Thecla Catholic School

Preschool Document Packet

2026-2027

St. Thecla Catholic School

Important Reminders

- All documents in this packet must be completed, dropped off, and reviewed before your student will be able to attend school.

- Along with these documents, please remember that we must have a copy of
  - ✓ Birth Certificate
  - ✓ Baptismal Certificate
  - ✓ Updated Immunization Record

- Preschool paperwork may be dropped off in the school office or outside the office in the silver mailbox and is due August 3, 2026.

- Our official Meet Your Teacher is the Welcome Back Mass/Ice Cream Social on August 22, 2026.

- You cannot drop off this paperwork with your student on the first day. It MUST be reviewed by the staff before the student may start school.

20762 South Nunneley Road Clinton Twp., MI 48035-1698
(586) 791-2170 Fax: (586) 791-2356 www.stthecla.com

St. Thecla Catholic Preschool – Handbook Agreement

- I have received a copy of the St. Thecla Catholic 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 St. Thecla Catholic Preschool also abides by the school policies in the Preschool Program Handbook.

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

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

_____

Please clearly print student's name

_____ _____

Print Parent/Guardian Name Parent/Guardian Signature Date

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St. Thecla Catholic Preschool – Student Information Sheet

Student's Full Name: _____

Nickname: _____

Names of people the child lives with (age/grade if a sibling)

_____

_____

Language(s) spoken in the home: _____

Mother's Occupation: _____ Father's Occupation: _____

Previous daycare or preschool experience? If yes, please describe your child's experience.

_____

_____

Is your child fully potty trained (able to clean self)? _____

Can your child? Button: _____ Snap: _____ Zip: _____

Can your child recite their first name? _____ Recite last name? _____

Do you have any concerns I should know about, such as:

Health concerns, allergies

_____

_____

Emotional concerns, such as fear and anxiety

_____

_____

Is there anything else you would like me to know?

_____

_____

What are your expectations of the preschool program?

_____

_____

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We the community of St. Thecla Catholic School dedicate ourselves to serving God through our growth in faith, education, and love for one another as members of God's family.

MDHHS-3305, HEALTH APPRAISAL
Michigan Department of Health and Human Services (MDHHS)
(Revised 7-24)

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 1. Section 4 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).

SECTION 1 – 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 2 – HEALTH HISTORY

Yes	No	Resolved	Is your child having any of the problems listed below?	Birth History
☐	☐	☐	1. Allergies or Reactions (for example, food, medication or other)	
☐	☐	☐	2. Anaphylaxis	
☐	☐	☐	3. Does your child take any medication(s) regularly?	If yes, list medications
☐	☐	☐	4. Hay Fever, Asthma, or Wheezing	
☐	☐	☐	5. Eczema or Frequent Skin Rashes	
☐	☐	☐	6. Convulsions/Seizures	
☐	☐	☐	7. Heart Trouble	
☐	☐	☐	8. Diabetes	
☐	☐	☐	9. Frequent Colds, Sore Throats, Earaches (4 or more per year)	Are there any current or past diagnosis(es) ☐ Yes ☐ No

☐	☐	☐	10. Trouble with Passing Urine or Bowel Movements	If yes, describe
☐	☐	☐	11. Shortness of Breath	
☐	☐	☐	12. Speech Problems	
☐	☐	☐	13. Menstrual Problems	
☐	☐	☐	14. Dental Problems Date of Last Exam OR Date of Last Assessment	
☐	☐	☐	15. Other (describe)	

Reason for Medication

Concussion History

Parent/Guardian Signature Date

Was the health history reviewed by a health professional? Examiner's Initials

☐ Yes ☐ No

SECTION 3 - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Test and Measurements

Yes	No	Was child test for	Tests and results	Normal	Referred	Under Care
☐	☐	Vision	Visual Acuity	☐	☐	☐
		Date	Muscle Imbalance	☐	☐	☐
			Other	☐	☐	☐
☐	☐	Hearing	☐ Audiometer (R= Right, L=Left)			
		Date	☐ OAE (R= Right, L=Left)			
			☐ Other (R= Right, L=Left)			
☐	☐	Urinalysis	Sugar	☐	☐	☐
			Albumin	☐	☐	☐
			Microscopic	☐	☐	☐
☐	☐	Blood Lead Level	Level ug/dl	☐	☐	☐
		Date				

Note: 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.

☐	☐	Height & Weight	Height	☐	☐	☐
			Weight	☐	☐	☐
☐	☐	Other	Other	☐	☐	☐
☐	☐	Hemoglobin/Hematocrit	⇨	☐	☐	☐
☐	☐	Blood Pressure	Reading	☐	☐	☐

Complete pediatric tuberculosis risk assessment available at: https://www.michigan.gov/documents/mdhhs/4._MI_Pediatric_TB_Risk_Assessment_661537_7.pdf **OR** 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 4 – IMMUNIZATIONS

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

Vaccines (Select Type)	Date Administered (mm/dd/yy)		
Hepatitis B (HepB)	1.	2.	3.
	4.		
DTaP/DTP/DT/Td	1.	2.	3.
	4.	5.	6.
Tdap	1.		
Haemophilus Influenzae type b (HIB)	1.	2.	3.
	4.		
Polio (IPV/OPV)	1.	2.	3.
	4.	5.	
Pneumococcal Conjugate (PCV)	1.	2.	3.
	4.		
Rotavirus (RV1/RV5)	1.	2.	3.
Measles, Mumps, Rubella (MMR/MMRV)	1.	2.	3.
Varicella (Chickenpox), (Var, MMRV)	1.	2.	
Hepatitis A (HepA)	1.	2.	3.

Influenza	1.	2.	3.
(IIV/LAIV)	4.		
Meningococcal (MCV4, MenABCWY)	1.	2.	3.
Meningococcal B (Bexsero, Trumenba, MenABCWY)	1.	2.	3.
Human Papillomavirus (HPV)	1.	2.	3.

Additional Vaccines Specify Date & Type

Type of Vaccine(s)	Date of Vaccine(s)
1.	
2.	
3.	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable.

*__Note:__ 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.

History of Chickenpox Disease? If yes, date

☐ Yes ☐ No

☐ Parent/Guardian refused recommended immunizations at visit.

I certify that the immunization dates are true to the best of my knowledge

Health Professional Signature Title Date

SECTION 5 - RECOMMENDATIONS (Required for Child Care and Head Start/Early Head Start)

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other actions?

☐ Yes ☐ No

If yes, explain

Should the child's activity be restricted because of any physical defect or illness?

☐ Yes ☐ No

Check all that apply

☐ Classroom ☐ Playground ☐ Gymnasium

☐ Swimming Pool ☐ Competitive Sports ☐ Other

If yes, explain degree of restriction(s)

Other Recommendations

SECTION 6 - DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS

Child's Name

Type of Service
☐ Dental Exam ☐ Dental Assessment

Findings (Check all that apply)
☐ No findings ☐ Treated Decay ☐ Untreated Decay

Recommendations (Check one)
☐ Routine Care
☐ Referral for dental treatment
☐ Referral for urgent dental care

Provider Signature Date

Check one
☐ Dentist ☐ Dental Therapist ☐ Dental Hygienist

SECTION 7 - PHYSICIAN'S SIGNATURE

Examiner's Name (Print) Degree or License Telephone Number

Examiner's Signature Date

Address City State Zip Code
MI

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.

CHILD INFORMATION RECORD

State of Michigan - Department of Lifelong Education, Learning, and Potential - Child Care Licensing

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

For Provider Use Only:	Date of Admission	Date of Discharge

Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State	Zip Code
Parent/Legal Guardian's Name	Primary Phone ( )	Parent/Legal Guardian's Name (Optional)		Primary Phone ( )
Home Address (if not child's address)	2nd Phone (if applicable) ( )	Home Address (if not child's address)		2nd Phone (if applicable) ( )
City / State	Zip Code	City	State	Zip Code
Email Address (optional)		Email Address (optional)		
Employer Name	Work Phone ( )	Employer Name		Work Phone ( )
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ( )		
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and/or Special Instructions? No ☐ Yes ☐ If yes, explain: (Attach additional sheets, if necessary.)				

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	( )	( )
2.	( )	( )
3.	( )	( )

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	**( )**	**2.**	**( )**
3.	**( )**	**4.**	**( )**
5.	**( )**	**6.**	**( )**

Parent/Legal Guardian Initials:

_____I give permission to _____, licensed by the Department of Lifelong Education, Advancement, and Potential, to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

CCL-3731 (Rev. 6/7/2024) Previous editions 7-18, 4-21, & 3-22 may be used

WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

Child(ren)'s Name(s) (Last, First)	Facility's Name and License Number
	ST. THECLA PRESCHOOL AND EXTENDED DAY SCHOOL PROGRAM - DC500081819

A written information packet has been provided at the time of enrollment. The packet included all the following information *(R 400.8146 (1-2)):*

- 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, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook. (CENTER MUST CHECK ONE)

  ☒ The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.

  ☐ The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.

- Other _____

I certify that I received all of the above items.

_____ _____

Parent/Guardian Signature **Date**

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

LARA is an equal opportunity employer/program.

St. Thecla Catholic School

St. Thecla Catholic Preschool – Good Health Statement

I, _____ verify that my child,
Parent/Guardian Name

_____ is in good health
Student's Name

and his/her immunizations are up to date. I assume responsibility for my child's state of health while at St. Thecla Catholic Preschool.

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: _____

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Thecla Catholic School

St. Thecla Catholic Preschool – Photo Release

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

Thank you.

Ms. Karwoski

SIGN AND RETURN TO SCHOOL (Please check the appropriate box)

St. Thecla has my permission to publish a photo of my child for internal/external publication and/or internet publication.

Please select one:

☐ Yes ☐ No

St. Thecla has permission to use my child's picture in the yearbook.

Please select one:

☐ Yes ☐ No, do not put my child's picture in the yearbook
(your child's picture will not appear on the class page or on other pages of the yearbook).

_____

Please clearly print student's name

_____ _____

Print Parent/Guardian Name Parent/Guardian Signature Date

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St. Thecla Catholic Preschool – Parent Permission Form

Dear Parent or Legal Guardian:

As part of our Early Childhood curriculum at St. Thecla, we visit various areas other than our early childhood classrooms in the school building. 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: Current School Year
Student Cost: $0

**********STATEMENT OF CONSENT**********

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 regarding participation in this event.

Print Parent/Guardian Name	Parent/Guardian Signature	Date

Preschool Behavior Policy

The safety and education of your child are of the utmost importance to all involved in their growth and development. We have set up specific guidelines that will always be in effect in our classrooms. These are as follows:

- Follow directions the first time given.
- Keep hands and feet to yourself.
- Be kind to one another. We try never to hurt anyone on the inside.
- Clean up and put things away.
- Be a good listener – raise your hand.
- Use walking feet in school.
- Use “inside” voices.
- Be polite. Only one person at a time.

In order to guarantee your child and all the other students the positive learning climate they deserve, we will use a logical consequences approach to discipline. For example, if a child misuses a toy, the logical consequence would be that the child would lose the privilege of using that toy. If a child has difficulty interacting with others, he/she will be asked to spend some time away from the group. Often, this is so the child can calm themselves, re-group, and, within a few minutes, join their classmates again. If this system is ineffective for your child, we would like to sit down with you and set up an alternative discipline plan. **We believe positive reinforcement to be an effective alternative to discipline.**

15 Second Intervention

Pull the student aside privately. Use a calm voice. Don’t argue. Stick to the points below.

- I saw you _____. (Repeat to them what you saw and heard.)
- This is mean behavior.
- I would never let someone disrespect you, and it’s not okay to do what you did to _____ (other students).
- We don’t do that here.
- This needs to stop.

Thecla Catholic School

St. Thecla Catholic Preschool – Behavior Policy Agreement

I have read the St. Thecla Catholic Preschool Behavior Policy described in the Preschool Program Handbook. I have discussed this with my child and agree to comply with the discipline policies and procedures of St. Thecla Catholic Preschool.

_____

Please clearly print student's name

_____ _____

Print Parent/Guardian Name Parent/Guardian Signature Date

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St. Thecla Catholic Preschool –

School Staff/Volunteer Screening Statements

- I am aware of and understand that abuse and neglect of children are against the law.
- I have been informed of and understand the school's policy on child abuse and neglect.
- I attest that I will not abuse, neglect, shame, humiliate, harm, or mistreat the children who 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 not been accused of or involved in a substantiated case of abuse or neglect of children.
- I consent to have a background check performed before I work with children.

Mt. Clemens Office:

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

_____

Please clearly print student's name

_____ _____

Print Parent/Guardian Name Parent/Guardian Signature Date

_____ _____

Print Parent/Guardian Name Parent/Guardian Signature Date

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We the community of St. Thecla Catholic School dedicate ourselves to serving God through our growth in faith, education, and love for one another as members of God's family.

St. Thecla Catholic Preschool – Dismissal Release Form

Parents, please indicate below the people who can pick up your child from school. Be sure to include yourself 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.

_____

Please clearly print student's name

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

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St. Thecla Catholic School

St. Thecla Catholic Preschool – Change of Clothing Waiver

During the course of events in the Preschool 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 to St. Thecla Catholic Preschool 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 REQUIRES CHANGING.

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

_____
Please clearly print student's name

_____ _____
Print Parent/Guardian Name Parent/Guardian Signature Date

I, the undersigned, give permission for St. Thecla Catholic Preschool staff members to assist my child if circumstances arise in which the aforementioned becomes necessary.

_____ _____
Print Parent/Guardian Name Parent/Guardian Signature Date

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St. Thecla Catholic School

St. Thecla Catholic Preschool – Handwashing

St. Thecla Catholic Preschool takes the health and wellness of our students seriously. Below is our health care plan.

Children and Staff Handwashing:

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 body fluids and throw them away immediately afterward. Soiled clothing must be put in a sealed plastic bag given to 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 Infections:

All ill children will be excluded from the early childhood program until they feel better. The main office will be informed of any communicable diseases, and a letter will be sent home to all parents when applicable.

_____

Please clearly print student's name

_____ _____

Print Parent/Guardian Name Parent/Guardian Signature Date

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

CENTER MUST CHECK ONE

☒ The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.

☐ The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.

I have read the above statement issued by ST. THECLA PRESCHOOL AND EXTENDED DAY SCHOOL PROGRAM
Name of Child Care Center

Child(ren)'s Name(s):	

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.

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 the 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:

Name: Jeanette Markiewicz _____

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 #: _____

Please Check the Following:

- ❑ I wish to be notified prior to a scheduled pesticide application inside of the school building.
- ❑ I wish to be notified prior to a scheduled pesticide application on the outside grounds of the school building.
- ❑ Both of the above.
- ❑ I do NOT wish to be notified during months when school is not in session.

_____ _____

Signature Date

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 ST. THECLA PRESCHOOL AND EXTENDED DAY SCHOOL PROGRAM

School/Parish

Student Name Printed	Parent or Guardian Name Printed
Student Name Signature	Parent or Guardian Signature
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.

Catholic Schools
Teaching Minds. Reaching Hearts.

Some common symptoms

- Headache
- Pressure in the head
- Nausea/ vomiting
- Dizziness
- Balance problems
- Double vision
- Blurry vision
- Sensitivity to light
- Sensitivity to noise
- Sluggishness
- Haziness
- Fogginess
- Grogginess
- Poor concentration
- Memory problems
- Confusion
- "Feeling down"
- Not "feeling right"
- Feeling irritable
- Slow reaction time
- Sleep problems
- Appears dazed and stunned
- Disoriented or confused
- Forgets an instruction

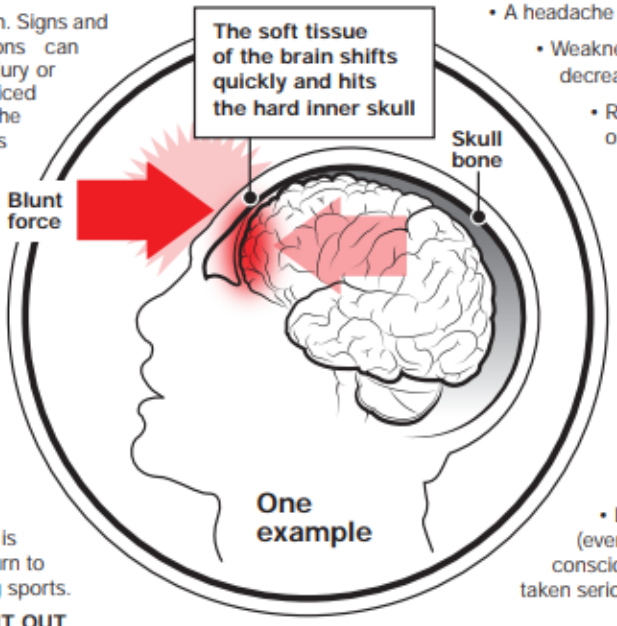
UNDERSTANDING Information for parents and students (Content meets MDCH requirements)

CONCUSSION

What is a concussion?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. It can also be caused by the shaking or spinning of the head or body. 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 concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away.



If you suspect 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 the student to return to regular activities, including sports.

2. KEEP YOUR STUDENT OUT OF PLAY

Concussions take time to heal. Don't let the student return to play the day of the injury and until a health care professional says it's OK. Students who return to play too soon-while the brain is still healing-risk a greater chance of having a second concussion. Repeat or second concussions can be very serious. They can cause permanent brain damage, affecting the student for a lifetime.

3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION

Schools should know if a student had a previous concussion. A students school may not know about a concussion received in another sport or activity unless you notify them.

Concussion danger signs

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

How to respond to a report of a concussion

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion.

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

Sources: Michigan Department of Community Health and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

!!! WHEN IN DOUBT...SIT OUT !!!

MEDICAL TREATMENT AUTHORIZATION AND RELEASE FORM

As parent/guardian, I authorize a school representative, in an emergency or urgent medical circumstances, to authorize the treatment by a licensed healthcare provider 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. I further authorize transportation of the minor by emergency medical services as deemed necessary by the attending healthcare provider or emergency personnel.

Name of Minor: _____ Relationship to you: _____

Date of Birth: _____

Reason for which release is intended: _____

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Child's Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

_____

_____

Health Insurance Data:

Company: _____ Policy: _____

Group No: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice of Privacy Rights that may be presented by the physician or health care facility. In case I cannot be reached, I authorize the healthcare provider to discuss the treatment plan with the school representative and authorize the release of the minor's health information to the school representative as necessary to coordinate care and respond to the emergency.

This authorization is completed and signed voluntarily 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)

_____ _____
Best Contact (cell phone(s), email) Parent Printed Name

Annual Parent/Teacher Asbestos Notification

TO: Parents and Staff of St. Thecla Catholic Preschool

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 are available for inspection Monday through Friday during normal school hours in the main school office.

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

The (Three-Year Re-inspection or Surveillance Review) also evaluated operations and maintenance procedures that will keep asbestos material in good condition.

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

20762 South Nunneley Road Clinton Twp., MI 48035-1698
(586) 791-2170 Fax: (586) 791-2356 www.stthecla.com