



ST. MARGARET SCHOOL & PRESCHOOL

St. Margaret School will provide a firm educational foundation of religious values and academic knowledge for each student in a Catholic nurturing environment.

St. Margaret School Family Information Form 2020-2021

Child's Name	Date of Birth	Grade Level	Student ID Number

Parish Information
Catholic: <input type="checkbox"/> yes <input type="checkbox"/> no I am an active, registered member of _____
<input type="checkbox"/> We attend a church of another faith: _____
<input type="checkbox"/> We do not attend any church.

We live in the school district of _____

Primary Contact Information and Living Setting
<input type="checkbox"/> Birth Parents <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Father/stepmother <input type="checkbox"/> Mother/stepfather
<input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Foster home-how many months? ____
<input type="checkbox"/> Grandparents <input type="checkbox"/> other relative <input type="checkbox"/> other: _____

Primary Household Information	Parent/Guardian #1	Parent/Guardian #2
Name		
Home phone number		
Physical Address		
Primary Email Address		
Phone number at place of employment		
Email address at place of employment		
Cell Phone		
Signature and date primary HH1		
Signature and date primary HH2		

Does the student have a second parent/second residence? yes no
 Mother only Father/stepmother Other
 Father only Mother/stepfather Joint custody

Secondary Contact Information	Parent Guardian #1	Parent/Guardian #2
Name		
Home phone number		
Physical Address		
Primary Email Address		
Phone number at place of employment		
Email address at place of employment		



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Cell Phone		
Signature and date secondary HH1		
Signature and date secondary HH2		

Emergency Contact Information

Contact Name	Relationship	Phone Number	Phone Type	Release to:
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Afternoon Dismissal

Option 1: Monday thru Friday dismissal will not change. Student will leave school by:

Family vehicle/Carpool

Otsego Public School Bus

Option 2: Dismissal will be varied as follows.

Monday	Tuesday	Wednesday	Thursday	Friday

Other

MEDIA/PICTURE RELEASE CONSENT

Yes No

I give my consent for my student's picture or academic work to be used in school/community publications and website as deemed appropriate by the school.

ST. MARGARET PARENT/STUDENT HANDBOOK

Yes No

I agree to read and review my Parent Handbook with my student during the first week of school and to seek out clarification if needed.

PESTICIDE PRIOR NOTIFICATION REQUEST

As part of St. Margaret School's pest management program, pesticides are occasionally applied both inside and outside of the buildings. You have the right to be informed prior to any pesticide application to the school grounds and buildings. In certain emergencies, pesticides may be applied without prior notice, but you will be provided notice following any such application.

It is not necessary to notify me when pesticides are to be applied at St. Margaret School.

I wish to be notified prior to a scheduled pesticide treatment either inside or outside the facilities of SMS.

Date: _____

Signed: _____



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ST. MARGARET SCHOOL & PRESCHOOL 2020-2021 TUITION AGREEMENT

FAMILY CONTACT INFORMATION	
Parents' Names	

CALCULATE TUITION COST FOR YOUR FAMILY USING THE TUITION SCALE		
STUDENT NAME	GRADE	COST
1)		
2)		
3)		
4)		
3% tuition discount if paid in full by June 30, 2020		
Financial Aid		
TOTAL TUITION DUE		

PRESCHOOL TUITION	
3 yr old-two half days	\$1,120
3 yr old-two full days	\$2,016
4 yr old-three half days	\$1,383
4 yr old-three full days	\$2,598

KINDERGARTEN-8 TH GRADE TUITION		
	Parishioner	Out of Parish
1 student	\$3,575	\$4,575
2 students	\$5,839	\$7,539
3 students	\$7,252	\$9,452
4 students	\$8,514	\$11,024

TUITION AGREEMENTS ARE DUE IN THE SCHOOL OFFICE BY JUNE 30, 2020 along with the \$50 Registration Fee.

SELECT A PAYMENT OPTION – CIRCLE #1 or #2
1. Pay in full before June 30, 2020 to receive a 3% discount. There are no exceptions to or extensions for this discount.
2. Pay through FACTS, a payment plan with a \$43 registration fee. Payments must begin in August, and finish in May. If you sign up late, your payments will still finish in May.

PARENT SIGNATURE
I hereby certify that all the financial information given on this form is true and accurate to the best of my knowledge and I agree to pay the calculated tuition herein.



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SIGN HERE _____ DATE _____

PAYMENTS RECEIVED – OFFICE USE ONLY			
Date	Check Number	Amount	Approved By

FINANCIAL AID
Financial aid applications are available in the school office for students in grades Kindergarten-8 only. Preschool families are not eligible for financial aid. The application must be completed and returned by the first day of school.



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PRESCHOOL CONTRACT

Child's Name	Date of Birth	Class Choice

Parents

- I agree to enroll my child in the St. Margaret Preschool program that is licensed by the State of Michigan. I agree that the registration fee of \$50 per child is non-refundable.
- I received and read the Preschool Handbook and agree to comply with all the rules stated therein.
- These are the class times:
3 year old class: Tuesday and Thursday 8:30-11:30 or 8:30-3:15
4 year old class: Monday, Wednesday, Friday 8:30-11:30 or 8:30-3:15
- Doors will open five minutes before class begins. You must escort your child to the preschool room. Children will be released only to those who are listed on the child release section of the information card.
- Each month, every family must provide a healthy packaged snack and beverage to share with the entire class.

Licensee

- A licensee shall have the following administrative responsibilities regarding staff:
 1. Certified CPR/First Aid
 2. Criminal Background Check
 3. Parent volunteers will be required to have criminal background checks.
- St. Margaret Preschool shall permit parents to visit the program for the purpose of observing their student at all times.



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Program Activities

- A child care center will implement a developmentally appropriate program which shall include the following:
 1. Physical development, including large and small muscle activities
 2. Social development, including communication skills
 3. Emotional development, including positive self-concept
 4. Intellectual development

- The child care center shall provide the following daily activities:
 1. Quiet and active
 2. Small and large group activities
 3. Large and small muscle
 4. Child-initiated and staff-initiated
 5. A guide relating to the weekly program for each age group

Upon signing this agreement, the parent, legal guardian or responsible adult and the preschool facility agree to abide by all the provisions contained in this contract.

Parent/Legal Guardian – Printed Name _____

Signature _____ Date _____

Preschool Director – Printed Name _____

Signature _____ Date _____



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MEDICAL TREATMENT AUTHORIZATION 2020-2021

(PER STUDENT)

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition, which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted to **ST. MARGARET SCHOOL** only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Grade: _____ Teacher: _____

Reason for which release is intended: **EMERGENCIES**

Address of Minor: _____

Emergency Phone Numbers: Home _____ Work _____ Cell _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medications, contacts or other pertinent information:

Reported Allergies:

Medication:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____



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PARENT NOTIFICATION OF THE LICENSING NOTEBOOK Child Care Organizations Act, 1973 Public Act 116 Michigan Department of Licensing and Regulatory Affairs

All childcare centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at www.michigan.gov/michildcare.

I have read the above statement issued by St. Margaret Preschool.

Child's Name _____

Child's Name _____

Parent Name (printed) _____

Parent Signature _____ Date _____



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Welcome to Preschool!

Everyone needs to bring to preschool:

- Back pack to carry papers home
- Change of clothing

Students staying all day need to also bring:

- Small blanket
- Small pillow
- Lunch

Must haves for the classroom

Kleenex

Paper towels

Small paper cups for snacks

Napkins

Ziploc bags, quart and gallon size

Plastic spoons

Small paper plates

Please do not feel like you have to buy all of these items. If you bring 1 or 2 of these items, it will be a huge help and greatly appreciated!

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code)	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code)	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	Birth History: Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: If yes, list medications: Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
			Reason for Medication	
			_____ / /	
			Parent/Guardian Signature _____ Date _____	

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

