

ST MARY'S ELEMENTARY SCHOOL

2 St. Mary's Hill
Lancaster, NY 10486-2033
www.smeschool.com

Phone: (716) 683-2112

Fax: (716) 683-2134

"...visible examples of gospel living"

Dear Prospective Pre-K Parents,

Thank you for considering St. Mary's Elementary and choosing Catholic Education for your child! You truly are making a wise investment and we thank you for doing so. Families of all faiths who have chosen Catholic Education have discovered outstanding academics, leadership, and spiritual guidance for their children. St. Mary's is a Christ-centered school focused on nurturing academic excellence, Christian character, and service to others. It is our mission to educate your child to reach his or her full potential in an atmosphere rooted in Catholic tradition and Gospel values.

Please review the program options and indicate your choice on the registration form. Pre-K 3 is available 2 full days on Tuesday and Thursday or 5 full days Monday through Friday. Pre-K 4 is available 3 full days on Monday, Wednesday, Friday or 5 full days Monday through Friday. The completed Registration Form and Commitment Fee (Non-refundable/Non-transferrable) must be returned to the tuition office in the envelope provided as soon as possible in order to guarantee a placement for your child. Also, please include a copy of your child's Birth Certificate, Tuition Payment Contract, Consent & Release Form, Immunization Records, and signed Health Authorization Disclosure Form.

2018-2019 Pre-K Tuition Rates per Child:

<u>Pre-K 3 Programs</u>	
<u>Pre-K 3 (2 Day) Parishioner Rate:</u>	
Tuesday and Thursday	\$2,500
<u>Pre-K 3 (2 Day) Non-Parishioner Rate:</u>	
Tuesday and Thursday	\$2,770
<hr/>	
<u>Pre-K 3 (5 Day) Parishioner Rate:</u>	
Monday - Friday	\$4,630
<u>Pre-K 3 (5 Day) Non-Parishioner Rate:</u>	
Monday - Friday	\$5,165

<u>Pre-K 4 Programs</u>	
<u>Pre-K 4 (3 Day) Parishioner Rate:</u>	
Monday, Wednesday, and Friday	\$3,035
<u>Pre-K 4 (3 Day) Non-Parishioner Rate:</u>	
Monday, Wednesday, and Friday	\$3,515
<hr/>	
<u>Pre-K 4 (5 Day) Parishioner Rate:</u>	
Monday - Friday	\$4,630
<u>Pre-K 4 (5 Day) Non-Parishioner Rate:</u>	
Monday - Friday	\$5,165

****A Parishioner is defined as a family who belongs to St. Mary of the Assumption Parish****

Should you have any questions or concerns, please call Mrs. Kwitowski, Principal at 683-2112 x124 or Mrs. Sheila Kierejewski, Advancement Coordinator at 683-2112 x125. Thank you again for choosing St. Mary's Elementary for your child's education.

Sincerely,

Mrs. Kwitowski, Principal

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Payment Policy

2018-2019

All families are required to make tuition payments according to one of the following payment plans. Credit card payments are accepted for tuition payments only. Options for payment shall include:

- Annual Payment - Full payment of tuition directly to the school office by check, cash or credit card by July 15, 2018
- Quarterly Payment – Payment of tuition directly to the school office by check, cash or credit card by July 15, 2018, October 15, 2018, January 15, 2019 and April 15, 2019
- Monthly Payment – Payment of tuition directly to the school office by check, cash or credit card by the 15th of each month beginning July 15, 2018 through April 15, 2019
-

*Note: Post-dated checks will not be accepted.

Late Payments

Tuition payments not received within 10 days of the due date will be considered late and may be assessed a \$25 late fee.

Returned Checks

A fee of \$35.00 will be assessed to a tuition account for checks that do not clear and are returned by the bank. When replacing a returned check, it must be paid by a money order, bank check, cash or credit card payment. Credit card payments are accepted for tuition payments only.

Non-Admission of Students due to Default in Payment of Tuition

Families who fail to pay tuition according to any agreement that they made with St. Mary's Elementary School or who have been unwilling to make alternative arrangements will be notified that their student(s) will not be allowed to attend St. Mary's Elementary School until their account is current. Parents/Guardians will not have access to their student(s) grades on parent portal if a tuition account is in arrears. All families must be current with their payment of tuition:

By August 25:

If not, student(s) may not be admitted on the first day of school.

By December 19:

If not, students may not be readmitted after Christmas vacation on the first day of class in January until their tuition account is current.

By April 25:

If not, students may not be allowed to attend class as of May 1 and registration will not be accepted for the following year.

By May 25:

If not, students may be excluded from participating in end of school year activities, field trips, graduation ceremonies, receiving of transcripts, and final report cards.

Withdrawal

The cost of your child's education is a full school year expense. Please note books are purchased, teachers are hired, and classrooms are prepared in anticipation of each student's full-year enrollment. As a result, St. Mary's Elementary School has specific policies and guidelines regarding students who withdraw from the school. Families withdrawing their student(s) prior to the first day of school shall be refunded the entire amount of tuition that has been paid for the upcoming school year. Families who withdraw their student(s) before the end of the school year are financially responsible to pay the tuition up to and including the month of withdrawal. Commitment Fees and financial aid are not considered tuition payments and will not be refunded in the event of a withdrawal. There is no tuition refund for students expelled for disciplinary reasons.

Tuition Assistance

St. Mary's Elementary School Tuition Assistance Program is available for families with students attending grades K – 8. Applications are available per request from tuition office. This need-based assistance is funded by an annual donation from The Galasso Foundation. A letter of request, specific financial documentation, a description of monthly expenses, and the completed application must be turned into the Tuition Office for consideration. Please contact Nancy Jezuit, Director of Student Affairs at 683-2112 x121 or Jezuitn@smeschool.com if your family circumstances change and a need arises during the school year.

BISON Fund is a privately funded tuition assistance program offering partial tuition assistance to low income families for students attending K - 8. More information may be found at www.bisonfund.com or by calling Cindy McDonald at 716-854-0869 ext. 1.

However, since circumstances often are unpredictable, families should not hesitate to inform the tuition office of their need whenever it may arise during the school year. For the sake of our families and the general financial stability of our school, we encourage parents/guardians to contact Nancy Jezuit in the tuition office or Mrs. Kwitowski, Principal, at 683-2112 x124 or Kwitowskik@smeschool.com as soon as possible when they are experiencing economic difficulties. We are always happy and willing to work with you.

Parishioner vs. Non-Parishioner Tuition Rate

By meeting the following criterion, families are considered active parishioners and qualify to receive parishioner rate status for students in K – 8:

- 1) Families must be registered at a Roman Catholic parish without a school or registered at St. Mary of the Assumption parish.
- 2) Families are encouraged to attend Mass on a weekly basis and worship in the parish faith community.
- 3) It is expected that families receiving the parishioner rate contribute financially to the parish in their weekly offering.
- 4) **Note: Pre K families** will receive the parishioner rate if they meet the criterion above and are registered parishioners of St. Mary's of the Assumption parish only. The Payment Policy also applies to Pre-K families.
- 5) **NON-AFFILIATE RATE:** A non-affiliate is either a non-Catholic, a Catholic not registered at any parish, or a member of another parish with no CTGP verification of parish membership form on file.

Fast Club

All Fast Club payments are due on a bi-weekly basis and are expected to be paid in full by the due date indicated at the bottom of your Fast Club statement. Charges are based on a cumulative number of hours for services rendered on a weekly basis. Weekending dates are used as the posting date for all weekly charges. If paying by check, please issue a separate check made payable to St. Mary's Elementary School. Receipts will be issued for all cash payments. **Families whose balance is in arrears are in violation of the Payment Policy and are at risk of losing Fast Club services.**

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MEMO

TO: Pre-K Parents
FROM: Mrs. Kwitowski, Principal
RE: Potty training and toileting

Dear Parents:

Thank you for choosing St. Mary's Elementary School Pre-K program for your child. We are happy to have you in our school community.

I would like to take a moment to inform you of our policy regarding potty training and using the toilet independently. Please understand that your child needs to be completely potty trained and independent in the bathroom upon registration.

While we understand that occasional or sporadic "accidents" do occur, your child will have to be able to clean themselves as our teachers and nurse are not permitted to assist children in toileting. Therefore, your child needs to be 100% potty trained and independent in the bathroom to attend school. Students are not permitted to wear pull-up pants at any time.

Please be sure that we have current contact information for persons to call in the case of an accident. Our policy is that an identified family member will be called to assist the child in cleaning and changing clothes as necessary.

Thank you for your cooperation and understanding of this important matter.

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PRE-K TUITION PAYMENT SCHEDULE

2018 – 2019

PARISHIONER RATE Parishioner rate will be granted to families registered at St. Mary of the Assumption Parish who participate in parish life; show evidence of regular attendance at weekend Mass and support through use of offertory envelopes.

NON-PARISHONER RATE A non-parishioner is a family who is not registered at St. Mary of the Assumption Parish.

Pre-K 3 (2 Day) – Tuesday and Thursday

Parishioner	\$250 per month / \$2,500 per year
Non-Parishioner	\$277 per month / \$2,770 per year

Pre-K 3 (5 Day) – Monday - Friday

Parishioner	\$463 per month / \$4,630 per year
Non-Parishioner	\$516.50 per month / \$5,165 per year

Pre-K 4 (3 Day) – Monday, Wednesday, and Friday

Parishioner	\$303.50 per month / \$3,035 per year
Non-Parishioner	\$351.50 per month / \$3,515 per year

Pre-K 4 (5 Day) – Monday - Friday

Parishioner	\$463.00 per month / \$4,630 per year
Non-Parishioner	\$516.50 per month / \$5,165 per year

Fee: \$175.00 Per Student Commitment Fee * Non-refundable/Non-transferrable*****

Includes – Registration, and Technology Fees, Misc. Supplies for classroom (baby wipes, disinfecting wipes, hand sanitizer, ream of paper, Box of tissues, and Note from Home Pad).

**St. Mary's Elementary School
2018 - 2019 TUITION PAYMENT CONTRACT - Pre-K 3 & 4**

PARISHIONER RATE Parishioner rate will be granted to families registered at St. Mary of the Assumption Parish who participate in parish life; show evidence of regular attendance at weekend Mass and support through use of offertory envelopes.

NON-PARISHONER RATE A non-parishioner is a family who is not registered at St. Mary of the Assumption Parish.

Pre-K 3 (2 Day) – Tuesday and Thursday (Please Check One):

- Parishioner \$250 per month / \$2,500 per year
- Non-Parishioner \$277 per month / \$2,770 per year

Pre-K 3 (5 Day) – Monday - Friday (Please Check One):

- Parishioner \$463 per month / \$4,630 per year
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Pre-K 4 (3 Day) – Monday, Wednesday, and Friday (Please Check One):

- Parishioner \$303.50 per month / \$3,035 per year
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Pre-K 4 (5 Day) – Monday - Friday (Please Check One):

- Parishioner \$463.00 per month / \$4,630 per year
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Fee:

\$175.00 Per Student Commitment Fee * Non-refundable/Non-transferrable*****

Includes – Registration, and Technology Fees, Misc. Supplies for classroom (baby wipes, disinfecting wipes, hand sanitizer, ream of paper, Box of tissues, and Note from Home Pad).

Requirements:

- Your child must be completely potty trained and independent in the bathroom upon registration. Students are not permitted to wear pull-up pants at any time.
- Children enrolling for the Pre-K 3 program must be 3 years of age by December 1, 2018
- Children enrolling for the Pre-K 4 program must be 4 years of age by December 1, 2018

Choose one:		Names of Children	Grades in 18-19
<input type="checkbox"/> Monthly Payments	Payment due 15 th of the month beginning 7/15/18 through 4/15/19		
<input type="checkbox"/> Quarterly Payments	Payment due 7/15/18, 10/15/18, 1/15/19, and 4/15/19		
<input type="checkbox"/> Annually Payments	Payment due 7/15/18		
Please contact the Tuition Office, if alternate arrangements are necessary.			
** Per the Tuition Policy, a \$25 Late Fee may be assessed for payments not received by the date indicated in the tuition payment option selected.			

Mother/Guardian name (print) _____ Mother /Guardian signature _____

Work phone _____ Cell _____

Father/Guardian name (print) _____ Father/Guardian signature _____

Work phone _____ Cell _____

Primary Address _____ City _____ Zip Code _____

Home Phone _____

By signing this agreement, you are agreeing to pay tuition per St. Mary's Elementary School's Tuition Policy.

01/24/18

ST. MARY'S ELEMENTARY SCHOOL
2 St. Mary's Hill Lancaster, NY 14086
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Pre-K Program Registration Form 18-19

PLEASE PRINT

Student Legal Name: _____ Sex: ___M___F
Last First Full Middle

Address: _____
No. Street PO Box # City/Town Zip

Telephone: _____ Birth Date: _____ School District _____
Area Code mm/dd/yyyy

Birth Place: _____ Date Entered United States _____
City State Country (If not born in the United States)

Parish Affiliation: _____ Religion: _____

Please select: Parents Together _____ Parents Divorced _____ Parents Separated _____

If Separated/Divorced – Legal Custody: Mother _____ Father _____ Both _____ Other _____
(A court order must be present in the file before a parent can be denied access to his/her child.)

Student resides with: Both _____ Mother _____ Father _____ Guardian _____

Student Ethnicity: _____ (A) American Indian or Alaska Native (B) Black (not Hispanic origin) (C) Asian or Pacific Islander
(D) Hispanic (E) White (not Hispanic origin) (F) Multi-Racial (not Hispanic origin) **see other side for description

Household Name: _____ Household Language: _____

Household Address: _____

Telephone: _____ Email: _____
Area Code Number Street PO Box # City/Town Zip

Father's Name: _____
Last First Full Middle Suffix

Address (if different than household): _____
Number Street PO Box # City/Town Zip

Father's Email: _____ Cell Phone: _____

Father's Occupation: _____ Title or Position: _____

Name of Company: _____ Business Phone: _____

Business Address: _____
Number Street PO Box # City/Town Zip

Mother's Name: _____
Last First Full Middle Suffix

Address (if different than household): _____
Number Street PO Box # City/Town Zip

Mother's Email: _____ Cell Phone: _____

Mother's Occupation: _____ Title or Position: _____

Name of Company: _____ Business Phone: _____

Business Address: _____
Number Street PO Box # City/Town Zip

Guardian Name: _____ Guardian E-Mail: _____
(If applicable) (If different from household)

Guardian Address: _____
Number Street PO Box # City/Town Zip

Telephone: _____ Cell Phone: _____

Paternal Grandparents: _____ Phone: _____

Address: _____
Number Street PO Box # City/Town Zip

Maternal Grandparents: _____ Phone: _____

Address: _____
Number Street PO Box # City/Town Zip

Emergency Contacts (other than parents, grandparents, and/or guardians)

Name: _____ Relationship to Student: _____

Address: _____ Telephone: _____
Number Street City/Town Zip

Name: _____ Relationship to Student: _____

Address: _____ Telephone: _____
Number Street City/Town Zip

Name: _____ Relationship to Student: _____

Address: _____ Telephone: _____
Number Street City/Town Zip

Ethnicity Descriptions

- (A) American Indian or Alaskan Native – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- (B) Black (not Hispanic origin) – A person having origins in any of the black racial groups of Africa.
- (C) Asian or Pacific Islander – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
- (D) Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- (E) White (not Hispanic origin) – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- (F) Multi-Racial (not Hispanic origin) – A person having origins in two or more of the categories of people classified as American Indian or Alaska Native, Black or African American (not Hispanic origin), Asian or Pacific Islander, or White (not Hispanic origin). Note: Any person of Hispanic or Latino origins, in whole or in part, should be reported as Hispanic or Latino.

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Consent and Release Form 2018-2019 For the use of student photograph(s), video, work, and sound recordings

Throughout the year there will be numerous occasions when we will be contacting local media outlets,(newspapers, television stations, radio stations, Internet sites) in the hope of getting coverage for diocesan and school events. We also hope to use some of the photographs, video images, sound recordings and work of our students for our own use or use by the secular media.

CONSENT AND RELEASE

Please complete the following form and return it to St. Mary's Elementary School upon registration.

I _____, the parent/guardian, give
(Please print your name) (Circle one)

_____ Permission to use:
(School Name)

_____ My child's photograph, video image, sound recording, and/or work for use by representatives from St. Mary's Elementary School, the Department of Catholic Schools, WNY Catholic media and/or secular media.

Student Name: _____ Grade: _____
(Please print student name)

Student Name: _____ Grade: _____
(Please print student name)

Student Name: _____ Grade: _____
(Please print student name)

Student Name: _____ Grade: _____
(Please print student name)

Student Name: _____ Grade: _____
(Please print student name)

Student Name: _____ Grade: _____
(Please print student name)

_____ Date: _____
Parent or Guardian Signature

I understand that I may revoke this permission at any time by contacting the principal of St. Mary's Elementary School

News from the Nurse

Welcome to St. Mary's Elementary! I would like to take this opportunity to introduce myself and give you a quick overlook of some important information about the health office and requirements that may affect your child.

My name is Mrs. Katie Parker. I have been a school nurse with the Lancaster School District for the past 6 years. The 2018-2019 school year will be my first full year at SME. I feel blessed to be the nurse here and am grateful for the opportunity to take care of your child's health needs while at school. I look forward to meeting you and your child and sharing a healthy school year with you all.

Physicals: Are a NYS requirement for all new students and all students in grades K, 1, 3, 5, 7, 9, and 11. All physicals are valid for one calendar year and must have a 2018 date. Current physicals are due to the health office by October 1, 2018. Current physicals are also required for participation in sports.

Immunizations: all students must have the proper NYS Mandated Immunizations prior to starting the school year. A copy of your child's immunizations is required at time of registration. Please see the attached forms for the 2018-2019 school year requirements. Please contact me or your physician if you have any concerns.

Medications: Must be brought to the health office by the parent (unless a specific self-carry/self-administration form is completed). All medications, including prescription and OTC meds-such as Tylenol/Motrin/Cough drops, must have written doctor's orders and written parental consent in order to dispense that medication to your child while at school.

Health questionnaire and emergency form: Every student is required to complete this form and will be kept on file in the health office. You will receive this form in the fall so if there are any medical changes that occur over the summer it is up to date when your child starts school in the fall.

Phys Ed notes: If your child can not participate in PE for any reason, they must turn in a note to the nurse. A parent may excuse a child from PE 3 times throughout the year; otherwise the note must be from a physician. If the child is not participating in PE, they will also be automatically excused from participation in any sport and lunch recess time. If your child is coming to school with any broken bone, cast, sling, ace bandage, etc. please let me know ahead of time so any accommodations can be made if necessary.

Allergies: Please be aware that SME has a policy that all snacks/treats in the classroom must be peanut and tree nut free. A form will be sent home in the fall with more information regarding this policy. Thank you for your understanding and cooperation to keep our kids safe.

If your child is sent home from school due to a fever, over 100.4, please be aware that your child needs to be fever free for 24 hours without the use of medication prior to returning to school. Your child will also be sent home if they have any vomiting or diarrhea. Only those on the emergency form may pick up a child.

If you have any questions or concerns throughout the school year please don't hesitate to contact me, communication is very important in keeping our students safe. I am in the office daily from 9:30-1:00. You can call me at 683-2112 ext 128 or e-mail me at parkerk@smeschool.com

Thank you!

Mrs. Katie Parker RN, BSN



St. Mary's Elementary School

"...visible examples of Gospel living"



2 St. Mary's Hill · Lancaster, NY 14086
Phone: 716-683-2112 · Fax: 716-683-2134

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

STUDENT NAME _____ BIRTHDATE _____

PHYSICIAN _____ PHONE # _____

ADDRESS _____ FAX # _____

PHYSICIAN _____ PHONE # _____

ADDRESS _____ FAX # _____

HEALTHCARE PROVIDER _____ PHONE # _____

ADDRESS _____ FAX # _____

I hereby authorize my student's physician(s) listed above; as well as any specialist that my student may receive care; to exchange the following information with St. Mary's Elementary School faculty and staff, including the School Nurse, Admissions Department, Principal and Assistant Principal.

- Immunizations/physical exams to comply with NYS regulations
- Medical clearances as needed following an injury or change in condition
- Medical orders required for therapy needs; evaluations
- Psychological evaluations/reports
- Authorization for medications during the school day and/or on school trips
- Medical conditions/treatment plans that may have an impact in the school environment

THIS INFORMATION WILL BE USED TO PROVIDE A SAFE AND HEALTHFUL ENVIRONMENT AND DEVELOP AN APPROPRIATE PROGRAM FOR THIS STUDENT AT SCHOOL. ENROLLMENT IS NOT CONTINGENT UPON OBTAINING THIS RELEASE: HOWEVER, IN ORDER TO PLAN THE MOST APPROPRIATE PROGRAM FOR THIS STUDENT, THE INFORMATION MAY BE REQUIRED. SPECIFIC IMMUNIZATIONS PER NYS REGULATIONS ARE REQUIRED FOR ENROLLMENT. THIS RELEASE EXPIRES ON THE LAST DAY OF THE ENROLLMENT OF THE ABOVE STUDENT IN SCHOOL AND MAY BE REVOKED AT ANY TIME BY SENDING THE REQUEST TO CANCEL THIS PERMISSION IN WRITING TO THE ADDRESS ABOVE. SUCH REVOCATION WILL NOT AFFECT ANY DISCLOSURE MADE PRIOR TO ITS RECEIPT. PROTECTED HEALTH INFORMATION WILL NOT BE DISCLOSED WITHOUT CONSENT PER FERPA REGULATIONS. **A COPY OF THIS RELEASE WILL BE PROVIDED TO ME UPON REQUEST AND WILL BE SENT TO THE APPROPRIATE PROVIDER WHEN REQUESTS ARE MADE.**

SIGNATURE OF STUDENT OVER 18 OR PARENT/GUARDIAN**

DATE

**IF A STUDENT IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN CONSENT FORM. IF OTHER REPRESENTATIVE IS SIGNING, AUTHORITY TO ACT ON STUDENT'S BEHALF: _____

THIS FORM COMPLIES WITH ALL HIPAA REGULATIONS

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 1,3,5,7,9,11. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle _____

Birth Date: _____ / _____ / _____ <small style="margin-left: 40px;">Month Day Year</small>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--

School: Name _____	Grade: _____
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Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature: _____ Date: _____

Section 2. To be completed by the Dentist

The Dental Health condition of _____ on _____ (date of exam)
The date of the exam needs to be within 12 months of the start of the school year in which it is requested.

Check one:

Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

_____ Dentist's name and address (please print or stamp) Dentist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here.: _____

II. Oral Health Status (check all that apply).

Yes No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

Yes No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

Yes No **Dental Sealants Present**

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

LANCASTER CENTRAL SCHOOL DISTRICT HEALTH APPRAISAL FORM

Name: _____ Date of Birth: _____
 School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today _____
 Immunizations given since last Health Appraisal: _____

Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____

Does this child have a history of concussion? Yes No If yes, give date(s) and details _____

Does this child have a history of ? Chest Pain Heart Disease Lung Disease

Is there a family history of sudden death from heart disease at a young age? Yes No If yes Please specify _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

Referral

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th	Vision - Near Point	R	L	
<input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form
 Name: _____ Dosage/Time: _____
 Name: _____ Dosage/Time: _____
 If AM dose is missed at home: _____

I assess this student to be self-directed Yes No Student may self-carry and self-administer medication Yes No

**** I Attest that this student had demonstrated to me that they can self-administer the medications listed safely and effectively and my carry and use this medication independently at school/school sponsored activity with no supervision by school staff**

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

___ Limited contact: cheerleading, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
 ___ Non-contact: badminton, bowling, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

(Stamp below)

Provider's Signature: _____ Phone: _____

Provider's Name/Address: _____ Fax: _____

I give permission for medication to be administered to my child as ordered by my health care provider.

Parent Signature: _____ Date: _____

ST MARY'S ELEMENTARY SCHOOL

2 St. Mary's Hill
Lancaster, NY 10486-2033
www.smeschool.com

Phone: (716) 683-2112

Fax: (716) 683-2134

"...visible examples of gospel living"

January 2018

Dear Parents,

Welcome to St. Mary's Elementary School! We are pleased to share information with you about the SME SCRIP program. It is SME's largest fundraising program and it works while you shop.

The beauty of SCRIP is that you put your regular household shopping dollars to work. SCRIP participating retailers agree to sell gift cards/certificates to our organization at a discount. Families like yours buy the gift cards/certificates for full face value, redeem them for full face value, and SME keeps the difference as profit.

SCRIP is simply a word that means: "substitute money" - in other words, SCRIP is gift cards/certificates from national and local retailers. They're the same gift cards that you buy at the store. Many popular retailers participate in our SCRIP program including Tops Markets, Delta Sonic, Frank's, Kohl's, JCPenney, Tim Horton's, Pizza Hut, Home Depot and many, many others.

As an SME family, you are eligible to participate in the program today! During the school year, SCRIP is sold at school Monday, Wednesday and Friday from 8am - 10am and one Saturday per month. Attached, you will find the SCRIP Information Sheet which will provide you with further details about our program, including ordering options utilized during the school year.

The SME SCRIP program promises to be a simple and effective fundraising program that contributes to making SME an excellent provider of Catholic elementary education. Thank you for your support.

Sincerely,

The SCRIP Team

SCRIP PROGRAM INFORMATION SHEET 2018 – 2019

The SCRIP Program is a way to shop, using gift cards and certificates instead of cash.

St. Mary's is offering families the opportunity to help keep tuition costs down by purchasing SCRIP. The profit from your purchases will be allocated 100% to the school. The goal is for each family to earn a profit of \$250 in Scrip rebates.

The following is a simple example of how to reach the goal of \$250 SCRIP profit for the school:

Vendor	Card Value	Profit %	Quantity Purchased	Amount Purchased	Rebate Earned
Tops	\$100	5%	4	\$400	\$20
Kohl's or JC Penney	\$100	5%	1	\$100	\$5
Tim Horton's	\$5	5%	4	\$20	\$1

This is only one example of what can be purchased. There are many options available to reach the profit goal. Please take into consideration the places that you normally shop and dine, including purchasing your gasoline at Tops (gift cards accepted at pump) or paying your Kohl's charge card bills using SCRIP gift cards. This will take some commitment and planning on your part, but does not require you to make any purchases you would not normally make. Additional examples are the back of this page.

SCRIP may be purchased in the following ways:

- **ORDER** – Orders placed on Monday by 10:00am and will be sent home on Friday of that week. Any SCRIP cards available through Great Lakes Scrip, as well as the local vendors ordered directly by SME, can be purchased.
- **PURCHASE AT SCHOOL** – A limited inventory of the more popular SCRIP cards is maintained in the SCRIP office and may be purchased during the scheduled SCRIP selling hours (Monday, Wednesday and Friday from 8:00-10:00). Additionally, orders may be sent in with your child on Tuesday through Friday and if the cards are available, they will be sent home with your child on Wednesday or Friday.
- **ONLINE** – ShopWithScrip.com is free online SCRIP ordering. Using this feature, you can order from home and send in your payment, reload funds onto SCRIP gift cards you have already purchased, print your own SCRIPNow eGift cards and pay for your order with PrestoPay. See the ShopWithScrip enrollment form for additional details.
- **NEW** - There are locked boxes in the church foyer and outside the SCRIP office so that you can drop off orders whenever it is convenient for you. These orders will be sent home on the next SCRIP business day, based on card availability.

For each of these methods of purchasing SCRIP, order forms must be filled out completely, including your family ID number, and submitted with your order. Payment must accompany your order and be in the form of either cash or a check made payable to "St. Mary's Elementary School."

Details of the Scrip rebates earned by the school will be available in the News Notes on a regular basis. **For Questions, email the Scrip Team at scrip@smeschool.com**


Forget Selling! Start Shopping!



SCRIP makes fundraising a breeze. You won't have to worry about selling a thing!

To fundraise with SCRIP, all you have to do is continue making your everyday purchases. Instead of paying with cash, credit, or check, you purchase gift cards to your favorite retailers. These gift cards carry a rebate that goes towards our school's tuition. The rebates can add up quickly. Take a look to see how much you can raise per year just by shopping:

How Much Can I Raise Per Year?

	Average	Spending	Contribution
	Contribution	Per Month	Per Year
Grocery	4%	\$600	\$288
Gas	3%	\$345	\$124
Dining Out	8%	\$100	\$96
Fast Food	8%	\$120	\$115
Clothing & Accessories	8%	\$160	\$153
Home Improvements	4%	\$130	\$62
Online Shopping	10%	\$85	\$102
Movies/Books/Gadgets	5%	\$60	\$36
TOTAL		\$1,600	\$976
20 Families			\$19,520
50 Families			\$48,800
100 Families			\$97,600

Welcome to ShopWithScrip.com! It is a convenient way for SME families to order SCRIP by offering these features:

- Place SCRIP orders online
- Track order history
- Pay for gift cards online with PrestoPay
- Use the Reload option to add funds to existing gift cards purchased through our SCRIP program
- Use ScripNow! eCards to order and print electronic gift cards from your ShopWithScrip account

If you are interested in enrolling in ShopWithScrip.com, please complete the attached enrollment form, or email the SCRIP Team at **scrip@smeschool.com**. Once the form is received and processed, you will receive an email from the SME SCRIP Team providing the enrollment code.

ShopWithScrip Enrollment Form

Family Name _____

Family Number _____

Phone Number _____

Email Address _____

Please send this form to the SME SCRIP office. If you have any questions, please email **scrip@smeschool.com**.

ST. MARY'S ELEMENTARY SCHOOL Pre-K & Kindergarten – 8th Grade 2018-2019

Recommended Fundraising Participation:

The following are considered major fundraisers for St. Mary's Elementary School

FUNDRAISER	RECOMMENDED
Candy Bar Sale*	Sell or Purchase 1 Box of Candy
SCRIP	Goal for each family to earn a profit of \$250.00 in SCRIP sales
Autumn Gold Event* (or other large event that would replace the Autumn Gold Event)	Sell or Purchase (3) \$50 Tickets to the Event
MEGA Raffle* (or other large event that would replace the MEGA Raffle)	Sell or Purchase (2) \$100. Raffle Tickets
Golf Tournament*	Sell or Purchase (10) \$5. Raffle Tickets for the Tournament

Service Hours Recommendation:

Any service over the recommended hours is sincerely appreciated. Active involvement by SME families is necessary to keep school expenses to a minimum, encourage community involvement, and assure continued success of our school. SME hopes to promote the true spirit of volunteerism which is not compensated. Service Hours recommendation includes at least 10 Service Hours dedicated to a major fundraiser (**Candy Bar, Scrip, Autumn Gold, MEGA Raffle, and Golf Tournament**).

Additional Fundraisers (participation is needed for a successful event but not required):
Easter Candy Sales, Meat Raffles, Parish Raffles, Etc.

Ongoing Fundraisers:

Scrip, Box Tops for Education, Paper Recycling, Tops Bonus Card, Target RED Card, Etc.

Other opportunities to perform recommended service hours:

Room parents, Hospitality, School Clubs, Lunch monitors, Family Fun events, Yearbook, Sports/Coaching, Etc.

Service hour opportunities are communicated to our families through our weekly News Notes, school website, and phone contact by event committees. Contact Mrs. Kierejewski Advancement Coordinator, kierejewskis@smeschool.com

St. Mary's Elementary School Service Hours Recommendation List 2018-2019

Any service over the recommended hours is sincerely appreciated. Active involvement by SME families is necessary to keep school expenses to a minimum, encourage community involvement, and assure continued success of our school. SME hopes to promote the true spirit of volunteerism which is not compensated. Service Hours recommendation includes at least 10 Service Hours dedicated to a major fundraiser (**Candy Bar, Scrip, Autumn Gold, MEGA Raffle, and Golf Tournament**).

Please select 10 of your 30 recommended service hours from a major fundraiser. A copy will be sent to you for your records.

Major Fundraisers:

Candy Bar Sale
 Scrip
 Autumn Gold
 Mega Raffle
 Golf Tournament

The rest of your hours may be selected from the following activities:

<input type="checkbox"/> HSA Board (our PTA/PTO)
<input type="checkbox"/> S.E.T. Committee
<input type="checkbox"/> Room Parent
<input type="checkbox"/> Room Parent Tea
<input type="checkbox"/> Yearbook Committee
<input type="checkbox"/> Head Coach Athletic Teams
<input type="checkbox"/> Lunch Monitoring
<input type="checkbox"/> School Picnic
<input type="checkbox"/> Meat Raffle
<input type="checkbox"/> Pancake Breakfast

<input type="checkbox"/> Catholic Schools Marathon
<input type="checkbox"/> Book Fair Fall/Spring
<input type="checkbox"/> 6/7/8 Grade Dances
<input type="checkbox"/> Merry Moose
<input type="checkbox"/> St. Joseph's Table
<input type="checkbox"/> School Play
<input type="checkbox"/> STREAM Walk-a-thon
<input type="checkbox"/> Penny Fair
<input type="checkbox"/> At Home Work, If Available
<input type="checkbox"/> Marketing Committee
<input type="checkbox"/> Fundraising Committee

<input type="checkbox"/> Grant Seeking Assistance
<input type="checkbox"/> Easter Candy Sale
<input type="checkbox"/> Box Tops for Education
<input type="checkbox"/> Hospitality Committee
<input type="checkbox"/> Uniform Exchange
<input type="checkbox"/> Family Fun Night
<input type="checkbox"/> Father/Daughter Dance
<input type="checkbox"/> Mother/Son BINGO
<input type="checkbox"/> Teacher/Staff Recognition Lunch

Other. Please explain and have approved by Mrs. Kierejewski - Advancement Coordinator
 kierejewskis@smeschool.com or 683-2112 ext. 125

Add my name to the "As Needed List". If I am available, I will help with whatever is needed.

Parent Name **(please print)** _____

Parent signature _____ Date _____

Phone (Home) _____ (Cell) _____ (Work) _____

E-Mail _____

Address _____



St. Mary's Elementary School

F.A.S.T. Club

Friends
After
School
Together

Welcome to the FAST Club program!

Our FAST Club is an extended day care program for our students at St. Mary's Elementary School.

TIME AND DISMISSAL

The FAST Club operates from 2:15 to 6:00 p.m., Monday through Friday on all regular session school days and 1:00 to 6:00 p.m. on the 1:00 p.m. early dismissal days. FAST Club does not operate on the 10:45 a.m. dismissal days.

If for any reason someone other than those authorized on the child's registration form is to pick up a child, a note signed by the parent must be presented to the person in charge.

ACADEMIC TIME

FAST Club is committed to helping our students with their academics. Students will be required to participate in a 30 minute academic time where they have a chance to do their homework, read, or get extra help in a given area.

SCHEDULE

2:15 - 2:45 Snack/Puzzles/Coloring

2:45 - 3:15 K-8 Academic Time, Preschool Gym Time

3:15 - 3:45 K-8 Gym Time, Pre-k Academics

3:45 - 6:00 Free Choice activity & crafts

PURPOSE

FAST Club was established as a service to the families and children of St. Mary's Elementary. This service has grown out of a sincere love for children and a desire to help our SME families. Our purpose is to provide an environment that is safe and conducive to good health where students ages Preschool through Grade 8 can work and play together.

PHILOSOPHY

St. Mary's extended day care is a ministry of St. Mary's Elementary School and provides after-school care to the students enrolled at St. Mary's Elementary School. Our FAST Club seeks to see children achieve a balanced growth physically, emotionally, and intellectually by creating an environment of love and trust. Here a child can learn by group participation, self-expression, and one-on-one interaction with an aide in his/her own way. It is our desire to be an extension of the home to reinforce the values and character development begun at home. We encourage a good working relationship between the home and the school.

SNACK

FAST Club DOES NOT provide snacks. If you feel your student will need a snack after school, please send one in their backpack. Please remember that the snack must be peanut/tree-nut free.

PAYMENT

The cost is \$7.00 an hour per child or \$10.00 an hour per family. The tuition office will invoice for payment weekly. Payment is due the following Friday.

REGISTRATION

Registration forms are available in the school office. There isn't a fee to register. Students may enjoy FAST Club on a scheduled basis or requested by the parent /guardian as needed. A note must be provided to the teacher indicating when FAST Club services are requested.

St. Mary's Elementary School
2 St. Mary's Hill
Lancaster, NY 14086
716-683-2112 x 120 School Office
716-683-2112 x117 FAST Club

ST MARY'S ELEMENTARY SCHOOL

2 St. Mary's Hill
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FAST CLUB REGISTRATION FORM 2018-2019

Child's Name: _____ Grade/Teacher: _____

Mother's Name/Address: _____

Father's Name/Address: _____

Mother's Home Phone: _____ Father's Home Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Please list any medical concerns or allergies: _____

In case of an emergency, please list the names and phone numbers of two alternate adult contacts:

Name: _____ Relationship to Student: _____

Phone Number: _____

Name: _____ Relationship to Student: _____

Phone Number: _____

My child will be staying for FAST Club on:

Approximate times:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

I understand that FAST Club will meet every day **EXCEPT** days when there is 10:45 am dismissal.

Please see page 2 on other side

In addition to the adults listed on page 1, the following adults may pick my child up from FAST Club:

Name: _____ Relationship to student: _____

Name: _____ Relationship to student: _____

Name: _____ Relationship to student: _____

The following individuals **DO NOT** have permission to pick up my child from FAST Club:

Name: _____ Relationship to student: _____

Name: _____ Relationship to student: _____

Name: _____ Relationship to student: _____

Parent Signature: _____ Date: _____



St. Mary's Elementary F.A.S.T. Club 2018-2019 School Year Information Sheet

Child Information

Child's Name: _____

Date of Birth: _____ Grade: _____ Male _____ Female _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Start Date: _____ Siblings that are in F.A.S.T. Club _____

Academic Information

My child needs academic guidance in the following areas:

- | | |
|---------------------------|------------------|
| ___ ELA | ___ Science |
| ___ History | ___ Study Skills |
| ___ Math | ___ Technology |
| ___ Organizational Skills | ___ Writing |
| ___ Reading | ___ other: _____ |

*Do you want your child to complete their homework daily? ___ YES ___ NO

Health Information

Please indicate if your child has been treated by a medical professional for any of the following:

- | | |
|-------------------------|-------------------------------|
| ___ ADHD | ___ Heart Trouble/Murmur |
| ___ Asthma | ___ Insect Sting Allergy |
| ___ Diabetes | ___ Medication Allergy: _____ |
| ___ Food Allergy: _____ | ___ Seizures/Convulsions |
| | ___ Other: _____ |

My child requires prescription medication(s) (i.e. EpiPen, Inhaler, and/or Benadryl) while in the program:

___ Yes ___ No *If yes, please specify _____

Parent signature: _____ Date: _____

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FAST CLUB REMINDER

Fast club ends promptly at 6:00 pm. If any student(s) are picked up after 6:00 pm, accounts will be charged as follows:

A flat rate of \$10 between 6:00 and 6:05 pm, with an additional \$1.00 per minute added thereafter.

Fast club personnel can be reached at 683-2112 x117 when in session.

St. Mary's Elementary Physical Education Uniform Order Form

Dear Parents,

Below is a list of the clothing that is being offered as part of the St. Mary's Elementary School physical education uniform. The Track Pant is optional but available if anyone would like them.

Send payment with your order in the form of **cash (EXACT amount) or check (payable to St. Mary's Elementary School)**. Thank you.

Youth	Small (6-8)	Medium (10-12)	Large (14-16)	Cost	Total
T-Shirt				\$6.00	
Sweatshirt				\$10.00	
Sweatpants				\$12.00	
Shorts				\$12.00	
Track Pant				\$20.00	
				Total	\$

Filled

-
-
-
-
-



Adult	Small	Medium	Large	XL	2XL	Cost	Total	Filled
T-Shirt						\$6.00		<input type="checkbox"/>
Sweatshirt						\$10.00		<input type="checkbox"/>
Sweatpants						\$14.00		<input type="checkbox"/>
Shorts						\$12.00		<input type="checkbox"/>
Track Pant						\$20.00		<input type="checkbox"/>
							Total	\$

Last Name _____ Child's Name _____

Teacher Name _____ Grade _____ Phone _____

Office Use Only:

Order fill date: _____	<input type="checkbox"/> Pd by check \$ _____ # _____	<input type="checkbox"/> Cash \$ _____
------------------------	---	--

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School Lunch Program

Dear Parents/Guardians,

Welcome!

The SME Cafeteria offers fun, appetizing and nutrition filled lunches. Our goal is to make lunch an enjoyable meal that is filling and tastes good too! Students special dietary needs are always met with special attention paid to any allergies. As a Federal and State funded program eligible families can receive free or reduced lunches. The cafeteria offers a variety of snacks: ice cream, chips, cookies, etc. Birthday treats may also be purchased for your child's class from the cafeteria. Any questions or concerns stop and see us, email kitchenmanager@smeschool.com or call 683-2112 x 119. Look below to see photos related to our lunch program!

We look forward to serving your child(ren),

Barb Tamol – Kitchen Manager

Tracy Hadsall – Kitchen Help

Jen Fulciniti – Kitchen Help

