



OLV School Returning Student Enrollment Packet

Must be up to date in paying your tuition before submitting this form for next year's enrollment.

Please complete the following forms to update our school records. If you wish, you may fill out a complete packet obtained from our office or from Sycamore on our web site.

Welcome again to Our Lady of the Valley Catholic School as we begin our tenth year of educating and forming children in their Catholic faith. I am thankful to God for the supportive parents, the first educators of the faith; our generous donors, the unwavering support of Sacred Heart, Our Lady of the Lake, and St. Michaels; and dedicated teaching and administrative staff. Finally, our greatest blessing is our wonderful and talented students who continue to excel academically and spiritually because of their tenacious desire to grow in faith and knowledge. We ask for God's blessings each school year as we nurture and educate our students in their quest for God's grace.

Joyce Lund
Acting Principal

Please check off <input type="checkbox"/> below items as they are completed. *=required		Necessary For Family or Individual Student	The below page numbers are the pages from this re-enrollment packet.
Page Title	Page #		
<input type="checkbox"/>	OLV Enrollment Form: Basic & Emergency Contact Information*	Family*	page 2
<input type="checkbox"/>	Tuition and Financial Information	Family	page 3
<input type="checkbox"/>	Tuition and Fees Contract*	Family*	page 4
<input type="checkbox"/>	Guidelines for OLV Scholarship Recipients	Family	Page 5

*Note: if all of the **medical information** is the same as last year for each child, please place the child's name on the Medical Information form and the word "SAME" just to the right of the "name." Then sign and date both sides of the Medical Information form. If you are not sure what was on the previous forms, call our office or fill out the information on these forms. If some medical information has changed, you may only make those updates.*



<input type="checkbox"/>	Medical Information Form I*	Individual*	page 6
<input type="checkbox"/>	Medical Information Form II*	Individual*	page 7
<input type="checkbox"/>	Parent/Guardian Commitment Form- "I will"*	Family*	page 8
<input type="checkbox"/>	Family Share Hours Agreement, Parent Volunteer Organization*	Family*	page 9
<input type="checkbox"/>	Volunteer Ticket Sales, Parent Volunteer Organization [PVO]*	Family*	page 10
<input type="checkbox"/>	Picture/Social Media Permission Form*	Family*	page 11
<input type="checkbox"/>	Family Talent & Interests Form	Family	page 11
<input type="checkbox"/>	Volunteer Requirements: Safe & Sacred Completion	Family	page 12
<input type="checkbox"/>	Procedure, Background Check		
<input type="checkbox"/>	School Year at a Glance Summary Yearly Calendar	Family	page 13
<input type="checkbox"/>	\$ 25 material & supplies fee (per student)*	Individual*	<i>Please turn funds in to the office with this packet. Thank you!</i>
<input type="checkbox"/>	\$100 Non-Refundable Registration Fee*	Family*	

NOTE: A "Δ" symbol indicates a place for a required initial or signature.



Our Lady of the Valley Catholic School
 1201 E. Bogard Rd., Wasilla, AK 99654 Phone: (907) 376-0883
 2016-2017 School Year

[1 FORM/FAMILY] ENROLLMENT APPLICATION-BASIC & EMERGENCY CONTACT INFORMATION

Please check: **NEW FAMILY** **RETURNING FAMILY** [fill out only the items that have changed]

Enrolled Child's Name (oldest to youngest) First Name, MI, Last Name	Grade Entering	Age Now	Date of Birth	Place of Birth City & State	Last School attended (if any)
1.					
2.					
3.					
4.					

Parent/Guardian #1 (Please Print Clearly)				Parent/Guardian #2				If address same as #1, check Box <input type="checkbox"/> SAME	
Name: Last		First		Name: Last		First		MI	
Mailing Address: Street or PO Box,		City,		Mailing Address: Street or PO Box,		City,		State, ZIP	
Home Phone		Cell Phone		Home Phone		Cell Phone		Preferred E-Mail	
Work Phone		Workplace Name		Work Phone		Workplace Name			

If there are student custody or guardianship issues, please contact the OLV office and provide documentation.

Non-Parent/Guardian Emergency Contact #1			Non-Parent/Guardian Emergency Contact #2		
Name: Last		First	Name: Last		First
Relationship to Student			Relationship to Student		
Home Phone	Cell Phone	Work Phone	Home Phone	Cell Phone	Work Phone

OTHER Authorized Drop Off / Pick Up Contact #1			OTHER Authorized Drop Off / Pick Up Contact #2		
Name: Last		First	Name: Last		First
Brand, Model, Color, Year and License Plate of Vehicle			Brand, Model, Color, Year and License Plate of Vehicle		
Home Phone	Cell Phone	Work Phone	Home Phone	Cell Phone	Work Phone

Special Services Received by your Children in Previous Schools: Please check (✓) all appropriate boxes.

What **special services** has your child received, or been referred for, while attending other schools?
 Occupational Therapy Modified Curriculum Title I Physical Therapy Speech Gifted/advanced ESL program
 I. E. P. Ind. Ed. Program
 Yes No my child[ren] have been suspended (in school or out of school) or expelled.
 Yes No my child[ren] have had behavioral problems in previous schools

School[s] previously attended: _____
Falsifying any information will result in automatic dismissal from OLV. Explain above, or list concerns of which classroom teachers should be aware:

Religious denomination:

Church Currently Attending: Church/City/State: _____

Catholic Sacraments Received by Child[ren] (if applicable) Please fill out names, check [✓]

First Name	Last Name	Baptism>		First Communion>		If yes, church name/city/state	
		no	yes	no	yes		

Student Heritage [Racial Background]: Please check (✓) all appropriate boxes. (For NCEA purposes-This is Optional)

Alaskan Native Asian Hispanic
 American Indian Native Hawaiian/Pacific Islander Mixed Race [please check or list]
 African-American Caucasian

Δ I have done my best to insure the above information is accurate and true.

[signature] _____ **Date** _____



1 Form/Family

Tuition & Financial Aid Information

Our Lady of the Valley (OLV) strives to set a tuition rate that is affordable for families while ensuring the long-term financial stability of the school. Ideally Catholic school tuition covers at least 50% of the actual education costs; currently our tuition is covering 30%-42%. To bridge the gap between tuition received and actual costs, we depend on the generosity of families, parishes and friends through a variety of fundraisers.

2016-2017 Tuition

[does not include preschool]

OLV Grades K-8 Tuition	Monthly Payments The cheapest way to pay monthly is to go through the TADS Tuition Payment Plan . [see below]. For a one time fee of \$45 you can set up your yearly payment plan. If you choose to pay directly to OLV by monthly credit card and <u>not use TADS</u> , there will be 3% added to each transaction.	“Tuition Plus”, [No Fund Raising or Share Hour Obligations Required]	
		2 parent/guardian family**	1 parent/guardian family*
1 Child \$4,330 2 Children \$8,030 3 Children \$11,230 4 or More Children \$13,700 Families <u>must fund raise</u> an additional * or **		1 Child \$6,530 2 Children \$10,230 3 Children \$13,430 4 Children \$15,900	\$ 5,430 \$ 9,130 \$12,330 \$14,800
But “Tuition Plus” <u>does not</u> include any fees or other expenses. See Parent/Guardian handbook, page 11			
*Single parent/guardian family--fund raise at least \$600 and do at least 20 share hours/year or pay \$500 for share hours for a total of \$1,100. **Two parent/guardian family--fund raise at least \$1,200. and do at least 40 share hours/year or pay \$1000 for share hours for a total of \$2,200.			

Full Year payment is due August 15, 2016. Half year payments are due August 15 and January 15, 2017.

Monthly payments are due Starting August 15, and due on the 15th of each month thereafter.

Contact our office if you need to set up other payment plans or dates.

Multi-child discounts are available for siblings in an immediate family only.

Written quarterly report cards will not be given to those who are delinquent in paying their tuition.

The cost to educate one child at OLV for the current school year is approximately \$12,000. This means that the school must raise an additional \$7,700 per student in order to operate.

A 3% discount is offered to families paying full tuition prior to the start of school. The discounted one-time payment is offered until August 15th, 2016.

All tuition and fees must be paid from the previous year or the student[s] are not allowed to re-enroll in OLV.

OLV has partnered with Tuition Aid Data Services (TADS) for two services:

[1] Tuition Management & Collection and [2] Financial Tuition Assistance.

[1] Tuition Management & Collection Plan Setting up a **Tuition Management & Collection Plan** is easy and can be done by going to www.tads.com. You will receive a Tuition Payment Agreement directly from TADS, via email during, on or about, the month of July, where you can select your payment options. *(There is a one-time processing fee of \$45 paid to TADS for their 10 and 12 month payment option)*. A payment plan must be in place before your child(ren) will be allowed to begin class.

[2] Financial Tuition Assistance OLV has a limited amount set aside for financial tuition assistance. Those families who are active members of Sacred Heart Parish, St. Michael’s Parish or Our Lady of the Lake Parish are given first preference of receiving tuition assistance followed by currently enrolled families and then all other families. The least amount of tuition to be paid is a discount of 33% off the total cost. The award process is determined by the acting principal. Your complete financial aid application **MUST** be received by TADS **by June 1, 2016** to qualify *(there is a \$35 financial assistance processing fee paid to TADS)*. Please contact the school if you have any questions regarding tuition or financial tuition assistance.

I understand that inconsistent unexcused absences or tardiness and non participation in fund raising/share hours may result in revocation of financial assistance and/or scholarships.

There is also a possibility of reducing some tuition obligations after volunteer hours have been completed. Contact our office for details.

Depending on funding, there may be some other special scholarships available. See page 5.



GUIDELINES FOR OLV SCHOLARSHIP RECIPIENTS:

Financial aid funds are distributed through the TADS program. See page 3.

The following are guidelines, in no particular order, for distribution of scholarship funds to currently enrolled OLV Families/students as set by the OLV Administrative Staff. The guidelines are, but not limited to:

- Currently enrolled students
- Family hardship or emergency
- Academic achievements
- Timely tuition and fee payments
- Fundraising ticket sales met and or exceeded
- Satisfactory attendance and tardies
- Share hours met and or exceeded
- Family involvement with the school
- Volunteers in classroom, after school or recess duty
- Medical hardship

Prospective scholarship recipients must submit a letter of request in writing to the administrative staff and/or parish priest.

The administrative staff is responsible for individual decisions with regard to the recipients and the amount of the award.

Recipients must meet all or the majority of the criteria.

All awards are kept strictly confidential. If you desire more information about specific scholarships, please contact our office.

Certain donors may contribute to the scholarship fund with certain eligibility criteria.

These criteria are currently under review by the OLV Finance Committee and will be submitted to the OLV advisory committee for approval.



1 Form/Student

Medical Information I

Enrolled Child's Name			Gender	Birthdate	Birthplace [city,state]	Grade	Age
First Name	MI	Last Name					

Parent/Guardian #1 (Please Print Clearly)				Parent/Guardian #2 If address same as #1, check Box <input type="checkbox"/> SAME			
Name: Last		First		Name: Last		First	
MI				MI			
Mailing Address: Street or PO Box,		City	State	ZIP	Mailing Address: Street or PO Box		City
Contact Information				Contact Information If same as #1, check Box <input type="checkbox"/> SAME			
Home Phone	Cell Phone	Preferred E-Mail		Home Phone	Cell Phone	Preferred E-Mail	
Work Phone	Workplace Name			Work Phone	Workplace Name		

If there are student custody or guardianship issues, please contact the OLV office and provide documentation.

Non-Parent/Guardian Emergency Contact #1			Non-Parent/Guardian Emergency Contact #2				
Name: Last		First	MI	Name: Last		First	MI
Relationship to Student			Relationship to Student				
Home Phone	Cell Phone	Work Phone	Home Phone	Cell Phone	Work Phone		

FAMILY DOCTOR AND EMERGENCY TREATMENT INFORMATION

FAMILY DOCTOR'S NAME: _____ **PHONE:** _____

I give permission for my child to be transported by ambulance [after calling 911] if I cannot be located and immediate medical attention is necessary. I give permission for my family doctor or a qualified physician to treat my child. I will assume financial responsibility. YES NO

I give permission for an OLV staff to administer minor first aid treatment to my student[s]. YES NO

CHILD'S MEDICAL HISTORY: Has your child ever had or has now? [Check [✓] and date all that apply.]

Head Injury/Concussion <input type="checkbox"/>	Rheumatic Fever <input type="checkbox"/>	Scoliosis/Back Curvature <input type="checkbox"/>
Epilepsy/Seizures <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Substance Abuse Treatment <input type="checkbox"/>
Hearing Problems <input type="checkbox"/>	Leukemia/Cancer <input type="checkbox"/>	Behavior/Emotional Problems <input type="checkbox"/>
Frequent Ear Infections <input type="checkbox"/>	Thyroid Problems <input type="checkbox"/>	Depression <input type="checkbox"/>
Ear Tubes/Problems <input type="checkbox"/>	Kidney/Bladder Problems <input type="checkbox"/>	Eating Disorder <input type="checkbox"/>
Vision Problems <input type="checkbox"/>	Ulcer <input type="checkbox"/>	Hyperactivity/ADD <input type="checkbox"/>
Asthma <input type="checkbox"/>	Mononucleosis <input type="checkbox"/>	Coordination Problems <input type="checkbox"/>
Pneumonia <input type="checkbox"/>	Chicken Pox <input type="checkbox"/>	Frequent Bedwetting <input type="checkbox"/>
Tuberculosis <input type="checkbox"/>	Skin Disease/Eczema <input type="checkbox"/>	Allergies <input type="checkbox"/>
Heart Problems <input type="checkbox"/>	Bone/Joint Problems <input type="checkbox"/>	Other: <input type="checkbox"/>

I have submitted a copy of my child's Health & Immunization Records & Birth Certificate to OLV office

Δ **Parent/Guardian Signature:** _____ **Date:** _____



[1 Form/Student]

Medical Information Form II

Enrolled Child's Name <small>First Name, MI, Last Name</small>	Grade	Age

MY CHILD HAS or HAS HAD: [Check (✓) all that apply and explain.]

1. Allergies: _____ Reactions: _____
2. Surgery for: _____ Date: _____
3. Hospitalized for: _____ Date: _____
4. Dr. Prescribed Medication: _____ Date: _____

5. Does your child take medication regularly? No Yes, If yes, how often, please explain

6. Do you have other specific concerns not covered above? No Yes, If yes, please explain

Immunizations: You will be notified when your child needs additional immunizations as required by Alaska State Law Title 4 AAC 06.055.

Release of Health Information: I give the Administrative Secretary permission to share health related information regarding my child to other school personnel on a need to know basis.

TB Skin Test: I understand that my child will need a TB Skin Test at intervals as required by Alaska State Law Title 7 AAC 27.213 during the period they are enrolled in the school unless documentation is provided showing negative results in the previous six months or positive results from a PPD test. (New 4 Year Old Student)

Has your child ever had a positive reaction to a TB Skin Test? Yes No
 If yes, date of result: _____ If yes, date of last chest X-Ray: _____

I give permission for the following medicines to be administered to my child when necessary:
 [Check (✓) all that apply.] [Note: all medications must be in original containers]

- | | |
|--|--|
| <input type="checkbox"/> Acetaminophen [Tylenol etc.] | <input type="checkbox"/> Antacid [Tums/Roloids etc.] |
| <input type="checkbox"/> Ibuprofen [Motrin/Advil etc.] | <input type="checkbox"/> Doctor prescribed medication [see # 1, 4, 5, above] |
| <input type="checkbox"/> Antihistamine [Benadryl etc.] | <input type="checkbox"/> Other: _____ |

In case of an emergency a parent/guardian will be contacted immediately. If the parent/guardian cannot be reached, other contacts from you child's Medical Information Form I will be called. If no one can be reached and the child needs medical assistance, the physician listed on page 11 [Medical Information Form 1] or 911 will be called. Fees for medical services are the parent's responsibility. Our protocol is to call 911 or take the child to the nearest medical facility if we are ever in doubt of whether or not a child needs medical assistance.

Parent/Guardian Signature: _____ **Date:** _____



Parent/Guardian Commitment Form

The following is a Parent/Guardian Code of Conduct that we ask each of our Parent/Guardians to adhere to as your child's most important educator. I understand that I teach my child best by my own example of reverence, responsibility, and respect. I ask Our Lady of the Valley Catholic School to assist me in making my child a disciple of Jesus Christ. I understand that my child's teacher is a dedicated professional who makes many sacrifices to teach in a Catholic school. In order to show my cooperation, support, and thankfulness:

I will ... (Δ INITIAL the line item to signify that you agree)

- | | |
|-----|--|
| 1. | ... have my child to school on time every day with the necessary school supplies, appropriately dressed and in appropriate appearance as stated in our uniform and appearance code. |
| 2. | ... show respect for the teacher and any other adult in authority in front of any student at all times. |
| 3. | ... never lie to the priest, the principal, or the teachers to protect my child from the consequences of his/her behavior. |
| 4. | ... stop rumors. I will go through proper channels when I have a problem. |
| 5. | ... speak respectfully with kindness and courtesy to other parents/guardians in front of students, especially when there is a disagreement. |
| 6. | ... speak to the teacher or adult in charge before I accept my child's version of an incident. I know the good of all children comes before my child's needs or wants. |
| 7. | ... follow the school's rules, calendars and deadlines and expect my child to do the same. |
| 8. | ... support my children and their teachers by actively assisting in the completion of all assignments and homework in the designated time. I understand that there will be daily homework [except for Kindergarten]. I will support my children in completing their homework. |
| 9. | ... support my child to make-up work when absent. In the event of planned absences, I will contact the teachers at least 2 weeks in advance to enable the teacher to plan for adequate make up assignments. I understand that my children are responsible for completing all assigned classwork when absent. Make-up assignments are due within two school days of the return. Failure to satisfactorily complete homework will result in zeros for the missed assignments. |
| 10. | ... build a bridge of acceptance and understanding, while expecting my child to do the same among the different cultures represented at Our Lady of the Valley and our community. |
| 11. | ... review the OLV Parent/Guardian/Student Handbook. Important information is in this book of all the necessary commitments needed. If I do not contact the OLV office within one month of my enrollment with concerns, this indicates my agreement with all of the terms required of OLV. |

With the example of the Holy Family and the guidance of the Holy Spirit, I will abide by this Code of Conduct while my child/children are enrolled at Our Lady of the Valley.

Δ Parent/Guardian Printed Name: _____ Signature: _____ Date: _____



[1 Form/Family] Share Hours Agreement Parent Volunteer Organization

Each **two** parent/guardian family (TPF) at OLV is required to perform 40 hours and 20 hours for a **single** parent/guardian family (SPF) of service to the school. Hours spent performing the following types of activities qualify as meeting the mandatory Share Hours requirement. It is recommended that families participate in several different activities. Being active in the school is a great way to meet other families and establish lifelong friendships. Being active in the Parent Volunteer Organization [PVO] is a key to helping this school be successful.

<ul style="list-style-type: none"> • Serve as PVO or Fundraising Chair / Co-Chair • Shopping for school supplies, needs, etc. • Helping with building and grounds maintenance • Uniform maintenance / Recess Duty/Box Tops • Developing class materials at home 	<ul style="list-style-type: none"> • Driving for Extended Activities [Field Trips] • Assisting a teacher in the classroom • Assist at Dinners and Auction • Assist with the Hot Lunch Program • Prepare food at home for snacks or hot lunch.
--	--

A “Share Hours Register” is on the Sycamore Web site keeping track of share hours beyond the expected 40 TPF (20 SPF) hours is important. At least 20 TPF (10 SPF) hours need to be completed by the end of first semester while the remaining 20 TPF (10 SPF) hours are to be completed before the end of the school year. This demonstrates the commitment of families toward the success of the school.

Please check [√] ONE of the below options [I will or I will NOT]:

I will be able to complete my share hours according to the above agreement.
Please check **ONE** of the below about your family and then **skip to bottom of this page & sign the agreement lines [Δ].**

Two Parent/Guardian Family [TPF] At least 20 hrs/semester or at least 40 hrs/year

OR

Single Parent/Guardian Family [SPF] At least 10 hrs/semester or at least 20 hrs/year

Please select one of the below payment options:

I will NOT be able to complete my share hours according to the above agreement
I will be required to pay for the remaining hours at the rate of \$25 per hour (\$1000 for **TPF**, \$500 for **SPF**)

Please check [√] one:

\$1000 for a Two Parent/Guardian Family

OR

\$ 500 for a Single Parent/Guardian Family

Please select ONE of the below payment options:

Monthly by Cash Check TADS Credit Card [+3% processing fee] Yearly Total

Half Year by Cash Check TADS Credit Card Yearly Total

Full Year by Cash Check TADS Credit Card Yearly Total

Another option is “Tuition Plus.” This is when families pay an amount that exempts them from any fund raising or share hours. [See “Tuition Plus” column on page 3 of this packet or page 10 of the handbook.]

Δ **I agree to complete this share hour agreement. My student’[s] first names is/are:** _____

Δ **Parent/guardian printed name:** _____ **Signature:** _____ **Date:** _____



Our Lady of the Valley Catholic School ENROLLMENT PACKET

1201 E. Bogard Rd., Wasilla, AK 99654 Phone: (907) 376-0883

2016-2017 School Year

[1 Form/Family] Fund Raising -- Parent Volunteer Organization P.V.O.

(Please read carefully & initial/sign where indicated)

Tuition alone does not cover all of the necessary resources needed to operate OLV. The actual cost to educate one child at OLV for a year is about \$12,000. This means that the school must raise an additional \$7,700 per student. The success of OLV depends on the faithful involvement of the school community. We rely on the parents of our students to provide resources which are not covered by tuition. It is important for parents to be involved in the educational process and to provide educational assistance, fundraising and leadership help. The P.V.O. is a vital link in these fundraising activities.

There are several major fundraising events that require participation from every family in order for the school to meet its annual fundraising goal, which is needed to support the daily operations of the school and to keep tuition costs down. Fundraising activities may include: steak dinner-shows, spaghetti dinner-talent shows, special fundraising drawings or raffles, etc. The finance committee, advisory committee, and P.V.O. are considering some other fund raising options.

Please initial ONE of the two columns below:

Table with 2 columns: TWO PARENT/GUARDIAN FAMILY [TPF] and SINGLE PARENT/GUARDIAN FAMILY [SPF]. Each column lists fundraising requirements and includes a box for 'Delta initial'.

Families have the option of either selling their allotted number of tickets, paying for the tickets themselves, or donating items for the annual dinner auction. All ticket stubs and monies must be accounted for on the due dates set for each fundraiser. Parents will be billed for unsold tickets. The school will secure selling locations for each fundraiser so that all parents have an opportunity to sell their tickets. Families not completing their auction obligations of procurement and hours will be billed.

Please check [√] one of the below items:

[] I agree to sell tickets as a part of my fund raising obligation. See above chart. Skip to the bottom and please sign the 2 agreement lines. [Δ]

[] I will NOT sell tickets as a part of my fund raising obligation. See immediately below.

I agree to pay the following amount instead of ticket fund raising

Please check (✓) one and Δ initial.

Two lines for payment amounts: TWO PARENT/GUARDIAN FAMILY \$1,200 Δ Initial: [] and SINGLE PARENT/GUARDIAN FAMILY \$ 600 Δ Initial: []

Please select one of the below payment options Consider going through TADs for a monthly cheaper payment fee.

Table with 3 rows of payment options: Monthly, Half Year, and Full Year. Each row includes checkboxes for Cash, Check, and TADS, a Credit Card option with a 3% processing fee, and a Total field.

Please sign the 2 agreement lines below. [Δ]

Another option is "Tuition Plus." This is when families pay an amount that exempts them from any fund raising or share hours. [See "Tuition Plus" column on page 3 of this enrollment packet.]

Δ I agree to the above conditions. My student[s] first name[s] is/are: _____

Δ Parent/guardian printed name: _____ Signature: _____ Date _____



[1 Form/Family]

Picture/Social Media Permission Form

I give Our Lady of the Valley School permission to use video, media and/or pictures of my child(ren) in: (Please Δ **initial** in all the box[es] that apply, place a dash “-“ by the items you refuse to initial.)

	Information Release Category Please initial all appropriate boxes				
Parent/Guardian PRINTED Name _____	1	2	3	4	5
Enrolled Child's Name: ↓	Δ OK to use on OLV webpage [no names used]	Δ OK to use on OLV Facebook & YouTube. No names used except for first name for birthday wishes and congratulatory purposes.	Δ OK to use on OLV newsletter and newspaper articles to promote school [first name only].	Δ OK to use on OLV calendars, slide shows Fundraisers [first name only].	Δ I decline permission to allow use of videos/pictures of my child of any kind.*

***By initialing box [5], your child will not be included in any photographs of a group, individually, or videos. [The student will be asked to sit aside when media is being prepared.]**

Δ Parent/Guardian Initial: Δ Parent/Guardian signature: _____ Date: _____

FAMILY TALENT AND INTERESTS

Family Contact Information

Parent/Guardian Name	Home Phone	Work Phone	Cell Phone	E-mail

Family Skills, Talents, and Interests: [sewing, cooking, art, metalwork, carpentry, classroom help, etc.]

Other useful information, comments, and suggestions:

Optional

Weekly times available for volunteering at school, or working at home on school projects

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Time	to	to	to	to	to	to	to



Volunteer Requirements, Safe and Sacred Completion Certificate and Archdiocese of Anchorage Background Check.

The Archdiocese of Anchorage requires that all employees and volunteers take and pass the “Safe and Sacred” course. If you do not have a computer available to you, you may use a school computer in the office. **This can be done now** and **must** be done prior to any volunteering involvement.

Go the website <http://www.archdioceseofanchorage.org> and in the **search box** type in: **Safe & Sacred**.

Select the Office of Safe Environment. On the left side of the page find and click on **Adult Training – Safe & Sacred**. Follow the instructions.

Take the course. Take the quiz. Score 90% or more. If you do not score at least 90% you may retake it immediately or review and take it again. Request that the certificate of completion be e-mailed to you. Email or personally bring a copy to the OLV office at: contactolv@valleycatholicsschool.org for our files. This certificate is good for 2 years. Thank you!

Background Check

The Archdiocese of Anchorage also requires that all employees and volunteers obtain a background check. This document is kept confidential and is on file in the school office and is good for 3 years. Please fill out the below request if you plan on chaperoning, assisting in the classrooms or working with the students in any way.

One per person (duplicate on back for spouse/other family member volunteer). Copies of this form may also be made. There are no fees required.

Archdiocese of Anchorage AUTHORIZATION FOR RELEASE OF INFORMATION DISCLOSURE REGARDING BACKGROUND INVESTIGATION

(Please print clearly)

Last Name: _____
 First Name, Middle: _____
 Maiden Name: _____ Mother’s Maiden Name: _____
 Alias (required for some international searches) _____
 Social Security* #: _____ Driver’s License* #: _____ State of Driver’s License*: _____
 Home Phone Number: _____ Cell Phone Number: _____
 Present Address: _____ E-Mail: _____
 City/State/Zip: _____ Date of Birth: _____
 Other cities/states lived in during the past 7 years: _____

*This information will be used for background screening purposes only by the Parish/School/Agency working for or volunteering with: Our Lady of the Valley Catholic School, Wasilla

Δ **Parent/Guardian Signature:** _____ **Date:** _____



School Year at a Glance Yearly Summary Calendar, 2016-2017 School Year

AUGUST, 2016

Mon -8	Cross Country Starts Gr. 4 th Grade & up 3:15 PM Mon-Thr
Wed- 10*	TEACHER INSERVICE *NO STUDENTS
Thr- 11*	TEACHER WORK DAY *NO STUDENTS during day, Parent/Guardian / Student Welcome BBQ & Orientation 6 PM Parish Hall
Fri- 12*	TEACHER WORKDAY *NO STUDENTS
Mon- 15	STUDENTS FIRST DAY 9AM First Mass
Wed- 17	OLV Advisory Board Meets—Officer Elections
Fri- 19	No Mass
?	Annual Raffle Ticket Sales Begin
? Sat- 27	Alaska State Fair St. Michaels Slippery Gulch booth 1-6 PM
?	Pancake Breakfast Sacred Heart after 9AM and 11:30 AM Masses Parish Hall

SEPTEMBER, 2016

Mon- 5*	LABOR DAY *NO SCHOOL
?	Start of Annual Appeal
?	Pancake Breakfast: Our Lady of the Lake
Sat- 17	Catholic Truth Pursuit. contest. ?more details later

OCTOBER, 2016

Wed-12	OLV Advisory Board Meets—
Thr- 13	1st QUARTER ENDS
?	Steak Dinner
Thr-27*	TEACHER INSERVICE/ WORK DAY- *NO STUDENTS
Fri- 28*	PARENT CONFERENCES, *NO STUDENTS
Sat- 29	HALLOWEEN FESTIVAL Parish Hall 6:00 PM-7:30 PM

NOVEMBER, 2016

Tue- 1	All St. Days Mass 9AM
Fri- 4	No Mass
?	Vendor Fair, Sacred Heart Parish Hall
Fri- 11	Veterans Day Mass 9AM followed by reception Parish Hall
Wed- 23*	THANKSGIVING
Thr- 24*	BREAK
Fri- 25*	*NO SCHOOL

DECEMBER, 2016

Thr- 8	Feast of Immaculate Conception Mass 9 AM
Fri- 9	No Mass
?Sun-11	American Legion Day of Remembrance
Wed-14	OLV Advisory Board Meets—
Thr- 15	Christmas Program & Refreshments 7 PM Parish Hall, Fruit -Cheese & Veggie Platters
Wed- 21	2nd QUARTER ENDS
Fri- 23*	TEACHER WORK DAY *NO STUDENTS
Mon- 26*- Fri- 30*	CHRISTMAS BREAK *NO SCHOOL

JANUARY, 2017

Mon- 2*- Fri- 6*	NEW YEARS BREAK *NO SCHOOL
?	Talent Show/Dinner Parish Hall
Fri- 13	School GeoBee
Fri- 20	School Spelling Bee
Mon- 30	Start of CATHOLIC SCHOOLS WEEK
Tue- 31	Wasilla

FEBRUARY, 2017

Wed.- 1	CATHOLIC SCHOOLS WEEK Anchorage
Thr- 2 - Fri- 3	CATHOLIC SCHOOLS WEEK Wasilla
?	Steak Dinner
Wed-8	Advisory Board Meets—

FEBRUARY, 2017 [cont.]

Thr- 16*	TEACHER'S WORK DAY, INSERVICE *NO STUDENTS
Fri-17*	PARENT'S CONFERENCE DAY *NO STUDENTS

MARCH, 2017

Wed- 1	Ash Wednesday Mass 9 AM
Thr- 9	3rd QUARTER ENDS
Fri- 10*	Teacher Work Day *NO STUDENTS
Mon-13*- Fri-17*	SPRING BREAK *NO SCHOOL
Fri- 24	Soup & Stations of Cross-OLV 6 PM Parish Hall

APRIL, 2017

Wed- 12	OLV Advisory Board Meets-Election New Members
Fri- 14*	GOOD FRIDAY *NO SCHOOL
Sun- 16	Easter
? Sat- 22	Annual Auction <i>pending availability</i>

MAY, 2017

Fri- 12	MOTHER'S DAY Mass/Brunch 9 AM Parish Hall, Brunch-10:15 AM
?	?Plant Sale
Thr- 18	4th QUARTER ENDS
Thr- 18	Last Day of School, Awards Assembly Parish Hall
Fri- 19*	TEACHER WORK DAY *NO STUDENTS

**?Executive & Advisory School
Board, Joint Meeting, June?**

*=students do not attend that
day
?=Uncertain or TO BE
ANNOUNCED