Friday & all early dismissals	\$40/child - \$60 for 2 or more children

Sample Schedule for After School Care

2:55 Restrooms & Handwashing
 3:15 Check-in
 3:30 Snacks & Fresh Air
 3:45 Homework
 5:00 Outside Play / Craft / Games

To Enroll, please visit this after

[school care registration link](#)



<https://forms.gle/y33uUiNwj8izYKBY6>

MORNING CARE	Time: 6:45 am 7:30 am Location: Annex Room Fee: \$2 per student
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Student Pick Up:

Students will meet | at the outdoor classroom area upon school dismissal

Location:

After school care room will be in the Music Bungalow or Library

This is also where you will pick up.

Billing:

Registration fees will be billed after Aug. 28th

Monthly fees will be billed at the end of each month

Afterschool Enrichment & Sports:

Students who attend after enrichment classes will be picked up by their instructor/coach at the outdoor classroom.

After class, the instructor will take them to after school care room

After School Care Phone:

PHONE 747-276-7904

Gate Code

Use the Ventura walk through gate

Gate code will be provided upon admissions.

Sample Schedule (Fri Minimum Days)

1:05 Line Up, Restrooms & Handwashing at outdoor classroom

1:20 Check-in at Afterschool care room

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2:00 Lunch & Fresh Air (pack a lunch)

3:00 Outside activity/games (weather permitting)

4:30 Inside activity/crafts/games

6:00 pick up

Sample Schedule (Mon-Thu)

2:55 Line Up, Restrooms & Handwashing

3:15 Check-in

3:30 Snacks & Fresh Air

3:45 Homework

5:00 Outside Play / Craft / Games

6:00 Pick Up

GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	K-12 doses	+ 1 Tdap			
7th Grade Advancement^{9,10}		1 Tdap⁸			2 Varicella¹⁰

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See shotsforschool.org for more information.

UNCONDITIONALLY ADMIT a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption.*
- A personal beliefs exemption (filed in CA prior to 2016); this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.†

CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations.*

CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3 ¹	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4 ¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3 ²	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.

* In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.

† In accordance with Health and Safety Code section 120335.

