

AGNUS DEI ACADEMY PARENT HANDBOOK



AGNUS DEI ACADEMY OF SAINT MARY CATHOLIC SCHOOL

BUILDING BRIGHT FUTURES

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MISSION AND VISION

Agnus Dei Academy's mission is to assist a child to grow in mind, body, and spirit by providing a quality child-centered learning environment that seeks to educate the whole child in a loving and caring atmosphere. We partner with the parent to inspire children ages 3, 4 and 5 to grow spiritually, find joy in learning, to become creative and independent thinkers, and ultimately life-long learners.

ADMISSION POLICY

Agnus Dei Academy admits children who are age 3 and 4 by October 15 or turning 5 years old before December 31st without regard to race, color, sex, religion, national origin, or ancestry. Children must be independent in the bathroom.

REGISTRATION & ENROLLMENT

To register your child(ren) for Agnus Dei Academy the following forms must be completed and returned to the Director of Enrollment in the Saint Mary Catholic School office prior to your child(ren)'s first day. Pertinent information contained on these forms will be shared with your child(ren)'s teacher as appropriate.

- **Agnus Dei Academy Student Information Form** – Completed by a parent/legal guardian. Please indicate on the form the 3, 4, or 5-year-old program, days and hours your child(ren) will attend.
- **Agnus Dei Academy Enrollment Contract** – Completed by a parent/legal guardian and signed by the person who is financially responsible for paying the school tuition. The registration fee must accompany this form.
- **Child Health Assessment** – Completed and signed by the child(ren)'s physician or certified registered nurse practitioner.
- **Child Emergency Contact Information** – Completed and signed by a parent for each child enrolled. These forms must be updated by a parent/legal guardian whenever the information changes.
- **Special Needs Plan (if applicable)** – This form should be completed by a parent and/or physician when a child has special needs. Parents also may be asked to authorize release of information from providers of special services to assist in creating an appropriate learning plan. Please visit smk-8.org under Parents tab >Nurses Corner> to view Additional Forms.

Each health record will be reviewed and if it is determined that a significant health service (e.g., vision, hearing, or immunization) has not been completed, the school administration will notify the parents. Immunizations must be up to date for admissions. Health care referrals will be provided when requested or needed.

We grant 30 days to obtain the required health services before the child will be excluded from the classroom. If within the 30 days an outbreak of a vaccine-preventable disease occurs in the school, the parent must have their child adequately immunized, or they will be excluded from the program.

The information provided on the above forms concerning the child and family, compiled by the school, will be kept confidential and will be accessible only to the parent, the school administration, and the teacher. Information concerning the child will not be made available to anyone, by any means, without the expressed written consent of the parent.

Other Forms of Enrollment

- **Photo Release Form** – During the school year, photographs may be taken at school events that include the children. These pictures may be used on our website, in social media or in local newspapers. If a child is not to be included in these pictures, a written note from the parents/legal guardian must be given to the teacher and school office to keep on file or the Media Release Opt-Out Form must be turned in.

School Photographer

For our records, as well as your pleasure, children will be photographed by a commercial photographer in the Fall & Spring of each school year. You are under no obligation to purchase the photographs and may request that your child not be photographed at all. A flyer will be sent home with the date the photographer will be at school and information for purchasing these photos will be included.

ATTENDANCE

Our students are learning new and exciting educational and socializing skills each day. Therefore, the attendance of your child(ren) on their scheduled days is important. If your child(ren) misses their scheduled day during the week, they may not make up the time on another unscheduled day.

Arrival

The 3, 4 and 5-year-old program begins at 8:30 AM. Arrival time starts at 8:10. Your child(ren) will enter the classroom using the main entrance door. We understand that lateness is sometimes unavoidable. However, it is best for your child to arrive on time so that he/she

becomes accustomed to being on a scheduled routine, has adequate time to transition to the classroom and have important socializing time with his/her classmates.

Departure

The **3, 4, and 5-year-old half day program ends at 11:30 AM**. Car line pickup will be in the bus loop in front of the school.

The **3, 4 and 5-year-old full day program ends at 3:15pm**. Car line pickup will be in front of Hedge Hall, Parking Lot A along with the elementary school dismissal.

It is important to your child's well-being that you are prompt in picking them up.

Early Departure

If your child(ren) will need to leave early, please send a note or e-mail to your teacher informing them of any early departure times. When picking up your child, please enter by the school's front entrance and report to the school's main office to check-in. The office will contact your child(ren)'s teacher and your child(ren) will be walked to the office.

Late Pick-up

Please be aware that chronic lateness in picking up your child(ren) will result in a late fee of \$5 for the first minute and \$1 for each minute thereafter. This will be reported to the Business Office and billed to you on your FACTS account.

BATHROOM POLICY

Agnus Dei Academy expects all children entering the program to be independent in the bathroom and require minimal help from the staff. (See page 28 Potty Policy Agreement Form.)

The staff is permitted to assist with the following:

- Fastenings on clothing, i.e. buttons, snaps, ties.

Accidents. In the event of a wetting accident your child(ren) must be able to change themselves with minimal help from the staff. Our staff will provide flushable wipes but cannot wipe or clean your child(ren).

In the event of a bowel movement accident, you will be called to come and change your child. Your child can return to class once changed. (See Potty Policy - Appendix 1) Recurring accidents will result in a meeting with the teacher and possible suspension from program.

We ask that you provide a change of clothing for your child(ren) to be kept in the classroom in case of an accident. Please remember to provide clothing that is current for the season, these outfits do not need to be the SMS gym uniform.

BIRTHDAY CELEBRATIONS

Classroom Celebrations. Agnus Dei Academy promotes your child(ren)'s individual self-esteem. Our teachers and staff will make your child(ren)'s birthday a very special day for them in the classroom.

If you wish to provide a treat for your child(ren)'s birthday, please coordinate this with your teacher. Please do not send in party supplies or party favors.

Birthday Party Invitations. Agnus Dei Academy promotes a respectful and inclusive environment so that every child feels important and loved. Therefore, birthday party invitation distribution is not permitted in or through the classroom unless the entire class is invited. Transportation to a party must be arranged in such a way that the children are not leaving together directly from school.

Exchange of birthday/holiday gifts are to take place outside of school.

CODE OF CONDUCT

For the safety of all children:

- Children are to walk at all times
- Running is permitted when supervised or instructed by a teacher or an adult during recess and physical education class
- Children are to be respectful of others and are not permitted to push, shove, hurt or bully another person
- Children are to be respectful of school property and handle instructional materials, games, toys, etc. carefully
- Children may not bring any electronic equipment or other toys to class except with special instruction/permission from the teacher

Policy for Behavioral Correction in the Classroom

Agnus Dei Academy teachers and aides will use positive guidance, redirection, and the setting of clear-cut limits. When using positive reinforcement, our goal is to develop your child's character and nurture self-control.

Teachers and aides will encourage your child to:

- be fair
- be caring for others
- respect property
- learn personal responsibility for their actions
- develop self-control
- be respectful in relationship with peers and adults

Good behavior will be praised.

A child's aggressive physical behavior toward staff or other children is not acceptable. If this occurs, teachers and aides will intervene immediately to protect the children involved. They will demonstrate and encourage more acceptable behavior by showing the children positive alternatives

Teachers and aides' corrective measures will be consistent, clear and understandable to the child. Corrections will be explained to the child before and at the time during the disciplinary action.

Agnus Dei Academy teachers and aides will not use physical punishment or abusive language, as these approaches teach children to respond in kind.

Permissible Methods of Discipline

For acts of aggression and fighting (i.e., biting, hitting, etc.)

- Separation of the children involved
- Immediate comfort for the individual who was injured
- Care of any injury suffered by the child(ren) involved in the incident
- Notification to parents of children involved in the incident
- Review of the adequacy of staff supervision and appropriateness of school activities, and administrative corrective action if there is a recurrence

Physical restraint will not be used except as necessary to ensure a child's safety or that of others, and then only for as long as is necessary for control of the situation.

Medicines or drugs that will affect behavior will not be used except as prescribed by a child's health care provider and with specific written instructions from the child's health care provider for the use of the medicine.

"Time out" may be used selectively for children who are disturbing others or at risk of harming themselves. The period of "time out" will be just long enough to enable the child to regain control of himself or herself. Use of "time out" will be adapted to the developmental level and the usefulness of "time out" for the particular child. During "time out" the child will be visually observed by a teacher or aide.

Prohibited Practices (Child Abuse)

- Corporal or any type of physical punishment is not permitted. This includes hitting, spanking, beating, shaking, pinching, or other measures which produce physical pain.
- Withdrawal or the threat of withdrawal of food or bathroom opportunities **is prohibited.**
- Abusive, profane, or derogatory language, including yelling and belittling, **is prohibited.**
- Public or private humiliation, including threats of physical punishment **is prohibited.**
- **Any form of emotional abuse**, including rejecting, terrorizing, ignoring, isolating, or corrupting a child, **is prohibited.**

All observations or suspicions of child abuse or neglect will be immediately reported to the child protective services agency no matter where the abuse might have occurred. The school administration will call 800.932.0313 to report suspected abuse or neglect. Within 48 hours of a phone report, a written report will be filed with the child protective services agency by the school administration.

Accused staff may be suspended or given leave without pay pending investigation of child abuse infractions. Such staff will be removed from the classroom and possibly from the school. Parents of suspected abused children will be notified. Parents of other children in the school/class will be contacted if a staff member is suspected of abuse. Staff found guilty of child abuse will be summarily dismissed.

COMMUNICATION

Agnus Dei Academy holds open communication between teacher and parent essential to a child's healthy development and sense of well-being.

Teachers will communicate with you on a regular basis by verbal, written, and the use of their preferred mode of communication. Please read the information sent home in your child(ren)'s folder on a daily basis.

Pictures of activities in the classroom will be posted on the teacher's website, school website, Instagram or Saint Mary Catholic School Facebook page.

If problems or concerns arise, teachers are open to receive any concerns or insights you would like to offer regarding your child(ren) or a particular issue. To do so, please make an appointment with your teacher. This allows for your family and child(ren)'s privacy and adequate time to have a productive conversation.

- Please refrain from engaging in an in-depth conversation with your child's teacher during your child(ren)'s drop-off or pick up time.
- Formal conferences with the teacher can be made any time upon request.
- Our scheduled formal conferences for the for the preschool students are held in January. During this time the teacher will share with you, your child(ren)'s progression in:
 - Academic Growth
 - Gross and Fine Motor Skills Development
 - Social Growth
 - Emotional Growth
- We encourage you to schedule a follow up conference in May, however these are optional and will be scheduled upon your request.

AT A GLANCE

TIME	ACTIVITIES	DEVELOPMENT/SKILL
AM SCHEDULE 8:10 AM- 8:30 AM	ARRIVAL – Encourage children to unpack, put folders in the bin and find a seat on the carpet.	Independence/Faith
8:30 AM- 9:00 AM	Centers and Playing to Learn	
9:00 – 9:15 AM	Circle Time Routine – Welcome song/activity, Opening Prayer.	Socialization and Emotional Developmental, Interactive & Listening
9:15 to 10:15 AM	Center Activities, Religion, weekly readers, projects related to the letter or theme. Free play.	Develop Catholic Faith
10:15 to 10:25 AM	Clean up Specials - Music, Physical Education, Library	Gross Motor
10:25 to 10:35 AM	Bathroom Break and quiet reading	Independence
10:35 to 10:50 AM	Prayer and Snack*	Interactive and Listening
10:50 to 11:00 AM	Story and Music Time	Fine Motor Development activities
11:00 to 11:25 AM	Outside Play (weather permitting)	Gross Motor Development activities
11:30 AM	Closing Prayer & Half Day Dismissal	Faith Formation
PM SCHEDULE 11:30 to 11:45 AM	Prepare for Lunch. Students use the bathroom, wash hands, retrieve lunch boxes and say Grace.	Gross Motor Development activities
11:45 to 12:20 PM	Lunch in the Café	Socialization
12:20 to 1:20 PM	Students will have rest time with quiet music. Friday is movie day.	Fine Motor Development activities
1:20 to 2:15 PM	Afternoon Craft and/or activity	
2:15 to 2:30PM	Students will pack for dismissal	Socialization
2:30 to 3:00PM	Recess – Dismissal is at 3pm	Social and Emotional Development

ADA curriculum is integrated into all aspects of your child's learning experience and is a center-based, hands-on learning program that encourages each child to discover a love for learning in a fun, creative, and loving environment-

Faith Development. Your child(ren) will learn about God, Jesus Christ, our Blessed Mother, liturgical holy days and will attend Mass on occasion.

Math. Various manipulatives will be used in developing early cognitive learning of numbers and shapes and how they relate to your child.

Music. Music will be used to supplement the educational activity in the classroom. Your child(ren) will be introduced to music appreciation throughout the year by our music teacher.

Physical Education. Your child(ren) will leave the school building to go to the gymnasium for a physical education/wellness session.

Science. Your child(ren) will learn about the 4 seasons and will go for nature walks on the grounds to observe our surrounds, visit the outdoor classroom, pavilion and for general exercise.

Parents will not receive regular notification for walks on the parish grounds.

Reading/Integrated Language Arts. Your child(ren) will learn how to use words in proper syntax and thus develop a cognitive way of speaking and reading.

Playground Usage and Recess Time. Your child(ren) will have supervised play on the outside playground on age-appropriate equipment as weather permits. Recess is a time for your child(ren) to relax and have fun as well as a time to practice social skills. It gives your child(ren) the opportunity to exercise and re-energize from the classroom routine.

We will go to play outside when weather permits. Please make sure that your child(ren) has clothing and footwear suitable for the weather. (See PLAYGROUND RULES on page 16.)

Snack. Children will bring their own snacks and water bottle. Food allergies will be accommodated for if necessary.

Field Trips. Field trips will be used to enhance your child(ren)'s learning experience in a relevant topic.

- Teachers will communicate all information about the trip and send home a permission slip at least 1 week prior to the trip.
- You must complete and return the permission slip with a check for the cost of the trip.
- Your child(ren) **must** have a signed permission slip in order to go on the field trip.

A parent or adult guardian must accompany their child on each field trip.

CURRICULUM HIGHLIGHTS	PRE-SCHOOL 3	PRE-SCHOOL 4	PRE-SCHOOL 5
Religion	Stories of God's Love The Holy Family; Saints; Bible Stories; The Creation Story; Prayers	Stories of God's Love The Holy Family; Saints; Bible Stories; Prayers	Stories of God's Love The Holy Family; Saints; Bible Stories; Prayers
Math	Counting to at least 5; number recognition; shapes, color recognition, developing understanding of patterns and sorting objects	Counting to at least 10; one-to-one correspondence to count objects; identify shapes; color recognition; spatial relationships; sorting and patterns	Counting to at least 30; Understanding numbers and their relationships; shapes; extending patterns; spatial relationships; measurement; sorting; introduction to adding and subtracting groups
Literacy and Language Arts	Recognize the first letter of their names; signing the alphabet; making symbols that resemble writing; retelling stories	Develop phonological awareness, letter knowledge; print awareness; rhyming and vocabulary; oral communication	Identify beginning and ending sounds; diagraphs; recognizing vowels; letter knowledge; rhyming; print awareness and vocabulary; narrative skills; story structure; fiction and non-fiction story traits
Personal and Social Skills	Interacting with others; begin to show interest in others; play near friends, participate in simple pretend play; follow rules and routine; recognize feelings; begin to show empathy; understand emotions	Recognizing and labeling emotions; regulating emotions; showing kindness and concern; follow directions and routines; making friends; cooperating and sharing; engage in imaginative play	Recognizing and labeling emotions; self-awareness and self-management; develop and maintain healthy relationships; follow directions and routines; responsible decision making; demonstrate self-sufficiency with daily tasks
Motor Skills	Fine Motor: stacking objects, manipulating objects; coloring; begin to use scissors Gross Motor: jumping/hopping, climbing; throwing a ball; begin to dress - zipper/button	Fine Motor: develop proper pencil grip; squeezing, building, tearing, dressing~ buttons/unbutton, use a zipper; using scissors Gross Motor: running, balancing, throwing a ball, jumping, hopping	Fine Motor: hold pencil correctly; cut simple shapes; drawing; building Gross Motor: running and jumping; climbing and balancing; throwing and catching; skipping

DRESS CODE

Agnus Dei Academy acceptable form of dress is the standard SMS gym uniform or comfortable play clothes and sneakers appropriate for the season and weather forecast. On special occasion days, your child(ren) will be asked to wear their Agnus Dei Academy tee-shirt that was provided in your Welcome Packet.

Sneakers are mandatory for physical education days. If your child(ren) are not wearing sneakers, participation in the physical education class activities will not be allowed.

Non-acceptable forms of dress are graphic tee-shirts that depict negative messages, flip-flops and Crocs.

EMERGENCY CONTACT INFORMATION

Agnus Dei Academy must have a completed [Emergency Contact Information Form](#) on file for each child. This form must be completed and returned to the school office prior to your child entering the classroom.

The Emergency Information form should specify the parent(s) or legal guardian(s) to be notified in the event of a serious illness or injury. Please include two other persons willing to assume responsibility if you are not available for your sick or injured child. This is a serious undertaking and should be arranged by mutual consent. Please be sure the alternate contacts are local residents and that their home and cell phone numbers are included on the form.

IMPORTANT: Should your emergency contact information change during the year, please stop by or contact the school office to update your information. Our action is dependent upon having current and correct information.

EMERGENCY CLOSING

Parents will be notified through the school alert system of any emergency school closing to the contact information provided by the parent on the above form.

2 Hour Delays • Snow Closings • Early Dismissals

ILLNESS

If your child(ren) is going to be absent due to illness, please email their teacher as soon as possible; and before the start of class (9am).

- Mrs. Krissy Kirk – kkirk@smsk-8.org
- Mrs. Jennifer Tisoskey – jtisoskey@smsk-8.org
- Mrs. Deana Taverna – dtaverna@smsk-8.org
- Symptoms, Which Requires Your Child to Remain Home:
- Your child shouldn't go to preschool if they have: A fever greater than or equal to 100.0° Fahrenheit (F) or 38° Celsius - Your child can return once their **fever** associated with these symptoms has been gone for at least 24 hours without the use of **fever**-reducing medicines.
- Signs of possible severe illness, including unusual lethargy, irritability, persistent crying, or difficulty breathing.
- Uncontrolled diarrhea that is not contained by toilet use.
- Vomiting in the previous 24 hours.
- Conditions which could be communicable until they have been determined not to be so. (For example: chicken pox, pink eye, ring worm, lice etc.)
- Excessive mucus secreted by the nose contains germs that are contagious. Please keep your child(ren) at home for 24 to 48 hours.
- Pink eye is very contagious. When this condition exists, your child(ren) must remain at home for a period of at least 24 hours while receiving treatment.
- Ring Worm is a common problem. Your child(ren) must remain at home for at least 48 hours with treatment being provided.
- Head Lice is a common problem. Your child(ren) must remain home for at least 48 hours with treatment being provided.

If your child(ren) is absent for **three or more consecutive days due to illness**, a physician's certificate is **required** stating that the child is free from illness and is able to return to school.

PLEASE NOTE: If your child arrives at the school ill, your teacher will ask you to take the child home.

MEDICATION POLICY

We request whenever possible that medication should be taken at home. Often a physician will be able to prescribe medication in a frequency so that it can be given at home.

If your child(ren) requires medication to be taken during class hours, the medication **must be in the original container or prescription bottle clearly marked with the child's name** with a note from the parent specifying:

- Dosage
- Time to be given
- Number of days to be given
- Reason medication is being taken
- A signed waiver authorizing the school to dispense the medication

Only properly identified medications as explained above will be administered at school. All medications will be kept in the school's main office

NOTE: When having a prescription filled, it is helpful to ask the pharmacist for two identically labeled containers: one for school/one for home.

Students with asthma, allergies, or other potential known needs should have extra emergency medications sent to school and kept in the School Office at all times.

Please pick up all medication by the last day of school. If not picked up it will be discarded.

PARENT NOTIFICATION PROCESS

Exposure of Children to Communicable Disease

Agnus Dei Academy shall follow the recommendations of the Perkiomen Valley School District or the Montgomery County Health Department regarding notification to parents of children who attend the school where their child(ren) may have had exposure to a communicable disease.

When notification is recommended by PVSD and or MCHD, it shall be oral or written and shall include the following information:

- The diagnosed disease to which the child was exposed and the nature of the exposure (such as a child in same room or facility);
- Signs and symptoms of the disease that the parent should watch for;
- Mode of transmission of the disease;
- Period of communicability and how long to watch for signs and symptoms;
- Recommended disease-prevention measures (if appropriate);
- Control measures implemented at the school; the notice shall not identify the child who has the communicable disease.

Effective control and prevention of infectious diseases in the classroom depends on affirmative relationships between parents, school staff and administration, public health authorities, and primary health care providers.

Early identification and treatment of infectious diseases are important in minimizing associated morbidity and mortality as well as further reducing transmission. Notification to parents will permit them to discuss with their child's health provider the implications of the exposure and to closely observe their child for early signs and symptoms of illness.

Management for Illness/Injury

Following are the procedures for the management of illness or injury should it happen during the classroom day:

Minor Mishaps - Accidents such as bumps, and minor bruises are a normal part of child's play. In the event of a minor accident, we will administer First Aid and complete an accident report, which your teacher will provide to you and ask you to sign confirming that you have been notified of the accident.

More Serious Injuries & Medical Emergencies - In the event of an accident or illness that requires immediate medical attention, a staff person will notify you immediately. First Aid will be administered while a decision is made regarding the transportation of your child(ren) to the hospital.

If accidents should occur, the Principal or a member of the staff will render first aid, and you will be notified as follows. Any treatment beyond first aid will be your responsibility.

- If an accident takes place in which the child needs medical (first aid) attention, an incident report will be **sent home**
- **You will be called immediately** anytime an injury to the head has occurred (sometimes intracranial pressure caused by swelling does not take place for several hours)
- **You will be called immediately** if an injury may indicate possible broken bones
- **You will be called immediately** when any cut exhibits excessive bleeding

An incident report will be filled out on all accidents, regardless of severity, by your child(ren)'s teacher and by the person who has first-hand knowledge of the incident. You will receive a copy of the report and are required to sign and return the report to the teacher.

The Principal or appointed staff member will have the authority to call the Emergency Medical Service Ambulance, if deemed necessary.

Emergency Medical Services will be called in the following cases:

- When the child is not breathing
- When the child is unconscious
- When back injury has occurred
- When hemorrhaging occurs

PARENT RESPONSIBILITIES

The partnership between the parents and the school is extremely important to the educational process and sets the tone for future success. You can support your child by:

- Seeing that your child arrives at school and gets picked up on time
- Reading all the information sent home in the folders on a daily basis
- Notifying the school of family issues that may impact their learning
- Contacting the child's teacher if you have questions regarding the curriculum and daily assignments or with other issues related to the classroom
- Dressing children appropriately for the weather, layers in the winter and cool clothes in warmer months
- Reading the handbook and agreeing to the policies stated therein

PARENTALLY AUTHORIZED CAREGIVERS

A. Documentation of Authorized Caregivers

- The classroom teacher will maintain files that include the names, addresses and telephone numbers of individuals whom parents have authorized to care for the child, to pick up children for them, and to take children out of the facility on trips

B. Policy for Handling an Unauthorized Person Seeking Custody

- The Administration will contact the custodial parent
- Telephone authorization to release a child will be accepted only in concert with prior written authorization from the custodial parent
- No child will be released without the presence or permission of the custodial parent
- The Administration will notify the police if an unauthorized person seeks custody of the child

PICK UP AND DROP OFF PROCEDURE

Drop off Procedure: Parents may not park in the bus loop when dropping off their child. Parking is available by the basketball nets. Please walk your child(ren) to the main entrance.

Half Day Pick up Procedure: The half day program ends at 11:30AM. Car line pickup will be in the bus loop in front of the school.

Full Day Pick up Procedure: The full day program ends at 3:15 PM. Car line pickup will be in front of Hedge Hall, Parking Lot A along with the elementary school dismissal.

It is important to your child's well-being that you are prompt in picking them up.

Drop off and Pick-up procedure for the 2-hour delay schedule: Please park in parking lot A in front of Hedge Hall and walk your child to the classroom for drop off and pick up.

Late Fee: A late fee will be imposed for chronic lateness.

PLAYGROUND RULES

Children must always play safely keeping hands, feet and other objects away from others. Rough play is not permitted.

- Children must not play with sticks or wood chips
- Children must not dig in the wood chips
- Children must use slides properly
- Children must keep sand in the sandbox at all times
- Children are not permitted to open the gate

PROGRAM TUITION AND FEES PAYMENT

Tuition is charged based on the program you have selected for your child(ren) and is to be paid in full by August 20th. As a convenience to our parents, we offer two additional payment options:

- Monthly payment plan (August through April - 9 months)
- Two payment plans (August and January - 2 payments)

Agnus Dei Academy of Saint Mary Catholic School partners with **FACTS Tuition Management Company** for the billing and collection of tuition and program fees. Payments are made through an ACH transaction, pulling from a checking or savings account or billing to a credit card. All families are required to enroll in FACTS. Enrollment with FACTS is free of charge.

FACTS Process

1. A FACTS account will be setup for your family by the Parish Business Office.
2. You will receive an email from FACTS inviting you to register in the FACTS system.
3. The email will contain a link to your family's account.
4. Click on the link and enter your preferred payment plan and preferred payment option.
 - a. Checking account information for automatic withdraws.
 - b. Savings account information for automatic withdraws.
 - c. Credit card information for billing. (Additional surcharge will be added to your payment for credit card billing.)

You will receive email notifications from FACTS prior to any withdraws or billings to your credit card. FACTS will pre-authorize the draw 48 hours prior to the draw. Please make sure

that there are funds in the account at that time. If not, the draw will register as 'NSF' and FACTS will bill your FACTS account \$30 for not being able to process the transaction. In addition, your financial institution may also issue charges for this transaction.

Other Program Options – 4 & 5-Year-Old Program

Staying for Lunch - Agnus Dei Academy offers you the option to have your child(ren) who are enrolled in the 4-year-old half day program stay for lunch. Arrangements should be made with the teacher in advance. The Stay for Lunch program pick up time is 12:45pm and the cost is \$30 a day. If you would like your child(ren) to Stay for Lunch, please send in a peanut free bagged lunch on that day which includes a drink and proper eating utensils (napkins, spoons, forks, etc.).

Stay all Day - Agnus Dei Academy offers you the option to have your child(ren) who are enrolled in the 4-year-old half day program to stay all day when needed. Arrangements should be made with your child(ren)'s teacher in advance. The Stay for All Day program pick-up time is 3:15pm and the cost is \$65 a day. Please make sure to send in a bagged, peanut free lunch that day which includes a drink and proper eating utensils (napkins, spoons, forks, etc.). They should also bring in a mat and blanket for naptime.

The School Business Office will be notified when your child(ren) utilizes any of the above programs and the fees will be billed to your FACTS account.

SAFETY, CARE & CLEANLINESS

Hygiene. Agnus Dei Academy staff will reinforce good hygiene habits for your child(ren).

All staff, volunteers, and children will wash their hands at the following times:

- Before eating/preparing or handling food
- After using the bathroom
- After wiping noses, mouths, sores, or bodily fluids
- After cleaning surfaces
- Before and after giving medication
- After handling pets or other animals

Facility. Cleaning Routines: Agnus Dei Academy will be maintained in a clean and sanitary condition. When a spill occurs, the area will be made inaccessible to children and maintenance will be notified for clean-up.

If surfaces are soiled by body fluids or other potentially infectious material, it will be cleaned using the appropriate supplies and solutions. The staff will follow the universal precautions

recommended by the Centers for Disease Control in handling any fluid that might contain blood or body fluids. Nonporous gloves will be worn during clean up and hand washing will be done after the gloves are discarded.

In addition, the area will be disinfected and cleaned with soap and water.

In addition, the classrooms are cleaned on a nightly routine by an outside cleaning service.

Pets. Agnus Dei Academy does not allow pets to be brought into the classroom. A picture of your pet may be brought in for Show & Tell.

Safety, Care and Cleanliness. As part of the Agnus Dei Academy community, we are all responsible for the care, safety and cleanliness of our facility. If you observe something that needs attention or could be a possible hazard, please report it to your child(ren)'s teacher or to the Parish Business Manager so that the appropriate actions can be taken. In the case of identified hazardous condition, immediate action will be taken to correct the situation.

Review of Injury Reports: Agnus Dei Academy staff and school administration will review incident reports at least every 3 months to identify trends for corrective action.

SECURITY

Agnus Dei Academy welcomes families to visit the classroom during school hours. However, if you come to visit the classroom during school hours for any reason, you must enter the building by using the front entrance to the school. The doors will be locked. Please press the intercom button and identify yourself and the reason for your visit. Then report to the main school office to sign in and pick up a visitor's badge.

When classes are in session:

- All outside entrance doors to the school building are locked
- It is not acceptable to prop open any outside entrance doors
- Entering an empty classroom by parents and /or children is prohibited
- Should you need to deliver something to your child(ren) during class time, it should be brought to the main school office, and it will be delivered by the staff to the classroom

SUPERVISION

Agnus Dei Academy teachers and aides will supervise your child(ren) by sight and sound at all times. Your child(ren) will not be left alone in a classroom, etc. without proper supervision.

AGE GROUP	# CHILDREN	# TEACHERS	# TEACHERS AIDE
3-Year-Old	10	1	1
4 & 5-Year-Old	10	1	1

VOLUNTEERING

Agnus Dei Academy encourages parents and relatives to volunteer in the classroom. In order to be eligible, volunteers need to be over the age of 18. They should contact the Safe Environment Coordinator, Sandi Olzinski at solzinski@churchofsaintmary.org or 610.287.8156 in the Parish Office Center and will need to supply the following documents:

- PA State Police Background Check
- FBI Fingerprint Check
- PA Child Abuse History Clearance
- Protecting God's Children Course – Copy Completion Certificate
- Mandated Reporter Training – Copy of Completion Certificate

Application forms for clearances can be found on the parish website:

<http://www.churchofsaintmary.org/PMin/safeenv.htm>

To find classes and to register for Protecting God's Children use the following website:
www.virtus.org.

All volunteers must have clearances on file and obtain a photo id badge before they may begin their volunteer work. The photo id badge will be issued by the Safe Environment Coordinator located in the Parish Office Center.

Once the photo id badge is obtained, it will be kept in the school main office. Volunteers will sign in at the office and pick up their badge upon arriving at the school. The badge must be worn at all times while volunteering on campus (inside or outside of the building) and then return the badge to the school main office upon leaving for the day.



ARCHDIOCESE OF PHILADELPHIA

SECRETARIAT FOR CATHOLIC EDUCATION

222 North Seventeenth Street, Philadelphia, PA 19103-1299

IMMUNIZATION POLICY RATIONALE (2013)

The policy of the Archdiocese of Philadelphia with respect to vaccinations, requires all children to be vaccinated against a wide variety of diseases. Exceptions are not granted, except for medical reasons. Rationale for this policy follows.

Opposition to vaccines arises from two prominent concerns. First, some oppose vaccines due to the manner in which the vaccine is developed. These people object to the fact that some vaccines are produced from cells derived from aborted human fetuses. The second major objection is that vaccines are harmful to the health of the child.

Objection: Vaccines Produced from Cells Derived from Aborted Human Fetuses

Some object on the level of conscience because the vaccines come from aborted fetal cell lines and to receive them would be cooperating with evil. The moral argument in favor of using vaccines made from aborted fetal cell lines is based on the notion of the Catholic principle of cooperation with evil. The use of the vaccines in question would not constitute a formal (i.e., on the level of intention) cooperation with the act of abortion. There is no formal cooperation (either explicit or implicit) in such an action, because the user's intention is not to procure an abortion, but to benefit from something derived from the aborted fetuses. Their use would be morally permissible on a provisional basis. At the same time, Catholics would have a responsibility to press for the creation of more morally acceptable alternatives.

The Vatican Pontifical Academy for Life's, *Moral Reflection on Vaccines Produced from Cells Derived from Aborted Human Foetuses*, permits such vaccines "on a temporary basis," while recognizing the duty Catholic have to work for a better solution.

It is clear that parents have no obligation to refuse immunizations derived from cultures taken from aborted fetus cell lines when no suitable substitute immunizations are available. Their cooperation with evil is clearly "remote material cooperation" and therefore morally permissible. Enforcing the current policy of the Archdiocese involves no formal or "immediate material" cooperation in evil, but only remote cooperation.

Objection: Vaccines may prove harmful to the health of the child.

To date there has been no authoritative study that conclusively links vaccines with harmful side effects.

The Church respects the rights of conscience and encourages the faithful to follow their rightly formed consciences. To do so, it is important for parents to examine magisterial teaching themselves and to weigh the opinion of experts in such a matter. The document produced by the Vatican Pontifical Academy for Life's (mentioned above) is one such opinion. The memorandum from the United States Conference of Catholic Bishops Committee on Doctrine which disallows conscientious objection to the use of the vaccine for rubella is another.

In the matter at hand, the Church is not trying to force parents to change their well-formed consciences on vaccinations (even if they be against the conclusion of the above-mentioned document). However, they must accept the consequences. One such consequence is that their child cannot be enrolled in a Catholic school.

Parental right to object to these vaccines can come in conflict with the rights of others to preserve their health and be educated in a safe, disease-free environment. Not vaccinating a child for school may jeopardize the health of the entire student body and affect the larger population. When such conflicts arise between individual rights and the rights of the community, the decision should be taken in favor of the common good. This is the best way to serve the needs of human person, the needs of justice, the needs of society, and the needs of public authority. This judgment is especially important when it comes to issues of public health.

It is uncertain as to what degree abstaining from vaccinations can be done without causing significant risk to children, and the population as a whole. Without a clear determination from the scientific community of the safety of granting exemptions from vaccinations, prudence counsels to err on the side of the common good. We have a moral obligation to ensure the safety of the common good.

Consciences of those who object to immunizations for moral reasons should be respected. They have the right to follow their conscience on the matter and choose not to immunize their child. A Catholic school has the obligation to make a moral choice about what is most prudent and just for its populace and has the right to implement it. Should the determination be made that the common good and justice are best served by making immunizations compulsory in order to enroll children, then the right to do so exists. In such a conflict, it is best to err in favor of the common good. In other words, concern for the common good legitimately can override parental calls for a Catholic religious or moral exemption from these vaccinations.

Students who attend Catholic schools in the Archdiocese of Philadelphia are required to receive all vaccines that are identified in the immunization policy (#S 305).

Legal Requirements

No child in grades K – 12 may be admitted to or permitted to attend a non-public school unless the child has received the immunizations as required by the Pennsylvania law Article XIV Section 1303A-Immunization-PA Public School 1949. A religious basis for a child not to be immunized is not recognized as an exemption.

The certificate must be updated and readily available for auditing or for checking for exemptions in the event of a disease outbreak.

The Certificate of Immunization shall follow the student when he/she transfers, graduates, or leaves. It may not be withheld for non-payment of tuition.

Admission Procedures

Registration

At registration, the child's immunization record and family demographic data are to be copied and forwarded to the school nurse to be verified and entered directly on the student's health record and the Pennsylvania Department of Health Certificate School Immunization Card.

- Written proof of immunization signed by a physician or other health professional is to be requested of the parent.
- Students who are exempted from immunization due to medical contraindications must present to the school written confirmation from their private physician or treating agency. Written confirmation is then sent to the Office of Catholic Education. No student may be accepted until the Archbishop gives approval.
- If the parent does not have written confirmation from their private physician, a Certificate of Immunization should be taken to the physician for the physician's signature.
- Students being admitted to second through twelfth grade may be admitted provisionally if evidence of at least one dose of each antigen (i.e., measles, mumps, rubella, polio, diphtheria, and tetanus) is given.

Health Records Maintenance

- The Certificate of Immunization must (Pennsylvania regulations) be filed separately from all other information kept on file regarding students.
- The certificates are to be filed alphabetically.
- The certificates are to be filed in or in close proximity to the school office. They may be filed in the health room only if the latter location is adjacent to the school office.
- For children who are admitted either provisionally or with exemptions, the card should be inserted in the file with the side having a blue-bordered top facing forward.

Medical Exemptions

- A school may request that the medical exemption document provided to the school for the medical exemption be validated every three years.
- The medical exemption documentation should be provided by a MD in the greater Philadelphia area.

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

Parents may write immunization dates; health professional should verify and complete all data.

DO NOT OMIT ANY INFORMATION						
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.						
HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY): <input type="checkbox"/> NONE						
DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY. <input type="checkbox"/> NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> NONE						
LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES. <input type="checkbox"/> NONE						
IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN YOUR ANSWER:						
HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO			NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.			
			VISION (subjective until age 3)			
			HEARING (subjective until age 4)			
			LEAD			
RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD						
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/ID						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						
MEDICAL CARE PROVIDER:				SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT		
ADDRESS:						
			PHONE:	LICENSE NUMBER:		DATE FORM SIGNED:

CD 51 09/08

AGNUS DEI ACADEMY EMERGENCY CONTACT FORM



EMERGENCY CONTACT INFO

Student's First, Middle and Last Name: _____

Family Name: _____

EMERGENCY CONTACT INFORMATION

If we are unable to reach **parents**, whom should we contact?

Name: _____ Relationship: _____

Phone Number (Home): _____ (Cell): _____



CONSENT FOR MEDICAL CARE

I give permission that, in my absence, my child may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at Saint Mary Parish.

Signed (Parent/Legal Guardian): _____ Date: _____



MEDICAL/LEARNING DATA

If any of the following apply to your child, please give details in the appropriate spaces. Attach additional paper, if necessary.

Child's Name: _____

Medical Conditions/Allergies: _____

Prescribed Medications: _____

Disability*/Learning Support Services: _____

Individualized Education Program - IEP: ☐ YES** ☐ NO

Is there other information about your child that should be communicated?

* As defined by *Individuals with Disabilities Education Act* (IDEA), the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.

** We encourage you to share all information, so that we may support and make your child's religious education experience consistent and therefore more pleasant, loving and successful.

Signature: _____ Date: _____ Relationship to Child: _____

AGNUS DEI ACADEMY PHOTO RELEASE FORM

**Photo | Video | Church & School Website | Social Media | Flocknotes | Blogs | Bulletin
Newspaper Articles in relation to events that happen in the parish**

Please complete all sections of this **Photo & Media Opt-Out Form** and return the signed form to the school office **by September 16th of the current school year, if you DO NOT want your child to be photographed and/or videotaped.**



PHOTO & MEDIA RELEASE OPT-OUT

A parent or guardian may withhold permission to have a student photographed, videotaped, and/or audiotaped during school sponsored activities, learning experiences and/or media events. As the parent or guardian of the student identified below, I understand if I opt-out, my child may not be included in pictures taken by the school or parish staff, students or anyone outside the school, including media. **NOTE: This does not include security cameras in school, on Saint Mary campus or on school buses and during livestream Mass.*

If the opt-out form is not signed, you are aware that you give the Archdiocese of Philadelphia/ Saint Mary Church, and its successors and assigns and those acting with authority, the unqualified right and permission to reproduce, copyright and circulate pictures and/or video of my child produced and filmed by the Archdiocese of Philadelphia/ Saint Mary Church and School.

Also, if you do not opt-out, you give permission for your child's name to be printed in the Sacramental booklet and parish bulletin. Please note that the parish bulletin is also posted on the parish website.

☐ I DO NOT want my child to be photographed, videotaped and/or audiotaped during school and church sponsored activities and learning experiences.*

I hereby confirm that I am the parent or legal guardian of the student named below. I confirm that I have read the Opt-Out Release and that the information I have provided is to the best of my knowledge, true and accurate.

Signed (Parent/Legal Guardian): _____ **Date:** _____

Student's Name: _____ **Date of Birth:** _____

Home Address: _____

AGNUS DEI ACADEMY

POTTY POLICY ACKNOWLEDGEMENT FORM

All Children entering a 3-year-old program or older must be independent in the bathroom. Teachers will assist with the following:

1. Fastenings on clothing; buttons, snaps, ties, etc.
2. Lifting on to the toilet if needed

In the event of a wetting accident children must be able to change themselves with minimal help from staff personnel. Staff will provide wipes but cannot wipe or clean children.

In the event of a BM accident the parents will be called to come and change the child. The child can return to class once **changed**.

Students experiencing consistent issues with accidents will be asked to temporarily withdrawal from the preschool program until independence is achieved.

I acknowledge and accept the terms of the Agnus Dei "Potty Policy."

Please return the signed form to your teacher by Tuesday, September 2, 2025.

PARENT/GUARDIAN SIGNATURE

DATE

PERKIOMEN VALLEY SCHOOL DISTRICT
PROCEDURE FOR ADMINISTRATION OF MEDICATION

Dear Parent/Guardian:

According to the State Health Code, including the State Board of Nurse Examiners, the school nurse **may not administer** any medication **without a written order** from your child's physician indicating the name of the medication, the dosage, the reason it is being given, and the time to administer it in school. **This includes over-the-counter, non-prescription medication as well as prescription medication. Your signature is also required.** Permission slips must be completed each year.

In order for the school nurse to administer medications, the Perkiomen Valley School District requests that you ask your physician to complete the enclosed form. In the event your child needs medications, fill in the name of the medications on the enclosed form and ask your physician to sign it. Please have your child return the form to the school nurse. **Medication must be brought to school by the parent/guardian in its original container,** clearly labeled with child's name, name of medication, amount of dosage and time to be given.

After you and your physician complete the **Permit to Administer Medication** form, the school nurse will be glad to administer medication following the Pennsylvania State regulations. **Phone permission is not acceptable.** Thank you for your cooperation in this important matter.

.....
PERMIT TO ADMINISTER MEDICATIONS
(Signed permit good for current school year)

Student Name: _____ Room/Section: _____

Name of Medication: _____

Amount to be Given: _____ Dates to be Given: _____

Time to be Given: _____ Reason for Medication: _____

Side effects of medication: _____

Any necessary emergency response: _____

Signature of Physician Phone Number Date

Signature of Parent/Guardian Phone Number Date

(New 7/08)

**FARE**

Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No**PLACE
PICTURE
HERE****NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.****Extremely reactive to the following allergens:** _____

THEREFORE:

☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.FOR **ANY** OF THE FOLLOWING:**SEVERE SYMPTOMS****LUNG**

Shortness of breath, wheezing, repetitive cough

**HEART**

Pale or bluish skin, faintness, weak pulse, dizziness

**THROAT**

Tight or hoarse throat, trouble breathing or swallowing

**MOUTH**

Significant swelling of the tongue or lips

**SKIN**

Many hives over body, widespread redness

**GUT**

Repetitive vomiting, severe diarrhea

**OTHER**

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.**1. INJECT EPINEPHRINE IMMEDIATELY.**

- 2. Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

- Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS**NOSE**

Itchy or runny nose, sneezing

**MOUTH**

Itchy mouth

**SKIN**

A few hives, mild itch

**GUT**

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.****FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE

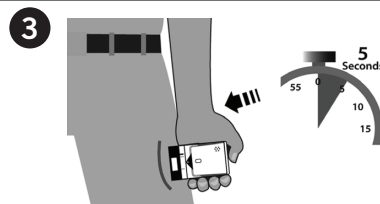
FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 4/2017

**FARE**

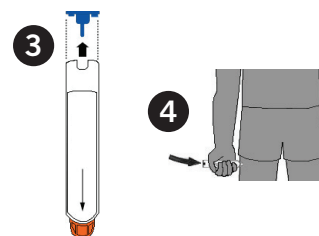
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO**

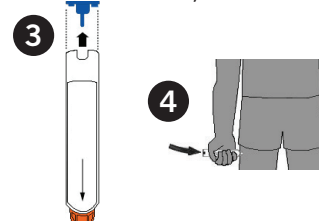
1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.

**HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN**

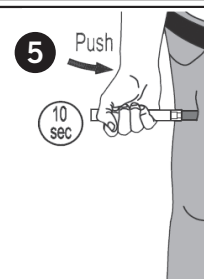
1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

**HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN**

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

**HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENAClick®), USP AUTO-INJECTOR, IMPAX LABORATORIES**

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

**ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:**

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 4/2017



SAINT MARY CATHOLIC SCHOOL INCIDENT/ACCIDENT AND INJURY REPORT

Date & time of incident /accident or injury:	Name of person making report:	Position:
Name of person(s) involved in the incident / accident or injury:		
Did the incident take place in the classroom? State location if not in classroom. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If incident happened outdoors, describe the weather conditions.		
Was teacher or aide present? If no, please supply name (s) of responsible personnel. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name(s) of witnesses and contact information:		
Describe the incident in full detail (use reverse side if necessary):		
Describe actions taken before (preventive) and after the incident. Use reverse side if necessary.		
Were treatments given on site? (If yes, please describe.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was hospitalization necessary? If yes, please explain and include name / location of hospital.		
Please describe how the parent / guardian(s) was notified:		
Signature of Person completing report:		Date Submitted:
Saint Mary Catholic School Principal Signature:		Date:

AGNUS DEI ACADEMY FIRST AID FORM

Child's full name		Age		Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Form issued by					
Specific accident information					
Date		Time		Location	
Witnesses					
Parents notified by				Time notified	

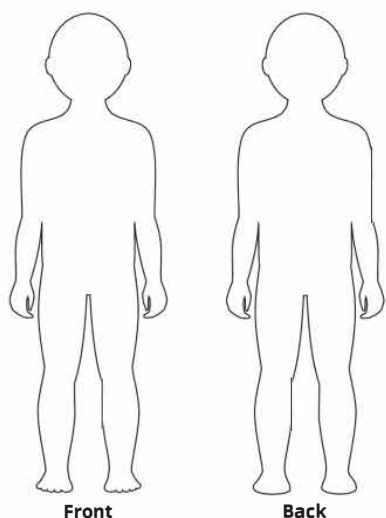
Type of injury

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Cut/scrape | <input type="checkbox"/> Puncture | <input type="checkbox"/> Fracture/dislocation | <input type="checkbox"/> Head injury |
| <input type="checkbox"/> Bump/bruise | <input type="checkbox"/> Splinter | <input type="checkbox"/> Choking | <input type="checkbox"/> Nose injury |
| <input type="checkbox"/> Bite | <input type="checkbox"/> Burn | <input type="checkbox"/> Eye injury | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Sprain/strain | <input type="checkbox"/> Dental injury | <input type="checkbox"/> Concussion | <input type="checkbox"/> Other: |

Cause of injury

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Fall from height | <input type="checkbox"/> Burn | <input type="checkbox"/> Pinched/caught in | <input type="checkbox"/> Another child |
| <input type="checkbox"/> Climbing | <input type="checkbox"/> Hit by or bumped into object | <input type="checkbox"/> Human bite | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Running | <input type="checkbox"/> Splinter/foreign object | <input type="checkbox"/> Sharp object | |

Area of body injured



Additional information/comments

Incident details including any First Aid administered or further treatment required as a result of the incident:

Parent signature		Date	
Key worker signature (if applicable)		Date	
Manager signature (if applicable)		Date	

AGNUS DEI ACADEMY HANDBOOK ACKNOWLEDGMENT

This Agnus Dei Academy Parent Handbook has been prepared for your information and understanding of the goals, policies, and expectation of Agnus Dei Academy of Saint Mary Catholic School. Please read it carefully. Upon completion of your review of this handbook, sign the statement below, and return it to your child's classroom teacher.

A copy of this acknowledgment appears at the back of the handbook for your records.

I, _____, have received and read a copy of the Agnus Dei Academy Parent Handbook which outlines the goals, policies, and expectations of Agnus Dei Academy of Saint Mary Catholic School, as well as my responsibilities as a parent/guardian.

I have familiarized myself with the contents of this handbook, including the Immunization Policy on pages 21-23. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the ADA Parent Handbook provided to me by Agnus Dei Academy of Saint Mary Catholic School. I understand this handbook is not intended to cover every situation, which may arise, but is simply a general guide to the goals, policies, and expectations of Agnus Dei Academy.

PARENT/GUARDIAN SIGNATURE

DATE

**This receipt must be returned to your teacher, no later than
Tuesday, September 2, 2025**

COPY OF ACKNOWLEDGMENT FOR YOUR RECORDS

I, _____, have received and read a copy of the Agnus Dei Academy Parent Handbook which outlines the goals, policies, and expectations of Agnus Dei Academy of Saint Mary Catholic School, as well as my responsibilities as a parent/guardian.

I have familiarized myself with the contents of this handbook. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the ADA Parent Handbook provided to me by Agnus Dei Academy of Saint Mary Catholic School.

I understand this handbook is not intended to cover every situation, which may arise, but is simply a general guide to the goals, policies, and expectations of Agnus Dei Academy.

I understand that if the form is not returned, the policies and procedures guiding the operations of Agnus Dei Academy still apply.

PARENT/GUARDIAN SIGNATURE

DATE

Please keep this copy for your records.