



Our Lady of the Valley [OLV] Catholic School

1201 E. Bogard Rd., Wasilla, AK 99654 (907) 376-0883 or fax (907)376-0853

2015-2016 School Year

OLV School Returning Students Enrollment Packet

Please complete the following forms to update our school records. If you wish, you may fill our 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 ninth year of educating and forming children in the Catholic faith. I am thankful to God for the dedicated parents, the first educators of the faith, generous supporters, unwavering support of Sacred Heart, Our Lady of the Lake, St. Michaels and dynamic teaching and administrative staff. Finally, our greatest blessing is our wonderful and talented students who continually 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

The below page numbers are the pages from the complete original enrollment packet.

Please check off below items as they are completed.

***=required**

Necessary For Family or Individual Student

Page #

Page Title	Necessary For Family or Individual Student	Page #
OLV Enrollment Form: Basic & Emergency Contact Information*	Family*	page 2
Tuition and Financial Information	Family	page 3
Tuition and Fees Contract*	Family*	page 4

*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.*

Medical Information Form I*	Individual*	page 5
Medical Information Form II*	Individual*	page 6
Parent/Guardian Commitment Form- “I will”*	Family*	page 8
Family Share Hours Agreement, Parent Volunteer Organization*	Family*	page 9
Volunteer Ticket Sales, Parent Volunteer Organization [PVO]*	Family*	page 10
Picture/Social Media Permission Form*	Family*	page 15
Family Talent & Interests Form	Family	page 15
Summary OLV Yearly Event Calendar	Family	page 18
\$ 25 material & supplies fee (per student)*	Individual*	Please turn funds in to the office with this packet. Thank you.
\$100 Non-Refundable Registration Fee*	Family*	



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.

2015-2016 Tuition

	Tuition + 3% for monthly Payment Credit Card Processing Fee [monthly payments only, not ½ or full year payments]	“Tuition Plus”, [No Fund Raising or Share Hours Required]	
Tuition			
1 Child \$4,330	1 Child \$4,460	1 Child \$6,430***	
2 Children \$8,030	2 Children \$8,270	2 Children \$10,130	
3 Children \$11,230	3 Children \$11,550	3 Children \$13,330	
4 Children \$13,700	4 Children \$14,100	4 Children \$15,800	
<u>Families must fund raise</u> an additional * or **		No additional fund raising or share hours is required. But Tuition Plus <u>does not</u> include any fees or other expenses.**** *** 2 parent/guardian family ****See Parent/Guardian Handbook, page 11	
*Single parent/guardian family--fund raise at least \$580 and do at least 20 share hours/year or pay \$500 for share hours.			
**Two parent/guardian family--fund raise at least \$1,100. and do at least 40 share hours/year or pay \$1000 for share hours.			
Full Year payment is due August 15, 2015. Half year payments are due August 15 and January 15, 2016 Monthly payments are due Starting August 15, and due on the 15 th of each month thereafter.			
Contact our office if you need to set up other payment dates.			

OLV has partnered with Tuition Aid Data Services (TADS) for tuition collection and Financial Tuition Assistance. TADS is a user friendly service that we ask all families to sign up through for tuition collection and financial aid needs. Setting up an account 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.

The cost to educate one child at OLV for the current school year is approximately \$10,000. This means that the school must raise an additional \$5,700 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, 2015 and must be made with check, cash or credit card. For a half year or full year payment option you will not be charged a 3% credit card fee. All tuition and fees must be paid from the previous year or the student[s] are not allowed to re-enroll in OLV.

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 Parish or Our Lady of the Lake 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% less off the total cost. The award process is determined by the acting principal. Your complete financial aid application **MUST** be received by TADS **by May 30, 2015** to qualify (there is a \$35 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.



1 Form/Family Tuition Information & Tuition/Fees Contract

I have reviewed the tuition rate information on page 3 **Yes** **No**

Payment is required in advance of attendance at our school. Payment may be made by credit card [add 3% processing fee for monthly transactions] check or cash. See financial assistance page [handbook, page 10] for financial assistance information.

Student #1	First Name	Last Name	Gender	Grade	Age
Student #2	First Name	Last Name	Gender	Grade	Age
Student #3	First Name	Last Name	Gender	Grade	Age
Student #4	First Name	Last Name	Gender	Grade	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 your estimated yearly total.

<input type="checkbox"/>	Monthly	by	<input type="checkbox"/>	Cash	<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card [3% processing fee]	<input type="checkbox"/>	TADS	Yearly Total \$	<input type="text"/>
<input type="checkbox"/>	Half Year	by	<input type="checkbox"/>	Cash	<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card [no processing fee]	<input type="checkbox"/>	TADS	Yearly Total \$	<input type="text"/>
<input type="checkbox"/>	Full Year	by	<input type="checkbox"/>	Cash	<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card [no processing fee]	<input type="checkbox"/>	TADS	Yearly Total \$	<input type="text"/>

The optional **EXTENDED DAY PROGRAM @ \$5/hr.** Please check **one option.** [No or Yes]

No, I am not interested **Yes**, I am interested in my child[ren] enrolling in the extended day program

If yes, see and please fill out the below information.

Regular School Hours: start at 8:15 AM and end at 3:15 PM.

Extended daily hours from 7 AM – 8:15 AM and/or 3:15 – 5:30 PM @ \$ 5.00/child per hour, \$8./hour for 2 students, \$10/hr for 3 students., \$12/hr for 4 students. **Please check one below and indicate how you will make payment.**

Pay as you go **Invoiced monthly** Estimated Yearly Total \$

Will pay by Cash Check Credit Card [3% processing fee]

We are looking for volunteers to prepare meals for the lunch program. The extent of this lunch program will depend volunteers. If there is a program and if a student wishes to participate in the **optional Tuesday /Thursday lunch program @ \$5/meal**, fill out the following information. **Please check one option.**

No, I am not interested **Yes**, I am interested in my student[s] participating in the hot lunch program if we have one. **Please check one option below and indicate how you will make payment.**

Monthly Pay as you go **Monthly punch card [8 lunches-\$40]** Estimated Yearly Total \$

Will pay by Cash Check Credit Card [3% processing fee]

I have paid my Family non-refundable registration fee of \$100.
yes no

I have paid my supplies & materials fee of \$25./child
yes no

I understand that accounts that are over 30 days delinquent may result in my child being dropped from OLV. I agree to meet the terms of this agreement to enable my student[s] to attend OLV.

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					

Emergency Contact Person #1		Emergency Contact Person #2	
Name: Last, First, MI (Please Print Clearly)		Name: Last, First, MI (Please Print Clearly)	
Contact Person #1 Mailing Address: Street or PO Box, City, State, ZIP		Contact Person #2 Mailing Address: Street or PO Box, City, State, ZIP	
Home Phone	Cell Phone	Home Phone	Cell Phone
Work Phone	Workplace Name	Work Phone	Workplace Name
E-Mail	Relationship to student	E-Mail	Relationship to student

Another Option for Emergency Contact				
Name: Last, First, MI			Relationship to Student	
Mailing Address: Street or PO Box, City, State, ZIP			Location of Contact: [business, doctor, relative, etc.]	
Home Phone	Cell Phone	Work Phone	Workplace Name	E-Mail

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

I have submitted a copy of my child's Health and Immunization Records and Birth Certificate to OLV PS.

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



[1 Form/Student]

Medical Information Form II

Enrolled Child's Name [please print] <small>First Name, MI, Last Name</small>	Grade	Age

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

- Allergies: _____ Reactions: _____
- Surgery for: _____ Date: _____
- Hospitalized for: _____ Date: _____
- Dr. Prescribed Medication _____ Date: _____

Does your child take medication regularly? Yes No [If Yes, please explain.]

Do you have other specific concerns not covered above? If so, 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. **(current Kindergarten, 8th Grade and New Students.)**

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"/> Ibuprofen [Motrin/Advil etc.]
<input type="checkbox"/> Antihistamine [Benadryl etc.] | <input type="checkbox"/> Antacid [Tums/Roloids etc.]
<input type="checkbox"/> Doctor prescribed medication
<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 doctor listed on page 5 [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 ... (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.

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. It is recommended that some hours be used during second semester at the annual auction.

Please log all your share hours in order for the Share Hour Chairperson to enter your hours into the volunteer data base. A Share Hour Data Bank, with access through our Sycamore website for the Parents/Guardians, is in process.

Totals include the recommended 5 hours TPF and 3 hours SPF of Annual Auction

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

<input type="checkbox"/>	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.**

<input type="checkbox"/>	Two Parent/Guardain Family At least 20 hrs/semester or at least 40 hrs/year
--------------------------	--

OR

<input type="checkbox"/>	Single Parent/Guardain Family At least 10 hrs/semester or at least 20 hrs/year
--------------------------	---

Please select one of the below payment options:

<input type="checkbox"/>	I will NOT be able to complete my share hours according to the above agreement
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<input type="checkbox"/>	I will be required to pay for the remaining hours at the rate of \$25 per hour (\$1000 for TPF \$500 for SPF)
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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:

<input type="checkbox"/>	Monthly	by	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card [3% processing fee]	Yearly Total	<input type="text"/>
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<input type="checkbox"/>	Half Year	by	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card [no processing fee]	Yearly Total	<input type="text"/>
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<input type="checkbox"/>	Full Year	by	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card [no processing fee]	Yearly Total	<input type="text"/>
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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.]

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

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



Our Lady of the Valley Catholic School ENROLLMENT PACKET
1201 E. Bogard Rd., Wasilla, AK 99654 (907) 376-0883 or fax (907)376-0853
2015-2016 School Year

[1 Form/Family] Ticket Sales 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 \$10,000. This means that the school must raise an additional \$5,700 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. The finance committee, advisory committee, and P.V.O. are considering some other fund raising options.

Please initial the appropriate option below:

TWO PARENT/GUARDIAN FAMILY	SINGLE PARENT/GUARDIAN FAMILY
<p>The fund raising events may be different but your family is responsible for raising at least a total \$1,100.</p> <ul style="list-style-type: none"> Sell 40 raffle tickets for our Annual Cash Raffle – Tickets are \$10 each. [\$400 total] Sell 5 tickets for each of our Fundraising Dinners (15 tickets total) – Tickets are \$20 each. [\$300 total] Sell 8 tickets for our Annual Dinner Auction – Tickets are \$50 each. [\$400 total] Volunteer for our Annual Auction (this may be done by a friend if the parents/guardians are not available this day). [suggestion at least 5 hours included in your 40 hours] Attend PVO Meetings and procure auction items. <p align="right">_____ (initial)</p>	<p>The fund raising events may be different but your family is responsible for raising at least a total \$580.</p> <ul style="list-style-type: none"> Sell 20 raffle tickets for our Annual Cash Raffle – Tickets are \$10 each. [\$200 total] Sell 3 tickets for each of our Fundraising Dinners (9 tickets total) – Tickets are \$20 each. [\$180 total] Sell 4 tickets for our Annual Dinner Auction – Tickets are \$50 each. [\$200 total] Volunteer for our Annual Auction (this may be done by a friend if the parent/guardian is not available this day). [suggestion at least 2.5 hours—included in your 20 hours] Attend PVO Meetings and procure auction items. <p align="right">_____ (initial)</p>

Families have the option of either selling their allotted number of tickets or paying for the tickets themselves. 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. Skip to the bottom and please sign.

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 initial.

____ **TWO PARENT/GUARDIAN FAMILY \$1,100** **Initial:** ____

____ **SINGLE PARENT/GUARDIAN FAMILY \$ 580** **Initial:** ____

Please select one of the below payment options

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

Half Year by Cash Check Credit Card [no processing fee] Total \$ _____

Full Year by Cash Check Credit Card [no processing fee] 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 enrollment packet.]

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

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 **initial** all that apply)

Parent/Guardian PRINTED Name _____	Information Release Category Please initial all appropriate boxes				
	1	2	3	4	5
Enrolled Child's 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.*

***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:

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: [sewing, cooking, art, metalwork, carpentry, etc.]

Other useful information, comments, and suggestions:

Optional

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

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



Yearly Summary Calendar, 2015-2016 School Year

AUGUST, 2015

13	Teacher Inservice/Work Day
14	Teacher Work Day
16	Welcome Back Orientation----- BBQ 3 PM
17	STUDENT'S FIRST DAY
17	Annual Raffle Ticket Sales Begin
28	Alaska State Fair St. Michaels Slippery Gulch Booth, 1-6 PM
*	Pancake Breakfast Sacred Heart after 9AM and 11:30AM Masses

SEPTEMBER, 2015

7	LABOR DAY NO SCHOOL
28	Start of Annual Appeal

OCTOBER, 2015

15	1st Quarter Ends
23	TEACHER INSERVICE/ WORK DAY NO STUDENTS
26	PARENT CONFERENCES NO STUDENTS
31	All Saints Day Mass 9 AM Halloween Festival Parish Hall

NOVEMBER, 2015

*	Vendor Fair SHP social hall 9 AM -3 PM
11	Veterans Day Mass & Reception SHP
25	THANKSGIVING
26	BREAK-NO
27	SCHOOL

DECEMBER, 2015

*	Feast of Immaculate Conception Mass 9 AM
17	2 nd Quarter Ends
17	Christmas Mass 9 AM & Brunch-Program 10 AM
18	TEACHER WORK DAY NO STUDENTS
21-	CHRISTMAS BREAK
31	NO STUDENTS

JANUARY, 2016

1	CHRISTMAS BREAK NO STUDENTS
25-	Catholic Schools Week
29	Special Mass in Anchorage 1/27

FEBRUARY, 2016

10	Ash Wednesday Mass 9AM
12	TEACHER'S WORK DAY, INSERVICE NO STUDENTS
15	PARENT'S CONFERENCE DAY NO STUDENTS
19	OLV & Knights of Columbus Stations of the Cross

MARCH, 2016

10	3 rd Quarter Ends
11-	SPRING BREAK
18	NO SCHOOL
21	Students Back to School
25	GOOD FRIDAY NO SCHOOL
27	Easter

APRIL, 2016

1	AMP testing begins
16	Annual Auction 5:30 PM Menard Center all help needed from 7 AM to 11 PM

MAY, 2016

3	Teacher Appreciation Day
6	Mother's Day Brunch
19	4 th quarter ends Last Day of School, Awards Assembly
20	NO STUDENTS, TEACHER WORK DAY

*to be announced

[see Parent/Guardian handbook for monthly calendar]