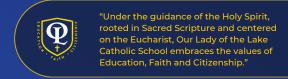




"Under the guidance of the Holy Spirit, rooted in Sacred Scripture and centered on the Eucharist, Our Lady of the Lake Catholic School embraces the values of Education, Faith and Citizenship."



Enrollment Required Forms & Information



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ENROLLMENT REQUIRED FORMS AND INFORMATION

The following 11 pages consist of required forms and information that you need to read and complete; they are as follows:

All Students

- Enrollment 3-Step Process
- Parish Certification Form
- Diocese of Kalamazoo "Protecting God's Children" Program
- Health Appraisal Form

Elementary only forms

- Early Childhood Testing & Screening Procedures
- Vision & Hearing Testing Requirement



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The Enrollment Process

Step One

Let's Meet

All potential Laker Families start their journey by meeting with one of our principals.

Preschool through 5th grade families should contact Principal Sherri Kirschner at 269-429-0227 or

skirschner@ollakers.org

6th through 12th grade families should contact Principal Anna Reed at 269-983-2511 or areed@ollakers.org **Step Two**

Apply

After you meet with one of our principals, it's time to complete our New Student
Application. We review applications and provide decisions based on factors such as grades, standardized tests, good standing with current school, parent and student interview with the Principal, and the online application.

See back for instructions

Step Three

Enroll

Once you have received your acceptance, we'll walk you through the enrollment process. Our Enrollment Guide provides comprehensive information, but don't get overwhelmed - we're here to help make

See back for instructions

the final paperwork easy.

"Under the guidance of the Holy Spirit, rooted in Sacred Scripture and centered on the Eucharist, Our Lady of the Lake Catholic School embraces the values of Education, Faith and Citizenship."



Your Enrollment Support Team



Principal
PK through 5th Grade
Sherri Kirschner



296-429-0227 skirschner@ollakers.org

Principal
6th through 12th Grade
Anna Reed



296-983-2511 areed@ollakers.org

Director of Admissions & Enrollment

James White



296-983-5520 jwhite@ollakers.org

Step 2 - Apply

- Go to https://ollakers.org
- Click on Admissions/Start new Student Application.
- Create a Login Account if you have not already done so.
- Enter all Application information.
- Don't forget to click on submit.
- After you have submitted your application, it will be sent to the building principal. Admission decisions are made on the following: Grades from recent report cards and/or standardized tests if applicable. Good standing with current school with special consideration given to discipline, attendance, and work habits if applicable. Parent meeting and student interview with Principal and Online Application.

Step 3 - Enroll

- Once OLL has approved your application for admission, you will receive an email from James White giving details on how to complete the enrollment process.
- When completing the online enrollment, be sure to hit "submit" at the end of the process.

For Assistance

Do not hesitate to contact anyone on the Enrollment Support Team if you
have any questions. We are here to help make the enrollment process easy.



Parish Certification Form



"Under the guidance of the Holy Spirit, rooted in Sacred Scripture and centered on the Eucharist, Our Lady of the Lake Catholic School embraces the values of Education, Faith and Citizenship."

Submit this form by February 28, 2023

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In order to receive the Catholic Parishioner Tuition Rate, this form is required by all families enrolling in the 2024-2025 Academic Year

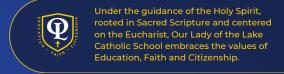
This is to certify	that	is a reg	istered family, at	tends mass regularly,
·	Family Name			
is	a contributing member o	f		Parish,
	and qualifies for the	contributing parisl	n member grant	
	Pastor's Signature		Date	
Family Name: _		Children Names:		
Address:				
	Parent Signature		Date	

By signing this form, you agree that you have read and understand the Letter from Fr. John Fleckenstein as this letter Identifies the requirements for receiving the Catholic Parishioner Tuition Rate.

This form must be signed by your pastor and returned to the Enrollment Management Office,
915 Pleasant Street, St. Joseph, MI 49085



Diocese of Kalamazoo Protecting God's Children Program



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TRAINING INFORMATION: REGISTRATION AND FAQs Required for all parents who have students attending OLL.

Per Diocesan policy, anyone who volunteers or works in any capacity at the parish or school level must complete the Protecting God's Children Program.

How To Create an Online Account and Register For A Session:

Please register online for an awareness session (Virtus training). If you do not have internet access, contact Juliana Sarno at (269) 983-5529. She will give you alternate sites you can use.

You need an email address. It will be used for the follow-up bulletins, if required to do continuing online training. If you do not have an email address, please let your supervisor or Juliana know. They will help you get a free email account at Yahoo! You may use noaddress@virtus.org for now.

Type <u>www.virtusonline.org</u> in your browser's address bar. Click the light green box labeled <u>"FIRST-TIME REGISTRANT"</u>. Select "<u>Begin the Registration Process</u>". Select "<u>Kalamazoo, MI</u>" (Diocese) as your organization.

Choose a user name and password you can easily remember. Try using your first and last name, no spaces and small letters. Click "<u>Continue</u>". Provide the information requested on the following page. Click "<u>Continue</u>" to proceed. Provide the requested information.

Select "Our Lady of the Lake Catholic School (St. Joseph)" where you volunteer or work. Select the "role(s)" that you serve within your organization. Please check all that apply. Additionally, if you have a title within your diocese, enter it in the box, i.e. Teacher, DRE, Catechist, Coach & etc.

Click "Continue" to proceed. Answer four yes/no questions. Click "Continue" to proceed. If you have already attended a Protecting God's Children Session, click "YES" otherwise click "NO".

- If you choose "<u>NO</u>" during the previous step, you will be presented with a list of upcoming sessions within your organization. When you find the session you would like to attend, click the "<u>circle</u>" next to the title.
- If you choose "<u>YES</u>" during the previous step, skip this step. If you chose "<u>YES</u>", you will be presented with a list of all sessions that have been held within your organization. Choose the session you attended by clicking the downward arrow and highlighting the session., then click "<u>Complete Registration</u>". You will see a message confirming that you have completed the registration process. If you have correctly entered your email address you will receive an email confirmation.



Diocese of Kalamazoo Protecting God's Children Program Continued

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FREQUENTLY ASKED QUESTIONS

Who has to attend the Protecting God's Children awareness program?

- All Clergy
- All employees of the Diocese of Kalamazoo and their parishes and schools
 All OLL Parents who have students attending OLL.

Why do I have to attend these sessions? I am not a threat to children!

- You are not being blamed for child sexual abuse. You are seen as the solution.
- You will be trained to identify the risks to children early enough to prevent child sexual abuse from occurring.

HEALTH APPRAISAL

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 II. 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 and dentist. (BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)

CH	ILD'	S NAME (Last, First, Middle)								D.	ATE OF BIRTH (mm/do	l/yy)	,	
											/	/		
AD	DRE	SS (Number & Street)	(City)						(ZIP Cod	de) To	ODAY'S DATE (mm/dd/	/yy)		
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PA	REN	T/GUARDIAN (Last, First, Mido	dle)							Н	OME TELEPHONE NU	MBI	ER	
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		especial # Is your child h												
	Yes	ջ ஜீ # Is your child h	aving any of the problems listed	d be	elov	v?			Birth History:					
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Г		□ □ 2 Hay Fever, Astl	hma, or Wheezing											
		□ □ 3 Eczema or Free	quent Skin Rashes											
Г								1						
H		□ □ 5 Heart Trouble						-						
\vdash		□ □ 6 Diabetes						-						
⊢			s, Sore Throats, Earaches (4 or mo		nor	V/00	r\	\dashv	Are there any current	or past diagnos	sis(es) Yes	¬ N		
\vdash			assing Urine or Bowel Movements		pei	yea	11)	\dashv	If yes, please describe		515(es) 🗆 1es L		10	
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⊢		□ □ 11 Menstrual Prob						_						
⊢		□ □ 12 Dental Problem			/									
l		□ □ Other (please desc	cribe):					-						
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□ □ Does your child take any medication(s) regularly?							If yes, list medications	s:						
	Rea	son for Medication							\$					
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-		Parent/Guardian	Signature Da	ate				-	☐ Yes ☐ No	Examiner's				
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2	Yes	Was child tested for:	Test results:	2	æ	占		-	Was child tested for:	Test results:		2	8	: 5
l		VISION	Visual Acuity						HEIGHT & WEIGHT	Height				
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	previously tested. All children under age six living in high-risk areas should be tested													
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PERSONAL

Statements such as "U	P-TO-DATE" or "COM		IMMUNIZATIONS sted. Admission to school may be denied	on the basis of this info	rmation.*		
VACCINES (Circle Type)	NES (Circle Type) DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)		IINISTERED D/YYYY		
Hepatitis B	1	3	Hepatitis A (HepA)	1	2		
(HepB)	2			1	3		
	1	4	Influenza (IIV/LAIV)	2	4		
DTaP/DTP/DT/Td	2	5	Meningococcal (MCV4 / MPSV4)	1	2		
	3	6	Human Papillomavirus	1	3		
Tdap	1		(HPV9/HPV4/HPV2)	2			
Haemophilus Influenzae	1	3		Type of Vaccine(s)	Date of Vaccine(s)		
type b (HIB)	2	4	OTHER Vaccines	1			
Polio	1	3	Specify Date & Type	2			
(IPV/OPV)	2	4		3			
Pneumococcal Conjugate	1	3	Indicate and attach physician diagnosis of	or laboratory evidence of	immunity as applicable		
(PCV7/PCV13)	2	4		<u> </u>			
Rotavirus (RV1/RV5)	1	3	*NOTE: According to Public Act 368 of 1 the first time must be adequately				
,	2		Exemptions to these requiremen				
Measles, Mumps, Rubella (MMR)	1	2	objections, provided that the wa delivered to school administrator				
Varicella (Chickenpox)	1	2	at your provider office for medica		gh your local health		
Varicella (Chickenpox) 1 2 department for nonmedical waiver forms. History of Chickenpox Disease? □ Yes □ No If yes, date: Parent/Guardian refused immunizations:							
I certify that the immunization dates are tru	-	ledae					
Tooling that the miniamization dates are the	ao to ane boot or my faron	.ougo			/ /		
Health Professional's Signature Title Date				Date			
No Yes	(R		COMMENDATIONS d Head Start/Early Head Start)				
	ing or other condition for	which the school could help I	by seating or other actions? If yes, please explain	า:			
	<u> </u>	<u> </u>					
☐ ☐ Should the child's activity be rest	ricted because of any phy	sical defect or illness?					
If yes, check and explain degree			☐ Gymnasium ☐ Swimming Pool ☐ Competi	tive Sports Other			
Other Recommendations							
	SECTION V. DEN	ITAL EVANAINATION	AND RECOMMENDATIONS (OPTION	ONALY			
	SECTION V - DEI	TAL EXAMINATION	AND RECOMMENDATIONS (OF TH	ONAL			
I have examinedchi	I have examined''s teeth. As a result of this examination, my recommendation for treatment is: child's name						
Dentist's Signature Date							
PHYSICIAN'S SIGNATURE							
		/ /					
Examiner's Signatu	re	Date	Examiner's Name (Print	or Type)	Degree or License		
			MI	,			
Number & Stree	t		City ZIF	P Code	Telephone		

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

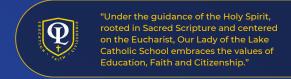
Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care 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.



Vision and Hearing Testing Requirement



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VISION AND HEARING TESTING REQUIREMENT

To parents of incoming preschool, transitional kindergarten and kindergarten students

It is required by law of the State of Michigan that all children be tested for vision and hearing prior to entry into transitional kindergarten or kindergarten. This testing may be done through your child's pediatrician during his/her annual check-up and immunizations prior to start of the school year. You may also go to the BCHD hearing and vision clinics (see attached sheet). Please be aware that some pediatricians do not check hearing and vision as part of the check-up so you will have to visit one of the clinics.

Our Lady of the Lake Catholic School requires that all children be tested for vision and hearing prior to entry into preschool. Every effort should be made to have the testing done prior to the first day of school. We encourage you to have your preschool child tested at one of the Health Dept. Clinics as most doctors will not do vision/hearing testing on children that young.

Please note: BCHD testing is done after the age of three. So, students registered for the OLL preschool need to be 3 before tested at any of the Health Dept. Clinics. Please do not go to any of the clinic dates listed prior to your child turning 3 as he/she will not be tested by the Health Department. Please do not call the Health Dept.

You may go to any of the clinic sites listed. The clinic is a free service of the Berrien County Health Department. Please remember it is the responsibility of the parents to see that hearing and vision are checked before the first day of school and that the school receives documentation of the screenings.

If your child attended preschool or transitional kindergarten at Our Lady of the Lake Catholic School during the 2023/2024 school year and was tested for vision/hearing prior to entry, he/she does not need to be tested again before entering transitional kindergarten/kindergarten. If your child attended preschool at Our Lady of the Lake Catholic School and was not tested for vision/hearing prior to entering, they must be tested before the beginning of the 2024/202 school year.

If you have any questions, please feel free to call the office at (269) 429-0227.



Early Childhood Screening Procedure & Age Requirements



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EARLY CHILDHOOD SCREENING PROCEDURE & AGE REQUIREMENTS

Screening procedures and age requirements for Preschool, Transitional Kindergarten and Kindergarten.

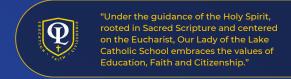
Grade	Age Requirement
3 Year Old Preschool	Must be 3 years old by September 1, 2024 Must be completely potty trained in order to attend.
4 Year Old Preschool	Must be 4 years old by September 1, 2024
Transitional Kindergarten	Must be 5 years old by September 1, 2024
Kindergarten	Must be 5 years old by September 1, 2024

Screening Procedures:

- Preschool students are not screened.
- All students registered for Transitional Kindergarten and Kindergarten will automatically be screened. You do not have to request screening. After the screening is completed, you will be notified of the results.
- If you do not register but request testing, there will be a \$50 nonrefundable testing fee.



Additional Information Pages



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ADDITIONAL INFORMATION PAGES

The following pages consist of additional forms and information, they are as follows:

- 2024-2025 Tuition Fee Schedule
- Ways to Reduce Tuition
- Tuition Reduction Incentive Program
- SCRIP Program
 - What is SCRIP?
 - SCRIP Enrollment Form
- Tuition Refund Policy
- After School Care Registration Form
- Volunteer Criminal Background Check Authorization Form
- Athletic Forms
 - MHSAA Medical History Form
 - Concussion Information Form



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2024-2025 Tuition Fee Schedule

Tuition Fee	3 Day Preschool	5 Day Preschool	Transitional Kindergarten	Grades K-5	Grades 6-8	Grades 9-12
Catholic Parishioner Tuition	\$3,340	\$4,450	\$6,290	\$6,290	\$7,050	\$8,030
Standard Tuition	\$4,450	\$6,075	\$8,675	\$8,675	\$9,175	\$9,940

• Tuition is non-refundable unless you qualify based on our Tuition Refund Policy. In that case, your enrollment withdrawal fee of \$200 per student up to a maximum of \$600 per family' will be assessed.

Multi Child Grant

- 3rd Child Enrolled: Family pays 60% of tuition.
- 4th and additional children: Family pays no tuition. A \$700 materials & technology fee for each child is required.

Tuition Fee Includes

- Book Fee
- Technology Fee
- Retreats



Under the guidance of the Holy Spirit, rooted in Sacred Scripture and centered on the Eucharist, Our Lady of the Lake Catholic School embraces the values of Education, Faith and Citizenship.

Athletic Fee

\$75 per sport / per student

• These fees will be paid for through the proceeds from the Annual Dr. Proos Laker Athletic Golf Classic Golf Outing.

Financial Assistance

- Financial Assistance is available but the budget is limited so get your application in early as the funds are awarded in the order the applications are received.
- To be eligible, families must have a K-12 student at OLL. Preschool students are eligible only if a K-12 sibling is also enrolled.
- OLL offers a simple and discreet process. Contact the Enrollment Management office with any questions at 269-983-5520.

Our Lady of the Lake Preschool Enrichment Rates (11:50 am - 2:50 pm)



Registration - To register for Preschool Enrichment, you must fill out the Enrichment portion section on the online enrollment registration form. Registration is limited to 10 students; we encourage parents to sign up early.

Billing - Parents are billed for Enrichment monthly, and receive statements prior to the month of the Enrichment Service.

Enrichment	2 Day	3 Day	5 Day
	Enrichment	Enrichment	Enrichment
Monthly Rate	\$170	\$250	\$410

After School Care Rates (2:50 pm - 5:00 pm)

Registration - To register for After School Care, grades PS-5th, you must fill out the After School Care Registration Form. Due to limited space, we encourage you to register even if you think you might only use After School Care once or twice during the school year. You may register at any time during the school year if space allows.

Registration Fees - There is a non-refundable registration fee of \$10/child (with a \$25 maximum/family). The registration fee payable for the current school year and must be paid at the time of registration in order to hold your student(s) spot in the After School Care program.

Billing - Parents will receive bi-weekly statements on Facts. Please check your account bi-weekly for the most recent billing.

After School Care Daily Rate

\$17

International Student Tuition

Application & Enrollment - Contact the Admissions and Enrollment Management Office to begin the application process. The International Student Tuition Rate does not include any hosting fees.

Billing - International student's tuition must be fully paid before attending Our Lady of the Lake Catholic School.

International Student Tuition 6th - 12th Grade

\$12,000

Making Tuition Affordable

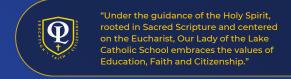
Every student benefits from the Lake Michigan Catholic School Fund's advancement efforts and our Parishes, who make up the GAP between the cost of educating each student and the actual tuition.

Financial Assistance is avail able and all families are encouraged to apply. Let us know how we can help you provide this valuable gift to your children.

Additional ways to reduce the cost of education include Multi Child Grants, Tuition Reduction Incentive Program (TRIP), SCRIP Program, and International Student Hosting.



Tuition Reduction Incentive Program



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TUITION REDUCTION INCENTIVE PROGRAM

Our Lady of the Lake Catholic School will provide a financial incentive in the form of a tuition credit of \$2,000.00 to current families for each new family with students to be enrolled in full day TK through 12th or \$1,000.00 to current families for each new family with students to be enrolled in our Preschool Program, during the 2024-2025 school year. The credit for new students will be applied to your account when the new student enters KE or above.

You have an opportunity to spread our mission:

"Under the guidance of the Holy Spirit, rooted in Sacred Scripture and centered on the Eucharist, Our Lady of the Lake Catholic School embraces the values of Education, Faith and Citizenship."

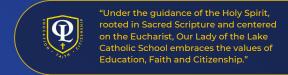
In doing so, you have an excellent opportunity to reduce your tuition for the 2024-2025 school year.

The Details:

- For each new family recruited into the Laker family in 2024-2025, current OLL families will receive a \$2,000 (Full day TK through 12th).
- For each new family recruited into the Laker family in 2024-2025, current OLL families will receive a \$1,000 (Preschool) credit. The credit will be applied to your account when the new student enters Full day TK or above.
- Credits are applied on a per family basis, not on a per student basis.
- The credit may be applied to tuition only. Other fees (where applicable) must be paid.
- Newly recruited families will be required to sign an affidavit identifying the sponsoring family to receive the tuition credit.
- Tuition credits cannot be transferred from one family to another without approval of administration.
- There will be no residual credit applied above and beyond the amount due for the 2024-2025 school year.
- The actual cash value of the tuition credit is zero dollars. Any benefits from the program are in the form of tuition credits for Our Lady of the Lake Catholic School.
- Families who have departed OLL and later decide to return are not eligible to be sponsored for the incentive.
- Full tuition credits will be awarded until the final count date in August for enrollment established by the Diocese of Kalamazoo. Credits will be pro-rated on the basis of remaining school days for families enrolling after this date.
- In the event of a split family (children in Our Lady of the Lake Catholic School and other districts) the admission of another child from the split family to Our Lady of the Lake Catholic School is not an eligible event for the incentive.



What is the SCRIP Program?



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What is SCRIP?

SCRIP is an ongoing program at Our Lady of the Lake Catholic School. In this program OLL is able to purchase gift certificates from numerous merchants at a discounted rate and then sell them to our participants at face value.

How will this program benefit my family?

100% of the profit earned by your family's participation can be directed to an area of your choosing.

What happens to profit generated?

Profits generated can be directed in a number of ways:

- · Your personal tuition account for next year
- · The tuition account of another OLL family for the next year
- The Parish of your choice
- Other (contact Business Office)
- · OLL general operating fund

How do I place a SCRIP Order?

SCRIP is ordered on Mondays. Place your order in one of 4 ways:

- · Send your order and payment to school with your child
- Fax your order at 983-4066
- Mail your order and payment to the OLL
- Business Office at 220 Church St., St. Joseph, MI 49085

Orders received by 8:30 a.m. on Monday are ready for distribution on Friday.

What is a standing SCRIP order?

For those customers who know they will be using a certain amount of SCRIP, (Bi-weekly or monthly) we can create a standing order. When you have a standing order, all you do is send your payment and your order will automatically be sent to you. Orders can be changed at any time by notifying the office at 983-5529.

Can family and friends purchase SCRIP and credit my account?

Yes! Just have your family and friends fill out a SCRIP enrollment form and attach it to their first SCRIP order. (These forms are available at the Business Office.)

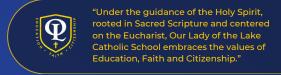
Putting off trying SCRIP?

We welcome all orders big or small. Just try ordering a small amount of SCRIP for your favorite grocery store, restaurant or gas station.

If you have any questions call 983-5529.



SCRIP Program Enrollment Form



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SCRIP Earnings Time Period

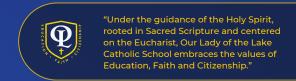
4/1/2024 through 3/31/2025

Family Name:		_	
Last Name			
Address:	City:	State:	Zip:
Daytime Phone #:	Eveninç	g Phone #:	
Direct my 100% credit to (Check On	ne):		
() My Personal 2025-2026 To () 2025-2026 Tuition Account () Parish () Other (Please contact the	nt of the		•
You may re-direct your credit at any form available through the Business		g and dating anothe	r enrollment
Signature:		Date:	
Future Families Only: Complete this section if your first child School.	is not yet enrolle	d in Our Lady of the La	ake Catholic
Projected Date of Enrollment:	Child's	Name:	
All credits generated will be held by the	e OLL SCRIP Proc	gram for future tuition	payments.

All credits generated will be held by the OLL SCRIP Program for future tuition payments. Credits will be applied to tuition due upon your 1st child being registered in the school. Should the child not be enrolled in the OLL System, all credits generated will be directed to the OLL general operating fund.



Tuition Refund Policy



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TUITION REFUND POLICY

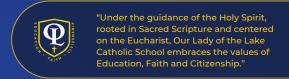
To facilitate sound budget practices, there will be absolutely no refunds of tuition, withdrawal or dismissal, granted to any family enrolled in the school. Except for students moving out of the service area of OLL, the obligation to pay fees and tuition remains unconditional.

Prorated tuition will be refunded to those families moving out of the service area (within 50 miles of 915 Pleasant Street, St. Joseph, MI) upon receipt of new school's request for transfer of student's records form. Enrollment Withdrawal Fee of \$200 per student up to a maximum of \$600 per family will be assessed.

In adherence of this policy, all families who have enrolled student(s) are bound by this policy.



After School Care Registration 2024-2025 Academic Year



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AFTER SCHOOL CARE REGISTRATION

Our Lady of the Lake Catholic School offers an outstanding After School Care program. This program runs from the end of the school day to 5:30 p.m. every full day of school. Under the direction of Mrs. Sue Zilke, this program provides a wonderful family environment with professional care, supervision, recreation and many enrichment activities for 3 and 4-year-old preschoolers and TK students who attend our afternoon Day Care and students in Kindergarten through Grade 5.

Activities are planned to nurture and promote growth within a Catholic environment. Gym or outside play, arts and music and time set aside for homework help are offered daily along with daily and weekly special events. This program also strives to promote strong feelings of worth in themselves, with each other and our environment in a caring and compassionate way.

The program cost for the 2024-2025 school year is \$17.00/child per day. The business office will bill on a bi-weekly basis through your Facts account and will be due one week later. You will receive an email notification when the bill has been posted. Payments to the program must match these statements. Payments can be made online through the payment portal at www.ollakers.org, or by sending cash or check to the elementary school office or business office downtown.

Registration is required and space is limited. There is a registration fee of \$10.00/child (\$25.00 maximum/family). This fee is to be paid at the time of registration and is non-refundable. The registration fee must be paid at the time of registration in order to hold your spot. We also encourage you to register now even if you think you might only use After School Care once or twice during the school year.

PLEASE NOTE THAT REQUESTS FOR DROP IN CARE MUST BE MADE 24 HOURS IN ADVANCE.

If you have any questions or concerns, please feel free to contact me at 429-0227 or szilke@ollakers.org.

Thank you,

Sue Zilke After School Care Coordinator



Child's Name

After School Care Registration 2024-2025 Academic Year

Part Time

2:50pm - 5:30pm

(Circle days Interest in)

Mon Tues Wed Thurs Fri

Mon Tues Wed Thurs Fri

Mon Tues Wed Thurs Fri

Continued

As

Needed

Basis

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Registration Fee: \$10.00 per child (\$25.00 maximum per family) Must be paid with Registration Form

Cost for After School Care: \$17.00/child per day

Grade

Please indicate below which program you are interested in for your child

Full Time

2:50pm - 5:30pm

(Yes/No)

		Mon Tues Wed Thurs Fri				
		Mon Tues Wed Thurs Fri				
Parent's name (s)						
Parent's signature						
Date						
For Official Use Only:						
Registration Fee (Non-refundable): \$10.00 per child or \$25 Maximum per family						
Date:	_ Amount Paid: 9					
Cash Check #	Pay Portal					



Volunteer Criminal Background Check Authorization Form



"Under the guidance of the Holy Spirit, rooted in Sacred Scripture and centered on the Eucharist, Our Lady of the Lake Catholic School embraces the values of Education, Faith and Citizenship."

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As a school, we value the safety of children in our care, our employees and volunteers and people whom we serve. We want to take prudent measures to protect our human and material resources. Therefore, the Diocese of Kalamazoo mandates that criminal history background checks be conducted for all employees and volunteers who have unsupervised contact with a child, the elderly or persons with disabilities. Please complete this form of basic information about you, which assures the best possible program and safety for all.

Please complete your responses to the following questions and return this form to the OLL Business Office, 220 Church St., St. Joseph, MI 49085 Tel: (269) 983-5529 Fax: (269) 983-4066

Name		*Date of Birth		*Sex	*Race		
Address		City		State	Zip		
Know by any other name(s) (i.e.) maiden		Driver License Nu	Driver License Number - Please send a copy of License.				
Home Phone		Work Phone		Cell Phone			
Position for which	you are applying or volu	ınteering					
If you have lived in	Michigan less than 7 ye	ars, fill our the sec	tions below:				
Number of Years in Michigan	ears If less than 7 years, previous residence(s) outside of Michigan						
	Street List additional addresse	City es on the back of fo		County	Dates		
If you have been employed outside the state of MI in the past 7 years, please provide Name, City, State of employer. They will not be contacted; however, a background check will be done in that state(s).		Name of Employer					
		City State					
		List additional employers on back of form					
		State		Social Security N	umber		

^{*} NOTE: Date of birth, race and sex are being requested only for purposes of identification in obtaining accurate retrieval of records.

To be a volunteer, you must complete the "Protecting God's Children" (Virtus) Training. Please see below to register.



Volunteer Criminal Background Check Authorization Form Continued

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Street		City	State	Zıp ———	County	Dates	
Street		City	State	Zip	County	Dates	
	Additiona	l employers out	tside of Michi	gan if les	ss than 7 yea	rs	
	Name of I	Employer					
	City			State			
	Name of I	Employer					
	City	State					
	Name of I						
orization						<u></u>	
e on me, to a oted for the or and will co esources of	assess whe position. T Insist of a c the Dioces	ether any reas hese inquirie criminal back	son exists the s will be ma ground che soo or a des	nat wou ade acc eck and ignatec	uld suggest cording to p l/or driving d outside fil	ackground are to t that I not be oractices of the h record check usi rm. The informatiosition.	
Iso any part	ty contacte n may be c	ed to furnish a	any and all	inform	ation reque	eck to be underta ested. A photocop oses of conductir	

MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old Student Name: Date of Birth: Doctor's Phone: _ Doctor: _ Date of Exam: _ - MEDICAL QUESTIONS - GENERAL QUESTIONS Has a doctor ever denied or restricted your participation in sports for any reason? Do you cough, wheeze or have difficulty breathing during or after exercise? Do you have any ongoing medical conditions? If so, please identify below: Have you ever used an inhaler or taken asthma medicine? □ Asthma □ Anemia □ Diabetes □ Infections □ Other: Is there anyone in your family who has asthma? Have you ever spent the night in the hospital or have you ever had surgery? Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ? - HEART HEALTH QUESTIONS ABOUT YOU Do you have groin pain or a painful bulge or hernia in the groin area? Have you ever passed out or nearly passed out DURING or AFTER exercise? Have you had infectious mononucleosis (mono) within the last month? Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? Do you have any rashes, pressure sores or other skin problems? Does your heart ever race or skip beats (irregular beats) during exercise? Have you had a herpes or MRSA skin infection? Has a doctor ever told you that you have any heart problems? Check all that apply: Do you have headaches or get frequent muscle cramps when exercising? ☐ High blood pressure ☐ Heart murmur ☐ Heart infection ☐ High cholesterol Have you ever become ill while exercising in the heat? ☐ Kawasaki disease ☐ Other: Do you or someone in your family have sickle cell trait or disease? Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram) Have you had any problems with your eyes or vision or any eye injuries? Do you get lightheaded or feel more short of breath than expected during exercise? Do you wear glasses or contact lenses? Do you wear protective eyewear such as goggles or a face shield? Do you have a history of seizure disorder or had an unexplained seizure? Do you get more tired or short of breath more quickly than your friends during exercise? Immunization History: Are you missing any recommended vaccines? - HEART HEALTH QUESTIONS ABOUT YOUR FAMILY Do you have any allergies? Has anyone in your family had unexplained fainting, unexplained seizures or near drowning? Have you ever had a head injury or concussion? Does anyone in your family have a heart problem, pacemaker or implanted defibrillator? Do you have any concerns that you would like to discuss with a doctor? Has any family member or relative died of heart problems or had an unexpected or unexplained sudden Have you ever received a blow to the head that caused confusion, prolonged headache or death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)? Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic Have you ever had numbness, tingling, weakness or inability to move your arms or legs right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia? after being hit or falling? **BONE AND JOINT QUESTIONS** Have you ever had an eating disorder? Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game? Do you worry about your weight? Have you ever had any broken or fractured bones, dislocated joints or stress fracture? Are you trying to or has anyone recommended that you gain or lose weight? Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches? Are you on a special diet or do you avoid certain types of foods? Do you regularly use a brace, orthotics or other assistive device? - FEMALES ONLY (Optional) Do you have a bone, muscle or joint injury that bothers you? Have you ever had a menstrual period? Do any of your joints become painful, swollen, feel warm or look red? How old were you when you had your first menstrual period? Do you have any history of juvenile arthritis or connective tissue disease? How many periods have you had in the last 12 months? Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)? CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT **EXAMINATION**: Height: Weight: ☐ Male ☐ Female Pulse Vision: R 20/ Corrected: Y MEDICAL NORMAI ABNORMAL MUSCUL OSKELETAL NORMAI ABNORMAL Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, Neck arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) Pupils Equal Eyes/Ears/Nose/Throat: Hearing Back Lymph nodes Shoulder/Arm Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) Flhow/Forearm Pulses: Simultaneous femoral and radial pulses Wrist/Hand/Fingers Lungs Hip/Thigh Abdomen Knee Genitourinary (males only) Leg/Ankle Lesions suggestive of MRSA, tinea corporis Skin: HSV: Foot/Toes Neurologic Functional Duck Walk RECOMMENDATIONS: I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below. BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING/DIVING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING Name of Examiner (print/type): ___ Date: **EXAMINER** ___ (Check One): MD ☐ DO Signature of Examiner: _ - - - (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) - -EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD Student: __ Grade: ____ Doctor: _

 IN EMERGENCY (1):
 Home #: (____)
 Cell #: (____)

 IN EMERGENCY (2):
 Home #: (____)
 Cell #: (____)

 Drug Reactions:
 Current Medications:

Allergies: _

PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE



Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are FOUR (4) signatures on this page 4 to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

WHITEHE BOOKERINGS		
Student Name:	FIRST	MIDDLE INITIAL
	FIRST	MIDDLE INITIAL
Student Address:street	CITY	ZIP
Gender: M F Age: Date of Birth:	Place of Birth (City/State):	
School:	Circle Grade: 6 7 8	3 9 10 11 12
Father/Guardian Name:		
Phone (home): (work):	(cell):	
Mother/Guardian Name:		
Phone (home): (work):	(cell):	
Email Address: Parent/Guardian/18-Year-Old:		
STILLENT PARTICIPATION & DA	ARENT or GUARDIAN or 18-YEAR-OLD CONSENT	
		avo rocoivod
he information submitted herein is truthful to the best of my knowledge. E oncussion educational information that meets Michigan Department		ave received
urther, in consideration of my/my child's participation in MHSAA-sponsore	ed athletics. I/we do hereby agree understand appreciate and a	cknowledge.
hat participation in such athletics is purely voluntary; that such activ		
ersonal injury associated with participation in such activities, which	n risk I/we assume; and that I/we agree to, and hereby waive an	y and all claims, suits, losses,
ctions, or causes of action against the MHSAA, its members, officers, rep ffiliates based on any injury to me, my child, or any person, whether beca		
hild's participation in an MHSAA-sponsored sport.	adoo of minoront hore, docudents, hoggingerioes, or earler moos, during of	anomy may non-mymny
we understand that I am/we are expected to adhere firmly to all establish	ned athletic policies of my school district and the MHSAA. I/we her	eby give my consent for the
bove student to engage in interscholastic athletics and for the disclosure		
etermining eligibility for interscholastic athletics. My child has my permiss		
Signature of STUDENT:		_ Date:
Signature of PARENT or GUARDIAN or 18-YEAR-OLD:		_ Date:
INS	URANCE STATEMENT	
Our son/daughter will comply with the specific insurance regula	ations of the school district.	
The student-athlete has health insurance: \Box YES \Box I	NO	
YES, Family Insurance Co:	Insurance ID #:	
additionally, I hereby state that, to the best of my knowledge, m	ny answers to the medical history questions (see reverse	e) are complete and correct.
Signature of PARENT or GUARDIAN or 18-YEAR-OLD: _		_ Date:
(DETACH HERE IF N	IEEDED TO ACCOMPANY STUDENT-ATHLETE)	
MEDICAL TREATMENT CONSENT: CO	OMPLETED BY PARENT or GUARDIAN or 18-YEAR	OLD
, an 18-year-old, or the p	parent or guardian of	

care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

__ Date: __

Signature of PARENT or GUARDIAN or 18-YEAR-OLD:

Concussion Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion.
 Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to or after a hit or fall

Symptoms Reported by Children and Teens

- · Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously
- while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

- 1. Remove your child or teen from play.
- 2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
- 3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to cdc.gov/HEADSUP





Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

${\sf O}$ I learned about concussion and talked with my parent or coach about what to do if I have a concus	ssion or other serious brain injury.
Athlete's Name Printed:	Date:
Athlete's Signature:	
O I have read this fact sheet for parents on concussion with my child or teen, and talked about what other serious brain injury.	to do if they have a concussion or
Parent or Legal Guardian's Name Printed:	Date:
Parent or Legal Guardian's Signature:	