



IMMACULATE CONCEPTION CATHOLIC SCHOOLS

29500 Westbrook • Warren MI 48092

(586) 574-2480 • Fax (586) 574-3497 • www.icschoolswarren.org

Registration Checklist Kindergarten-8th Grade 2020-2021

Dear Parents,

Use this convenient checklist to remember important registration documents!
Remember, a *new* registration packet should be completed for **each child being registered**.

For your child to be registered at Immaculate Conception Schools (**K-8**), the following forms must be completed and returned to the Main Office:

- ☐ \$250 Non-Refundable Registration fee, *per child* (cash or check – “IC Schools”)
- ☐ \$50 Non-Refundable Technology fee, *per child* (cash or check – “IC Schools”)
- ☐ Current Immunization Record or ***State of Michigan*** Waiver
 - ***A *NEW* waiver is required upon entering each of the following: Preschool, Kindergarten, 7th grade, and NEW-to-IC students entering any grade***
- ☐ Registration Form (Please complete both sides)
- ☐ Tuition Contract (1 per family)
- ☐ Medical Treatment Release Form
- ☐ Concussion Awareness Acknowledgement
- ☐ Authorization to Use Student Images (please check YES or NO)
- ☐ Release of Liability and Hold Harmless Agreement
- ☐ State of Michigan Consent for Disclosure of Immunization Information to Local & State Health Departments (Please read carefully. Optional)
- ☐ Sports Physical (If planning to play sports FOR IC SCHOOLS, must be administered **after** April 15, 2020)
- ☐ Potty-Training Policy Acknowledgement (**Preschool & Kindergarten ONLY**)
- ❖ Release for Dispensing of Medication (Please keep for your files ***in case/until*** medication is needed during the school year.)

NEW STUDENTS ONLY: The following ***originals*** must be presented to the Main Office so a copy may be placed on file:

- ☐ Baptismal Certificate
- ☐ Birth Certificate
- ☐ Parents' Driver's License or State ID

**YOUR CHILD WILL NOT BE CONSIDERED REGISTERED UNTIL ALL FEES AND FORMS
HAVE BEEN RECEIVED.**



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“Excellent educational opportunity” -- Elementary School and Academy Accreditation Team

TUITION RATES 2020-2021 SCHOOL YEAR GRADES K-8

	PARISHIONER	NON-PARISHIONER
1 Student	\$4,170	\$5,790
2 Students	\$7,260	\$9,810
3 Students	\$9,780	\$13,650

MONTHLY TUITION PAYMENT PLAN K-8

Currently, payments may be made by cash, check, or add us to your online bill pay.

Parishioner	1 student	2 students	3 students
10 Month Plan	\$417	\$726	\$978
12 Month Plan	\$348	\$605	\$815
Non-Parishioner:			
10 Month Plan	\$599	\$981	\$1,365
12 Month Plan	\$483	\$818	\$1,138

ADDITIONAL FEES

- **Registration/Book Fee:** \$250 per child, grades K-8, non-refundable
- **Technology Fee:** \$50 per child, grades K-8, non-refundable
- **Fundraising Fee:** ALL FAMILIES, PS and K-8. \$150 per Family or purchase two IC Schools Annual Benefit Banquet tickets at \$75.00 each and also responsible to purchase or sell \$100 in Bengal Raffle Tickets.
- **School Service Hours:** 35 hours per family or \$700. Any hours short of 35 can be purchased for \$20/hour.

SCHOOLS VACCINES REQUIRED FOR SCHOOL ENTRY IN MICHIGAN

Whenever children are brought into group settings, there is a chance for diseases to spread. Students must follow state vaccine laws in order to attend school. These laws are the minimum standard to help prevent disease outbreaks in school settings. The best way to protect students in your care from other serious diseases is to promote the recommended vaccination schedule at www.cdc.gov/vaccines. Encourage parents to follow CDC's recommended schedule; by doing so, school requirements will be met.



	All Kindergarteners and 4-6 year old transfer students	All 7th Graders and 7-18 year old transfer students
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses diphtheria and tetanus or 3 doses if 1st dose given at or after 1 year of age 1 dose Tdap at 11 years of age or older upon entry into 7th grade or higher
Polio	4 doses 3 doses if dose 3 was given at or after 4 years of age	
Measles, Mumps, Rubella (MMR)*	2 doses at or after 12 months of age	
Hepatitis B*	3 doses	
Meningococcal Conjugate (MenACWY)	None	1 dose at 11 years of age or older upon entry into 7th grade or higher
Varicella (Chickenpox)*	2 doses at or after 12 months of age or Current lab immunity or History of varicella disease	

During disease outbreaks, incompletely vaccinated students may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at www.Michigan.gov/Immunize.

*If the student has not received these vaccines, documented immunity is required.

All doses of vaccines must be valid (correct spacing and ages) for school entry purposes.



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OFFICE USE ONLY

Reg. Fee Pd. ☐ YES ☐ NO

Tech. Fee Pd. ☐ YES ☐ NO

☐ Cash ☐ Check # _____

Amount \$ _____

Circle Grade: K 1 2 3 4 5 6 7 8

REGISTRATION — KINDERGARTEN, GRADES 1-8 2020-2021

PLEASE PRINT. This form must be completed by a parent/guardian. All sections front & back of the questionnaire must be completed.

Student Information

NAME OF STUDENT _____

(Last)

(First)

(Middle)

ADDRESS _____ CITY _____ ZIP _____

_____/_____/_____/_____

(Age)

(Date of Birth, MM/DD/YYYY)

(Place of Birth- City, State and/or Country)

☐ NEW FAMILY ☐ Returning Family ☐ Male ☐ Female OTHER SIBLINGS: NUMBER _____ GRADES _____

Parent Information

FATHER'S NAME _____ MOTHER'S NAME _____
Last First Last First (Maiden)

BIRTHPLACE _____ BIRTHPLACE _____

Citizen ☐ Yes ☐ No Citizen ☐ Yes ☐ No

OCCUPATION _____ OCCUPATION _____

PLACE OF WORK _____ PLACE OF WORK _____

CELL/PHONE: (_____) _____ CELL/PHONE: (_____) _____

e-mail _____ e-mail _____

Parent/Guardian Information: Child lives with...

☐ Both Parents ☐ Father/Stepmother ☐ Father only ☐ Legal Guardian ☐ Relative
☐ Divorced, joint custody ☐ Mother/Stepfather ☐ Mother only ☐ Court Placed ☐ Foster Home

If DIVORCED or SEPARTED, a copy of the custody agreement must be filed with IC's Main Office.

EMERGENCY Information

Please list phone numbers. Parents/Guardians should indicate where they can be reached if not at home.

Mother/Guardian: Cell: _____ Work: _____

Father/Guardian: Cell: _____ Work: _____

Relatives or responsible adult who will assume temporary care of student if parent cannot be reached:

1. _____ Phone: _____ Relationship _____

2. _____ Phone: _____ Relationship _____

Immaculate Conception Catholic Schools K, Gr. 1-8

Registration p.2

This form must be completed by a parent or guardian. All sections front and back of the questionnaire must be completed.

Special Needs — MEDICAL

List any special circumstances (medical or otherwise) to which school official should be alerted: _____

Mark all that apply:

☐ Asthma ☐ Bee/Wasp Sting Allergy ☐ Diabetes ☐ Epi Pen ☐ Glasses/Corrective Lenses ☐ Nut Allergy ☐ Rescue Inhaler

Other: _____

Allergies: _____

Special Needs — ACADEMIC

Does the student require specific learning accommodations? If yes, briefly explain. ☐ No ☐ Yes

Does the student have a current IEP (Individual Education Plan)? ☐ No ☐ Yes

Background

Faith of Mother: _____ Faith of Father: _____

Faith of Student: ☐ Catholic ☐ Orthodox ☐ Non-Catholic: _____ Baptismal Date: _____

First Communion? ☐ No ☐ Yes DATE: _____ Church: _____ First Confession? ☐ No ☐ Yes

Parish: ☐ Immaculate Conception ☐ St. Josaphat ENVELOPE # _____ ☐ OTHER: _____ ☐ NONE

Racial/Ethnic, Please check one:

☐ Amer. Indian/Alaskan ☐ African American ☐ Caucasian

☐ Asian/Pacific Islander ☐ Hispanic ☐ Multi Racial: _____

What language does your **child** speak at home? _____

What language do **the adults** speak in your home? _____

Complete if student was born outside the USA:

When did the student arrive in the USA? _____ Type of VISA: _____

Date the student first attended school in the USA: _____ CITIZEN: ☐ No ☐ Yes

Parent Signature (required)

I affirm, that as the parent/legal guardian, all information provided above is true and accurate, and my child and I reside at the listed address. I understand any false information provided by me may result in the immediate removal of this student from Immaculate Conception Ukrainian Catholic Schools.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

NOTE: To complete registration, the registration fee and Tuition Agreement forms must accompany this form. Graduation Fee is due by April 30th for Kindergarten and Grade 8.



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Tuition Contract 2020-2021

Please return completed contract to IC Schools Main Office

Family Name: _____

☐ NEW Family ☐ Returning Family

1. Student Name: _____ Grade: _____
2. Student Name: _____ Grade: _____
3. Student Name: _____ Grade: _____

Preschool ONLY

☐ Preschool Part Time

☐ Preschool Full Time

REGISTRATION FEES — Non-refundable

Preschool Registration Fee \$200 per child
K-8 Registration & Book Fee \$250 per child
K-8 Technology Fee \$50 per child

2020-21 PRESCHOOL TUITION

Full-Time \$4,560 per child
Part-Time \$3,560 per child

2020-2021 K-8

FUNDRAISING COMMITMENT — ALL Families: PS, K-8

Benefit Banquet Purchase 2 banquet tickets
at \$75ea OR donate \$150
Bengal Raffle Sell/purchase \$100 in raffle tickets

	PARISHIONER	NON-PARISHIONER
1 Student	\$4,170	\$5,790
2 Students	\$7,260	\$9,810
3 Students	\$9,780	\$13,650

Preschool Monthly Tuition Payment Plan

Full-Time Preschool: 10 Month Plan — \$456 month

Part-Time Preschool: 10 Month Plan — \$356 month

K-8 Monthly Tuition Payment Plans

Parishioner/Non-Parishioner	1 student	2 students	3 students
10 Month Plan	\$417/\$599 month	\$726/\$981 month	\$978/\$1,365 month
12 Month Plan	\$348/\$483 month	\$605/\$818 month	\$815/\$1,138 month

➤ For families with more than one child registered at IC Schools, a 5% discount will be applied to the PRESCHOOL student only.

➤ Parishioner Rate is granted to families deemed to be members in good standing by Immaculate Conception or St. Josaphat Ukrainian Catholic Churches.

Service Commitment for Families with Students in K-8

- Each family must complete **35 service** hours at specially designated school functions.
- For families in the Sponsor A Child Program, **50 service hours per family** must be completed.
- OR families may choose to fulfill their service hour commitment by paying a \$700 service fee.
- Any incomplete service hours will be billed at \$20 per hour.

I/We understand these fees and requirements and agree to abide by them.

Parent 1 Initials

Parent 2 Initials

PAYMENT OPTIONS

☐ 10 Month Payment (Preschool, K-8)

- First payment is due July 1
- Final payment is due April 1
- \$25 fee applied for all returned checks

☐ 12 Month Payment (K-8 ONLY)

- First payment due July 1
- Final payment due June 1
- \$25 fee applied for all returned checks

PAYMENT AGREEMENT

I/We, the undersigned, have read and understand the Terms & Conditions of this Agreement and as stated in the Parent-Student Handbook for the enrollment of students listed. I/We agree to abide by said terms and conditions and agree to fulfill the total financial obligation for payment of tuition as set forth. I/We understand that if tuition is in arrears, that sanctions listed in the Terms & Conditions may be imposed including the retention of all student records, diplomas, report cards, etc. until my account is brought up to date.

Signature of Parent/Guardian/Responsible Party

Please Print Name

DATE

Signature of Parent/Guardian/Responsible Party

Please Print Name

DATE



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Tuition Contract Terms & Conditions

Please retain a copy for your records

Payment of Tuition

1. Tuition for the **2020-2021** School Year shall be paid in full by the due date in accordance with the Tuition Payment Plan
2. To receive the Parishioner Rate, families must be deemed to be a member in good standing with either Immaculate Conception or St. Josaphat Ukrainian Catholic Churches, which includes a minimum, total, yearly donation of \$500 by December 31st.
3. If a Tuition payment is 45 days overdue, the School may impose any or all of the following sanctions, at the School's sole discretion, unless special arrangements have been made in writing by the designated School Administrator. Sanctioned actions include:
 - A. Assess late fees
 - B. Withhold Academic Records
 - C. Disallowing student's participation in sports or other School activities
 - D. Withdrawing students from class participation
 - E. Withholding student from School
 - F. Use of a collection agency
 - G. File a claim in court
3. Any family with an unpaid Tuition and/or fees balance for the current School Year will not be allowed to register for the **next** School Year until the current year's Tuition and fees are paid, unless special arrangements have been made in writing and signed by the designated School Administrator. School records, diplomas, and/or transcripts will not be released until all Tuition and other charges have been paid in full.
4. If one parent signs the Tuition Contract when married, both are liable even if court documents specify who will pay; if one parent signs the Tuition Contract after they are divorced, only that parent is liable; if someone other than a parent signs the Tuition Contract, neither parent is liable for Tuition.

Additional Fees

5. Each K-8 family at Immaculate Conception is required to complete 35 volunteer hours per year. Families participating in the Sponsor A Child program are required to complete 50 service hours per year per family. Families may elect to fulfill their volunteer requirement by paying a \$700 service fee.
6. Service hours may only be completed at designated IC Schools events. Any incomplete service hours may be purchased for \$20 per hour.
7. **ALL families PS, K-8**, are responsible for the annual Fundraising Fee of \$150 per family or the purchase of 2 Benefit Banquet tickets at \$75 each. **All families PS & K-8** are also required to sell or purchase \$100 in Bengal Raffle Tickets.
8. Families with students in Kindergarten and/or in 8th Grade will be assessed Graduation Fees. All fees will be determined by the Principal. Kindergarten and 8th Grade Graduation Fees are due by April 30th.

Refunds

9. Prepaid Tuition will only be refunded in full if written notice of cancellation is received by the School **at least 10 days** before the first day of classes for the **2020-2021** School Year are scheduled to start. The Registration Fee is NON-REFUNDABLE.
10. Once the School Year begins, families with students withdrawing PRIOR to the 15th of the month will receive 50% of the monthly Tuition fee paid. After the 15th of the month, there will be NO refund.
11. If a student is asked to leave or withdraw from School at any time during the School Year, the undersigned remains responsible for the student's annual Tuition which will be prorated through the end of the month in which student withdraws.

General Terms and Conditions

12. ALL STUDENT RECORDS, DIPLOMAS, REPORT CARDS, ETC. ARE THE PROPERTY OF IMMACULATE CONCEPTION UKRAINIAN CATHOLIC SCHOOLS. Per policy outlined in the Parent-Student Handbook, School Administration reserves the right to withhold any or all of these records until all financial responsibilities outlined in this Contract are fulfilled.
13. Prior to completing the registration process, payment of a non-refundable registration fee in the amount of \$200 per Preschool student and \$250 per student in K-8 is required. The registration fees are NON-REFUNDABLE.
14. The terms and conditions of the School's enrollment attendance policies, and all other policies which may be provided to the student are hereby incorporated into this Agreement.
15. It is further understood that the student and student's parents/guardians will abide by the policies and guidelines as documented in the Parent-Student Handbook.
16. To qualify for PARISH-SUBSIDIZED TUITION RATES, a family must be registered at the parish office of either Immaculate Conception or St. Josaphat Ukrainian Catholic Churches. Parish-subsidized status is reviewed yearly and subject to change.
17. **RETURNED CHECKS: All returned checks will incur a \$25 fee.** If two checks are returned for insufficient funds, IC Schools will no longer accept personal checks and you will be required to pay in cash or with a certified check from a local bank.
18. I/We understand that the School will not reserve a place for my/our student for the **2020-21** School Year until after I/We have returned a completed and signed Tuition Contract, plus the registration fees. I/We further understand that my/our student's eligibility for enrollment is conditioned upon his/her successful completion of the current School Year and upon full payment of all Tuition and fees owed for the current and/or prior School Years.
19. I/We understand that the School reserves the right to deny enrollment and/or expel any student it determines is unsuitable for enrollment.



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MEDICAL TREATMENT RELEASE FORM 2020-2021

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Address of Minor: _____ Phone: _____

Emergency Phone: _____

Reason for which release is intended: _____

Family Physician: _____ Phone: _____

Address: _____ City: _____

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

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Sign: _____ Date: _____
(Parent or Guardian)

ATTENTION CYO ATHLETES AND PARENTS/GUARDIANS

ATHLETE'S NAME: _____ GRADE: _____ SPORT: _____

ADDRESS: _____ CITY: _____ ZIP: _____

ASSUMPTION OF RISK -- PROOF OF INSURANCE:

The coaching staff is concerned with your safety and wants you to receive the benefits of athletic participation.

I _____ (signature) Student athlete have read the above and agree that I have been warned as to injury and accept the responsibility of possible injury.
_____(Date)

I hereby consent to participation by my child, _____, in the sport described above. In consideration of my child being allowed to participate in this sport, I hereby agree on behalf of myself and my child, to release _____ School and/or Parish, the Catholic Youth Organization (CYO), the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives (Releasees), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release of indemnification apply to the extent of commercial insurance coverage for any claim, but this Release of Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

I am the parent or legal guardian of the above named student and have read the above and recognize the risk in participation and injury. (Signature below)

The student is covered by an insurance policy in effect for the school year:

Parent/Legal Guardian

Parent/Legal Guardian

Date

Name of Insurance Company

Policy or group number (Contact Athletic Director ASAP if no policy exists)

EXPECTATIONS IN EDUCATIONAL ATHLETICS

The administration and staff of our parish/school, all CYO parishes/schools and the CYO Athletic Department wish to make it clear that CYO sports are an educational activity. Athletes, parents and friends must be aware of our school's expectations with regard to sportsmanship.

Unlike professional sports, as a spectator at an athletic event, you are a part of the activity, much like the athletes, coaches and officials. **As a participant, (spectator or team member) we expect that you will maintain good sportsmanship or refrain from attending CYO athletic events.**

- It is expected that as participants and spectators, we will support in a positive way our own team remembering that the athletes, coaches and officials are not perfect and will make mistakes. Negative, derogatory cheers or actions aimed at either team are not acceptable in educational athletics.
- It is expected that you will accept the decisions of the officials without vocalizing disagreement. Officials are an important part of this educational activity. We are sending the wrong message when we challenge or abuse the game official sent to the game to administer these educational activities.
- At all times it is expected that we will respect one another; adults and students alike. This especially includes our opponents and officials, without whose involvement, sport contests would not occur.

Signature of Student Athlete and Parents/Guardians that they have read and understand the above.

Student-Athlete

Parent/Guardian

Parent/Guardian

This form is to be kept on file at the Parish/School. A new form must be filed each school year. The form must be submitted to by the parents/guardian to the Athletic Director/Coach before the start of the season.

Some common symptoms

- Headache
- Pressure in the head
- Nausea/vomiting
- Dizziness
- Balance problems
- Double vision
- Blurry vision
- Sensitivity to light
- Sensitivity to noise
- Sluggishness
- Hazy
- Foggy
- Groggy
- 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.

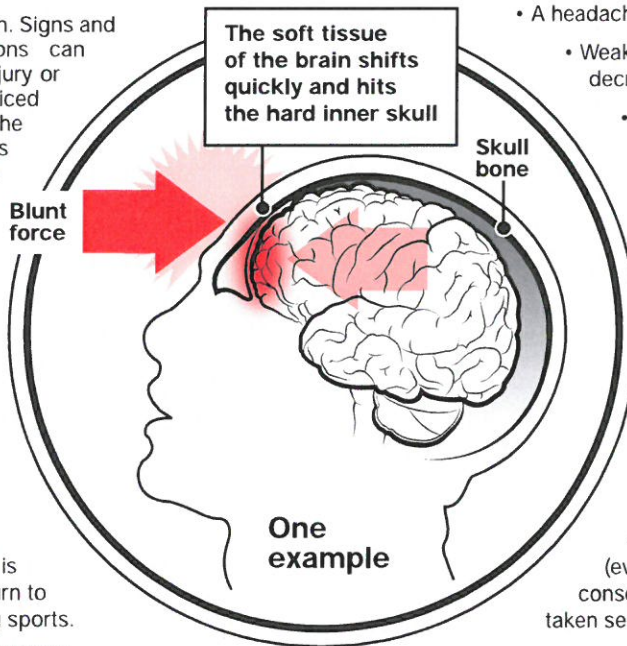
3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION

Schools should know if a student had a previous concussion. A student's 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 !!!



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 Immaculate Conception t/krainian Catholic Schools.

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.



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AUTHORIZATION TO USE STUDENT IMAGES 2020-2021

1. Immaculate Conception Ukrainian Catholic Schools engage in various correspondence with parents, students, faculty and members of the community regarding education, the School, its mission and its educational and other activities, including maintaining a website on the Internet; publishing a parish and/or School bulletin and/or newsletter or brochure; publishing articles in community newsletters; producing videos or DVD's; etc. (collectively, "Publications").
2. Parents are the parents or legal guardians of the child, identified below who is a student at Immaculate Conception Ukrainian Catholic Schools ("Student"):

STUDENT'S NAME

GRADE

DATE OF BIRTH

3. In connection with the Student's attendance at Immaculate Conception Schools and participation in School events and activities, or as part of Student's school work or extracurricular activities, Student may create drawings, artwork, *etc.*, stories, essays, poems, reports and other writings or Parents may provide to the School, or the School may create or have created, certain audiotapes, videotapes, photographs, drawings, or other materials which contain the likenesses of the Student (collectively, "Images").
4. Parents authorize the School to use, display, adapt, copy, modify and post any such Images, now or in the future, as the School deems appropriate, in Publications.
5. Parents understand and agree that there will be no compensation of any kind provided to Parents or the Student by the School, or by any third party, for the Images for this Authorization and rights granted to the School by the Parents.
6. Parents or Students may cancel this Authorization at any time by providing written notice to the School at 29500 Westbrook, Warren, Michigan 48092. In addition, Parents may, at any time, direct the School in writing at the same address to remove any particular Image from its website. Within a reasonable time after such direction, the School will remove the Images of the Student from its website and delete them from future Publications.
7. The School will not be liable to the Parents and/or the Student, regardless of the form of action or theory of recovery, for any direct, indirect, incidental, consequential, special, punitive, or exemplary damages in connection with, or in any way related to, this Authorization or the School's use of the Images of the Student authorized in this Authorization.
8. Parents have read and understand this Authorization and have made this Authorization based solely on their judgment and not on any representations or promises from the school. This Authorization constitutes the entire agreement with respect to the School's use of the Images. This Authorization may be amended or supplemented only by a writing signed by the School Parents.

☐ **I give my consent** to Immaculate Conception Ukrainian Catholic Schools and its **School Board, committees, agents and assigns** to use student's name and likeness to promote the **Immaculate Conception Ukrainian Catholic Schools** program, its fiscal agent, and/or their activities.

☐ **I do not give my consent** to Immaculate Conception Ukrainian Catholic Schools and its School board, committees, agents and assigns to use student's name and likeness to promote the Immaculate Conception Ukrainian Catholic Schools program, its fiscal agent, and/or their activities.

Parents' Signatures:

(Signature – Mother)

(Printed – Mother)

(Date)

(Signature – Father)

(Printed – Father)

(Date)



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RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT 2020-2021

AGREEMENT, made in the city of Warren, state of Michigan, on this _____ day of _____, 2020, between ORDER OF ST. BASIL THE GREAT OF THE STATE OF MICHIGAN, a Michigan Ecclesiastical Corporation ("OSBM"), IMMACULATE CONCEPTION UKRAINIAN CATHOLIC SCHOOL ("ICUCS"), and _____ ("Parent").

WHEREIN IT IS MUTUALLY AGREED AS FOLLOWS:

1. That OSBM is the owner of property located at 29500 Westbrook, Warren, Michigan (the "Property").
2. That ICUCS operates a preschool through eighth grade school at the Property.
3. That the normal hours of operation for the school are 8:00 a.m. through 3:15 p.m., Monday through Friday.
4. That during the normal hours of operation, including after-hours school sponsored activities, ICUCS is responsible for and provides supervision for its school children.
5. That after 3:15 p.m., ICUCS is not responsible for providing supervision for its school children.
6. That OSBM and ICUCS has consented to allow the children to use the school field/playground after 3:15 p.m. as long as their parents are supervising in the play area.
7. That in consideration of the foregoing, the undersigned Parent agrees as follows:
 - A. To supervise his/her child/children while using the school field/playground after 3:15 p.m.
 - B. To indemnify and hold harmless OSBM and ICUCS against all loss, costs or damage on account of any injury (including death) to their child/children, or injuries caused by their child/children to other children on the field/playground, or any damage caused by their child/children to any playground equipment or other school property as a result of any related activity due to the use of the property after 3:15 p.m.

The undersigned hereby binds his/her heirs, executors, administrators, personal representatives, successors and assigns to the terms of this Agreement.

The undersigned further acknowledges that he/she has read the foregoing Release of Liability and Hold Harmless Agreement, fully understands the contents thereof and signs this Agreement as his/her free act and deed.

PARENT:

Signature

Please Print Name

DATE

Address

City

State

Zip

**ORDER OF ST. BASIL THE GREAT OF
THE STATE OF MICHIGAN**

**IMMACULATE CONCEPTION
UKRAINIAN CATHOLIC SCHOOL**

By: _____

By: _____

REV. LAURO SCHAICOSKI, OSBM
IC President

Mary Ann Gruda
IC Principal

Important Message

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

Parents,

Please review the attached **Consent for Disclosure of Immunization Information to Local and State Health Departments** form from the State of Michigan.

We ask that you review it and **return it with your response.**

Імунізація є важливою частиною збереження здоров'я наших дітей. Школи та державні та місцеві відділи охорони здоров'я повинні контролювати імунізації, щоб забезпечити усіх спільнот від потенційно небезпечних для життя захворювань та, якщо необхідно, негайно реагувати на загрозу, що постає перед суспільством. Важливо, щоб загроза захворювання була мінімізована шляхом перевірки імунізації студентів.

Спільний доступ до імунізації та індивідуальної інформації, включаючи ім'я студента, дату народження, стать та адресу місцевим і державним відділень охорони здоров'я допоможуть зберегти Вашу дитину від хворіб, які можна запобігти вакцинаціями. Закон про захист прав та приватності у сфері освіти (FERPA), 20 U.S.C. § 1232g, вимагає письмової згоди батьків, перш ніж персональна інформація з шкільних записів Вашої дитини буде розкрита відділом охорони здоров'я. Якщо дитина є віком до 18 років, батьки мусять надати згоду на розкриття інформації з шкільних документів.

Ви можете скасувати свою згоду на передачу цієї інформації в письмовій формі в будь-який час.

Прошу виконати з підписом залучену анкету, даючи школі дозвіл переслати інформації Вашої дитини місцевим відділам охорони.

IMMACULATE CONCEPTION UKRAINIAN CATHOLIC SCHOOLS

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

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

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

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

I authorize IMMACULATE CONCEPTION UKRAINIAN CATHOLIC SCHOOLS to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: ____/____/____

Signature of Parent/Guardian
or Eligible Student: _____ Date: ____/____/____

Printed Parent/Guardian Name: _____



MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old

Student Name: _____ Date of Birth: _____

Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

- GENERAL QUESTIONS		Y	N
<input type="checkbox"/> Has a doctor ever denied or restricted your participation in sports for any reason?			
Do you have any ongoing medical conditions? If so, please identify below:			
<input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other:			
Have you ever spent the night in the hospital or have you ever had surgery?			
- HEART HEALTH QUESTIONS ABOUT YOU		Y	N
Have you ever passed out or nearly passed out DURING or AFTER exercise?			
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
Does your heart ever race or skip beats (irregular beats) during exercise?			
Has a doctor ever told you that you have any heart problems? Check all that apply:			
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol			
<input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:			
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)			
Do you get lightheaded or feel more short of breath than expected during exercise?			
Do you have a history of seizure disorder or had an unexplained seizure?			
Do you get more tired or short of breath more quickly than your friends during exercise?			
- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Y	N
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?			
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?			
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?			
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?			
- BONE AND JOINT QUESTIONS		Y	N
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?			
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?			
Do you regularly use a brace, orthotics or other assistive device?			
<input type="checkbox"/> Do you have a bone, muscle or joint injury that bothers you?			
Do any of your joints become painful, swollen, feel warm or look red?			
Do you have any history of juvenile arthritis or connective tissue disease?			
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			

- MEDICAL QUESTIONS		Y	N
Do you cough, wheeze or have difficulty breathing during or after exercise?			
Have you ever used an inhaler or taken asthma medicine?			
Is there anyone in your family who has asthma?			
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?			
Do you have groin pain or a painful bulge or hernia in the groin area?			
Have you had infectious mononucleosis (mono) within the last month?			
Do you have any rashes, pressure sores or other skin problems?			
Have you had a herpes or MRSA skin infection?			
Do you have headaches or get frequent muscle cramps when exercising?			
Have you ever become ill while exercising in the heat?			
Do you or someone in your family have sickle cell trait or disease?			
Have you had any problems with your eyes or vision or any eye injuries?			
Do you wear glasses or contact lenses?			
Do you wear protective eyewear such as goggles or a face shield?			
Immunization History: Are you missing any recommended vaccines?			
Do you have any allergies?			
Have you ever had a head injury or concussion?			
Do you have any concerns that you would like to discuss with a doctor?			
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?			
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?			
Have you ever had an eating disorder?			
Do you worry about your weight?			
Are you trying to or has anyone recommended that you gain or lose weight?			
Are you on a special diet or do you avoid certain types of foods?			
- FEMALES ONLY (Optional)		Y	N
Have you ever had a menstrual period?			
How old were you when you had your first menstrual period?			
How many periods have you had in the last 12 months?			
CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR			

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: _____ Weight: _____ ☐ Male ☐ Female BP: _____ / _____ Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: ☐ Y ☐ N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back		
Lymph nodes			Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitourinary (males only)			Leg/Ankle		
Skin: HSV: Lesions suggestive of MRSA, tinea corporis			Foot/Toes		
Neurologic			Functional Duck Walk		

RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below.

BASEBALL – BASKETBALL – BOWLING – COMPETITIVE CHEER – CROSS COUNTRY – FOOTBALL – GOLF – GYMNASTICS – ICE HOCKEY
LACROSSE – SKIING – SOCCER – SOFTBALL – SWIMMING/DIVING – TENNIS – TRACK & FIELD – VOLLEYBALL – WRESTLING

EXAMINER

Name of Examiner (print/type): _____ Date: _____

Signature of Examiner: _____ (Check One): ☐ MD ☐ DO ☐ PA ☐ NP

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

☐ Student: _____ Grade: _____ Doctor: _____ Phone: (____) _____

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

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


Drug Reactions: _____ Current Medications: _____

Allergies: _____



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

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

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

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

Student Name: _____
LAST FIRST MIDDLE INITIAL

Student Address: _____
STREET CITY ZIP

Gender: ☐ M ☐ F Age: _____ Date of Birth: _____ Place of Birth (City/State): _____

School: _____ Circle Grade: **6 7 8 9 10 11 12**

Father/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Mother/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Email Address: Parent/Guardian/18-Year-Old: _____

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, **I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.**

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: **that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume;** and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

 Signature of **STUDENT**: _____ Date: _____

 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: ☐ YES ☐ NO

If YES, Family Insurance Co: _____ Insurance ID #: _____

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, _____, an 18-year-old, or the parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____



IMMACULATE CONCEPTION CATHOLIC SCHOOLS

29500 Westbrook • Warren MI 48092

(586) 574-2480 • Fax (586) 574-3497 • www.icschoolswarren.org

Immaculate Conception Early Childhood Program Potty-Training Agreement

All children entering our Early Childhood Program (Preschool *AND* Kindergarten) must be potty-trained. *Disposable pull-up undergarments are not permitted.*

While we understand occasional help may be required for snaps, buttons, and zippers, children must be able to independently take care of their personal bathroom needs. We also understand that accidents will happen, and staff will help children change into dry clothing when necessary. If accidents occur on a regular basis, it will be clear that the child is not yet fully toilet trained. Should this happen, the child will need to be withdrawn from the program until he or she becomes fully trained.

Why do children have to be potty-trained before they begin preschool?

- IC Preschool and Kindergarten are **school** settings, not daycare centers.
- There are strict standards for changing and disposing of wet or soiled diapers.
- The classrooms are not equipped for diaper changing.
- When an adult is busy changing a child's diaper or soiled clothing, it is taking away from learning time for all students and it removes at least one adult from the direct supervision of and interaction with the rest of the class.

We do understand that even potty-trained children will occasionally have toileting accidents. By definition, "accidents" are unusual incidents and only happen infrequently. In these instances, staff will help children to change their clothes, encouraging independence as much as possible.

Along with regularly scheduled bathroom breaks, IC Staff will ask your child many times throughout the day if s/he needs to use the bathroom. A staff member will assist children as needed, but children should be able to complete toileting activities independently. This is an issue which protects all concerned.

It is not uncommon for a child who is fully potty-trained to have a setback when s/he is in a new environment. Staff are aware of this and will assist the children when necessary. Please dress your child in clothing that can be undone and changed easily. Please send a complete change of clothes appropriate for the season. These will be left at school in case of accidents, and returned as needed and/or at the end of the school year. Parents will be notified if a child has a toileting accident.

CHILD's Name: *(Please Print)* _____

In accordance with the IC Potty-Training Policy, I verify my child can do all of the following: *(Please initial each)*

- | | |
|---|--|
| <input type="checkbox"/> Communicate to the teachers that s/he needs to go to the restroom <u>before</u> they need to go. | <input type="checkbox"/> Get on/off the toilet by him/herself. |
| <input type="checkbox"/> Alert him/herself to stop what s/he is doing, to go and use the bathroom. | <input type="checkbox"/> Wash and dry hands. |
| <input type="checkbox"/> Pull down his/her clothes and get them back up <u>without assistance</u> . | <input type="checkbox"/> Postpone going if they must wait for someone who is in the bathroom or if we are away from the classroom. |
| <input type="checkbox"/> Wipe him/herself after using the toilet. (With minimal assistance for 3 year olds.) | <input type="checkbox"/> Awaken during nap time should they need to use the bathroom. |

Further, I understand students with recurrent toileting accidents may be asked to remain home and/or withdraw from the Early Childhood Program, in accordance with policies outlined in the Parent-Student Handbook.

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

Print Name: _____



IMMACULATE CONCEPTION CATHOLIC SCHOOLS

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RELEASE FOR DISPENSING OF MEDICATION 2020-2021

We, the undersigned parent and/or guardian of:

(Student's Name) (Grade/Room #) Born ____/____/____
MO Day Yr

Do here by sign and execute this release on behalf of us and on behalf of our minor son/daughter/ward.

NAME OF MEDICATION: _____

DOSE: _____

TIME TO BE GIVEN: _____

DURATION: _____

ATTACH DOCTOR'S NOTE REGARDING ADMINISTRATION OF MEDICATION

ASTHMA INHALER/EPI PEN USE:

- ☐ Check here, and attach emergency care plan, if this release is for a metered dose asthma inhaler or epinephrine auto injector (Epi Pen), which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardians signature below apply to the emergency medication possession and use by students as permitted in Public Act 10 - Revised School Code.

(Doctor's Signature) (Please Print Name) (Date)

(_____) _____
(Phone Number)

We hereby waive any liability whatever to the school or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN _____
(Signature)

(Print Name)

(DATE)