

ST MARY'S ELEMENTARY SCHOOL

2 St. Mary's Hill
Lancaster, NY 14086-2033
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 below 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. All Pre-K 3 students must be 3 years old by December 1, 2019. Pre-K 4 is available 3 full days on Monday, Wednesday, Friday or 5 full days Monday through Friday. All Pre-K 4 students must be 4 years old by December 1, 2019. Please return your completed Registration Form and Commitment Fee (Non-refundable/Non-transferrable) to the tuition office in the envelope provided as soon as possible to guarantee placement for your child. Please include a copy of your child's Birth Certificate, completed Tuition Payment Contract, Consent & Release Form, Immunization Records (due by September), and signed Health Authorization Disclosure Form.

2019-2020 Pre-K Tuition Rates per Child:

Pre-K 3 Programs

Pre-K 3 (2 Day) Parishioner Rate:

Tuesday and Thursday \$2,700

Pre-K 3 (2 Day) Non-Parishioner Rate:

Tuesday and Thursday \$2,995

Pre-K 3 (5 Day) Parishioner Rate:

Monday - Friday \$4,995

Pre-K 3 (5 Day) Non-Parishioner Rate:

Monday - Friday \$5,580

Pre-K 4 Programs

Pre-K 4 (3 Day) Parishioner Rate:

Monday, Wednesday, and Friday \$3,280

Pre-K 4 (3 Day) Non-Parishioner Rate:

Monday, Wednesday, and Friday \$3,795

Pre-K 4 (5 Day) Parishioner Rate:

Monday - Friday \$5,100

Pre-K 4 (5 Day) Non-Parishioner Rate:

Monday - Friday \$5,680

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

If you have any questions or concerns, please contact 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

All families are required to make tuition payments according to one of the following payment plans. Credit card payments are accepted for tuition payments. Post-dated checks will not be accepted. 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, 2019
- Quarterly Payment – Payment of tuition directly to the school office by check, cash or credit card by July 15, 2019, October 15, 2019, January 15, 2020 and April 15, 2020
- 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, 2019 through April 15, 2020

Late Payments

Tuition Statements may be sent as a courtesy only. Tuition and FAST Club payments not received within 10 days of the due date will be considered late and may be assessed a \$25 late fee. Tuition payment schedules are noted on your Tuition Contract, Tuition Payment Schedule, and Payment Policy. FAST Club payments are due bi-weekly as noted in the FAST Club section outlined below.

Returned Checks

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

Non-Admission of Students due to Default in Payment of Tuition, FAST Club, Fundraising, etc...

Families who fail to pay Tuition, FAST Club, Fundraising, etc... according to any agreement that they made with St. Mary's Elementary School or who have been unwilling to make alternative payment arrangements will be notified that their enrollment at St. Mary's Elementary School will be suspended until their accounts are current. Parents/Guardians will not have access to the parent/ student portal if a tuition account is in arrears and records will not be released. All families must remain current with their payment of Tuition, FAST Club, Fundraising accounts etc....

By August 25:

If not, students may not be admitted on the first day of school until their Tuition, FAST Club, Fundraising accounts etc...are current.

By December 19:

If not, students may not be readmitted after the Christmas break on the first day of class in January until their Tuition, FAST Club, Fundraising accounts etc...are 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 until their Tuition, FAST Club, Fundraising accounts etc...are current.

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 until their Tuition, FAST Club, Fundraising accounts etc...are current.

Withdrawal

The cost of your child's education is a full school year expense. Textbooks and supplies 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. Commitment Fees are non-refundable and non-transferrable.

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. Information is provided in each registration packet and also available on our school website. Tuition assistance is not available for our Pre-K program.

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. Information is provided in each registration packet and also available on our school website.

However, circumstances can be 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 the tuition office or Mrs. Kwitowski, Principal, as soon as possible when experiencing economic difficulties. We are always happy and willing to assist 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 with CTGP verification on file at SME 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 their parish in their weekly offering.
- 4) Family Fundraising Participation and 20 Family Service Hour Responsibilities are expected of all SME families regardless of parish affiliation and tuition rate.
- 5) **Note: Pre K families** will receive the parishioner rate if they meet the criterion above with the exception of CTGP verification and are registered parishioners of St. Mary's of the Assumption parish **only**. Otherwise, the non-parishioner rate applies. The Payment Policy also applies to all Pre-K families.
- 6) **NON-AFFILIATE RATE:** A non-affiliate is either a non-Catholic, a Catholic not registered at any Roman Catholic parish, or a member of another parish without 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. FAST Club ends promptly at 6:00 pm. If any student(s) are picked up after 6:00 pm, accounts will be charged a flat rate of \$10 between 6:00 and 6:05 with an additional \$1.00 per minute added thereafter.

Family Fundraising Participation & Family Service Hour Responsibility

Family fundraising participation and 20 family service hour responsibilities are expected of each family regardless of parish affiliation and tuition rate. Active involvement of all 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 participation and volunteerism which is not compensated. All money raised by any family as a result of participation in any fundraising event is expected to be turned in to the school office promptly upon the sale of goods provided to you. Candy Bar money is expected to be promptly turned in to the school office upon the sale of each box of candy bars sold. Fall Fest and Golf Tournament raffle ticket proceeds are expected to be promptly turned in to the school office upon the sale of the raffle tickets. Any family who has an outstanding balance due to St. Mary's Elementary School for any fundraising event and who has not turned in the money owed, is in violation of the Payment Policy and may be subject to enforcement of the terms of the policy.

The Principal reserves the right to make any changes to the Payment Policy at any time. 01/11/19

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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 the first day of class.

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 Program Registration Form 2019-2020

Early Drop-off Necessary (7:00 am): Yes _____ No _____ (Please check one)

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 page 3 for ethnicity descriptions

Previous School Attended: _____ Last Grade Completed: _____

Household Name: _____ Household Language: _____

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

Telephone: _____ Email: _____
Area Code (please print)

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: _____
(Please print)

Father's Occupation: _____ Title or Position: _____

Name of Company: _____ Business Phone: _____

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

(Please complete page 2 on back)

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: _____
(Please Print)

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, 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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PRE-K TUITION PAYMENT SCHEDULE

2019 – 2020

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

Family Service Hour & Fundraising Participation Responsibility is expected of each family. Responsibilities include 20 Service Hours per family and purchase and/or sell 3 Fall Fest tickets @ \$50 ea, 2 Mega Raffle tickets @ \$100 ea, 10 Golf Super Raffle tickets @ \$5 ea, and 1 box of chocolate

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

Parishioner	\$270 per month / \$2,700 per year
Non-Parishioner	\$299.50 per month / \$2,995 per year

Pre-K 3 (5 Day) – Monday - Friday

Parishioner	\$499.50 per month / \$4,995 per year
Non-Parishioner	\$558 per month / \$5,580 per year

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

Parishioner	\$328 per month / \$3,280 per year
Non-Parishioner	\$379.50 per month / \$3,795 per year

Pre-K 4 (5 Day) – Monday - Friday

Parishioner	\$510 per month / \$5100 per year
Non-Parishioner	\$568 per month / \$5,680 per year

Requirements: \$200.00 Per Student Commitment Fee *** Non-refundable/Non-transferrable***

The Commitment Fee is required for all registrations. Commitment Fees provide for registration, book, and technology fees, HSA dues, and miscellaneous classroom supplies (disinfecting wipes, box of tissues, hand sanitizer, and a Note from Home Pad).

01/24/18

St. Mary's Elementary School
2019 -2020 PRE-K 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.

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

- ☐ Parishioner \$270 per month / \$2,700 per year
☐ Non-Parishioner \$299.50 per month / \$2,995 per year

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

- ☐ Parishioner \$499.50 per month / \$4,995 per year
☐ Non-Parishioner \$558 per month / \$5,580 per year

Pre-K 4 (3 Day) – Monday, Wednesday, and Friday (Please Check One):

- ☐ Parishioner \$328 per month / \$3,280 per year
☐ Non-Parishioner \$379.50 per month / \$3,795 per year

Pre-K 4 (5 Day) – Monday - Friday (Please Check One):

- ☐ Parishioner \$510 per month / \$5100 per year
☐ Non-Parishioner \$568 per month / \$5,680 per year

Requirements: \$200.00 Per Student Commitment Fee * Non-refundable/Non-transferrable*****

The Commitment Fee is required for all registrations. Commitment Fees provide for registration, book, and technology fees, HSA dues, and miscellaneous classroom supplies (disinfecting wipes, box of tissues, hand sanitizer, and a Note from Home Pad).

- 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, 2019
- Children enrolling for the Pre-K 4 program must be 4 years of age by December 1, 2019

Choose one: ___ Monthly Payments Payment due 15 th of the month beginning 7/15/19 through 4/15/20 ___ Quarterly Payments Payment due 7/15/19, 10/15/19, 1/15/20, and 4/15/20 ___ Annually Payments Payment due 7/15/19	Names of Children _____	Grades in 19-20 _____
Please contact the Tuition Office, if alternate arrangements are necessary. Tuition Assistance is not available for students in the Pre-K program.		
** Per the Payment 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 Payment Policy.

01/24/18

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Consent and Release Form 2019-2020 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 or DO NOT GIVE
(Please print your name) (Circle one) (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

Family Service Hour & Fundraising Participation Responsibility

Family Service Hour & Fundraising Participation Responsibility is expected of each family. Regardless of parish affiliation and tuition rate, active involvement of all 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 participation and volunteerism which is not compensated.

Responsibilities include 20 Service Hours per family and purchase and/or sell 3 Fall Fest tickets @ \$50 ea, 2 Mega Raffle tickets @ \$100 ea, 10 Golf Super Raffle tickets @ \$5 ea, and 1 box of chocolate

Preceding each event an email will go out to all families outlining the event, its needs & the chairperson(s) contact information. From there you will be able to express your availability and interest in assisting.

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

Fundraising Event & "Busy Time"	Participation Responsibility
Candy Bar Sale (July-March)	Purchase or sell 1 box of chocolate
SCRIP (year round)	Goal for each family to earn a profit of \$250.00 in SCRIP sales
Fall Fest on the Hill (July-Sept.)	Purchase or sell (3) \$50 Fall Fest Raffle Tickets
MEGA Raffle (February-June)	Purchase or sell (2) \$100 MEGA Raffle Tickets
Golf Tournament (April-July)	Purchase or sell (10) \$5 Golf Super Raffle Tickets

Additional Fundraisers: May include our Easter Candy Sale, Meat Raffles, other H.S.A. sponsored events, Parish Raffles, etc.

Ongoing Fundraisers: Box Tops for Education, Paper Recycling, Tops Bonus Card, Amazon Smile, etc.

Opportunities to perform service hours are detailed on your copy of the Family Service Hour & Fundraising Participation List. Please retain this form for your reference.

St. Mary's Elementary School

Family Service Hour & Fundraising Participation List 2019-2020

Family Service Hour & Fundraising Participation Responsibility is expected of each family. Regardless of parish affiliation and tuition rate, active involvement of all 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 participation and volunteerism which is not compensated.

Responsibilities include 20 Service Hours per family and purchase and/or sell 3 Fall Fest tickets @ \$50 ea, 2 Mega Raffle tickets @ \$100 ea, 10 Golf Super Raffle tickets @ \$5 ea, and 1 box of chocolate

Preceding each event an email will go out to all families outlining the event, its needs & the chairperson(s) contact information. From there you will be able to express your availability and interest in assisting.

Please select your **20 Family Service Hours from a major fundraiser.**

Major fundraising events & their projected 'busy time':

Candy Bar Sale (July-March)
MEGA Raffle (February-June)

SCRIP (year round)
Golf Tournament (April-July)

Fall Fest on the Hill (July-Sept.)

Ongoing fundraisers and opportunities may be selected from various activities and events held at St. Mary's Elementary School. Samplings of those events include:

HSA Sponsored Events:

HSA Board (our PTA/PTO)
Room Parent
Family Fun Night
Merry Moose
Meat Raffles
Pancake Breakfasts
Fall/Spring Book Fairs
St. Joseph's Table
Penny Fair
Easter Candy Sale
School Picnic
Middle School Dance Chaperone

School Committees:

S.E.T. Committee
Yearbook Committee
Hospitality Committee
Marketing Committee
Fundraising Committee
Grant Seeking Assistance

For the School:

Box Tops for Education
Uniform Exchange
At Home Work, If Available

Student Driven opportunities:

Coaching Athletic Teams
School Play
Lunch Monitoring
Father/Daughter Dance
Mother/Son BINGO

This information is for your reference and is not to be returned with your registration paperwork

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January 2019

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

SCRIP gift cards/certificates are the same gift cards that you buy at the store and 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 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. We thank you for your support!

Sincerely,

The SCRIP Team

01/29/18

SCRIP PROGRAM INFORMATION SHEET 2019 – 2020

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 and 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	Amount	Rebate
			Purchased	Purchased	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. 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.

SCRIP may be purchased in the following ways:

- **ORDER** – Orders placed on Monday by 10:00am 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**

The everyday way to make an impact every day

Join us in raising money for our organization simply by using gift cards where you're already shopping. It's easy, rewarding, and fits perfectly into your busy life.

A family can
raise over

\$1,000

per year

Shop and earn with over 750 top brands

- Gas
- Grocery
- Clothing
- Dining
- Entertainment
- Home Improvement
- Travel
- Retail



See all available brands at ShopWithScrip.com

“

Scrip is different because we aren't selling stuff that people don't want or need and we're not spending any extra money.

Sue, Cheektowaga, NY

”

How it works



Buy physical gift cards, eGift cards, and reloadable gift cards at face value on ShopWithScrip.com or the mobile website, MyScripWallet.com.



Easily pay online and earn a rebate between 2% and 16% that immediately goes toward funding for St. Mary's.



Use your gift cards for your everyday shopping.

Start earning today

1. Go to **ShopWithScrip.com** and select **Join a Program**.
 2. Enter enrollment code and register: CB95L97L3L66
 3. Link your bank account to enroll in online payments and place your first order.
- Have a question? Contact your coordinator at: scrip@smeschool.com

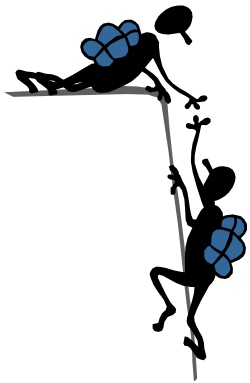


Why your support is so important . . .

Contributions by the Home School Association are a part of St. Mary's Elementary's annual operating budget. In the 2017-2018 school year, HSA donated over \$5,000 in funds directly to the school.

In addition to the financial contribution, over the years HSA has provided start-up funds for teachers, assistance to the 8th grade for t-shirts and the Drama Club for their productions. HSA has also purchased dictionaries, over 500 library books and sewing machines for student use. Over the last few years a docking/charging cart was purchased for the Chrome Books

available for student use. HSA is committed to making contributions that help to meet our children's needs.



2018 - 2019 General Meetings

Meet the Teachers

Friday, Sept 21 at 5:30p-8p

Fall Scholastic Book Fair

October 24th-26th

Catholic School's Week

January 27th - February 2nd

Spring Scholastic Book Fair

April 10th - 12th

Parent Night/Open House/Art Show/HSA Meeting

April 10th 6 - 8p

2018 - 2019 SME HSA Team Members

Kristie May
(716) 998-6504

Barbara Kalinowski
(716) 997-4000

hsa@smeschool.com

New Members always Welcome!

St. Mary's Elementary School



Home School Association 2018 - 2019



St Mary's HSA Thanks You for Your Continued Support Throughout the Year!

Fundraisers

Fall Candy Bar Sale

Each family is asked to sell at least one box of candy bars at the beginning of each school year.

This is HSA's largest fundraiser netting an annual profit of over \$14,000!



NEW! Fall Vendor Show: check out the HSA News Letter for more details.

NEW! Homemade Pie Sale & Coffee Sale: What a better way than to show up at Thanksgiving Dinner with a homemade pie & coffee!

Pancake Breakfast: check out the HSA News Letter for upcoming dates.

Fall & Spring Book Sale

Scholastic Books offers a wide variety of books to our students. Parents are invited to join their children during designated times during the school day or in the evening to choose their favorite books. SME earns vouchers for book selections as profit from this fundraiser.

Easter Candy Sale

Don't let the Easter bunny miss your house! Gertrude Hawk always offers a wide selection of delicious chocolate and spring holiday items.



Meat Raffle

Lots of fun was had by all last year's attendees so we are bringing it back again this year. SME will be hosting a Meat Raffle Fri. Nov 2nd & March 29th. If you haven't attended one previously to see what all the excitement is about, you'll want to come and check it out!

Teacher & Staff Appreciation



As a token of our continued appreciation and support, HSA honors our dedicated teachers and staff throughout the year. We show our gratitude through monthly luncheons and a springtime reception served

by room parents, start-up funds provided in September.

Room Parents

Volunteer parents are needed to assist with planning activities and special events for the students. Room parents are chosen for each classroom by a drawing and are invited to a Social in September to meet with the teachers and start organizing the year's events.

**We Couldn't Do It
Without Your
Generosity!**



School Spirit

Family Social Events

HSA hosts special events for the entire family during the school year. One of last year's events included a Family Fun Night Trunk-or-Treat Halloween Party.

St. Nicholas Day

HSA brightens the Christmas season by contacting St. Nicholas' headquarters to inform them of what great, hardworking students we have at our school. We put in our request to make sure he stops at SME with a special surprise for all of the students on this special day.

Merry Moose Shop

Each Christmas season students are given the opportunity to shop on their own for small gifts to surprise special people on Christmas Day.

Catholic Schools Week

Mark your calendar for the most exciting week of the school year. Activities include an ice cream social, Open House, and an array of fun things throughout the week. We also honor a distinguished graduate of SME at a special mass.

Penny Fair

One of the longest running SME traditions, the Penny Fair, transforms the gymnasium into a mini-carnival with games of chance and skill. Children can win toys, candy, cakes and even plants to give to Mom on her special day.

School Picnic

Our final celebration of the year is filled with games and activities for the children. Parents are welcome to volunteer or simply come and enjoy the fun and festivities.

Friday Night Dances

Our 7th and 8th graders look forward to several nights of fun and dance throughout the school year. Area Catholic school principals are given invitations to share with their students.



St. Mary's Elementary Physical Education Uniform Order Form

Below are clothing items 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	X-Sm (4)	Small (6-8)	Medium (10-12)	Large (14-16)	Cost	Total	Filled
T-Shirt					\$7.50		<input type="checkbox"/>
Sweatshirt					\$14.00		<input type="checkbox"/>
Sweatpants					\$17.00		<input type="checkbox"/>
Shorts					\$14.00		<input type="checkbox"/>
Track Pant					\$25.00		<input type="checkbox"/>
Total						\$	

Adult	Small	Medium	Large	XL	2XL	Cost	Total	Filled
T-Shirt						\$7.50		<input type="checkbox"/>
Sweatshirt						\$14.00		<input type="checkbox"/>
Sweatpants						\$17.00		<input type="checkbox"/>
Shorts						\$14.00		<input type="checkbox"/>
Track Pant						\$25.00		<input type="checkbox"/>
Total							\$	

***** Due to circumstances beyond our control,
prices are subject to change without notice based on the manufacturer*****

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 \$ _____
------------------------	--------------------------	------------------------------	--------------------------	---------------



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 \$8.00 an hour per child or \$12.00 an hour per family. The tuition office will invoice for payment bi-weekly. The payment due date is listed at the bottom of the FAST Club invoice in the clip off remittance section. Do not include FAST Club payments with any other payment. Please issue a separate check.

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
Lancaster, NY 14086-2033
www.smeschool.com

Phone: (716) 683-2112

Fax: (716) 683-2134

"...visible examples of gospel living"

FAST CLUB REGISTRATION FORM
2019-2020

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 SCHOOL

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Phone: (716) 683-2112
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"...visible examples of gospel living"

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 F.A.S.T. Club

2019-2020 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: _____

St Mary's Elementary Kitchen

Families of SME,

We appreciate your support and patronage of our school lunch program. It is a program that we are proud of, and hope to see continue for years to come.

As parents of SME students ourselves, we have seen firsthand the changes the lunch program has endured. As we continue to improve and plan throughout the



school year, we hope that you, the SME Family, buy with confidence and assurance, knowing we are committed to serving only the best, to the best! That's SME!



Daily selections range from freshly made sandwiches and soups, fresh fruits and vegetables and from-scratch entrees. We limit the amount of pre-packaged, pre-assembled items that we serve so that you can feel comfortable knowing that your student is eating healthier at lunchtime.

Daily lunches are just one of the many offerings available to you. Your student can celebrate a birthday with his or her class by enjoying one of our many allergy friendly, baked, reduced fat or whole grain snacks. We can pack your child's field trip lunch, too! With a choice of sandwich, fresh fruit, veggie sticks, water or milk and a sweet treat, what could be easier? Volunteering in the cafeteria? We would love to serve you a freshly-made Julienne salad, mixed berry yogurt parfait, or just a bowl of homemade soup. Email us at kitchenmanager@smeschool.com your order and we will be happy to serve you, and your student!



Our pre-pay plan allows for easy, breezy weekly planning. Remember, a pre-purchase of 20 lunches gives you a free lunch as a 'thank you' for supporting our program.

We wish our SME family a happy and healthy school year! We look forward to serving you in 2019-2020.

Tracy Hadsall & Jenny Fulciniti

SME Kitchen

Notes 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 7 years. The 2019-2020 school year will be my third 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, 2019. 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 contact me or your physician if you have any questions.

Medications: Must be brought to the health office by the parent/guardian (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 have this form completed and kept on file in the health office.

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 food allergy policy regarding peanuts and tree nuts. 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



Teacher: _____

Grade: _____

HEALTH QUESTIONNAIRE & EMERGENCY FORM

PUPIL PERSONNEL SERVICES - LANCASTER CENTRAL SCHOOLS

**** PLEASE RETURN TO THE SCHOOL NURSE ****

DATE: _____

STUDENT NAME: _____ MALE: _____ FEMALE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ BIRTH DATE & PLACE: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

PLACE OF BUSINESS: _____ PLACE OF BUSINESS: _____

HOURS & WORK PHONE: _____ HOURS & WORK PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

**** PLEASE INDICATE ORDER IN WHICH YOU WOULD LIKE CONTACT TO BE MADE ****

IF PARENTS ARE NOT AVAILABLE, IN CASE OF EMERGENCY CALL:

1. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

2. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

3. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

IF PARENTS ARE SEPARATED OR DIVORCED, WHO HAS CUSTODY?

CUSTODIAL PARENT/GUARDIAN: _____

ADDRESS: _____ PHONE: _____

HEALTH HISTORY

DOES YOUR CHILD HAVE A **MEDICAL CONDITION** THAT WILL REQUIRE SUPERVISION AND/OR THAT WILL RESTRICT THEIR ACTIVITY? IF YES, PLEASE EXPLAIN: _____

Please note if any of the following conditions pertain to your child:

ANEMIA _____	PNEUMONIA _____	KIDNEY CONDITIONS _____
ASTHMA/REACTIVE AIRWAY _____	NEUROLOGICAL CONDITION _____	MONONUCLEOSIS _____
RHEUMATIC FEVER _____	TUBERCULOSIS/MIGRAINE/HEADACHES _____	
CHRONIC RESPIRATORY PROBLEMS _____	SEIZURE DISORDER _____	HEART DISEASE _____
DIABETES _____	SURGERIES _____	
EAR CONDITIONS _____	INJURIES/FRACTURES _____	

DETAILS: _____	ALLERGIES: _____	REGULAR MEDICATIONS: (LIST ONLY) _____
----------------	------------------	--

NAME OF PEDIATRICIAN: _____ PHONE: _____

I understand that this information may be shared with personnel involved with my child.: _____

(Parent's signature)



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 (2019-2020 school year)

**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

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication	<input type="checkbox"/> Environmental

Asthma <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	

Seizures <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type: _____	Date of last seizure: _____

Diabetes <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____	Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:

Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI _____ kg/m2 **Percentile (Weight Status Category):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and >

Hyperlipidemia: ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K		Date		<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____

☐ **System Review and Exam Entirely Normal**

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____
<input type="checkbox"/> Additional Information Attached		

Name:			DOB:	
SCREENINGS				
Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis Required for boys grade 9	Negative	Positive	Referral	
And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:	Trunk Rotation Angle:			
Recommendations:				
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK				
<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics.				
<input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications				
<input type="checkbox"/> No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling				
<input type="checkbox"/> No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field				
<input type="checkbox"/> Other Restrictions:				
<input type="checkbox"/> Developmental Stage for Athletic Placement Process ONLY Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports Student is at Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> Accommodations: Use additional space below to explain				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Brace*/Orthotic</div> <div><input type="checkbox"/> Colostomy Appliance*</div> <div><input type="checkbox"/> Hearing Aids</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Insulin Pump/Insulin Sensor*</div> <div><input type="checkbox"/> Medical/Prosthetic Device*</div> <div><input type="checkbox"/> Pacemaker/Defibrillator*</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Protective Equipment</div> <div><input type="checkbox"/> Sport Safety Goggles</div> <div><input type="checkbox"/> Other:</div> </div>				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
MEDICATIONS				
<input type="checkbox"/> Order Form for Medication(s) Needed at School attached				
List medications taken at home:				
IMMUNIZATIONS				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Record Attached</div> <div><input type="checkbox"/> Reported in NYSIS</div> <div>Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>				
HEALTH CARE PROVIDER				
Medical Provider Signature:			Date:	
Provider Name: <i>(please print)</i>			Stamp:	
Provider Address:				
Phone:				
Fax:				
Please Return This Form To Your Child's School When Entirely Completed.				

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: ____ / ____ / ____
Month Day Year

Sex: ☐ Male
☐ Female

Will this be your child's first visit to a dentist? ☐ Yes ☐ No

School: Name

Grade:

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.