



Our Lady of the Valley Catholic Preschool HANDBOOK/ENROLLMENT PACKET
1201 E. Bogard Rd., Wasilla, AK 99654 PHONE: (907) 376-0883
WEB: olvwasilla.com FACEBOOK: ourladyofthevalley-wasilla
2016-2017 School Year

Our Lady of the Valley Catholic School

OLV

Preschool
for
4 YEAR OLDS

Parent/Guardian Handbook &

Enrollment Packet

The heart of any good Catholic education is the way in which the Catholic Faith is imparted to children. With heaven as our ultimate purpose in life, everything else in education, important though it may be, is subordinate to the goal of teaching our children to know and love Jesus Christ and serve His church.



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***required for registration in OLV Pre School.**



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I. Introduction:

Catholic Schools in the Archdiocese of Anchorage consistently provide a quality academic, faith-based education; promote social justice; respect the dignity of each child's spiritual, moral and physical development; and work collaboratively with the family and community to develop discerning minds deeply committed to the Gospel values of Jesus Christ.

II. Admission:

Requirements we must have on file before your child can attend.

Application forms *[pages 8-14]*

Birth Certificate showing the student is at **least 4 years old** as of August 15 of the current school year.

Health Information sheets [Part I & II] filled out front and back and signed *[pages 10,11]*

Immunization Record showing student current in all immunizations

Student must be completely potty trained, no pull-ups allowed

Tuition and Fees Contract *[page 9]*

Share hours plan form *[page 12]*

\$50 Non-refundable registration fee

If our enrollment is full, a waiting list will be established.

OLV PS does not have adequate resources to accept students with special needs.

III. Hours of Operation and Options:

A. The OLV preschool has three options for each day:

1. Mornings from 8:15AM to 11:45 AM
2. Full day from 8:15AM to 3:15 PM
3. Extended daily hours are available from 7 AM to 8:15 AM and/or 3:15 PM to 5:30 PM @ \$ 5/hr.

B. The OLV preschool has three weekly options:

1. Monday, Wednesday, Friday [\$90/ week full day or \$45/week mornings only]
2. Tuesday, Thursday [\$60/ week full day or \$30/week mornings only]
3. Monday through Friday [\$150/week full day or \$75/week mornings only]

C. Scheduling options may be dependent on enrollment.

IV. Fees and Payments:

Payment is required in advance of attendance at our preschool. Payment may be made by credit card [3% fee], check or cash. No financial assistance is currently available for our preschool students.

Mornings only @ \$15/day

Full day @ \$30/day [students bring own lunch, or purchase lunch Tues/Thurs

@ \$5.00 per meal].

No refunds are given for student missed sessions.

Extended daily hours from 7 AM – 8:15 AM and/or 3:15 – 5:30 PM @ \$ 5.00/child per hour.

[Please fill out tuition contract on page 9]. Students who are not picked up by 5:30 PM will be billed

\$1.00 per minute unless special arrangements are made in advance with the office.

V. Withdrawl Procedure

Parents/guardians are required to give a written notice at least two weeks prior to withdrawal. OLV has the right to terminate enrollment of a child for non-payment of services, not showing up for 3 consecutive scheduled days without notification to us, disregard for our preschool's policies, verbal abuse by parents/guardians of teachers, staff, other parents/guardians or other students.

VI. Discrimination:

The OLV PS prohibits discrimination against its customers, employees, students and applicants for employment on the basis of race, color, national origin, age, sex, gender identity, religion, and where applicable, political beliefs, marital status, familial or parental status, or sexual orientation.



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VII. Parent/Guardian Responsibilities

- Provide a complete change of clothes in large labeled Ziploc bag. Provide clothing for student to wear which meets the OLV Appearance and Uniform Requirements. [See page 14] Label clothing appropriate for weather and play [snow pants, boots, gloves, coats] with permanent marker.
- Deliver and pick-up students on time.
- Provide ALL medicine in original containers delivered by parent/guardian to office.
- Distribution of medicine will be based on medical permission form which is to be on file in the office.

VIII. Family Share Hours

Parent/guardian families are required to support the OLV by volunteering to help our school. A family with students in both the K-8 program and the preschool are only required to complete one set of family share hours. The expected amount of volunteer time depends on the duration of the student's enrollment in our school, and whether student comes from a single parent/guardian or two parent/guardian family.

Parent/guardians of **full day preschool [8:15 am to 3:15 PM]** students are expected to volunteer:

- Single parent/guardian: at least 10 hours/ semester
- Two parent/guardians: at least 20 hours/ semester

Parent/guardians of **morning students 8:15-11:45 AM [3 days a week [M,W,F]** are expected to volunteer:

- Single parent/guardian: at least 6 hours/ semester
- Two parent/guardians: at least 12 hours/ semester

Parents/guardians of **morning students 8:15-11:45 AM [2 days a week [Tu, Th]** are expected to volunteer:

- Single parent/guardian: at least 4 hours/ semester
- Two parent/guardians: at least 8 hours/ semester

A family share hours form is found in this packet and must be completed before student attendance.

[Please fill out family share hours agreement on page 12 and Family Talents and Interests, page 14.]

IX. Sick Child Policy

If a child has a fever of 100+ degrees, the staff will make a call to the parent/guardian for arrangements to be made for the child to be picked up from our facility. If written permission is on file in our office for prescription or over-the-counter medication, the office staff will administer medication to the child. Time, date, and amount given will be documented on a medication log form. This log form will be kept in the child's individual file.

Written permission must be given by the parent/guardian before any medication is given as well as the dosage. See medical information forms I & II. The staff administering the medication will initial the slip once the medication is dispensed.

If a child has a communicable disease such as the flu, strep, conjunctivitis etc., they will not be permitted in the preschool facility. Any student will be sent home if contagious symptoms develop at preschool. A doctor's approval is required for readmission to OLV PS.

X. Injury

If a child becomes injured while at OLV PS, the trained staff will take appropriate action to treat the injury or seek medical help. The parent/guardian will be notified if it is deemed necessary and an accident/injury report will be completed and filed. The parent/guardian will be given a copy.



XI. Emergency Procedures

In case of an emergency the parent/guardian will be contacted immediately. If the parent/guardian cannot be reached, contacts from you child's admission card will be called. If no one can be reached and the child needs immediate medical assistance, the physician listed on the application or 911 will be notified. 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.
[Please fill out Medical Information Sheets, parts I & II on pages 10 & 11]

XII. Curriculum

The Catholic preschool curriculum is based on Letters to Heaven, and supplemented with Stories of God's Love, and Zoophonics. Copies are available in the classroom and the school office.

XIII. Daily Schedule:

A daily schedule will be posted at the school which will include details of student daily activities.

XIV. Arrival and Departure Procedures

When **arriving at our school** :

Students should be dropped off between **8:10 AM and 8:20 AM** at the back entrance of Sacred Heart Church.

At 3:15 pm School is dismissed for the day from Sacred Heart Church. Full day students must be picked up at the same drop off area at the church by 3:15 pm, unless participating in after school care.

A list of responsible people to whom your child may be released to is found on the basic information sheet.

Please update these names as needed. Our school must see a picture ID of the person picking up your child if we do not know them. Please call us ahead of time if someone not on your list needs to pick up your child. Children will not be released to any individual who is obviously impaired [intoxicated, disoriented, aggressive, etc.]

[Please fill out Basic Information Sheet, page 8]

XV. School Closure

OLV PS will follow the Mat-Su School District closure policy for schools in our area.

XVI. Fire, Earthquake and Lockdown Drills

These drills will be conducted on a regular basis. Students and staff will be trained so that these drills will be conducted safely.

XVII. Guidance and discipline

The staff of OLV PS will strive to provide an environment where all individuals will respect one another, cooperate and work with one another.

It is expected that children will follow the established basic rules of conduct. Staff members will explain the reason for the rules, encourage children's input on how everyone can work together to make a safe environment and meet the needs of each child.

Appropriate behaviors will be reinforced and inappropriate behaviors will be re-directed and have consequences. All discipline will be administered in a positive manner that is child centered and will contribute to the child's positive development.

Corporal punishment will not be used under any circumstance. Time-out and re-direction are acceptable disciplinary means at our school. In severe circumstance, a phone call, in some cases, a meeting between the parent, child and teacher may be required.

The rules are clearly posted in our classrooms for the children to read and observe. Age appropriate rules are taught. For example: no running, hitting, spitting, biting etc. Any fighting [physical altercations] may result in a one day suspension. A second offense may result in a 3 day suspension, and a third fighting offense may result in the expulsion of a child from OLV PS. Bullying of any nature will not be tolerated.



XVIII. Outdoor Policy

Children will go outdoors every day, weather permitting. Parents/guardians should provide appropriate clothing such as hats, gloves, boots, winter gear, etc. Students will not go outdoors during the winter months if the temperature falls below 10 degrees. Wind-chill, rain or icy conditions also play a roll in determining if outdoor play is appropriate. Students will go outside for at least 20 minutes or more. We will go outdoors at least once a day for half day students and two times a day for full day students. If your child is too sick to go outside, he/she is too sick to attend OLV PS.

XIX. Meals and Snacks

Parents/guardians will provide lunch for their all-day students. The option of a school provided lunch is available on Tuesday/Thursday for a fee. Parents/guardians must inform the school of student food allergies.

XX. Fieldtrips

All fieldtrips off site will require a parent/guardian signature on a student field trip permission form which will be sent home to parents. Parents must provide appropriate booster seats. Parent/guardian drivers must provide copies of driver's license, current insurance and a Safe & Sacred Certificate.

XXI. Items from home permitted at school

No electronic games or devices are permitted at OLV PS. Full-day students are permitted to bring a small blanket and small stuffie or lovie for nap time. Show and tell days and items will be designated by teacher.

XXII. Parent/Guardian Involvement & Volunteering

OLV PS has an open door policy. Parents/guardians are encouraged to visit. Only people who are on a child's authorized pick-up list are allowed to visit while the child is at our site. Parents/guardians & others who wish to become regular volunteers must complete the Safe & Sacred on line training & background check provided by the diocese and submit documentation to the office. *[See Safe & Sacred Course instructions and Background Check information on page 13.]* For special events, parents/guardians may be asked to help furnish some materials [for example, some food for special program meals].

XXIII. Conflict Resolution

Parent/Guardian input is always welcomed. Please bring any concerns first to the teacher. If needed a meeting with the principal can be held to resolve any concerns.

XXIV. Animals and Poisonous Plants

No animals or poisonous plants will be allowed at OLV PS. Parents/guardians will be advised of any change based on educational activities. [egg hatching, etc.]

XXV. Smoking, Alcohol and Illegal Drugs

Smoking tobacco, marijuana, alcohol and illegal drugs are not allowed anywhere on the premises/parking lot.

XXVI. Picture/Social Media Permission

OLV PS student information will be released to the public only with the approval of the parent/guardian. *[See Picture/Social Media Permission form on page 14.]*

XXVII. Child Abuse and Neglect

Alaska Statue # AS 47.14.020 "Persons Required to Report" requires that all employees who have reasonable cause to suspect that a child has suffered harm as a result of abuse or neglect must immediately (not later than 24 hours) report that information to the nearest Office of Children's Services.

XXVIII. Changes in Policy or Programs

Parent/guardians will be notified two weeks in advance in the event that changes are made in our program, policies or rates.



Circle of Grace, Safe Environment Program for Children

Out of concern for all God's people and in response to the United States Conference of Catholic Bishops' *Charter for the Protection of Children and Young People*, we have a program for the safe environment education of children and young people supported and mandated by Archbishop Schwietz of our Anchorage Diocese.

Diocese/eparchies will establish 'safe environment' programs. They will cooperate with parents, civil authorities, educators, and community organizations to provide education and training for children, youth, parents, ministers, educators, and others about ways to make and maintain a safe environment for children. Dioceses/eparchies will make clear to clergy and members of the community the standards of conduct for clergy and other persons in positions of trust with regard to sexual abuse.
Article 12 – Charter for the Protection of Children and Young People

This program is called *Circle of Grace*. It is meant to supplement and be integrated into the excellent programs and curricula for the formation of children and young people in our schools and religious education programs. *Circle of Grace* aims to equip our children and young people by arming them with essential knowledge and skills grounded in the richness of our faith. This program helps children and young people to understand their own (and other's) dignity in mind, body, and spirit.

What is a Circle of Grace?

The Catholic Church teaches that God has created each of us as unique and special. Genesis 1:27 tells us that we are created "male and female in God's image" and that God saw this as "very good." In that goodness, we are meant to respect ourselves and everyone else as persons created and loved by God.

Adults assist children and young people to recognize God's love by helping them to understand that each of us lives and moves in a circle of grace. You can imagine your own circle of grace by putting your arms above your head then circle down in front of your body including side to side. This circle, front to back, holds who you are in your body and through your senses. It holds your very essence in mind, heart, soul, and sexuality.

Why is it important to help our children understand the Circle of Grace? God intends our relationships in life to be experiences of divine love. Respectful, nurturing, loving relationships increase our understanding of our own value and help us to love others. It is never too early to help children and young people understand how very special they are and how relationships in life are called to be sacred. Understanding this can help them to protect the special person they are and to be respectful of others.

Adults, especially parents, as they strive to provide a safe and protective environment, hold the responsibility to help children and young people understand and respect their own dignity and that of others. A truly safe and protective environment is one where children and young people recognize when they are safe or unsafe and know how to bring their concerns, fears, and uncertainties to the trusted adults in their lives. How is the Circle of Grace Program different from other protection programs? According to research, one in four girls and one in seven boys will be sexually abused by age eighteen.² Many protection programs focus on "stranger danger"; however, up to ninety percent (90%) of the time the perpetrator of abuse is known to the child or young person such as a relative or family friend. Circle of Grace goes beyond just protection by helping children and young people understand the sacredness of who they are and how to seek help through their relationships with trusted adults.



ENROLLMENT PACKET INTRODUCTION

Welcome to Our Lady of the Valley Preschool!

Thank you for your interest in Our Lady of the Valley. Enrolling your child at OLV will provide strong religious and academic instructions with an emphasis on individualized attention. Students from all faiths are welcome to enroll. We look forward to an exciting new school year. Our enrollment process is simple:

- 1- Visit Our School:** Please stop by at the address above or call to set up a tour time. Classroom observations for all grades are encouraged. Please speak directly with a teacher to schedule a time to observe a classroom. We love visitors! After your tour we ask that an appointment be made for your child to be assessed by the acting principal and/or teacher. This must be done prior to submitting an enrollment application.
- 2- Submit an Enrollment Application:** There is a non-refundable yearly preschool registration fee of \$50.
- 3- Upon Acceptance:** Once your enrollment application is received and accepted, we will ask you to finalize the process by completing and signing all the necessary commitment and agreement forms. Please call the school office at (907) 376-0883 if you have questions regarding the enrollment process. Thank you.

Enrollment checklist: _____NEW STUDENT _____RETURNING STUDENT

Any past fees such as registration fee, tuition, share hours etc., must be paid in full from previous years in order for enrollment to be considered. Staff Signature [if necessary] _____

The following forms and fees are required for the enrollment process for all returning and new students: Please check off each item after you have completed it. Thank you.

Please check [✓] off items as they are completed as a part of our registration process.

<input type="checkbox"/>	Introduction and Enrollment checklist [this page]	page	8
<input type="checkbox"/>	Basic Information Sheet*	page	9
<input type="checkbox"/>	Tuition information and Tuition Contract*	page	10
<input type="checkbox"/>	Medical Information Form I*	page	11
<input type="checkbox"/>	Medical Information Form II*	page	12
<input type="checkbox"/>	Family share hours agreement	page	13
<input type="checkbox"/>	Safe & Sacred form, Archdioces background check form [to be used for volunteers]	page	14
<input type="checkbox"/>	Appearance and uniform requirements*	page	15
<input type="checkbox"/>	Volunteer Information form	page	16
<input type="checkbox"/>	Picture/Social Media permission form*	page	17
<input type="checkbox"/>	Family Talent and Interest form	page	17
<input type="checkbox"/>	School Year at a Glance Summary Yearly Calendar	page	18
<input type="checkbox"/>	Submitted \$50. Registration fee		

***required for registration in OLV Pre School.**



Basic Information Sheet

Please check: _____ **NEW FAMILY** _____ **RETURNING FAMILY**

Enrolled Child's Name [please print] First Name, MI, Last Name	Grade Entering	Age Now	Date of Birth	Place of Birth City & State	Last School attended (if any)

Parent/Guardian #1 Name: Last, First, MI (Please Print Clearly)	Parent/Guardian #2 Name: Last, First, MI (Please Print Clearly)
Mailing Address: Street or PO Box, City, State, ZIP	Mailing Address: Street or PO Box, City, State, ZIP

Contact Information	Contact Information [If same as #1, check SAME] <input type="checkbox"/> SAME
Home Phone Cell Phone	Home Phone Cell Phone
Work Phone Workplace Name	Work Phone Workplace Name
E-Mail	E-Mail

Non-Parent/Guardian Contact #1 [Required] Name: Last, First, MI	Non-Parent/Guardian Contact #2 [Optional] Name: Last, First, MI
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 Name: Last, First, MI	OTHER Authorized Drop Off / Pick Up Contact #2 Name: Last, First, MI
Brand and Color of Vehicle	Brand and Color of Vehicle
Home Phone Cell Phone Work Phone	Home Phone Cell Phone Work Phone

Special Services Received by your Child 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 __ Physical Therapy __ Speech
 __ Yes __ No My child has never been suspended (in school or out of school) or expelled.
 __ Yes __ No My child has demonstrated behavioral difficulties in previous school[s].
 Other preschools your child has attended: _____

Falsifying any information will result in automatic dismissal from OLV PS.

Explain above or list concerns of which classroom teachers should be made aware of: _____

Catholic Sacraments Received by Child (if applicable)

Baptism: __ Yes __ No Church/City/State _____
 Church Currently Attending: Church/City/State _____

Student Heritage [Racial Background]: Please check (✓) all appropriate boxes (for NCEA purposes-Optional)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Native Hawaiian/Pacific Islander | |

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

Signature

Date



Tuition Information & Tuition/Fees Contract

IV. The OLV preschool has three weekly full day options:

[1] 3 days a week: Monday, Wednesday, Friday [\$360/month, \$1,620/half year, \$3,240/year]

[2] 2 days a week: Tuesday, Thursday [\$240/month, \$1,080/half year, \$2,160/year]

[3] 5 days a week: Monday through Friday [\$600/month, \$2,700/half year, \$5,400/year]

The morning only option is half of the price of the full day option.

V. Fees and Payments:

Payment is required in advance of attendance at our preschool. Payment may be made by credit card [add 3% processing fee for monthly credit card payment] check or cash. No financial assistance is currently available for our preschool students. No drop offs will be allowed.

Mornings only @ \$15/day [snacks furnished].

Full day @ \$30/day [students bring own lunch, snacks furnished.

Optional purchase lunch Tues. and/or Thurs. @ \$5.00 per meal].

Extended daily hours from 7 AM – 8:15 AM and/or 3:15 – 5:30 PM @ \$ 5.00/child per hour

Student					
	First Name	Last Name	Gender	Date of Birth	Age

Parent/Guard. #1				
	First Name	Last Name	Best phone #	e-mail

Parent/Guard. #2				
	First Name	Last Name	Best phone #	e-mail

Please select one plan for TUITION PAYMENT, check one option and list estimated total

Monthly by Cash Check Credit Card [3% processing fee] Total \$

Half year by Cash Check Credit Card [no credit card fee] Total \$

Full year by Cash Check Credit Card [no credit card fee] Total \$

No refunds will be provided for student missed days

If a full day student and wishing the optional **EXTENDED DAY PROGRAM @ \$5/hr**

Please check one option [round Hrs to nearest ¼] and list estimated total.

Full-day preschool regular hours: starts at 8:15 AM and ends at 3:15 PM

Monthly Drop-off time> Hrs Pick-up time> Hrs Total \$

Half-year Drop-off time> Hrs Pick-up time> Hrs Total \$

Full-year Drop-off time> Hrs Pick-up time> Hrs Total \$

by Cash Check Credit Card [3% processing fee]

If a full day student wishes to participate in the **optional Tuesday/Thursday lunch program @ \$5/meal**

Monthly Pay as you go

Other payment form Total \$

by Cash Check Credit Card [3% processing fee]

Printed Name: Signature: Date:



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	
Mailing Address: Street or PO Box,		City	State	Mailing Address: Street or PO Box		City	State	ZIP	
Contact Information				Contact Information				If same as #1, check Box <input type="checkbox"/> SAME	
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

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:** _____



Medical Information Form II

Enrolled Child's Name First Name, MI, Last Name	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

Age in months since this child became completely toilet trained

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.

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



Family Share Hours Agreement

• Family Share Hours

Parents/guardian families are required to support OLV by volunteering to help our school. A family with students in both the K-8 program and the preschool are only required to complete one set of family share hours, the K-8 program. The expected amount of volunteer time depends on the duration of the student's enrollment in our school, and whether student comes from a single parent/guardian or two parent/guardian family.

Parents/guardians of **full day preschool** [8:20 AM to 3:15 PM] students are required to volunteer:

Single parent/guardian: at least **10 hours/ semester, 20 hours/year**

Two parent/guardians: at least **20 hours/ semester, 40 hours/year**

See below chart for other share hour requirements

You can record your share hours time and activities on the Sycamore System tablet.

Some Suggestions for Volunteering

- Cook meals on Tuesday/Thursday, [many cooks prepare food at home, and bring it to school to serve.] Cooks obtain the food and are reimbursed for their cost.
- Help serve the meals/snacks.
- Assist the teacher in the classroom.
- Driving students for field trips.
- Assist in supervising students at recess or noon.
- Assist in supervising students in the extended day program
- Assist teachers in preparing material for instruction.
- Assist at fund raising dinners and activities.
- Assist at the auction.
- Help shop for school supplies.
- Help with building/grounds maintenance.
- Assist the teacher by preparing instructional materials at your home.

Please discuss your family share hours with your teacher or the office staff:

Family Share Hours Agreement			
Parent/Guardian Name:		Phone:	E-mail
Student Name:		Age:	
Student Name:		Age:	

Please check [√] one box below

2 Parent/Guardain Family		1 Parent/Guardain Family	
<input type="checkbox"/>	full day, 5 days a week	<input type="checkbox"/>	full day 5 days a week
	at least 20 hrs/semester		at least 10 hrs/semester
<input type="checkbox"/>	full day, 3 days a week	<input type="checkbox"/>	full day 3 days a week
	at least 12 hrs/semester		at least 6 hrs/semester
<input type="checkbox"/>	full day, 2 days a week	<input type="checkbox"/>	full day 2 days a week
	at least 8 hrs/semester		at least 4 hrs/semester
<input type="checkbox"/>	morning, 5 days a week	<input type="checkbox"/>	morning 5 days a week
	at least 10 hrs/semester		at least 5 hrs/semester
<input type="checkbox"/>	morning, 3 days a week	<input type="checkbox"/>	morning 3 days a week
	at least 6 hrs/semester		at least 3 hrs/semester
<input type="checkbox"/>	morning, 2 days a week	<input type="checkbox"/>	morning 2 days a week
	at least 4 hrs/semester		at least 2 hrs/semester

I agree to work the above amount of share hours per semester.

Parent/guardian signature:	Date:
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[1 Form/Family] Uniform and Appearance Requirements

Uniforms are checked every day by the classroom teacher. If your child is not in uniform including proper haircut, shoes, length of jumper/skirt, etc., the child's Parent/Guardian may be called to bring such items to school and or to pick up your child. No logos other than OLV allowed. Generally speaking, purchasing uniforms for our private school is cheaper than purchasing clothing for public schools. You may purchase items locally or use www.dennisuniform.com. Our school code is **AK0450**

Uniform Attire:	Male Student:	Female Student:
ALL DAYS	<ul style="list-style-type: none"> •Neat and clean appearance – conservative hairstyles •Long hair is pulled back tightly, no Mohawks or cut-in designs •No stud earrings, tattoos or stick-ons. •No hats or hoods. •Deodorant required for grades 5 through 8. •All pants and shirts to be ironed 	<ul style="list-style-type: none"> •Neat and clean appearance – conservative hairstyles, no hair colors or dyes. Hair must be brushed. •Headbands, barrettes or hair ties to match uniform. •Clear nail polish & chap stick permitted. No makeup. •No large earrings or necklaces. No tattoos or stick-ons. •No hats or hoods. •Deodorant required for grades 5 through 8. •All pants, skirts, jumpers and shirts to be ironed. •Skirts/Jumpers no shorter than 2” above the middle of the knee
Monday, Tuesday and Thursday	<ul style="list-style-type: none"> •Pants – Navy or Khaki/Beige-ironed •Shirts –all ironed. Cotton polo: Navy, White or Light Blue Turtleneck: Navy, White or Light Blue Dress: White or Light Blue •Sweaters – Navy •Socks – White or Dark Colored •Shoes – Black/Dark Colored or Sneakers, no fluorescent shoes or bright laces or treads 	<ul style="list-style-type: none"> •Pants – Navy or Khaki/Beige •Shirts –all ironed Cotton polo: Navy, White or Light Blue Turtleneck: Navy, White or Light Blue Blouse: White or Light Blue •Sweaters – Navy or White •Socks – White or Dark Blue/Black •Shoes – Black/Dark Colored or Sneakers, no fluorescent shoes or bright laces or treads •Dresses/skirts/jumpers – navy or khaki/beige with white tights, knee high socks or leggings
Wednesday	All above and OLV shirts. No jeans.	All above and OLV shirts. No jeans.
Friday & Special Occasion	<ul style="list-style-type: none"> •Pants – Navy or Khaki/Beige -ironed •Belt- Black or Dark Brown •Shirt – Dress: White or Light Blue - ironed •Tie - Navy •Sweater/Blazer – Navy (optional) •Socks – Dark Colored •Dress Shoes – Black 	<ul style="list-style-type: none"> •Skirt/Jumper – Navy or Plaid - ironed •Blouse – White -ironed •Tie - Navy or Plaid Girls Tie or Boys Clip on tie •Sweater/blazer – Navy (optional) •Socks – White Knee High Socks or Tights •Dress Shoes – Black or Navy (no heels)

I accept and will support the uniform and appearance requirements:

△ Printed Parent/Guardian Name

Parent/Guardain Signature

Date



Picture/Social Media Permission Form

I give Our Lady of the Valley Catholic Preschool permission to use video, media and/or pictures of my child(ren) in: (Please **initial** all that apply)

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

*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.]

Parent/Guardian Initial: _____	Parent/Guardian signature: _____	Date: _____
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FAMILY TALENT AND INTERESTS

Family Contact Information

Parent/Guardian Name	Home Phone	Work Phone	Cell Phone	E-mail
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Family Skills, Talents, and Interests:

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 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 **Signature:** _____ **Date:** _____



OLV Volunteer Information Form

Volunteer Name _____				
_____	_____	_____	_____	_____
Last	First			
Volunteer <u>Mailing Address:</u>				

Street or P.O.Box,	City,	State	Zip	City Location
Volunteer <u>Contact Information:</u>				
Home Phone: _____		Cell Phone: _____		E Mail _____
Work Phone: _____		Workplace Name _____		

REQUIREMENTS OF ALL VOLUNTEERS AND STAFF

[please check [√] when submitted to OLV office.

- I have taken the on-line “Safe & Sacred” course from the Dioceses and submitted completion certificate to the OLV office.
- I have submitted an Archdiocese of Anchorage Authorization for Release of Information Disclosure Regarding Background Investigation Form [see page 13 of this handbook]

I plan to volunteer at OLV in the following ways: [please √]

- I plan to volunteer at school.
- I plan to volunteer for chaperoning field trips.
- I plan to drive my private vehicle while transporting other students on fieldtrip activities.[see below]



Our Lady of the Valley Catholic School ENROLLMENT PACKET

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

2016-2017 School Year

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

Please Place this Calendar on Your Refrigerator

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 Annual Raffle Ticket Sales Begin
Wed- 17	OLV Advisory Board Meets—Officer Elections
Fri- 19	First Mass: 9 AM
Sun- 21	Pancake Breakfast Sacred Heart after 9AM and 11:30 AM Masses Parish Hall
Sat- 27	Alaska State Fair St. Michaels Slippery Gulch booth 11-6 PM

SEPTEMBER, 2016

Mon- 5*	LABOR DAY *NO SCHOOL
Fri-23	Start of Faith & Knowledge Annual Appeal
?	Pancake Breakfast: Our Lady of the Lake
Sat- 24	Catholic Truth Pursuit. contest. ?more details later

OCTOBER, 2016

Wed-12	OLV Advisory Board Meets—
Thr- 13	1 st 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
?Sat-12	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

Sun-3	American Legion Day of Remembrance
Thr- 8	Feast of Immaculate Conception Mass 9 AM
Fri- 9	No Mass
Wed-14	OLV Advisory Board Meets—
Thr- 15	Christmas Program & Refreshments 6:30 PM Parish Hall, Fruit -Cheese & Veggie Platters
Wed- 21	2 nd QUARTER ENDS
Thr-22*	CHRISTMAS BREAK *NO SCHOOL
Fri- 23*	CHRISTMAS BREAK *NO SCHOOL
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 Tue- 31	Start of CATHOLIC SCHOOLS WEEK Wasilla

FEBRUARY, 2017

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

FEBRUARY, 2017 [cont.]

Fri-17*	PARENT'S CONFERENCE DAY *NO STUDENTS
?	Steak Dinner-Show
Fri-24*	TEACHER'S WORK DAY, INSERVICE *NO STUDENTS

MARCH, 2017

Wed- 1	Ash Wednesday Mass 9 AM
Thr- 9	3 rd 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
Mon-17*	MONDAY AFTER EASTER *NO SCHOOL
? 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	4 th 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