

# St. Gerard School

## NEW FAMILY-2024/2025 Enrollment

If you are a NEW family with no students in the school or preschool...

- Use the attached **Blackbaud Tuition Management General Enrollment Instructions**
- Fill out the forms below and return promptly:
  - Student Emergency Information Sheet
  - Covenant
  - Diocesan Family-School Agreement
  - Directory Form
  - Prior Discipline Record
  - Permission to Release Records
  - Enrollment Agreement
  - Waverly Bus Form if applicable
  - Current Immunization & FERPA Consent Form (due 8/5/2024)
  - Optional (Electronic Fund Transfer) for Sunday Contributions.
- Additionally, return:
  - Copy of **Birth Certificate**
  - Copy of **Baptismal Certificate** (not needed for students baptized at St. Gerard)
- If applicable, apply for Financial Aid thru <https://online.factsmgt.com/signin/3YZNQ>.

**Your enrollment is not complete until you register for SMART TUITION.** A \$75.00 per student enrollment fee will be billed thru SMART Tuition in APRIL 2024.

**FINANCIAL AID POLICY:** Due by March 1, 2024. Students who request financial aid must first apply for assistance through PSAS and GLCEF. Applications for assistance will only be accepted via this online system. <https://online.factsmgt.com/signin/3YZNQ>

**Financial Aid will not be considered for families who do not complete the FACTS PROCESS.**

Tuition	Reg Fee	2024	
One student	\$75	\$3,600	
Two student	\$150	\$5,760	
Three student	\$225	\$6,960	
Four student	\$300	\$7,260	
Preschool4	\$75	\$2,280	one student only
Preschool4 + 1	\$150	\$5,760	PreK4 + 1(k-8 student)
Preschool3	\$75	\$1,764	one student only
Full Day Preschool	\$75	\$5,712	
Full Day Preschool PLUS	\$75	\$7,644	

## Blackbaud Tuition Management – General Enrollment Instructions for Parents and Payers

St. Gerard has partnered with **Blackbaud Tuition Management** to service your child's tuition account.

To enroll online, please follow these instructions.

1. Go to <https://enroll.blackbaud.school>. A welcome message appears.
2. Select **Create a new account**. (It's a blue button towards the bottom.)
3. Enter your school's name in the search box to find your school. Select the green circle to choose your school.
4. In section 1, provide information about who will pay.

Enter the parent, guardian, or bill payer's contact information.

Please provide your mobile number and email address. We regularly communicate important information about your account via text message and email.

5. In section 2, provide information about who will attend.

Enter the names and grades of the children who will attend the school.

If you already have a child in this school with a **Tuition Management** account, simply add any additional children to your existing account by going back to <https://enroll.blackbaud.school> and entering your current account information under **I Have A Tuition Management Account**.

6. In section 3, provide information about how and when to pay.

Review the payment plans offered by your school. Then choose your preferred:

- payment plan, payment method, and due date

Your school determines which plans are listed. **Tuition Management** can't change the plans listed.

7. In section 4, review **Tuition Management's** terms and conditions. Then select **Submit enrollment** to complete your online enrollment.
8. A submission confirmation with your Family ID appears.
9. Next, your school will review your enrollment. When complete, you'll receive confirmation from **Tuition Management**.
10. After your school has reviewed and activated your account, you'll receive an email with login instructions.

To view your balance, make payments, update your personal information, or chat with a live representative, access your **Tuition Management** account at <https://parent.blackbaud.school>

**Blackbaud's Tuition Management** program manages tuition payments and follows the policies established by your school. Decisions regarding tuition amounts, tuition aid, scholarships, and all other tuition related items are made by your school.

Our Parent Contact Center is available 24 hours per day. Families can access their accounts to check balances and make payments. Call us at (888) 868-8828.



February 2024

Dear St. Gerard School Families,

Among the many ministries of St. Gerard Parish, the faith development and religious education of all parishioners is certainly a priority. St. Gerard School is a shining example of the parish's commitment to the formation and education of its people in the ways of faith. The priests, administrators, staff and parents know that our school is first rate. Spiritually, academically, socially and athletically, it embodies the best of what Catholic Schools strive to be.

In order to maintain the school's excellence, we need the full support of the parish and the school families. I draw your attention to the enclosed *Covenant between St. Gerard Parish and St. Gerard School Families*. The covenant is a solemn commitment and heartfelt promise to provide what is best for our children. The parish promises to commit its personnel and resources to forming your children in the Catholic faith. You, in turn, *promise to worship with your children, support the mission of the parish with your tithing and talent, and support the school whenever possible.*

We are pleased to announce a modest increase for the 2024-2025 school year. Please continue to help us control expenses by utilizing our online billing and payment system, Blackbaud Tuition. In conjunction with our Parish EFT tithing system, these processes help streamline our tuition billing and collection procedures which help reduce annual collection expenses.

As Pastor, I do not want families discouraged from sending their children to Catholic Schools because tuition rates are beyond what they can afford. We are proud that our tuition rate of \$3,600.00 remains below the Diocesan average. The suggested weekly tithing commitment to the Sunday collection will remain at \$15.00. Keep in mind that both our tuition and weekly tithing commitment are among the lowest in the area. Additionally, we continue to keep our facilities in top notch condition. In 2023 we added a pre-k classroom and continue to maintain safety improvements including new security cameras. The facilities are in excellent condition.

As you know, tuition, fees, and fund raisers have traditionally covered about 57% of the cost to run the school. The other 43% has come from parish subsidy (38%) and the Education Trust Fund (5%). Because of the parish's already substantial and growing subsidy to the school, it is even more essential that school families be faithful to the *Covenant* they sign. In maintaining your minimum contribution to the parish, you help us more easily justify the parish's financial commitment to the school. Many families tithe far more than the minimum, which is greatly appreciated. Other families, however, do not keep their commitment thus stressing the parish and school budget. This eventually leads to larger tuition increases.

Let us continue to work together to enhance the quality of St. Gerard School. We want our children to have the best faith formation and academic opportunities. Our efforts today will ensure the quality of our school long into the future.

In Christ,

Fr. Robert C. Bacik, Pastor

*P.S. Families needing assistance can apply for financial aid. To receive any financial aid you MUST apply through the FACTS system by March 1, 2024. Please phone the school office for more details.*

## Student Emergency Information Sheet (Please Print)

Session preference: (Preschool Only) 3yr am\_\_\_ 3yr pm\_\_\_ 4yr am\_\_\_ 4yr pm\_\_\_ 4 Full\_\_\_

**Preschool Students ALSO fill out the CHILD INFORMATION SHEET Required by State of MI**

Parent's initials indicate information is correct and complete.

Kdg.	Gr 1	Gr 2	Gr 3
Gr 4	Gr 5	Gr 6	Gr 7
Gr 8			

First Name\_\_\_\_\_M.I.\_\_\_\_\_Last Name\_\_\_\_\_

Nickname\_\_\_\_\_Gender/Circle: M F Birthdate:\_\_\_/\_\_\_/\_\_\_

(Optional) Circle One: Caucasian African American Asian Hispanic Native American Pacific Islander Other

Religion of Student\_\_\_\_\_Church of Baptism\_\_\_\_\_Date of Baptism\_\_\_/\_\_\_/\_\_\_

FIRST COMMUNION\_\_\_/\_\_\_/\_\_\_ CONFIRMATION\_\_\_/\_\_\_/\_\_\_

In the event of an emergency during school hours we will contact the following in the order you indicate:  
**PLEASE MAKE SURE TO GIVE COMPLETE INFORMATION.**

NAME OF CONTACT PERSON	RELATIONSHIP TO CHILD	DAYTIME PHONE NUMBER
1.		
2.		
3.		
4.		

In the event of an accident or acute illness, I give permission for St. Gerard School personnel to seek emergency assistance.

\_\_\_\_\_  
Parent's signature

Name of Physician:\_\_\_\_\_Phone:\_\_\_\_\_

**Please list any allergies, medical problems or medical concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent's Signature indicates above information is correct:**\_\_\_\_\_

**STUDENT NAME** \_\_\_\_\_

**Father, Step-father, or Guardian (circle one)**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Okay to call ☐

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Public School District \_\_\_\_\_

Father's Religion \_\_\_\_\_

Country of Birth if other than USA \_\_\_\_\_

Education:

Grade School \_\_\_\_\_ High School \_\_\_\_\_

College \_\_\_\_\_ Graduate School \_\_\_\_\_

**Mother, Step-mother, or Guardian (circle one)**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Okay to call ☐

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Public School District \_\_\_\_\_

Mother's Religion \_\_\_\_\_

Country of Birth if other than USA \_\_\_\_\_

Education:

Grade School \_\_\_\_\_ High School \_\_\_\_\_

College \_\_\_\_\_ Graduate School \_\_\_\_\_

Marital Status of Parents: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

With whom does the child live? Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Siblings: (Please list oldest first. Include preschoolers.)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Present Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Present Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Present Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Present Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Family has been registered with St. Gerard Parish since \_\_\_\_\_ and has regularly tithed to the parish.  
or

Family is presently registered with \_\_\_\_\_ Parish located in (city) \_\_\_\_\_ (state) \_\_\_\_\_.

## Covenant between St. Gerard Parish and St. Gerard School Families

We, the People of St. Gerard Parish, are committed to providing an environment where the children of our parish school:

- ❖ Are formed by our Catholic faith to know Jesus Christ;
- ❖ Are educated following the guidelines of the Diocese of Lansing;
- ❖ Are provided with opportunities to be strengthened in mind, body, and spirit.

As parents of a student enrolled at St. Gerard School, we are committed:

- ❖ To worshipping at St. Gerard with our children on a weekly basis;
- ❖ To supporting the mission of St. Gerard Parish by tithing our time, talent, and treasure (minimum of \$15.00/week);
- ❖ To supporting the mission of St. Gerard School by giving of our time and talents wherever needed.

As parish and school parents we enter into this covenant, asking God's blessing on us and the work we are called to do in His name.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Pastor

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date



DIOCESE OF LANSING  
MICHIGAN

## Family-School Agreement

*The purpose of Catholic education is the formation of boys and girls who will be good citizens of this world—loving God and neighbor and enriching society with the leaven of the Gospel—and who will also be citizens of the world to come, thus fulfilling their destiny to become saints. This is all done in an environment of academic excellence, where students learn how to become intentional, missionary disciples of Jesus Christ, grow in virtue and holiness, share the Good News of Christ's love with others, and join in the Catholic Christian community of the school. This Family-School Agreement is intended to further these purposes. Catholic schools in the Diocese of Lansing are open to all students; however, we are not a private or alternative school system.*

When enrolling their child (ren) in a Catholic school in the Diocese of Lansing, be it parochial, diocesan, or independent, parent(s) or legal guardian(s) (hereafter, “parents”) are asked to sign the Family-School Agreement. In signing the Family-School Agreement, it is understood that:

- a. All children are welcome in the Catholic schools in the Diocese of Lansing. As part of enrollment, parents must sign the Family-School Agreement.
- b. Our schools exist to pass on the Catholic faith in its fullness to students and to form disciples of Jesus Christ. Parents and schools are partners in this mission; parents are expected to cooperate fully in it and shall supervise their children in accordance with this agreement.
- c. As partners in this mission, students and their parents are all part of the school community. As such, students and their parents agree to live their lives in a way that supports, rather than opposes, the mission of the school.

The school joyfully exercises its responsibility to teach Catholic faith and morals in all fullness. Parents whose religious practices and beliefs run counter to Church teaching might experience conflicts as we maintain mission integrity. Sincere questioning of the practices and doctrines of the Catholic faith—whether by students or their parents—in order to more deeply understand them are welcome; but openly hostile or persistent defiance of Catholic truths or morality are a violation of the Family-School Agreement and may result in denial of admission or dismissal from the school.

## 2024-2025 Family-School Agreement

### Diocese of Lansing

As parents/guardians, we ask St. Gerard School to help us in educating and forming our child(ren). We understand and agree that our child(ren) will be taught the teachings of the Catholic Church in their fullness. Our intention is to respect and cooperate with school policies and with those providing a Catholic-based education to our child(ren)—the priests, principal, teachers, parishioners, and all school personnel. We pledge our full cooperation with the school to prepare our child(ren) to be disciple(s) of Jesus Christ. We will make every effort to supervise our child(ren) in accordance with this agreement.

Name of Father/Legal Guardian

Signature:

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Name of Mother/Legal Guardian

Signature:

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Name(s) of Child(ren):

Grade:

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St. Gerard School accepts your request and commitment for a Catholic education and formation for your child(ren). We acknowledge our obligation to assist you in your responsibility of educating your child(ren). We will make our best effort to form your child (ren) as disciple(s) of Jesus Christ, according to the teachings of the Catholic Church.

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**St. Gerard School Directory  
Family Information Form  
2024-2025**

Please provide only the information that you would like to be published in the directory. If there are two different households, please use both information boxes. IF YOUR CHILD IS IN ST. GERARD PRESCHOOL, PLEASE INDICATE WHETHER YOUR CHILD IS IN THE 3-YEAR OLD CLASS OR THE 4-YEAR OLD CLASS.

**PLEASE PRINT NEATLY**

First and Last Name(s) of Student(s) and Grade for 2024-2025 School Year	
1. _____	Grade _____
2. _____	Grade _____
3. _____	Grade _____
4. _____	Grade _____

Parent(s) First and Last Name(s)
Street Address
City, ZIP
Phone(s)
Email(s)

Parent(s) First and Last Name(s)
Street Address
City, ZIP
Phone(s)
Email(s)

I give permission to publish this information in the St. Gerard School Directory:

\_\_\_\_\_

**Parent Signature**

☐ Please DO NOT publish my family's information in the directory. (If you check this box, you do not need to fill out contact information).

**\*\*This form must be completed and returned by August 1st for publication in the school directory.\*\***

**ST. GERARD SCHOOL, 4433 W. WILLOW, LANSING, MI 48917, PH. 321-6126**

# St. Gerard School

4433 West Willow Hwy. \* Lansing, Michigan 48917 \* PH 517.321.6126 \* FAX 517.323.8046

## AFFIRMATION OF PRIOR DISCIPLINE RECORD

**DIRECTIONS:** Check the box next to the appropriate paragraph. Please provide the requested information and sign this document.

**Paragraph 1:**

The undersigned affirms that \_\_\_\_\_ has not been suspended or expelled from any public or private school in Michigan or any other state for any offense involving weapons, alcohol, or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

**Paragraph 2:**

The undersigned affirms that \_\_\_\_\_ has been suspended or expelled from a public or private school in Michigan or another state for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

I hereby give permission for my child's former school district to release any and all information regarding my child's discipline record to St. Gerard School.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\*\*\*\*\*

Name of Sending (former) School District: \_\_\_\_\_

Sending School District-Please check one:

\_\_\_\_ According to our records, we verify that the information provided above by the parent/student is correct.

\_\_\_\_ According to our records, the information provided by the parent/student is not correct.

If the student has been involved in offenses involving weapons, alcohol, or drugs, or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school sponsored activity, or on a public or private conveyance providing transportation to or from school or a school sponsored activity, please forward appropriate documentation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of sending district administrator

\_\_\_\_\_  
Title

# *St. Gerard School*

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4433 West Willow Hwy. \* Lansing, Michigan 48917 \* PH 517.321.6126 \* FAX 517.323.8046

## **PERMISSION TO RELEASE RECORDS**

**Previous School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

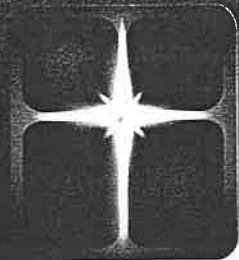
**Please send the transcript for** \_\_\_\_\_

**who is presently enrolled in Grade** \_\_\_\_\_ **at St. Gerard School.**

**The parent/guardian's signature indicates permission to forward all school records including health records and any confidential information including psychological reports to St. Gerard School.**

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Date**



# ST. GERARD CATHOLIC SCHOOL

4433 W. WILLOW HWY. · LANSING, MI · 48917

## ENROLLMENT AGREEMENT

I understand that the enrollment of my child \_\_\_\_\_  
is a probationary enrollment. At the end of the first semester, my child's status will be  
evaluated, and a decision for permanent placement in St. Gerard School will be made.

I understand that at any time within the first semester either the school administration  
or I, as parent, may terminate the enrollment.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

PLEASE SIGN AND RETURN



If you live in the Waverly School District and will be using the bus system in the fall, please return this form as soon as possible. The Waverly School Transportation Department needs this information before the end of the school year.  
Thank you!

Parent's name(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Child's name(s) \_\_\_\_\_

Child's grade (fall 2024) \_\_\_\_\_

Will be riding the Waverly School Bus:

AM \_\_\_\_\_

PM \_\_\_\_\_



# ST. GERARD CATHOLIC SCHOOL

4433 W. WILLOW HWY. · LANSING, MI · 48917

February 1, 2024

Dear Parents,

This letter is to inform parents of the rules regarding St. Gerard School's responsibility in relationship to reporting immunizations to the Department of Community Health. The State of Michigan requires schools to assess and report the immunization status of all **3 and 4 year old Preschool, Kindergarten, and 7th grade students as well as any student new to the school in the fall of 2024.** All must be compliant **NO LATER THAN THE FIRST DAY OF ATTENDANCE.** \*

If you wish to waive your child from any immunization, please call your local health department for information on obtaining a waiver. All waivers must come from your health department.

Parents of children who fall into the above categories might want to start thinking of scheduling your child's next physical. Physical appointments in the summer can be hard to obtain. Eaton and Ingham Counties also hold open shot clinics throughout the summer. We hope having this information earlier will allow our families to be prepared when school starts in August.

Please feel free to call us at the school if you have any questions.

Sincerely,

Sara Wade

\*Important to note: Schools in Michigan are required by Michigan Law to exclude any student from school whose immunizations are not complete or waived.

**Dear Parent/Guardian:**

**Key Points Related to Claiming a Nonmedical Immunization Waiver for Children  
Attending Michigan Schools and Licensed Childcare Programs**

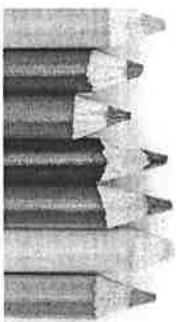


In early 2015, Michigan instituted an administrative rule change on nonmedical waivers for childhood immunizations. Parents/guardians seeking to obtain a nonmedical immunization waiver for their child/children who are enrolled in school or licensed childcare programs are required to attend an educational session, where they are provided with information about vaccine-preventable diseases and vaccinations.

**Key Points**

- The rule applies to parents/guardians seeking a nonmedical immunization waiver for their child/children enrolled in public or private:
  - Licensed childcare, preschool, and Head Start programs
  - Kindergarten, 7th grade, and any newly enrolled student into the school district
- This rule preserves your ability to obtain a nonmedical waiver.
- Nonmedical waivers (religious or philosophical/other objections) are available at your county health department and cannot be found at schools/childcare programs or physician offices.
- Parents/Guardians are required to follow these steps when seeking a nonmedical waiver:
  1. Contact your county health department for an appointment to speak with a health educator.
  2. During the visit, immunization-related questions and concerns of the parents/guardians can be brought up for discussion. The staff will present evidence-based information regarding the risks of vaccine-preventable diseases and the benefits/potential risks (risks consisting mostly moderate side effects) of vaccination.
  3. Schools/childcare programs will only accept the current, un-altered, official State of Michigan form (Any new waivers issued should have the revision date of January 10, 2021.)
    - A county health department will not issue a waiver without both signatures as it would be considered an incomplete and invalid waiver.
    - Forms cannot be altered in any way (this includes crossing information out).
  4. Take the current, certified waiver form to your child's school or childcare program.
- If your child has a medical reason (that is, a true medical contraindication or precaution) for not receiving a vaccine, a physician (MD/DO) must sign the State of Michigan Medical Contraindication Form.
- Based on the public health code, a child without an up-to-date immunization record, a certified nonmedical waiver form, **or** a physician (MD/DO)-signed medical waiver shall be excluded from school/childcare.

For more information, please visit [www.michigan.gov/immunize](http://www.michigan.gov/immunize) > click on *Local Health Departments* > click on *Immunization Waiver Information*. This website will provide you with a link to all the county health departments, along with their addresses and phone numbers.



# Vaccines Required for School Entry in Michigan

Whenever children are in group settings, there is a chance for disease to spread. Parents must follow state vaccine laws in order for their children to attend school. These laws are the minimum standard for preventing disease outbreaks in group settings. The best way to protect children from serious diseases is to follow the recommended vaccination schedule at [www.CDC.gov/Vaccines](http://www.CDC.gov/Vaccines). When following the recommended schedule children are fully protected and any school vaccination requirements are met.

**All kindergartners  
and 4–6-year-old transfer students**

**All 7th graders  
and 7–18-year-old transfer students**

**Diphtheria,  
Tetanus, Pertussis  
(DTP, DTaP, Tdap)**

**4 doses DTP or DTaP  
1 dose must be at or  
after 4 years of age**

**4 doses diphtheria and tetanus  
or  
3 doses if 1<sup>st</sup> dose given on or after 1 year of age  
1 dose Tdap at 11 years of age or older upon entry into  
7<sup>th</sup> grade or higher**

**Polio**

**3 doses if dose 3 was given on or after 4 years of age**

**Measles, Mumps,  
Rubella (MMR)<sup>2</sup>**

**2 doses at or after 12 months of age**

**Hepatitis B<sup>2</sup>**

**3 doses**

**Meningococcal  
Conjugate  
(MenACWY)**

**None**

**1 dose  
at 11 years of age or older  
upon entry into 7<sup>th</sup> grade or higher**

**Varicella  
(Chickenpox)<sup>2</sup>**

**2 doses at or after 12 months of age  
or current lab immunity or history of varicella disease**

<sup>1</sup>All doses of vaccines must be valid (follow CDC Immunization Schedule for number of doses, correct spacing, and ages) for school entry purposes. These rules apply to children who are the above ages upon entry into school. <sup>2</sup>If the child has not received these vaccines, documented immunity is required. During disease outbreaks, incompletely vaccinated children may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at [www.Michigan.gov/immunize](http://www.Michigan.gov/immunize). The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy. MDHHS-Pub-1378 (Rev. 4-23)



## HEALTH APPRAISAL

Michigan Department of Health and Human Services

**Dear Parent or Guardian:** The following information is requested so that the school can work with the parent to meet the physical, intellectual, and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse, dentist, dental therapist, and dental hygienist.

**(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION).**

### PERSONAL

Child's Name (Last, First, Middle)	Date of Birth (mm/dd/yy)
Address (Number, Street, City, Zip Code)	Today's Date (mm/dd/yy)
Parent/Guardian (Last, First, Middle)	Home/Cell Phone Number
Address (Number, Street, City, Zip Code)	Work Phone Number


### SECTION I – HEALTH HISTORY

Yes	No	Resolved	#	Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Allergies or Reactions (for example, food, medication or other)	<b>Birth History</b>  <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Anaphylaxis	
<input type="checkbox"/>	<input type="checkbox"/>		3	Does your child take any medication(s) regularly?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	Dental Problems Date of Last Exam _____ <b>OR</b> Date of Last Assessment _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other (please describe) _____	

<b>Reason for Medication</b>		
<b>Concussion History</b>		
Parent/Guardian Signature	Date	Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Examiner's Initials</b> _____

## SECTION II – PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Test and Measurements						
Yes	No	Was child tested for	Tests and results	Normal	Referred	Under care
<input type="checkbox"/>	<input type="checkbox"/>	Vision Date _____	Visual Acuity			
			Muscle Imbalance			
			Other			
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Date _____	<input type="checkbox"/> Audiometer (R= Right, L=Left)	R/L	R/L	
			<input type="checkbox"/> OAE (R= Right, L=Left)	R/L	R/L	
			<input type="checkbox"/> Other (R= Right, L=Left)	R/L	R/L	
<input type="checkbox"/>	<input type="checkbox"/>	Urinalysis	Sugar			
			Albumin			
			Microscopic			
<input type="checkbox"/>	<input type="checkbox"/>	Blood Lead Level Date _____	Level _____ ug/dl			
<b>Note:</b> All children in Medicaid need to be tested at 1 and 2 years of age, or once between 3 and 6 years of age if not previously tested. All children, regardless of Medicaid status, should be tested at those same ages if they live in an area where lead risk is high.						
<input type="checkbox"/>	<input type="checkbox"/>	Height & Weight  Other _____	Height			
			Weight			
			Other _____			
<input type="checkbox"/>	<input type="checkbox"/>	Hemoglobin/Hematocrit	⇒			
<input type="checkbox"/>	<input type="checkbox"/>	Blood Pressure	Reading _____			
Complete pediatric tuberculosis risk assessment available at: <a href="https://www.michigan.gov/documents/mdhhs/4_MI_Pediatric_TB_Risk_Assessment_661537_7.pdf">https://www.michigan.gov/documents/mdhhs/4_MI_Pediatric_TB_Risk_Assessment_661537_7.pdf</a> <b>OR</b> feel free to use the attached QR code instead of the full link text.						
						

## Examinations and/or Inspections

Essential Findings Deviating from Normal

Exam Date \_\_\_\_\_

### SECTION III – IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied based on this information.\*

Vaccines (Circle Type)	Date Administered mm/dd/yy		Vaccines (Circle Type)	Date Administered mm/dd/yy	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	3
	2	4		2	
DTaP/DTP/DT/Td	1	4	Influenza (IIV/LAIV)	1	3
	2	5		2	4
	3	6	Meningococcal MenACWY (MCV4)	1	3
				2	
Tdap	1		Meningococcal B (Bexsero, Trumenba)	1	3
				2	
<i>Haemophilus Influenzae</i> type b (HIB)	1	3	Human Papillomavirus (9vHPV, 4vHPV, 2vHPV)	1	3
	2	4		2	
Polio (IPV/OPV)	1	4	Additional Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	5		1	
	3			2	
			3		
Pneumococcal Conjugate (PCV7/PCV13)	1	3	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable.  <b>*Note:</b> According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious, and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
	2	4			
Rotavirus (RV1/RV5)	1	3			
	2				
Measles, Mumps, Rubella (MMR/MMRV)	1	3			
	2				
Varicella (Chickenpox), (Var, MMRV)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date _____			Parent/Guardian refused recommended immunizations at visit: <input type="checkbox"/>		
I certify that the immunization dates are true to the best of my knowledge					
Health Professional's Signature		Title		Date	

**SECTION IV – RECOMMENDATIONS** (Required for Child Care and Head Start/Early Head Start)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing, or other condition for which the school could help by seating or other actions? If yes, please explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s):
		<input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium
		<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

**SECTION V – DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS (OPTIONAL)**

Child's Name _____		Has received <input type="checkbox"/> Dental Exam <input type="checkbox"/> Dental Assessment	
Findings and Recommendation (Check all that apply)			
<input type="checkbox"/> No Urgent Needs	<input type="checkbox"/> Routine Care Needed	<input type="checkbox"/> Treated Decay	
<input type="checkbox"/> Restorative/Urgent Needs for Dental Care	<input type="checkbox"/> Untreated Decay	<input type="checkbox"/> Further Referral for Specialist	
Signature _____			Date _____
Check One			
<input type="checkbox"/> Dentist	<input type="checkbox"/> Dental Therapist	<input type="checkbox"/> Dental Hygienist	

**PHYSICIAN'S SIGNATURE**

Examiner's Signature	Date	Examiner's Name (Print)	Degree or License
Number & Street	City	MI      Zip Code	Telephone Number

Information required for:

**Early On** – Hearing and Vision Status; Diagnosis; Health status

**Child Care Licensing** – Physical Exam, Restrictions, Immunizations

**Head Start/Early Head Start** – Determination that child is up-to-date on a schedule of age-appropriate preventative and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-childcare visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

**St. Gerard School, Lansing, MI 48917**

**Consent for Disclosure of Personally Identifiable Information and Immunization Information to Local and State Health Departments**

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information and immunization information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

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☐ I authorize **St. Gerard School, Lansing, MI 48917** to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

☐ I do not authorize **St. Gerard School, Lansing, MI 48917** to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Signature of Parent/Guardian  
or Eligible Student: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

# ELECTRONIC FUND TRANSFER      SUNDAY CONTRIBUTIONS

Parishioners who give regularly now have the option of having their contributions automatically deducted from their bank account by Electronic Fund Transfer. And if you prefer weekly envelopes, we can still provide you with envelopes. If you would like to participate in this economical and convenient way to support the parish, please fill out the form below and return it to the parish office. Your gift will then be automatically deducted as you requested. If you have any questions about Electronic Fund Transfer, please call the Parish office at 323-2379 and ask for Jon Jackinchuk.

*Please fill out the agreement below and return with a voided check for the account you will be using.*

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

### CONTRIBUTION AND ENVELOPE INFORMATION:

Amount of Electronic Contribution \$ \_\_\_\_\_ Your Current Envelope Number \_\_\_\_\_

*(Check One)*

- ☐ Once Electronic Fund Transfer begins, please stop sending me envelopes.
- ☐ Once Electronic Fund Transfer begins, please continue to send me envelopes.

**Frequency of Contribution: (Check One)**

- ☐ Weekly (transaction will happen each Monday)
- ☐ Monthly (transaction will happen on the first Monday of each month)

### BANK/CREDIT UNION INFORMATION

***PLEASE FILL OUT THE INFORMATION BELOW AND ATTACH A VOIDED CHECK***

Your name as shown on the financial institution records \_\_\_\_\_

Bank/Credit Union Name \_\_\_\_\_ Branch (if applicable) \_\_\_\_\_

Address of Bank/Credit Union (City, State, Zip) \_\_\_\_\_

Bank Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Type of account: (Check One)

☐ Checking (include voided check)

Routing Number \_\_\_\_\_  
(9-digit number on bottom left of check)

☐ Savings

Account Number \_\_\_\_\_

I authorize St. Gerard Catholic Church to deduct funds from the account at the financial institution named above. I understand that I can stop these automatic deductions by providing written notice to St. Gerard Church. This authorization is to remain in effect until I revoke it.

Name(s) \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_

Signature(s) \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

OFFICE USE ONLY: Entered by _____	Date _____	Letter Sent _____	Date _____	First Dir Dep Date _____
Date Revoked _____	By _____			

# St. Gerard Child Care

4433 W. Willow Hwy. \* Lansing, MI 48917 \* PH: 517.853.0744 \* email: [dgutierrez@stgerardlansing.org](mailto:dgutierrez@stgerardlansing.org)

***Are you enrolling your child in St. Gerard School for the 2024-2025 school year? If so, we are able to provide child care for your Preschool-6<sup>th</sup> grade student.***

## **PRESCHOOL-AGE CHILD CARE**

We provide many of the opportunities that our preschool program does (utilizing the *High Scope* Curriculum model), but it just looks a little different as we have children coming and going throughout the day.

CHILD-CENTERED ACTIVITIES	LARGE AND SMALL GROUP TIME	OUTDOOR PLAY
INDEPENDENT CENTER TIME	SNACK TIME (we provide)	REST TIME
LUNCH TIME (hot lunch available for purchase)		

***EMPHASIS IS PLACED ON THE SOCIAL, EMOTIONAL, PHYSICAL, INTELLECTUAL AND SPIRITUAL GROWTH AND DEVELOPMENT OF EACH CHILD.***

Child Care is provided in the lower level of the school and is open from 7 AM-6 PM each day. Child Care Plan options from 1-5 days/week are available, even on days that your child is not scheduled for preschool. We are also open for care on various other days when school is not in session (additional fees may apply, but is dependent on your rate plan). Child Care included in your Child Care Plan begins on the first day of preschool, but Child Care is also available beginning the first day of the K-8 school year at an additional cost.

## **SCHOOL-AGE CHILD CARE**

Before and After School care is provided from 7 AM until school starts and from the end of the school day until 6 PM, Monday through Friday. Child Care Plan options from 1-5 days/week are available, beginning on the first day of the K-8 school year. We are also open for care on half-school days and many non-school days throughout the school year (additional fees apply). We provide a variety of different activities:

ARTS & CRAFTS	GYM TIME	OUTDOOR PLAY
HOMEWORK TIME (grades 2-6)	GAMES & TOYS	SCIENCE EXPLORATION
AFTER SCHOOL SNACK (we provide)	GROUP GAMES AND ACTIVITIES	

WE ARE ABLE TO GET YOUR CHILD TO AND FROM AFTER SCHOOL EXTRA-CURRICULAR ACTIVITIES THAT ARE HELD AT THE SCHOOL (i.e. band and choir practice, sports practices, scout meetings, etc.).

***Fees are based on a full school-year plan, with a consistent weekly schedule, billed over 9 months. Days may be added on occasion for an additional fee (if space allows).***

## **SUMMER CHILD CARE (SUMMER ADVENTURE 2024)**

We offer a summer child care program for children age 3 through grade 7 (children must be 3 years of age and potty trained prior to their first day of summer care; based on grade in 2024-2025 school year). Children do not need to be enrolled in St. Gerard School in order to attend summer care as it is open to all families. We are open 7 AM-6 PM, Monday through Friday. For the summer of 2024, summer care begins on Monday, June 10. We are closed

-continued on back-

Wednesday, July 3 through Friday, July 5. Our last day of summer care is dependent on the first day of school for the 2024-2025 school year (TBD) as we are closed for the five weekdays prior to the first day of school for cleaning and preparation. Activities include arts & crafts, science, large and small group activities, physical activities, outdoor experiences, water play, and field trips for school-agers. Schedules are submitted and paid monthly online (prior to the month of care) through Blackbaud.

***Child care enrollment fees and rates for Summer 2024 and the 2024-2025 school year have not been set yet. Rate information will be available when enrollment begins. To review our Summer 2023 and 2023-2024 school year rates, please visit our school website at <https://stgerardlansing.org>. Click on "Preschool & Child Care" at the top of the school webpage. Then click on "Tuition."***

**ADDITIONAL INFORMATION FOR SUMMER AND SCHOOL YEAR CARE**

- Children must be enrolled in St. Gerard School in order to attend child care during the school year, but not for Summer Care.
- Summer and Fall Enrollment packets will be available at the child care office by Mid-March. Our enrollment schedule is as follows:
  - **March 18**-Child Care enrollment for Summer 2024 and for the 2024-2025 school year begins for children enrolled in St. Gerard Child Care for the current 2023-2024 school year.
  - **March 25**-Child Care enrollment begins for Summer 2024 & for the 2024-2025 school year for children that are not currently enrolled in St. Gerard Child Care, but are attending St. Gerard School for the current 2023-2024 school year **AND** for children newly enrolled in St. Gerard School for the 2024-2025 school year.
  - **April 8**-Summer 2024 Child Care Enrollment begins for all non-St. Gerard School families.
- ***All required documents must be submitted to the child care or school office at least 5 business days prior to the first day of care, but we encourage you to enroll early to ensure a spot in our program as we have had to start a waiting list the past few years. Placement is dependent on availability as some classrooms fill up quickly. Families should contact the child care director before submitting enrollment documents to ensure availability.***

***\*\*Many documents required for preschool enrollment are also required for preschool-age child care enrollment. We will therefore make copies of these forms for child care (after submitted to preschool) so that families are not required to submit duplicate forms. A child care enrollment form is required for all children.***

***If interested in any of the child care opportunities listed on this form, please contact David Gutierrez, Child Care Director, at (517) 853-0744 or by email at [dgutierrez@stgerardlansing.org](mailto:dgutierrez@stgerardlansing.org).***





# ST. GERARD CATHOLIC SCHOOL

4433 W. WILLOW HWY. · LANSING, MI · 48917

## Past Due / Non Payment

The success of Catholic school hinges upon the commitment of families to make Catholic education a financial priority. The school relies upon on time tuition payments to provide an excellent spiritual and educational program, while maintaining a balanced budget.

Unexpected situations can and do arise and we strive to work with families. If the event of unforeseen financial circumstances, **families are responsible** for contacting the Director of Operations and/or Principal as soon as possible to review the hardship and seek an agreeable alternative tuition payment plan.

The Parish/School does its best to both email and mail reminders to past due families. **Families have 24/7 access to our online payment system thru Blackbaud / Smart Tuition. It is the family's responsibility to make sure the account is kept current.** Communication from the Principal, Director of Operations, School or Parish is done as a courtesy and does not constitute approval or forgiveness of a past due balance. When payments are not made in accordance with the tuition agreement:

1. Parents will be notified in writing/email that tuition has become delinquent and that continued non-payment will jeopardize student enrollment.
2. A delinquent **payment fee of \$25.00** may be assessed for any tuition not paid within ten days of the due date.
3. At the discretion of the school, if tuition remains delinquent 30 days after it was due, the student will no longer be permitted to attend classes.
4. The parents, at any time in the process have the following options:
  - Pay the tuition.
  - Request tuition assistance via a payment plan.
  - Appeal in writing to the Principal and Director of Operations in cases of hardship. In consultation with the Pastor, a decision will be made regarding the appeal. The student will continue to be denied access to classes until the decision has been approved.
5. At the discretion of the school, if 50% or more of the tuition payments were delinquent in the prior year, the next year's tuition will be due, in entirety, before a student may begin a new year.
6. A \$15.00 fee will be assessed for any check returned for insufficient funds.
7. We reserve the right to turn any delinquent account over to a collection agency.

PHONE 517.321.6126 · FAX 517.323.8046 · WEBSITE [STGERARDLANSING.ORG](http://STGERARDLANSING.ORG)