ST. THECLA PRESCHOOL DOCUMENTS

Along with the attached documents, please also send in a copy of the following:

- Birth Certificate
- Baptismal Certificate
- Updated Immunization Record

20762 South Nunneley Road Clinton Township, MI 48035 586.791.2170 | www.stthecla.com

St. Thecla Catholic School Preschool Handbook Agreement



- I have received a copy of the Preschool Program Handbook
- I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures of the program
- I understand that the Preschool Program also abides by the school policies in the St. Thecla School Handbook

Please sign this acknowledgment form and return it to your classroom teacher at Orientation.



I have read the Preschool Program Handbook Agreement and agree to abide by the rules, procedures and principles stated.

Student Name:	
Parent Name:	
Parent Signature:	

Date: _____

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

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MDHHS/BCAL-3305 (formerly OCAL 3305/BRS-3305)

Rev. July 2015

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ad Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, include
dical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations sched
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Good Health Statement

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I	verify that my child,
(Parent/Guardian Name)	
	is in good health
(Child's Name)	
and his/her immunizations are up-to-date. I assum	e responsibility for my
child's state of health while at St. Thecla Catholic P	reschool.
The following activity restrictions apply to my child	:
1	
2	
3	
4	
(PRINT PARENT/GUARDIAN NAME)	
(PARENT/GUARDIAN SIGNATURE)	(DATE)
Reviewed and Updated:	
Date Parent/Guardian Initials	
	-
	-

Student's Full Name	Nickname
	/grade if a sibling)
Language(s) spoken in home	
Mother's Occupation	Father's Occupation
Previous day care or preschool experi child's experience.	ence? If yes, please describe your
Is your child fully potty trained (able	to clean self)?
Can your child: Button Sn	ap Zip
Can your child recite their first name	? Recite last name?
Do you have any concerns I should k Health concerns, allergies	now about, such as:
Emotional concerns, such as fe	ear and anxieties
	e me to know?
What are your expectations of the Pr	reschool program?
Who will be dropping off and picking	ng up your child?

WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs Bureau of Community and Health Systems

Child(ren)'s Name(s) (Last, First)	Center Name

A written information packet has been provided at the time of enrollment. The packet included all the following information:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
 - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
 - The licensing notebook is available to parents during regular business hours.
 - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at www.michigan.gov/michildcare.
- Other

I certify that I received all of the above items.

Parent/Guardian Signature

Date

Note: A single BCAL-4340 form may be used for all children in the same family.

BCAL-4340 (10-16) MS Word

LARA is an equal opportunity employer/program.

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK Child Care Organizations Act, 1973 Public Act 116 Michigan Department of Licensing and Regulatory Affairs

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at www.michigan.gov/michildcare.

I have read the above statement issued by	
	Name of Child Care Center
Child(ren)'s Name(s)	
Parent Name	
Parent Signature	Date

LARA is an equal opportunity employer/program.

BCAL-5053 (10-16) MS Word

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "<u>unknown</u>" or "<u>none</u>" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Date o Provider Use Only:	f Admission			Date of Discharge							
Name of Child (Last, F	First, Middle Initial)									Chil Birth	d's Date of
Address (Number and	I Street, Building/Apa	rtment Nui	mber)		Ci	ty			State	_	Code
Parent/Legal Guardia	n's Name		Hom (ne Phone)	Pa	arent/Legal G	uardian's N	ame (Opt	ional)	Home (Phone)
Home Address (if not	child's address)		Cell (Phone)	Ho	ome Address	(if not child	's address	5)	Cell Pł () ione)
City		State	Zip	Code	Cit	y		State		Žip Co	de
Email Address (option	al)				Er	nail Address					
Employer Name			Wor (k Phone)	Er	nployer Nam	e			Work F (Phone)
Name of Child's Phys	ician or Health Clinic					nysician's or l umber (Health Clinic)	s's Phone			
Hospital Preferred for Allergies, Special Nee				ditional sheets, if	nece	ssary.)					
Emergency Contact & possible, include at least second phone number c	t one person other than	the parents	/legal g	uardians to be conta	cted i	n an emergeno					
1.						()			())	
2.						()			())	
3.						()			())	
Release of Child Only: L	ist all individuals, other th	an the parer	nts/legal	guardians, to whom t	he chi	ld may be relea	ised. (If more i	ndividuals,	attach add	itional sh	neets.)
1.		()	2	2.				()		
3.		()	2	l.				()		
Parent/Legal Guardian I I give permis emergency medical for the I do not give emergency medical for the	sion to above named minor child permission to					Department of Li Department of Li	-				
I certify that I accurately	y completed this form and	d if anything	g change	es, I will notify the pr	ovide	r by updating t	his form.				
Signature of Parent or Gua	ardian					Da	te Signed				
Date Card Reviewed	Parent or Legal Guardian Initials	Date Caro Reviewed		Parent or Legal Guardian Initials		ate Card eviewed	Parent or Le Guardian Ini	-	Date Caro Revieweo		Parent or Legal Guardian Initials
LARA is an equal opport	unity employer/program.								AUTHORI 116COMP PENALTY:	LETION:	

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

ST. THECLA EARLY CHILDHOOD DISMISSAL RELEASE FORM

Parents: Please indicate below the people who are allowed to pick up your child from school. **Be** sure to include yourselves on this form. Upon dismissal, teachers will ask people picking up children to show ID to verify identity. Please be sure to tell everyone on this list to be prepared to show photo identification upon picking up your child. We cannot and will not release your child to anyone who is not on this list. Thank you for your understanding. ©

PARENT PERMISSION FORM

Dear Parent or Legal Guardian:

As part of our early childhood curriculum at St. Thecla, we visit various areas in our school building other than our early childhood classrooms. These activities will take place under the guidance and supervision of our early childhood teachers. Please sign your consent for your child to visit:

- Church
- Other St. Thecla meeting areas for various educational activities

Destination: St. Thecla (same building as the early childhood program)

Designated Supervisor of Activity: Classroom Teacher

Date(s) Permission Slip is Effective: 2020/2021 School Year

Student Cost: \$0

I hereby consent to participation by my child, ______, in attending the church, and other St. Thecla meeting areas for educational activities. I understand that these activities will take place on school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event.

(Print Parent's Name)

(Parent's Signature)

(Date)

Student Name:_____

St. Thecla Catholic School Handwashing

St. Thecla Catholic School early childhood program takes the health and welfare of our students seriously. Below is our health care plan.

Children and Staff Hand Washing:

Children must wash their hands before eating and after using the restroom. Adults must wash their hands prior to passing out food (even though they use food service gloves) and after using the restrooms. Hands must be washed as follows: wet hands, lather up with soap and rub for at least 20 seconds, rinse, and dry.

Handling Children's Bodily Fluids:

Caregivers must use gloves when handling children's bodily fluids. Gloves must be thrown away immediately after. Soiled clothing must be put in sealed plastic bags and given to the parents at dismissal. If clothing is placed in a backpack, caregivers **must** notify parents that soiled clothing is there in case they don't check.

Cleaning and Sanitizing All Toys and Surfaces:

All surfaces, including toys and tables, **must** be cleaned and sanitized using the three-step cleaning process with bleach and water (air drying).

Controlling Infection:

All children who are ill will be excluded from the early childhood program until they are feeling better. Any communicable diseases will be reported to the main office and a letter will be sent home to all parents, when applicable.

Name: _______ Signature: ______

Date: _____

St. Thecla Early Childhood

STAFF/VOLUNTEER SCREENING STATEMENTS

- I am aware of and understand that abuse and neglect of children is against the law.
- I have been informed of and understand the school's policies on child abuse and neglect.
- I attest that I will not abuse, neglect, shame, humiliate, harm, or mistreat the children that are placed in my care in any way.
- I understand that, as a caregiver, I am mandated by law to report any case of abuse and/or neglect of children to the Department of Human Services Agency Children's Protective Services within 24 hours.
- I have not been convicted of a crime other than a minor traffic violation.
- I have never been accused of or involved in a substantiated case of abuse or neglect of children.
- I consent to having a background check performed before I work with the children.

MT CLEMENS OFFICE:

Unit:	Daytime Phone:
Children's Protective Services	877-412-6109

After Hours Phone: 877-412-6109

Name

Signature

Name

Signature

Date

<u>Change of Clothing Waiver</u>

During the course of events in the Early Childhood Program, it may become necessary for your child to require changing their clothes. This may be due to one of various reasons ranging from a simple spill to vomiting or a bathroom accident. Children MUST be able to perform this task themselves with supervision. By signing this waiver you are agreeing to two things:

- 1. To supply a complete set of clothes (including socks and underwear) in a bag labeled with your child's name, to be kept in your child's backpack just in case they are needed, and to be replaced by the following school day in the backpack.
- 2. You are giving permission for St. Thecla staff members to be present to supervise your child as necessary.

Please be aware:

IF YOU DO NOT SIGN AND RETURN THIS WAIVER, YOU WILL BE CALLED AND REQUIRED TO COME TO THE SCHOOL AND ASSIST YOUR CHILD SHOULD THEY SOIL THEIR CLOTHING TO THE EXTENT THAT IT REQUIRES CHANGING.

I, the undersigned, agree to supply St. Thecla with a complete change of clothes for my child and to replenish items used by the next school day.

Print Name

Signature Date

I, the undersigned, give permission for St. Thecla school staff member to clean and change my child if circumstances arise in which the aforementioned becomes necessary.

Print Name

Signature Date

St. Thecla Preschool Behavior Policy Agreement

I have read the St. Thecla Preschool Behavior Policy described on pages 12 and 13 of the Preschool Handbook and the Preschool Behavior Rubric. I have discussed this with my child and agree to comply with the discipline policies and procedures of the St. Thecla Preschool Program.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Name Printed

	Behavior	1 st Time	2 nd Time	3 rd Time	4 th Time
Level 1	Lack of Self Control: excessive talking, making noises, obnoxious behavior	-Warning	-Warning -3-5 Minute Timeout	-Warning -5-7 Minute Timeout -Think Sheet	-Warning -Think Sheet -Contact parent -Silent Lunch
Level 2	Horseplay: play-fighting, grabbing, pushing, shoving, hitting, tripping or running in classroom Teasing: behaviors that would hurt the feelings or bodies of others, and name-calling	-Warning -3-5 Minute Timeout	-Warning -5-7 Minute Timeout -Think Sheet	-Warning -Think Sheet -Contact parent -Sent to Principal's office	-Warning -Think Sheet -Contact parent -Sent to Principal' office -Silent Lunch
Level 3	Disrespectful Behavior/ Defiance: arguing, shouting, refusal to follow directions, back-talk or walking away while a staff member is talking	-Warning -5-7 Minute Timeout -Think Sheet -Student/principal call parent	-Warning -Think Sheet -Contact parent -Sent to Principal's office for timeout	-Warning -Think Sheet -Contact parent -Sent to Principal's office for timeout -Silent Lunch	-Warning -Think Sheet -Contact parent -Sent to Principal's office for timeout & discussion -2 Silent Lunches
Level 4	Physical Contact: hitting, pushing, shoving, slapping, tripping, etc in an attempt to hurt others Stealing/Damaging Property: from students, staff or school facility	-Warning -5-7 Minute Timeout -Think Sheet -Student/principal call parent	-Warning -Think Sheet -Contact parent -Sent to Principal's office for timeout -Silent lunch	-Warning -Think Sheet -Contact parent -Sent to Principal's office for timeout & discussion -2 Silent lunches	-Warning -Think Sheet -Contact parent -Sent to Principal' office for timeout & discussion -3 silent lunches -Parent/Teacher Conference
Level 5	Severe Physical Contact: punching, kicking, fighting, spitting or similar behaviors	-Office Referral -Think Sheet -Student/principal call parent -Silent lunch -Parent conference	-Office Referral -Think Sheet -Student/principal call parent -2 silent lunches -Parent conference	-Office Referral -Think Sheet -Student/principal call parent -3 silent lunches -Parent conference	To be determined by Principal & Pastor

St. Thecla Catholic School Behavior Rubric – 3 Year & 4 Year Preschool

Photo Release

When preparing work for internal, external publications, or use on the Internet, parental permission is required for publication of their child's photo. It is required to have parental permission for photo publication. Names of students will not be used on Internet projects. Please review the information and return the signed document to school.

Thank You, <mark>Ms. Karwoski</mark>

SIGN AND RETURN TO SCHOOL (Please check the a	ppropriate box)
St. Thecla has my permission to publish a photo of my child for internal/external	publication and/or Internet publication.
(Please clearly print child's name)	
(Parent signature)	(Date)
St. Theole DOFS NOT have my normission to publich a photo of my shild for internal/or	tamal publication on the Internat
St. Thecla DOES NOT have my permission to publish a photo of my child for internal/ex	ternal publication on the internet.

(Please clearly print child's name)

HOW CAN YOU HELP YOUR CHILD

CONCUSSION FACT SHEET FOR PARENTS

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"



WHAT SHOULD FOUD DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

 SEEK MEDYCAC ATTENTION PIGNT AWAY, A health care muteraional will be able to decide how serious the commission is add when it is safe for your child to return to regular activities, including aports.

SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction

TAX IS

- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes



faith, education, and love for one another as members of God's Family."

DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.
- 2. KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

HEADS UP

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete a logical assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.

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JOIN THE CONVERSATION L www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).





CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and Students provided by _____

School/Parish

Student Name Printed

Student Name Signature

Parent or Guardian Signature

Parent or Guardian Name Printed

Student Date of Birth

Date

Date

Return this signed form to the School/Parish. The School/Parish must keep this on file for the duration of enrollment/participation and until age 25.

Students and parents should review and keep the educational materials available for future reference.





Date: September 2020

Name of Parent/Guardian:

Student Name(s):

As the parent/guardian of this student(s), I have read and agreed to the online version of Electronic Information Access and User for Educational Purpose Policy and the Parent Handbook for the 2020-2021 school year. St. Thecla School has taken precautions to prohibit access to inappropriate materials. However, I also recognize it is impossible for St. Thecla School to restrict access to all inappropriate or copyrighted materials and I will not hold them responsible for materials acquired on or through St. Thecla School Systems. Further, I accept full responsibility for supervision if and when my child's use of any School Systems is not in a school setting.

Users are responsible for attending appropriate training sessions in the use and care of all School Systems and should refrain from using any technology for which they have not received training. Users may be required to make full financial restitution for any damages to School Systems or unauthorized expenses incurred through the use of School Systems. I hereby give permission to issue a membership account to my child.

I acknowledge that I have read online and agreed to the terms of the updated Parent Handbook, Behavior Rubric, and expectations here at St. Thecla Catholic School.

Thank You, Ms. Karwoski

Please sign and return to the main office: Attention Ms. Karwoski Agreed and Accepted:

My signature on this document acknowledges that I have read online and agreed to the Electronic Information Access and User for Educational Purpose Policy, the Parent Handbook, and Behavior Rubric for the 2020-2021 school year. I agree to abide by its conditions:

X [Signature(s) of the parent/guardian]

[Date]

[Student(s) name and grade level]

20762 South Nunneley Road Clinton Twp., MI 48035-1698 (586) 791-2170 Fax: (586) 791-2356 <u>www.sthecla.com</u>

MEDICAL TREATMENT RELEASEFORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor:	Relationship to you:
Reason for which release is intended:	
Address of Minor:	City:
Emergency Phone(s):	
Family Physician:	Phone:
Physician Address:	City:
List allergies, medication, contract, or other pertin	ient comments:
5	
Health Insurance Data:	
Company:	Policy:
Group:	Contract:
I further authorize the person who presents the m Notice Privacy Rights that may be presented by t	

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician. I acknowledge that it is my responsibility to submit a new form if any of the above information changes.

Date:

Signed: ____

(Parent or Guardian)

HAPS-May 2017

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ARCHDIOCESE OF DETROIT ANNUAL PESTICIDE APPLICATION NOTIFICATION LETTER

Dear Parent or Guardian:

The St. Thecla Catholic School / day care center utilizes an Integrated Pest Management (IPM) approach to control pests. IPM is a pest management system that utilizes multiple techniques to prevent pests from reaching unacceptable levels or to reduce an existing population to an acceptable level. Pest management techniques emphasize pest exclusion and biological controls. However, as with most pest control programs, pesticides may also be utilized at our facility.

This notice has been provided in compliance with MCL324.8316 and must be provided before the beginning of the school year (for schools) or in September (for day care centers). We are also required to notify you of your right to review the IPM Plan and IPM records. An IPM plan and records are required for pesticide applications inside the school and daycare center, exclusive of sanitizer, disinfectant, germicide, and anti-microbial applications.

You also have the right to be informed prior to any application of a pesticide in or at the school grounds or buildings during this school year, with the exception of bait, gel, sanitizer, disinfectant, germicide, and anti-microbial applications. In certain emergencies, such as an infestation of stinging insects, pesticides may be applied without prior notice to prevent injury to students, but you will be notified following any such application.

At least 48 hours before an application, advance notification will be given by:

1) posting at commonly used entrances to the facility and

2) by one of the following

1. Posting on facility's website

Advance notification signs will be posted at the following commonly used entrances: The front door of the school.

The following individual is responsible for pesticide application procedures:

Telephone Number: (586) 791-2170

E-mail address (if available):

In addition to the above methods of notice, the parent/guardian is entitled to receive the notice by first-class U.S. mail postmarked at least 3 days before the application.

If you need prior notification, please complete the information below and return to Ms. Karwoski:

	PRIOR NOTIFICATION REQUEST	
PARENT NAME:		
STUDENT NAME:		
ADDRESS:		
DAY PHONE #:		
EVENING PHONE #:		
	: r to a scheduled pesticide application inside of the sc r to a scheduled pesticide application on the outside	
	ified during months when school is not in session.	

Signature

Date

Notification (July, 2009)



Annual Parent/Teacher Asbestos Notification

TO: Parents and Staff of St. Thecla Catholic School

DATE: September 1, 2020

St. Thecla has had an Asbestos Management Plan prepared in compliance with the USEPA Asbestos Hazard Emergency Response Act (AHERA). This plan and subsequent updates ae available for inspection Monday through Friday during normal school hours in the Main school Office.

A six-month Periodic Surveillance review, required by the AHERA regulation, was conducted by qualified personnel to re-evaluate the condition of asbestos containing materials at the facility.

The (Three-Year Re-inspection or Surveillance review) also evaluated Operations and maintenance procedures that will keep asbestos materials in good condition.

If you have any questions, please contact (Matthew Wozniak, Asbestos Coordinator), our designated person for asbestos activities.

20762 South Nunneley Road Clinton Twp., MI 48035-1698 (586) 791-2170 Fax: (586) 791-2356 <u>www.sthecla.com</u>