Mary of the Falls School
8262 Columbia Road
Olmsted Falls, Ohio 44138
440-235-4580
Fax: 440-235-6833

Catholic Tradition.
Academic Excellence.

Dear Kindergarten Parents,

We are pleased that you have chosen St. Mary of the Falls School for your child's education. We are committed to providing a quality education based on Catholic values. We look forward to working with you and count on your support in continuing our strong Catholic traditions and academic excellence.

Tuition for the 2019-2020 school year for active members of St. Mary of the Falls Parish is $3,250 for the first child and $3,025 for the 2nd, 3rd, 4th and 5th child. For a nonsubsidizing parish, the nonparishioner rate is $4,800 per child. Tuition is payable in ten monthly installments beginning July 1. An active parishioner attends Sunday Mass on a weekly basis and supports the parish through weekly use of their church envelopes. Applications for financial assistance are made through FACTS at the following link: www.factsmgt.com

The following procedures will be followed for Kindergarten registration:

1. Registration: You will receive all necessary forms, complete the registration sheet and pay the nonrefundable $100.00 registration fee.
2. A Kindergarten screening time will be mailed. (The screening process is designed to assess your child's visual, auditory, language and motor development. It gives an indication of your child's learning strengths and areas that need reinforcement. The process takes about 60 minutes. Refreshments are provided for parents in the school library while they wait).
3. Immunization records need to be turned in to the school office.

St. Mary of the Falls School gives priority to families who are active parishioners of St. Mary of the Falls Parish. If more children apply than can be accommodated, they will be placed on a waiting list. The school day begins at 7:55a.m. and ends at 2:30p.m. Kindergarten students follow the St. Mary of the Falls uniform code. Schoolbelles provides our school uniforms. Catalogs are available online. St. Mary of the Falls offers before and aftercare. Information is available in the School Office.

We look forward to meeting you and your child at the screening. If you have any questions, please contact the school office at 440-235-4580.

God Bless you,

Annemarie Rajnicek,
Principal

OFFICE OF CATHOLIC EDUCATION - DIOCESE OF CLEVELAND - PERMANENT RECORD CARD

Saint Mary of the Falls School
Olmsted Falls, OH 44138

STUDENT #	CLASS OF: (Year)

STUDENT INFORMATION

Last Name	First Name	Middle Name	Sex	Birthdate	Birthplace (City, St, Country)	Date Entered

Click the box to the left of the current residence. *mm/dd/yyyy* *Date student entered school.*

	Residence Address	City	County	Zip	Home Phone	Student Parish / City
☐						
☐						
☐						

Ethnicity (Optional) ○ Amer Indian/Alaskan Native ○ Black/African Amer ○ Native Hawaiian/Other Pacific Islands ○ Multiracial ○ Asian ○ Hispanic ○ White

SACRAMENTS		BAPTISM CERTIFICATE		STUDENT ENTERED FROM ◉ Parochial ○ Other	
Baptism Date		Verified by		School from	
Reconciliation Date		Church		School from City	
Communion Date		Rite		School from State	
Confirmation Date		City, St, Zip		Grade Entering	

○ PK ○ K ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8

Check the box(es) to the left of who student resides with.

STUDENT LIVES WITH

	Last Name	First Name	Maiden Name	Birthplace	Occupation	Employer	Work Phone
☐ Natural Mother (NM)							
☐ Natural Father (NF)							
☐ Custodial M (CM)							
☐ Custodial F (CF)							
☐ Other							

PARENTS/CUSTODIAL PARENTS	Religion *Catholic, Protestant, Jewish, Other*	Parent Status *Married / Separated / Divorced / Remarried / Widowed / Single / Deceased*	Education *Under 12 years/High School Graduate/College Non-Graduate/College Graduate/Beyond College*
Natural Mother (NM)			
Natural Father (NF)			
Custodial M (CM)			
Custodial F (CF)			
Other			

LEGAL GUARDIAN		OTHER CHILDREN IN THE FAMILY/LIST NAME & BIRTHDATES					
Name		1.			4.		
Address		2.			5.		
City, St, Zip		3.			6.		

LANGUAGE SPOKEN AT HOME ☐ English ☐ Other (list) _____

The design of the Permanent Record Card is the property of the Diocese of Cleveland and may not be altered.

Revised 2007

Ohio Department of Health • School and Adolescent Health

Health History

Student's name	Sex	Date of birth
	☐ Male ☐ Female	/ /

Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

Birth and Developmental History ☐ No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy? ☐ Yes ☐ No

Was infant born full term? ☐ Yes ☐ No Did the infant have any sickness or problems? ☐ Yes ☐ No

Briefly explain illness or problems.

How does the child's development compare to other children, such as his or her brothers/sisters or playmates?

☐ About the same ☐ Delayed ☐ Advanced

Student Health Conditions

☐ **YES,** my child receives regular medical/health care for the following conditions: ☐ **NO** medical conditions

☐ Allergies	☐ Diabetes	☐ Seizure disorder
☐ Asthma	☐ Depression	☐ Sickle cell anemia
☐ ADD/ADHD	☐ Ear problem/hearing difficulty	☐ Skin conditions
☐ Autism	☐ Emotional concerns	☐ Speech problems
☐ Behavior concerns	☐ Headaches	☐ Traumatic brain injury
☐ Birth/congenital malformations	☐ Heart problems	☐ Vision problems (glasses, contacts)
☐ Bone/muscle/joint problems	☐ Hemophilia	☐ Other_____
☐ Blood problems	☐ Juvenile arthritis	☐ Other_____
☐ Bowel/bladder problems	☐ Lead poisoning	☐ Other_____
☐ Cancer	☐ Migraines	☐ Other_____
☐ Cystic fibrosis	☐ Neuromuscular disorder	☐ Other_____

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
☐ Bee/Insect		
☐ Food		
☐ Medication		
☐ Other		

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

☐ Yes ☐ No If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

☐ Yes ☐ No If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by	Relationship to student	Date
		/ /

LETTER TO PARENTS
REQUIRED IMMUNIZATIONS

TO: Parents of Children Entering Kindergarten

FROM: School Health Clinic

DATE: _____

SUBJECT: Immunizations

In order to attend school in August, your child must have completed the following immunizations which are required under Ohio Law Sections 3313.671 and 3701.13 of the Ohio Revised Code:*

☐ Four (4) or more doses of DTaP or DT, or any combination. If all four (4) doses were given before the fourth birthday, a fifth dose (5) is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required.

☐ Three (3) or more doses of Polio (IPV). The FINAL dose must be administered on or after the 4th birthday regardless of the number of doses. If a combination of IPV or OPV was received, four (4) doses of either vaccine are required.

☐ Three doses of Hepatitis B vaccine. The second dose must be given at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (3rd or 4th) must not be administered before 24 weeks of age.

☐ Two (2) doses of MMR (Measles, Mumps, and Rubella) vaccine are required. The first dose must have been received on or after the 1st birthday and the second dose at least 28 days after the first dose.

☐ Two (2) doses of Varicella vaccine. The first (1st) dose of vaccine must be given on or after the first (1st) birthday. The second (2nd) dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after the first dose, it is considered valid.

According to Section 3313.671, on the 15th day after school entrance it will be necessary to exclude all students from school who do not meet the above requirements.

Medical authorities and school educators urge that every child have a complete medical examination before entering school in order that defects, if present, may be corrected and the child be physically ready to accept all the advantages which education has to offer.

The school clinic staff is required to check the records of all new entrants for compliance with immunization requirements. Please have your physician complete the attached Physical Examination form and return it along with a copy of the child's Immunization record no later than August 1st.

If you have any questions, please contact the school clinic or the building principal.

*NOTE: Exceptions are provided for under the law. This can be discussed with the school clinic staff.

FILL OUT ONLY IF YOU ARE DIVORCED

St. Mary of the Falls School

Information Regarding Legal Custody

to be completed as part of the registration/reregistration agreement

Date: _____

Child's Name: _____ Grade: _____

Address of child's residence: _____

_____

Child lives with:
_____ both parents
_____ mother as custodial parent
_____ father as custodial parent
_____ grandparent(s) with legal custody
_____ other (Please explain.) _____

Residential parent/guardian:

Name: _____
Address: _____
City, Zip: _____
Phone: _____

Is there a court order (or pending order) affecting the custody and/or residence of the child?

Please attach a certified copy of the entire court order including the case number and those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of the date of registration of the child in the school. It is also the responsibility of the parents to inform the principal of any subsequent modifications during the child's tenure at the school.

Non-residential parent:

Name: _____
Address: _____
City, Zip: _____
Phone: _____

Does the non-residential parent have visitation rights? _____

Is there a court decision that states that the non-residential parent should NOT receive school information or attend school activities? _____
Is the non-residential parents responsible for paying tuition? _____