



Supported by: •Our Lady of the Lake Catholic Parish, Big Lake, •Sacred Heart Catholic Church, Wasilla, •St. Michael Catholic Parish, Palmer

OLV School Re-Enrollment Packet

Families must be up to date in paying tuition before submitting this form for next year's enrollment.

Please complete the following forms to update our school records. If you wish, you may fill out a complete packet obtained from our office or from Sycamore on our web site. You will be required to enroll in both the TADS program and Sycamore school management system when you bring this form to our office. [If you have not already been enrolled in both systems]. Please complete the below checksheet as a part of successfully enrolling in our school. When these are completed your family will be eligible for a prize drawing the last day of this school year.

Dear Families,

Welcome again to Our Lady of the Valley Catholic School as we begin our tenth year of educating and forming children in their Catholic faith. I am thankful to God for the supportive parents, the first educators of the faith; our generous donors, the unwavering support of Sacred Heart, Our Lady of the Lake, and St. Michael; and dedicated teaching and administrative staff. Finally, our greatest blessing is our wonderful and talented students who continue to excel academically and spiritually because of their tenacious desire to grow in faith and knowledge. We ask for God's blessings each school year as we nurture and educate our students in their quest for God's grace.

Joyce Lund
Principal

OLV uses the Sycamore School Management System and TADS.

Please set up your Sycamore & TADS user names & passwords when you bring this form to office.

Please check off below items as they are completed. *=required
 Registration Checksheet

The below page numbers are the pages from this re-enrollment packet.

	Necessary For Family or Individual Student	Page #
OLV Enrollment Form: Basic & Emergency Contact Information*	Family*	page 2
Tuition and Financial Information	Family	page 3
Tuition and Fees Contract*	Family*	page 4
<i>Note: Please complete, sign and date the Medical Information forms for each of your students, pages 5-6. Additional medical forms may be copied or are available from the OLV office.</i>		
Medical Information Form I*	Individual*	page 5
Medical Information Form II*	Individual*	page 6
Media Permission Form,- Electronics Policy, Homework Policy*	Family*	page 7
Appearance and dress code agreement	Family*	page 8
Family Share Hours Agreement, Parent Volunteer Organization*	Family*	page 9
Volunteer Ticket Sales, Parent Volunteer Organization [PVO]*	Family*	page 10
Volunteer Information, Family Talents & Interests	Family	page 11
Safe & Sacred Requirements, Dioceses Background Check Information	Family	page 12
Circle of Grace-Safe Environment Program for Children	Family	page 13
Co-Enrollment with the Mat-Su School District	Family	page 14
Guidelines for OLV Scholarship Applicants	Family	Page 15
School Year at a Glance Summary Yearly Calendar	Family	page 16
Materials & supply fee list provided by teacher each semester	Individual*	
\$100 Non-Refundable Registration Fee*	Family*	
Enrolled in Sycamore School and TADS Management Systems	Enrolled at our office or at home	

NOTE: A “Δ” symbol indicates a place for a required initial or signature.

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[1 FORM/FAMILY] ENROLLMENT APPLICATION-BASIC & EMERGENCY CONTACT INFORMATION EVERYONE: PLEASE FILL OUT STUDENT INFORMATION JUST BELOW THEN:

RETURNING FAMILY [fill out only the items that have changed eg. Name, grade entering, age now, sacraments etc.] PLEASE FILL OUT ITEMS 1-5 BELOW, THEN SKIP THE ITEMS THAT ARE THE SAME AS LAST YEAR.

Enrolled Child's Name (oldest to youngest) First Name, MI, Last Name	Grade Entering	Age Today	Date of Birth	Place of Birth City & State	Last School attended (if any)
1.					
2.					
3.					
4.					
5.					

Parent/Guardian #1 (Please Print Clearly)				Parent/Guardian #2 If address same as #1, check Box <input type="checkbox"/> SAME											
Name: Last		First		MI		Name: Last		First		MI					
Mailing Address: Street or PO Box,		City,		State,		ZIP		Mailing Address: Street or PO Box,		City,		State,		ZIP	
Contact Information						Contact Information									
Home Phone		Cell Phone		Preferred E-Mail		Home Phone		Cell Phone		Preferred E-Mail					
Work Phone		Workplace Name				Work Phone		Workplace Name							

If there are student custody or guardianship issues, please contact the OLV office and provide documentation.

Non-Parent/Guardian Emergency Contact #1				Non-Parent/Guardian Emergency Contact #2				<input type="checkbox"/> SAME			
Name: Last		First		MI		Name: Last		First		MI	
Relationship to Student						Relationship to Student					
Home Phone		Cell Phone		Work Phone		Home Phone		Cell Phone		Work Phone	

OTHER Authorized Drop Off / Pick Up Contact #1				<input type="checkbox"/> SAME		OTHER Authorized Drop Off / Pick Up Contact #2				<input type="checkbox"/> SAME	
Name: Last		First		MI		Name: Last		First		MI	
Brand, Model, Color, Year and License Plate of Vehicle						Brand, Model, Color, Year and License Plate of Vehicle					
Home Phone		Cell Phone		Work Phone		Home Phone		Cell Phone		Work Phone	

Special Services Received by your Children in Previous Schools:

Please check (√) all appropriate boxes. Put a big "NA" if there are no previous schools

What special services has your child received, or been referred for, while attending other schools?
 Occupational Therapy Modified Curriculum Title I Physical Therapy Speech Gifted/advanced ESL program
 I. E. P. Ind. Ed. Program

Yes No my child[ren] have been suspended (in school or out of school) or expelled.
 Yes No my child[ren] have had behavioral problems in previous schools

School[s] previously attended: _____
 Falsifying any information will result in automatic dismissal from OLV. Explain above, or list concerns of which classroom teachers should be aware: _____

Religious denomination:

Church Currently Attending: Church/City/State: _____

Catholic Sacraments Received by Child[ren] (if applicable) Please fill out names, check [√]

First Name	Last Name	Baptism>	no	yes	First Communion>	no	yes	If yes, church name/city/state

Student Heritage [Racial Background]: Please check (√) all appropriate boxes. (For NCEA purposes-This is Optional)

Alaskan Native Asian Hispanic
 American Indian Native Hawaiian/Pacific Islander Mixed Race [please check or list]
 African-American Caucasian

Δ I have done my best to insure the above information is accurate and true.

Signature: _____ Date: _____



1 Form/Family Tuition & Financial Aid Information

Our Lady of the Valley (OLV) strives to set a tuition rate that is affordable for families while ensuring the long-term financial stability of the school. Ideally Catholic school tuition covers at least 50% of the actual education costs; currently our tuition is covering 51%. To bridge the gap between tuition received and actual costs, we depend on the generosity of families, parishes and friends through a variety of fundraisers.

2018-2019 Tuition [does not include preschool] 3% increase & multifamily discount, 2%, 4%, 6%

<u>OLV</u> <u>Grades K-8</u> <u>Tuition</u>	<u>Monthly Payments</u> We require that all K-8 families participate in the TADS Tuition Payment Plan.	“Tuition Plus”, [No Fund Raising or Share Hour Obligations Required]	
		2 parent/guardian family**	1 parent/guardian family*
1 Child \$4,660	For a one time fee of \$45 paid directly to TADS you can set up this yearly payment plan. There is a 3 % tuition discount if the total bill is paid before August 15, 2018.	1 Child \$6,860	1 Child \$5,760
2 Children \$9,140		2 Children \$11,340	2 Children \$10,240
3 Children \$13,420		3 Children \$15,620	3 Children \$14,520
4 or More Children \$17,530		4 Children \$19,730	4 Children \$18,630
Families <u>must fund raise</u> an additional * or **		But “Tuition Plus” <u>does not include</u> any fees or other expenses. See Parent/Guardian handbook, page 11	

*Single parent/guardian family--fund raise at least \$600 and do at least 20 share hours/year or pay \$500 for share hours for a total of \$1,100.
 **Two parent/guardian family--fund raise at least \$1,200. and do at least 40 share hours/year or pay \$1000 for share hours for a total of \$2,200.

Full Year payment is due August 15, 2018. Half year payments are due August 14 and January 14, 2017.

Monthly payments are due Starting August 15, and due on the 15th of each month thereafter. Contact our office if you need to set up other payment plans or dates. Multi-child discounts are available for siblings in an immediate family only-2% for 2 students, 4% for 3 students, 6% for 4 or more students. Written quarterly report cards will not be given to those who are delinquent in paying their tuition. Students who are not up to date with tuition payments at the end of the first semester will be asked to leave our school.

The cost to educate one child at OLV for the current school year is approximately \$9,100. This means that the school must raise an additional \$4,440. per student in order to operate.

A 3% discount is offered to families paying full tuition prior to the start of school. The discounted one-time payment is offered until August 15th, 2018 .

All tuition and fees must be paid from the previous year or the student[s] are not allowed to re-enroll in OLV.

OLV has partnered with Tuition Aid Data Services (TADS) for two services:

[1] Tuition Management & Collection Plan Setting up a **Tuition Management & Collection Plan** is required for all families and is easy and can be done when you turn in your registration form or by going to www.tads.com. You will receive a Tuition Payment Agreement directly from TADS, via email during, on or about, the month of July, where you can select your payment options. *(There is a one-time processing fee of \$45 paid to TADS for their payment options)*. A payment plan [contract] must be in place before your child(ren) will be allowed to begin class. [see page 4]

[2] Financial Tuition Assistance OLV has a limited amount set aside for financial tuition assistance. Those families who are active members of Sacred Heart, St. Michael’s or Our Lady of the Lake are given first preference of receiving tuition assistance followed by currently enrolled families and then all other families. The maximum tuition assistance awarded is 50% percent of the family rate. The award process is determined by the acting principal. Your complete financial aid application should be received by TADS **by June 1, 2018** to qualify *(there is a \$35 financial assistance processing fee paid to TADS)*. Families must submit data through TADS for consideration for **scholarships**. Please contact the school if you have any questions regarding tuition or financial tuition assistance. Families applying for financial assistance, scholarships, and tuition reduction must be registered and be using the Sycamore share hours register.

It should be understood that inconsistent, unexcused absences or tardiness and non participation in fund raising/share hours may result in revocation of financial assistance and/or scholarships. There is also a possibility of reducing some tuition obligations after volunteer hours have been completed. Contact our office for details. See page 15. Depending on funding, there may be some **other special scholarships available**. See pages 5 & 14.



[1 Form/Family] Tuition Information & Tuition/Fees Contract [REQUIRED]

I have reviewed the tuition rate information on page 3 Yes No

Payment is required in advance of attendance at our school. Payment may be made by credit card [add 3% processing fee for monthly transactions] check or cash. See financial assistance page [handbook, page 10] for financial assistance information.

Student #1	First Name	Last Name	Gender	Grade	Age
Student #2	First Name	Last Name	Gender	Grade	Age
Student #3	First Name	Last Name	Gender	Grade	Age
Student #4	First Name	Last Name	Gender	Grade	Age
Student #5	First Name	Last Name	Gender	Grade	Age

Parent/Guard. #1	First Name	Last Name	Best phone #	e-mail
Parent/Guard. #2	First Name	Last Name	Best phone #	e-mail

Please select one plan for TUITION PAYMENT, check one option and list your estimated yearly total.

<input type="checkbox"/> Monthly	by	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card [+3% monthly processing fee]	<input type="checkbox"/> TADS	Yearly Total \$	<input type="text"/>
<input type="checkbox"/> Half Year	by	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> TADS	Yearly Total \$	<input type="text"/>
<input type="checkbox"/> Full Year	by	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> TADS	Yearly Total \$	<input type="text"/>

The optional **EXTENDED DAY PROGRAM @ \$5/hr.** Please check one option. [No or Yes]

No, I am not interested Yes, I am interested in my child[ren] enrolling in the extended day program

If yes, see and please fill out the below information.

Regular School Hours: start at 8:15 AM and end at 3:15 PM.

Extended daily hours from 7 AM – 8:15 AM and/or 3:15 – 5:30 PM @ \$ 5.00/child per hour, \$8./hour for 2 students, \$10/hr for 3 students., \$12/hr for 4 students. Please check one below and indicate how you will make payment.

Pay as you go Invoiced monthly Estimated Yearly Total \$

Will pay by Cash Check Credit Card [+3% monthly processing fee]

We are looking for volunteers to prepare meals for the lunch program. The extent of this lunch program will depend volunteers. If there is a program and if a student wishes to participate in the **optional Tuesday /Thursday lunch program @ \$5/meal**, fill out the following information. Please check one option.

No, I am not interested Yes, I am interested in my student[s] participating in the hot lunch program if we have one. Please check one option below and indicate how you will make payment.

Monthly Pay as you go Advanced Deposit Estimated Yearly Total \$

Will pay by Cash Check Credit Card [+3% monthly processing fee]

I have paid my Family non-refundable registration fee of \$100. yes no

I understand that accounts that are over 30 school days delinquent may result in my child being dropped from OLV. I agree to meet the terms of this agreement to enable my student[s] to attend OLV.

△ Printed Name: _____ Signature: _____ Date: _____

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Individual Student Medical Information Form I [REQUIRED]

One form for each student.

FY 19

RETURNING STUDENTS ONLY

Enrolled Child's Name				Grade	Age Now	Birthdate	Gender	Is current medical information the same as last year? -check one [✓]
First Name	MI	Last Name						
								YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, skip out the bottom and sign. If NO, fill out the form or new information, and sign at the bottom.

Parent/Guardian #1 (Please Print Clearly)				Parent/Guardian #2 If address same as #1, check Box				SAME	
Name: Last		First		Name: Last		First		MI	
Mailing Address: Street or PO Box,		City	State	ZIP	Mailing Address: Street or PO Box		City	State	ZIP
Contact Information				Contact				If same as #1, check Box	SAME
Home Phone	Cell Phone	Preferred E-Mail		Home Phone	Cell Phone	Preferred E-Mail			
Work Phone	Workplace Name			Work Phone	Workplace Name				

If there are student custody or guardianship issues, please contact the OLV office and provide documentation.

Non-Parent/Guardian Emergency Contact #1			Non-Parent/Guardian Emergency Contact #2		
Name: Last	First	MI	Name: Last	First	MI
Relationship to Student			Relationship to Student		
Home Phone	Cell Phone	Work Phone	Home Phone	Cell Phone	Work Phone

FAMILY DOCTOR AND EMERGENCY TREATMENT INFORMATION

FAMILY DOCTOR'S NAME: _____ PHONE: _____

I give permission for my child to be transported by ambulance [after calling 911] if I cannot be located and immediate medical attention is necessary. I give permission for my family doctor or a qualified physician to treat my child. I will assume financial responsibility. YES NO

I give permission for an OLV staff to administer minor first aid treatment to my student[s]. YES NO

CHILD'S MEDICAL HISTORY: Has your child ever had or has now? [Check [✓] and date all that apply.]

Head Injury/Concussion <input type="checkbox"/>	Rheumatic Fever <input type="checkbox"/>	Scoliosis/Back Curvature <input type="checkbox"/>
Epilepsy/Seizures <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Substance Abuse Treatment <input type="checkbox"/>
Hearing Problems <input type="checkbox"/>	Leukemia/Cancer <input type="checkbox"/>	Behavior/Emotional Problems <input type="checkbox"/>
Frequent Ear Infections <input type="checkbox"/>	Thyroid Problems <input type="checkbox"/>	Depression <input type="checkbox"/>
Ear Tubes/Problems <input type="checkbox"/>	Kidney/Bladder Problems <input type="checkbox"/>	Eating Disorder <input type="checkbox"/>
Vision Problems <input type="checkbox"/>	Ulcer <input type="checkbox"/>	Hyperactivity/ADD <input type="checkbox"/>
Asthma <input type="checkbox"/>	Mononucleosis <input type="checkbox"/>	Coordination Problems <input type="checkbox"/>
Pneumonia <input type="checkbox"/>	Chicken Pox <input type="checkbox"/>	Frequent Bedwetting <input type="checkbox"/>
Tuberculosis <input type="checkbox"/>	Skin Disease/Eczema <input type="checkbox"/>	Allergies <input type="checkbox"/>
Heart Problems <input type="checkbox"/>	Bone/Joint Problems <input type="checkbox"/>	Other: <input type="checkbox"/>

Newly enrolled students from a foreign country must submit a current physical exam.

I have submitted a copy of my child's Health & Immunization Records & Birth Certificate to OLV office.

Δ Parent/Guardian Signature: _____ Date: _____



Individual Student Medical Information Form II [REQUIRED]

Enrolled Child's Name			Is current medical information the same as last year? -check one [✓]
First Name	MI	Last Name	
			YES <input type="checkbox"/> NO <input type="checkbox"/> If YES , skip to the bottom and sign. If NO , fill out the new information and sign at the bottom.

MY CHILD HAS or HAS HAD: [Check (✓) all that apply and explain.]

1. Allergies: _____ Reactions: _____
 2. Surgery for: _____ Date: _____
 3. Hospitalized for: _____ Date: _____
 4. Dr. Prescribed Medication: _____ Date: _____
 5. Current Flu Shot _____ Date: _____

6. Does your child take medication regularly? No Yes, If yes, how often, please explain

7. Do you have other specific concerns not covered above? No Yes, If yes, please explain

Immunizations: You will be notified when your child needs additional immunizations as required by Alaska State Law Title 4 AAC 06.055.

Release of Health Information: I give the Administrative Secretary permission to share health related information regarding my child to other school personnel on a need to know basis.

TB Skin Test: I understand that my child will need a TB Skin Test at intervals as required by Alaska State Law Title 7 AAC 27.213 during the period they are enrolled in the school unless documentation is provided showing negative results in the previous six months or positive results from a PPD test. (kindergarten & 7th grade students)

Has your child ever had a positive reaction to a TB Skin Test? Yes No

If yes, date of result: _____ If yes, date of last chest X-Ray _____

I give permission for the following medicines to be administered to my child when necessary:

[Check (✓) all that apply.] [Note: all medications must be in original containers]

- | | |
|--|--|
| <input type="checkbox"/> Acetaminophen [Tylenol etc.] | <input type="checkbox"/> Antacid [Tums/Roloids etc.] |
| <input type="checkbox"/> Ibuprofen [Motrin/Advil etc.] | <input type="checkbox"/> Doctor prescribed medication [see # 1, 4, 5, above] |
| <input type="checkbox"/> Antihistamine [Benadryl etc.] | <input type="checkbox"/> Other: |

In case of an emergency a parent/guardian will be contacted immediately. If the parent/guardian cannot be reached, other contacts from your child's Medical Information Form I will be called. If no one can be reached and the child needs medical assistance, the physician listed on page 5 [Medical Information Form 1] or 911 will be called. Fees for medical services are the parent's responsibility. Our protocol is to call 911 or take the child to the nearest medical facility if we are ever in doubt of whether or not a child needs medical assistance.

Parent/Guardian Signature: _____ Date: _____



[One form/family]

Picture/Social Media Permission Form [THIS PAGE IS REQUIRED]

I give Our Lady of the Valley School permission to use video, media and/or pictures of my child(ren) in: (Please Δ **initial** in all the box[es] that apply, place a **dash “-“** by the items you refuse to initial.)

Parent/Guardian/Printed Name _____	Media Information Release Category. Please initial all appropriate boxes				
	1	2	3	4	5
Enrolled Child Names ↓	Δ OK to use on OLV webpage [no names used]	Δ OK to use on OLV Facebook & YouTube. No names used except for first name for birthday wishes and congratulatory purposes.	Δ OK to use on OLV newsletter and newspaper articles to promote school [first name only].	Δ OK to use on OLV calendars, slide shows Fundraisers [first name only]	Δ I DECLINE PERMISSION to allow use of videos/pictures of m child of any kind.*

*By initialing box [5], your child will not be included in any photographs of a group, individually, or videos. [The student will be asked to sit aside when media is being prepared.]

Δ Parent/Guardian Initial: Δ Parent/Guardian signature: _____ Date: _____

OLV Personal Electronics Policy

Computers & Electronic Notebooks are available for students to use **while at school**. Laptop computers are available to our Students at our school. Kindle Fire notebooks are also available for students to use throughout the school. They are intended for classroom instructional use, promoting effective study habits, providing resources for research and supporting our math and language curriculum. Students may bring personal computers/i-pads, etc. to school **only** with the approval of the teacher. The teacher will stipulate which sources of the web are suitable for use at OLV [and those that are not acceptable]. Unauthorized use of web sources and texting on any electronic device before, during or after school on campus will result in web or electronic device use restriction.. **While at home**, parents/guardians are strongly encouraged to closely monitor student use of the WEB.

Possession of cell phones, MP3 players, or other personally owned electronic devices: Student electronics which are brought to school are to be turned in to their teacher promptly upon arriving to school or school events. Failure to observe this rule will result in the confiscation of the item. The first time an item is confiscated, it will be returned to the student at the end of the day. The second time an item is confiscated, it will not be returned until after a conference with parents/guardians.

I AGREE TO THE SUPPORT AND FOLLOW THE PERSONAL ELECTRONICS POLICY.

Δ Parent/Guardian Signature: _____ Date: _____

OLV Homework Support Policy

Student completion of homework is an important part of successful education at OLV. I agree to support and help, if necessary, my student[s] in timely completion of assigned homework.

I AGREE TO THE SUPPORT AND FOLLOW THE HOMEWORK SUPPORT POLICY.

Δ Parent/Guardian Signature: _____ Date: _____



[One form/family]

APPEARANCE CODE & UNIFORMS

Uniforms are checked every day by the classroom teacher. If your child is not in uniform including proper haircut, shoes, length of jumper/skirt, etc., the child's Parent/Guardian may be called to bring such items to school and/or to pick up your child. No logos other than OLV allowed. Generally speaking, purchasing uniforms for our private school is cheaper than purchasing clothing for public schools. You may purchase items locally or use www.Landsend.com. Our school code is 900124652. There are some "out grown" uniforms available at no cost. Contact our office. We encourage parents/guardians to donate their child's outgrown uniforms for others to use, when possible.

Uniform Attire:	Male Student:	Female Student:
ALL DAYS	<ul style="list-style-type: none"> •Neat and clean appearance – conservative hairstyles, no hair colors or dyes. • No Mohawks or cut-in designs •No stud earrings, tattoos or stick-ons. •No hats, caps, or hoods. •Deodorant required for grades 5 through 8. •All pants and shirts to be ironed •No manufactured slits or holes in pants 	<ul style="list-style-type: none"> •Neat and clean appearance – conservative hairstyles, no hair colors or dyes. Hair must be brushed. •Headbands, barrettes or hair ties to match uniform. •Clear nail polish & chap stick permitted. No makeup. •No large earrings or necklaces. •No tattoos or stick-ons. •No hats, caps, or hoods. •No manufactured slits or holes in pants. •Deodorant required for grades 5 through 8. •All pants, skirts, jumpers and shirts to be ironed. •Skirts/Jumpers no shorter than 2" above the middle of the knee
Monday, Tuesday and Thursday	<ul style="list-style-type: none"> •Pants – Navy or Khaki/Beige-ironed •Shirts –all ironed. Cotton polo: Navy, White or Light Blue Turtleneck: Navy, White or Light Blue Dress: White or Light Blue •Sweaters – Navy •Socks – White or Dark Colored •Shoes – Black/Dark Colored or Sneakers, no fluorescent shoes or bright laces or treads •OLV sweatshirts are permitted on cold days 	<ul style="list-style-type: none"> •Pants – Navy or Khaki/Beige-ironed •Shirts –all ironed Cotton polo: Navy, White or Light Blue Turtleneck: Navy, White or Light Blue Blouse: White or Light Blue •Sweaters – Navy or White •Socks – White or Dark Blue/Black •Shoes – Black/Dark Colored or Sneakers, no fluorescent shoes or bright laces or treads •Dresses/skirts/jumpers – Navy or Khaki/Beige with white tights, knee high socks or leggings. •OLV sweatshirts are permitted on cold days.
Wednesday	All above and OLV shirts/sweatshirts. No jeans.	All above and OLV shirts /sweatshirts. No jeans.
Friday & Special Occasions [Sunday Masses & Special Performances]	<ul style="list-style-type: none"> •Pants – Navy or Khaki/Beige –ironed, no jeans •Belt- Black or Dark Brown •Shirt – Dress: White or Light Blue-ironed •Tie - Navy •Sweater/Blazer – Navy (optional) •Socks – Dark Colored •Dress Shoes – Black 	<ul style="list-style-type: none"> •Skirt/Jumper – Navy or Plaid - ironed •Blouse – White -ironed •Tie - Navy or Plaid Girls Tie or Boys Clip on tie •Sweater/blazer – Navy (optional) •Socks – White Knee High Socks or Tights •Dress Shoes – Black or Navy (no heels) •No jeans

I accept and will support the uniform and appearance requirements:

Student First Name[s]:				
------------------------	--	--	--	--

△ Printed Parent/Guardian Name

Parent/Guardain Signature

Date



[1 Form/Family] Share Hours Agreement Parent Volunteer Organization

Each **two** parent/guardian family (TPF) at OLV is required to perform 40 hours and 20 hours for a **single** parent/guardian family (SPF) of service to the school. Hours spent performing the following types of activities qualify as meeting the mandatory “Share Hours” requirement. It is recommended that families participate in several different activities. Being active in the school is a great way to meet other families and establish lifelong friendships. Being active in the Parent Volunteer Organization [PVO] is a key to helping this school be successful.

- | | |
|---|---|
| <ul style="list-style-type: none"> • Serve as PVO or Fundraising Chair / Co-Chair • Shopping for school supplies, needs, etc. • Helping with building and grounds maintenance • Uniform maintenance / Recess Duty/Box Tops • Developing class materials at home • Assist at Poker Night fund raising activity | <ul style="list-style-type: none"> • Driving for Extended Activities [Field Trips] • Assisting a teacher in the classroom • Assist at Dinners and Auction • Assist with the Hot Lunch Program • Prepare food at home for snacks or hot lunch. • Assist at spring plant sale fund raising activity |
|---|---|

A “Share Hours Register” is on the Sycamore Web site keeping track of share hours beyond the expected 40 TPF (20 SPF) hours is important. At least 20 TPF (10 SPF) hours need to be completed by the end of first semester while the remaining 20 TPF (10 SPF) hours are to be completed before the end of the school year. This demonstrates the commitment of families toward the success of the school.

Please check [√] **ONE** of the below options [I will or I will NOT]:

I will be able to complete my share hours according to the above agreement.

Please check **ONE** of the below about your family and then **skip to bottom of this page & sign the agreement lines [Δ].**

Two Parent/Guardian Family [TPF] At least 20 hrs/semester or at least 40 hrs/year

OR

Single Parent/Guardian Family [SPF] At least 10 hrs/semester or at least 20 hrs/year

Please select one of the below payment options:

I will NOT be able to complete my share hours according to the above agreement

I will be required to pay for the remaining hours at the rate of \$25 per hour (\$1000 for **TPF**, \$500 for **SPF**)

Please check [√] one:

\$1000 for a Two Parent/Guardian Family

or

\$ 500 for a Single Parent/Guardian Family

Please select **ONE** of the below payment options:

Monthly by Cash Check TADS Credit Card [+3% processing fee] Yearly Total

Half Year by Cash Check TADS Credit Card Yearly Total

Full Year by Cash Check TADS Credit Card Yearly Total

Another option is “Tuition Plus.” This is when families pay an amount that exempts them from any fund raising or share hours. [See “Tuition Plus” column on page 3 of this packet or page 10 of the handbook.]

Δ **I agree to complete this share hour agreement. My student’[s] first names is/are:** _____

Δ **Parent/guardian printed name:** _____ **Signature:** _____ **Date:** _____



[1 Form/Family] Fund Raising -- Parent Volunteer Organization P.V.O.

(Please read carefully & initial/sign where indicated)

Tuition alone does not cover all of the necessary resources needed to operate OLV. The actual cost to educate one child at OLV for a year is about \$9,100. This means that the school must raise an additional \$4,440. per student. The success of OLV depends on the faithful involvement of the school community. We rely on the parents of our students to provide resources which are not covered by tuition. It is important for parents to be involved in the educational process and to provide educational assistance, fundraising and leadership help. The P.V.O. is a vital link in these fundraising activities.

There are several major fundraising events that require participation from every family in order for the school to meet its annual fundraising goal, which is needed to support the daily operations of the school and to keep tuition costs down. Fundraising activities may include: steak dinner-shows, spaghetti dinner-talent shows, special fundraising drawings or raffles, etc. The finance committee, advisory committee, and P.V.O. are considering some other fund raising options.

Please initial ONE of the two columns below:

TWO PARENT/GUARDIAN FAMILY [TPF]	SINGLE PARENT/GUARDIAN FAMILY [SPF]
<p>The fund raising events may be different but your family is responsible for raising at least a total \$1,200 including:</p> <ul style="list-style-type: none"> • Sell at least \$400 raffle tickets for our Annual Raffle • Sell at least a total of \$800 worth of tickets for our Fundraising Activities including the Annual Dinner Auction [individual ticket prices may vary] or donate a basket or money to the events. • Volunteer for our Annual Auction (this may be done by a friend if the parents/guardians are not available this day). [requirement: at least 5 hours work for auction be included in your 40 hours] • Attend PVO Meetings and procure auction items. <p style="text-align: right;">[] Δ initial []</p>	<p>The fund raising events may be different but your family is responsible for raising at least a total of \$600 including:</p> <ul style="list-style-type: none"> • Sell at least \$200 raffle tickets for our Annual Raffle • Sell at least a total of \$400 worth of tickets for our Fundraising Activities including the Annual Dinner Auction. [individual ticket prices may vary] or donate a basket or money to the events. • Volunteer for our Annual Auction (this may be done by a friend if the parent/guardian is not available this day). [requirement: at least 2.5 hours work for the auction be included in your 20 hours] • Attend PVO Meetings and procure auction items. <p style="text-align: right;">[] Δ initial []</p>

Families have the option of either selling their allotted number of tickets, paying for the tickets themselves, or donating items for the annual dinner auction. All ticket stubs and monies must be accounted for on the due dates set for each fundraiser. Parents will be billed for unsold tickets. The school will secure selling locations for each fundraiser so that all parents have an opportunity to sell their tickets. Families not completing their auction obligations of procurement and hours will be billed.

Please check [√] one of the below items:

I agree to sell tickets as a part of my fund raising obligation. See above chart. Skip to the bottom and please sign the 2 agreement lines. [Δ]

I will NOT sell tickets as a part of my fund raising obligation. See immediately below.

I agree to pay the following amount instead of ticket fund raising

Please check (✓) one and Δ initial.

<input type="checkbox"/> TWO PARENT/GUARDIAN FAMILY	\$1,200	Δ Initial: []
<input type="checkbox"/> SINGLE PARENT/GUARDIAN FAMILY	\$ 600	Δ Initial: []

Please select one of the below payment options Consider going through TADs for a cheaper monthly payment fee.

<input type="checkbox"/> Monthly by	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> TADS	<input type="checkbox"/> Credit Card [3% processing fee]	Total	[]	
<input type="checkbox"/> Half Year by	<input type="checkbox"/> Cash	<input type="checkbox"/> Check				Total	[]
<input type="checkbox"/> Full Year by	<input type="checkbox"/> Cash	<input type="checkbox"/> Check				Total	[]

Please sign the 2 agreement lines below. [Δ]

Another option is "Tuition Plus." This is when families pay an amount that exempts them from any fund raising or share hours. [See "Tuition Plus" column on page 3 of this enrollment packet.]

Δ I agree to the above conditions. My student[s] first name[s] is/are: _____

Δ Parent/guardian printed name: _____ Signature: _____ Date _____



[1 Form/Family]

Volunteer Information Form

Volunteer Name: _____
Last First

Volunteer Mailing Address: _____
Street or P.O. BOX [APT #] City State ZIP

Volunteer Contact Information:

Home Phone: _____ **Cell Phone:** _____ **E-mail** _____

Work Phone: _____ **Work Place Name:** _____

REQUIREMENTS OF ALL VOLUNTEERS AND STAFF

[please check [√] when submitted to OLV office.

- I have taken the on-line adult “Safe & Sacred” course from the Diocese and submitted completion certificate to the OLV office. See <https://www.archdioceseofanchorage.org/>
- I have submitted an Archdiocese of Anchorage Authorization for Release of Information Disclosure Regarding Background Investigation Form [see page 16 of this packet.]

I plan to volunteer at OLV in the following ways: [please √]

- I plan to volunteer at school.
- I plan to volunteer for chaperoning field trips.
- I plan to drive my private vehicle while transporting other students on fieldtrip activities.

Thank you for volunteering at OLV

If you are considering being a volunteer driver for transporting students other than your own on fieldtrips, please be reminded that it is necessary to provide booster or traveling seats for small children traveling on fieldtrips. Please contact our office for further information.

FAMILY TALENT AND INTERESTS

Family Contact Information

Parent/Guardian Name	Home Phone	Work Phone	Cell Phone	E-mail

Family Skills, Talents, and Interests: [sewing, cooking, art, metalwork, carpentry, classroom help, etc.]

Other useful information, comments, and suggestions:

Optional

Weekly times available for volunteering at school or working at home on school projects

	Sun.		Mon.		Tues.		Wed.		Thurs.		Fri.		Sat.
Time	to		to		to		to		to		to		to



Our Lady of the Valley Catholic School 2018-2019 Re-Enrollment Packet
 1201 E. Bogard Rd., Wasilla, AK 99654, Phone 376-0883, Web: www.olvwasilla.com,
 Facebook:  [Ourladyofthevalley-wasilla](https://www.facebook.com/Ourladyofthevalley-wasilla)

Volunteer Requirements, Safe and Sacred Completion Certificate and Archdiocese of Anchorage Background Check.

The Archdiocese of Anchorage requires that all employees and volunteers take and pass the “Safe and Sacred” course. If you do not have a computer available to you, you may use a school computer in the office. **This can be done now** and **must** be done prior to any volunteering involvement.

Go the website <http://www.archdioceseofanchorage.org> and in the **search box** type in: **Safe & Sacred**.

Select the Office of Safe Environment. On the left side of the page find and click on **Adult Training – Safe & Sacred**. Follow the instructions.

Take the course. Take the quiz. Score 90% or more. If you do not score at least 90% you may retake it immediately or review and take it again. Request that the certificate of completion be e-mailed to you. Email or personally bring a copy to the OLV office at: contactolv@valleycatholicsschool.org for our files. This certificate is good for 2 years. Thank you!

Background Check

The Archdiocese of Anchorage also requires that all employees and volunteers obtain a background check. This document is kept confidential and is on file in the school office and is good for 3 years. Please fill out the below request if you plan on chaperoning, assisting in the classrooms or working with the students in any way.

One per person (duplicate on back for spouse/other family member volunteer). Copies of this form may also be made. There are no fees required.

Archdiocese of Anchorage AUTHORIZATION FOR RELEASE OF INFORMATION DISCLOSURE REGARDING BACKGROUND INVESTIGATION

(Please print clearly)

Last Name: _____
 First Name, Middle: _____
 Maiden Name: _____ Mother’s Maiden Name: _____
 Alias (required for some international searches) _____
 Social Security* #: _____ Driver’s License* #: _____ State of Driver’s License*: _____
 Home Phone Number: _____ Cell Phone Number: _____
 Present Address: _____ E-Mail: _____
 City/State/Zip: _____ Date of Birth: _____
 Other cities/states lived in during the past 7 years: _____

*This information will be used for background screening purposes only by the Parish/School/Agency working for or volunteering with: Our Lady of the Valley Catholic School, Wasilla

Δ **Parent/Guardian Signature:** _____ **Date:** _____



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Circle of Grace, Safe Environment Program for Children

Out of concern for all God’s people and in response to the United States Conference of Catholic Bishops’ *Charter for the Protection of Children and Young People*, we have a program for the safe environment education of children and young people supported and mandated by Archbishop Schwietz of our Anchorage Diocese.

Diocese/eparchies will establish ‘safe environment’ programs. They will cooperate with parents, civil authorities, educators, and community organizations to provide education and training for children, youth, parents, ministers, educators, and others about ways to make and maintain a safe environment for children. Dioceses/eparchies will make clear to clergy and members of the community the standards of conduct for clergy and other persons in positions of trust with regard to sexual abuse.
Article 12 – Charter for the Protection of Children and Young People

This program is called *Circle of Grace*. It is meant to supplement and be integrated into the excellent programs and curricula for the formation of children and young people in our schools and religious education programs. *Circle of Grace* aims to equip our children and young people by arming them with essential knowledge and skills grounded in the richness of our faith. This program helps children and young people to understand their own (and other’s) dignity in mind, body, and spirit.

What is a Circle of Grace?

The Catholic Church teaches that God has created each of us as unique and special. Genesis 1:27 tells us that we are created “male and female in God’s image” and that God saw this as “very good.” In that goodness, we are meant to respect ourselves and everyone else as persons created and loved by God.

Adults assist children and young people to recognize God’s love by helping them to understand that each of us lives and moves in a circle of grace. You can imagine your own circle of grace by putting your arms above your head then circle down in front of your body including side to side. This circle, front to back, holds who you are in your body and through your senses. It holds your very essence in mind, heart, soul, and sexuality.

Why is it important to help our children understand the Circle of Grace? God intends our relationships in life to be experiences of divine love. Respectful, nurturing, loving relationships increase our understanding of our own value and help us to love others. It is never too early to help children and young people understand how very special they are and how relationships in life are called to be sacred. Understanding this can help them to protect the special person they are and to be respectful of others.

Adults, especially parents, as they strive to provide a safe and protective environment, hold the responsibility to help children and young people understand and respect their own dignity and that of others. A truly safe and protective environment is one where children and young people recognize when they are safe or unsafe and know how to bring their concerns, fears, and uncertainties to the trusted adults in their lives. How is the Circle of Grace Program different from other protection programs? According to research, one in four girls and one in seven boys will be sexually abused by age eighteen. Many protection programs focus on “stranger danger”; however, up to ninety percent (90%) of the time the perpetrator of abuse is known to the child or young person such as a relative or family friend. Circle of Grace goes beyond just protection by helping children and young people understand the sacredness of who they are and how to seek help through their relationships with trusted adults.



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Co-Enrollment with Mat-Su School District

When enrolling at Our Lady of the Valley Catholic School **it is highly recommended** that your child[ren] also be enrolled at one of the following Mat-Su School District sites:

**Mat-Su Central Home School
or Twindly Bridge Charter School**

THIS IS BECAUSE:

The Mat-Su School District provides an allotment for electives, academics and enrichment (approximately \$2,200 per student) for students co-enrolled. This allotment can be used for your child's extended learning needs such as: tutoring, electronics, robotics, computers, ipads, kindles, etc.; additional instructions - speech, physical education – [hockey, swimming, ice skating, gymnastics, music, art, theater etc], educational materials - books, supplies etc.] (this list is not all-inclusive).

You will have to enroll in four courses from one of these two schools and fill out an I.L.P. [Individual Learning Plan]. Student progress in these courses will be monitored by one of their school staff members. Your student will be asked to show academic growth by performance on certain tests depending of the age of the student to remain eligible to receive a full allotment.

To receive the full amount of this allotment, you must enroll on line in one of these two schools by September 30, 2017. Enrollment starts at the beginning of the summer break on the school district's on line I-Parent system.

Please feel free to contact one of these two schools and an advisor to your child to see the extensive variety of courses that are available for your child to enroll in.

Retain your receipts of educational materials or services and turn them in to your Mat-Su School District School for reimbursement (up to the allotted amount). This allotment may NOT be used to pay for OLV tuition or any fees towards OLV.

Please contact Mat-Su Central at (matsucentral.org or 352-7450)
or the Twindly Bridge Charter School (twindlybridge.us or 376-6680)
for more information.



GUIDELINES FOR OLV SCHOLARSHIP & TUITION REDUCTION APPLICANTS:

Financial aid funds are distributed through the TADS program. See page 3.

In addition to financial tuition assistance funds, which are available based on family income, there are also funds available for **scholarships**.

Applicants must submit family financial information to the TADS program, and apply for financial assistance. The OLV Scholarship Committee will review family data along with the above criteria in the awarding of OLV scholarships.

The following are some guidelines for distribution of scholarship funds:

- Hardship, extended illness, or emergency
- Family involvement with the school on campus, and with assigned tasks
- Share hours met and/or exceeded. See handbook for clarification.
- Fundraising ticket sales met and and/or exceeded
- Attendance and tardies
- Active member in home parish
- Academic performance
- Timely tuition and fee payments

Applicants must submit a confidential letter of request in a sealed envelope [marked: to Scholarship Committee]. Use the above guidelines in your letter, including the yearly amount you can afford to pay for tuition. Applications must be made for each new school year. Please submit this letter to the OLV office.

The Scholarship Committee is responsible for all awards.

Families applying for financial assistance, scholarships, and tuition reduction must be registered and be using the Sycamore share hours register.

All awards are kept strictly confidential. If you desire more information about specific scholarships, please contact the OLV office.

Application for Reduction in Tuition for Services [Work Study]

There are opportunities for Parents/Guardians to provide services to OLV for a reduction in tuition/fees in addition to share hour obligations. After completing TADS information, please fill out the **Reduction in Tuition Application & Agreement** form from the office.



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Please Place this Calendar on Your Refrigerator This calendar may be up-dated but is valid as of the date in the bottom footer.

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Paste calendar on the back of the next page on your refrigerator.



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AUGUST, 2018

Mon- 6*	Cross Country Starts Gr. 4 th Grade & up 3:15 PM Mon-Thr
Sun- 12	Welcome Back Picnic After 11:30 Mass- 12:30-2:30 at Sacred Heart. Students sing at mass
Mon- 13*	TEACHER INSERVICE *NO STUDENTS
Tue- 14*	All Diocese Staff Mass & orientation in Anchorage *NO STUDENTS
Wed- 15*	TEACHER WORKDAY *NO STUDENTS OLV Advisory Board, Election of officers
Thr-16	STUDENTS FIRST DAY - Annual raffle tickets sales start
Fri- 17	First Mass: 9 AM
Fri- 24*	TEACHER INSERVICE *NO STUDENTS OLV Advisory Board Meets— Officer Elections
Sun- 26	OLV sings at 11:30 Sacred Heart Mass Pancake Breakfast Sacred Heart after 9AM and 11:30 AM Masses Parish Hall PVO meeting after 12:30 brkfst
?	MAP testing Mat-Su Central Gr. 3-8
?	MAP testing Mat-Su Central Gr. 3-8

SEPTEMBER, 2018

Mon- 3*	LABOR DAY *NO SCHOOL
Tue-4	Hot Lunch program starts
Fri-7	Mass & Mother Mary's Birthday Celebration
Sun-16	Knights of Columbus Pancake Breakfast Sacred Heart -Scholarship
Fri-21	Start of Faith & Knowledge Annual Appeal Mail-Out
Sat-22	?Catholic Truth Pursuit. contest. ?more details later
Sun-23	Annual Raffle Ticket Sales End
Sun-23	Pancake Breakfast: Our Lady of the Lake, OLV sings at mass
Fri-28	Gr 5-8 Mass at Hatcher Pass PS-4 Mass Sacred Heart
Sun-30	OLV sings at 11:30 Sacred Heart Mass PVO meets at 1 PM

OCTOBER, 2018

Sat-6	Poker Night
Wed-10	OLV Advisory Board Meets-6 PM
Wed-17	1st QUARTER ENDS
Sat-27	Halloween Party 6-7:30 PM Parish Hall
Sun-28	OLV sings at 11:30 Sacred Heart Mass PVO meets 1 PM
Mon-29*	TEACHER INSERVICE/ WORK DAY- *NO STUDENTS

NOVEMBER, 2018

Thr-1	All Saints Day Mass 9AM
Fri-2*	Parent/guardian Conference Day *NO STUDENTS except by appointment
Sat-3	Poker Night-Palmer American Legion
Mon- 12	Veterans Day Mass 9AM followed by reception in Parish Hall if priest available
Sat- 17?	? Vendor Fair
?-TBA	OLV sings at St. Michael Mass
Tue-20	Preschool -4 th Grade Thanksgiving Celebration
Wed-21*	THANKSGIVING
Thr-22*	BREAK
Fri-23*	*NO SCHOOL

DECEMBER, 2018

Sun-2	OLV sings at American Legion Day of Remembrance 2 PM
Wed-5	OLV Advisory Board Meets—6PM
Thr-6	Polar Express to Talkeetna
Fri-7	Feast of Immaculate Conception Mass 9 AM
Thr-13	Christmas Program & Refreshments 6:30 PM Parish Hall, Fruit -Cheese & Veggie Platters
?-TBA	OLV sings at St. Michael Mass
Thr-20	2nd QUARTER ENDS
Fri-21*	CHRISTMAS BREAK *NO SCHOOL
Mon-24*- Fri-28*	CHRISTMAS BREAK *NO SCHOOL
Mon-31	NEW YEARS BREAK *NO SCHOOL

JANUARY, 2019

Tue-1*- Fri-4*	NEW YEARS BREAK *NO SCHOOL
Mon-7	Classes Resume
Fri-17	School Spelling Bee
Thr-24	School Geo Bee
Fri-25- Fri- 2/1	CATHOLIC SCHOOLS WEEK
Fri-25	Catholic Schools Week starts, team building
Sat-26	Staff Inservice in Anchorage
Sun-27	Staff Inservice in Anchorage
Sun-27	OLV sing at Sacred Heart 11:30 MASS
Mon-28	Catholic Schools Week Mass in Anchorage, OLV sings at Cancer Center and Beans Cafe
Tue-29- Thr-31	Catholic Schools Week Activities

FEBRUARY, 2019

Fri-1	Last day of Catholic Schools Week-Awards Assembly
Wed-6	OLV Advisory Board Meeting- 6 PM

FEBRUARY [CONTINUED]

Mon-18*	TEACHER WORK DAY, INSERVICE *NO STUDENTS
Tue-19*	Parent/Guardian CONFERENCE DAY *NO STUDENTS except by appointment
Sun-24	OLV Sings at Sacred Heart Mass
Thr-28	Science Fair

MARCH, 2019

Wed-6	Ash Wednesday Mass 9 AM Sacred Heart
Thr-7	3rd QUARTER ENDS
Fri-8*	Teacher Work Day *NO STUDENTS
Mon-11* -Fri-15*	SPRING BREAK *NO SCHOOL
Fri-22*	Teacher Work Day *NO SCHOOL
Fri-29	OLV Soup & Stations of Cross- 6 PM Parish Hall
Sun-31	OLV sings at 11:30 Sacred Heart mass

APRIL, 2019

Wed-10	OLV Advisory Board Meets-Election New Members-6PM ? Preschool Open House
Fri-19	Good Friday *NO SCHOOL
Sun-21	Easter
Mon-22	Monday after Easter *NO SCHOOL
Sat-27	Annual Auction -Fund Raiser, Menard Center
Sun-28	OLV Sings at Sacred Heart Mass

MAY, 2019

Fri-3	Teacher Appreciation Day
Fri-10	MOTHER'S DAY Mass/Brunch 9AM Parish Hall, Brunch-10:15 AM ? Talent Show
Thr-16	4th QUARTER ENDS
Thr-16	Last Day of School, Awards Assembly, Parish Hall
Fri-17*	TEACHER WORK DAY *NO STUDENTS
Sat-18	Poker Night-Palmer American Legion
Sat-18	Plant Sale Sacred Heart
Sun -19	Parish Hall

Mass will be held each Friday at 9 AM unless otherwise scheduled.

*=students do not attend that day
?=Uncertain or TO BE ANNOUNCED