



2018-2019

Mission Possible: Holiness  
From Gaudete Et Exultate - Pope Francis I

## Family Agreement – Required to be returned

*Please sign and return to your youngest child's teacher **by August 31, 2018***

Our family received the school information packet. (Check each when completed.)

\_\_\_\_\_ We have read the St. Charles Family/School Handbook for 2017-2018 and understand that this handbook is a contract between the school and our family (online and in student homework notebooks).

\_\_\_\_\_ We have discussed the policies and procedures with our child/children and are willing to work with the faculty and staff of St. Charles in following them.

\_\_\_\_\_ We have discussed with our youngest child attending St. Charles about his/her responsibility to bring home information given to him/her.

\_\_\_\_\_ We understand that the letter regarding asbestos in the school is on the school website and we can access it at any time.

Parent/Guardian (print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (sign): \_\_\_\_\_

Student signature: \_\_\_\_\_

Student signature: \_\_\_\_\_

Student signature: \_\_\_\_\_

Student signature: \_\_\_\_\_

Student signature: \_\_\_\_\_

Student signature: \_\_\_\_\_



2018-2019

Mission Possible: Holiness  
From Gaudete Et Exultate - Pope Francis I

**STUDENT USER AGREEMENT / PARENT PERMISSION FORM**

**Both Signatures Required**

By signing below, I agree and acknowledge that I have read the terms and conditions of the Student Acceptable Use Policy and I understand that it is a violation of the Policy to use the System, on or off of school property, to, among other things:

- Bully, harass, threaten, intimidate or engage in discriminatory or abusive conduct or language, including through the use of social media;
- Access websites or content that are inappropriate for the school environment, including without limitation websites or content that are pornographic or obscene;
- Vandalize or tamper with school equipment and/or System settings;
- Engage in criminal or illegal conduct; and/or
- Violate the Student Code of Conduct.

I also understand that:

- Technological resources are provided for instructional and educational purposes only. Incidental, personal use shall be allowed only so long as such use is appropriate for a school setting, non-disruptive to the school's operations and mission, and not in excess or to the exclusion of the student's studies or school responsibilities; and
- My access and use of the System, including without limitation all devices used by me to access the System, whether personally or school-owned, are subject to monitoring and search and that I have no expectation of privacy in my use or accessing of the System.

I agree to abide by the terms and conditions stated in the **Student Acceptable Use Policy**. I understand that I am responsible for the consequences of inappropriate use of the System, including the Internet, both on and off of school property and those consequences may include revocation of privileges to access the Internet and/or other technological resources, suspension, expulsion, and/or legal action.

User Name (print) \_\_\_\_\_ Saint Charles Borromeo Parish School

User Signature \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom \_\_\_\_\_



**Parent/Guardian Signature Section:**

As the parent or legal guardian of the student signing above, I have read this **Student Acceptable Use Policy** and grant permission for my child to access the School's information technology resources. I understand that my child will be held responsible for violations of this agreement, that access may be revoked and/or my child may be disciplined for inappropriate use of the System, that my child's use of the System will be monitored, and that all devices used by my child to access the System, whether school or personally owned, are subject to search. I understand that the School's information technology resources are intended for instructional and educational purposes. I also understand that my child's school may not be able to restrict access to all controversial materials, and I will not hold the School responsible for materials acquired, accessed or viewed on the network.

Parent/Guardian Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_



2018-2019

Mission Possible: Holiness  
From Gaudete Et Exultate - Pope Francis I

---

## PHOTO RELEASE AND AUTHORIZATION

I (We) the parent(s) and/or guardian(s) of my (our) minor children

\_\_\_\_\_, age \_\_\_\_\_,  
(name of child)

\_\_\_\_\_, age \_\_\_\_\_,  
(name of child)

\_\_\_\_\_, age \_\_\_\_\_,  
(name of child)

\_\_\_\_\_, age \_\_\_\_\_,  
(name of child)

do hereby consent and authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs/video taken of my (our) daughters/sons during her/his enrollment at Saint Charles Borromeo Parish School during the 2018-2019 school year by an employee, agent or representative of The Diocese of Cleveland/Office of Catholic Education or independent contractor. This Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, and prints shall constitute the property of The Diocese of Cleveland/Office of Catholic Education and may be used by The Diocese of Cleveland/Office of Catholic Education for any purpose determined at its discretion, including but not limited to development/fundraising and promotional publications, without further notice or any compensation to me or to my daughters/sons. This Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, and prints are permitted for the school newspaper, yearbook, school app, website , etc.

**CHECK ONLY ONE:**

\_\_\_\_\_ We do agree to the terms as stated above.

\_\_\_\_\_ We agree to the terms as stated above only as it pertains to the Saint Charles Borromeo Parish School yearbook, as well as parish and school website, app, Facebook, and twitter account, the school newspaper and other school publications (including brochures, flyers, bulletin announcements, etc).  
(Note – except for the yearbook, names will not appear with picture)

\_\_\_\_\_ We do NOT agree to any of the terms as stated above and understand that my child's photo will not be included in the yearbook.

\_\_\_\_\_  
Parent(s) and or Guardian(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s) and or Guardian(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Student Signature

\_\_\_\_\_  
Date



2018-2019

Mission Possible: Holiness  
 From Gaudete Et Exultate - Pope Francis I

## Physical Education Uniforms

### T-shirts

Youth: \$4.00

Extra Small (YXS)    Small (YS)    Medium (YM)    Large (YL)    Extra Large (YXL)

Adult: \$4.00

Small (AS)    Medium (AM)    Large (AL)    Extra Large (AXL)    Extra Extra Large (AXXL)

### Shorts

Youth: \$6.50

Small (YS)                                  Medium (YM)                                  Large (YL)

Adult: \$6.50

Small (AS)                  Medium (AM)                  Large (AL)                  Extra Large (AXL)

Student's Name	Room	Shirt Size	Quantity	Shorts Size	Quantity	Total Cost

Please return this form no later than August 31, 2018 to school office.  
 Payment Method: Cash or check made payable to St. Charles School

# St Charles PTU Membership Application 2018-2019 School Year

PLEASE SUBMIT THIS **COMPLETED DOCUMENT, BOTH SIDES** AND YOUR \$15.00 MEMBERSHIP FEE TO THE SCHOOL OFFICE. MAKE CHECKS PAYABLE TO ST. CHARLES PTU

**Deadline: October 19, 2018** (per bylaws Article IV, Section 2)

For any questions, please contact Pam Peloso at  
vpresident@saintcharlesschool.org

FAMILY NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

OR LEGAL GUARDIAN \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_

PHONE: (CELL-MOTHER) \_\_\_\_\_ PHONE: (CELL-FATHER) \_\_\_\_\_

E-MAIL: (MOTHER) \_\_\_\_\_

E-MAIL: (FATHER) \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ ROOM # \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ ROOM # \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ ROOM # \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ ROOM # \_\_\_\_\_

---

## FOR MEMBERSHIP COMMITTEE USE ONLY

DATE RECEIVED: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

CASH: \_\_\_\_\_

CHECK: \_\_\_\_\_

CHECK # \_\_\_\_\_

INFO ENTERED: \_\_\_\_\_

EMAIL ADDED TO LIST \_\_\_\_\_

RESPONSE SENT/EMAIL \_\_\_\_\_

# PTU VOLUNTEER FORM 2018-2019 SCHOOL YEAR

Whether it is giving just an hour or stepping up as a chairperson, WE LOVE OUR VOLUNTEERS!  
 Please note that volunteers must be Virtus trained to help with any event where the children are present without a parent. These events are marked with a "V". Our volunteer coordinator or event chairperson will be contacting you periodically to verify you are still available and provide reminders closer to your event(s).

MOTHER VIRTUS TRAINED  FATHER VIRTUS TRAINED  I WOULD LIKE MORE INFO ON BECOMING VIRTUS TRAINED.

"V" BOOK FAIR - October 14-21  
 UNIFORM EXCHANGE - Sept 26, Jan 9 & April 10  
 TRUNK OR TREAT - October 19 (PMO)  
 CRAFT FAIR - November 5  GENERAL HELP  KITCHEN  BASKET RAFFLE  
 WORK BAKE SALE  BAKE  WORK FAIR

EVENING WITH SANTA - December 5  "V" Spring BOGO Book Fair - April 25 - May 1  
 \*V\* SECRET SANTA SHOP - December 2-7  FATHER/DAUGHTER DANCE - April 6 (PMO)  
 FAMILY FUN NIGHT - February 2 (PMO)  GRADE 5-6 Special Event - March TBA (PMO)  
 Grade 3-4 Special Event - February TBA (PMO)  Grade 7-8 Special Event - TBA (PMO)  
 MOTHER/SON EVENT - May 4 (PMO) \*\*\*\*CHAIR NEEDED\*\*\*\* NAME: \_\_\_\_\_  
 FAMILY BINGO NIGHT - May 15  
 \*V\* 8th GRADE GRADUATION BREAKFAST - May 30  
 \*V\* WILDCAT HOOPLA - May 30

<b>FISH FRY</b>	3/8	3/15	3/22	3/29	4/5	4/12	4/19	Please check v the dates and jobs you will be able to help out with	
KITCHEN CLEAN UP (7:15pm-9pm)									
TAKE-OUT (3:45pm-7pm)									
LINE WORKER (3:45pm-7pm)									
DINING ROOM SERVER (3:45pm-7pm)									
DINING ROOM BUSSER (4:30pm-7pm)									
*V* FISH FRY CHILD CARE (3:30pm-7pm)									
FRIDAY TEAR DOWN (7:15pm-9pm)									

### TEACHER APPRECIATION LUNCHEON (PLEASE CHECK MONTH & ITEM BELOW)

<b>NOVEMBER</b>	<input type="checkbox"/>	BAKE	<input type="checkbox"/>	COOK SIDE DISH	<input type="checkbox"/>	DRINKS	<input type="checkbox"/>	SUPPLIES (Paper/Plastic Items)
<b>JANUARY</b>	<input type="checkbox"/>	BAKE	<input type="checkbox"/>	COOK SIDE DISH	<input type="checkbox"/>	DRINKS	<input type="checkbox"/>	SUPPLIES (Paper/Plastic Items)
<b>MARCH</b>	<input type="checkbox"/>	BAKE	<input type="checkbox"/>	COOK SIDE DISH	<input type="checkbox"/>	DRINKS	<input type="checkbox"/>	SUPPLIES (Paper/Plastic Items)
<b>MAY</b>	<input type="checkbox"/>	BAKE	<input type="checkbox"/>	COOK SIDE DISH	<input type="checkbox"/>	DRINKS	<input type="checkbox"/>	SUPPLIES (Paper/Plastic Items)

\*\*\* V=Must be Virtus Trained \*\*\*

\*\*\* PMO=PTU Member Only \*\*\*

If you have any questions, feel free to contact our Volunteer Coordinator at  
 vpresident@saintcharlesschool.org



**St. Charles Borromeo  
Parish Catholic Religious Formation**

**RAINBOWS FOR GOD'S CHILDREN - Fall, 2018**

Dear Parent,

Once again we will offer weekly support groups for our children (St. Charles Day School and PCRFB, Grades Kdg.- 6) living in single parent or step-families.

Everyone knows that a child does not come to school and leave his/her feelings outside the classroom door. Quite the opposite, all emotions - good and bad - come with the child. When something significant happens in the family, the entire family is affected. Consequently, even though the loss of a spouse through death or divorce appears to be only a grown-up problem, it has a profound effect on the children it touches.

When a parent dies or a divorce takes place, the child experiences that complex set of emotions called grief. But grieving children find it extremely difficult to verbalize those feelings.

We have some very beautiful, sensitive, caring, trained adults who have said "yes" to helping these children put those feelings into words, work through the grief, build a stronger sense of self-esteem, and begin to accept what has taken place in the family.

If your child is part of single-parent family or step-family, this will be an opportunity for him/her to share with a special someone on the outside what is happening on the inside. Rainbows will meet on Tuesdays for 7 weeks starting September 25<sup>th</sup>.

Please call the PCRFB Office at 440-886-5668 and leave a message by Tuesday, September 4<sup>th</sup> if you are interested in this program. I will return your call.

Sincerely,

Mrs. Paula Leigh  
PCRFB Principal  
440-886-5668



# St. Charles Gift of Reading



Many, many thanks to those families who have donated books to our school library through our "Gift of Reading" program. Our library is growing – thanks to your generosity and kindness.

As another school year begins, the St. Charles Library, again, invites you and those new to the program to join the Gift of Reading Book Club. For a fee of \$10.00, you can donate a new book to our school library in recognition of your child's birthday, graduation, First Communion, or any other special occasion. The student's name will be put on a nameplate inside the book for all to see and appreciate.

We currently have a selection of new books that have already been purchased and are waiting for students to select. Additional books will be purchased and added to the "selection cart" with the money that is collected.

To participate, please fill out the form below and return it to the school library along with the cash or check made out to St. Charles Borromeo School.



shutterstock 136288210

# St. Charles Gift of Reading



Name: \_\_\_\_\_

Room Number: \_\_\_\_\_

Occasion: \_\_\_\_\_ Date: \_\_\_\_\_

**Library Use Only:**

Book Selected: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Type of Payment:      Cash \_\_\_\_\_      Check \_\_\_\_\_

## National School Lunch Program/School Breakfast Program – Elementary

Dear Parent/Guardian:

Children need healthy meals to learn. **The Diocese of Cleveland/Nutrition Services** offers healthy meals every school day. Breakfast costs **\$1.50**; lunch costs **\$2.75**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch.

To apply for free or reduced price meals, use the Free and Reduced Price School Meals Family Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to the school.**

1. **Do I need to fill out an application for each child?** No. You may use one Free and Reduced Price School Meals Application for all students in your household.
2. **Who can get free meals?** All children in households receiving benefits through the Supplemental Nutrition Assistance Program (SNAP), or Ohio Works First (OWF) benefits can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.  
**STOP!** If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, do **not** complete the application. But do let the school know if any children in your household are not listed on the Notice of Direct Certification letter you received.
3. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals.
4. **Can homeless, runaway and migrant children get free meals?** Children who meet the definition of homeless, runaway or migrant are eligible for free meals. How do I know if my children qualify as homeless, migrant, or runaway? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call **Diocese of Cleveland / Nutrition Services (216) 696-6525 Ext. 6320** to see if your child(ren) will get free meals.
5. **Should I fill out an application if I received a letter THIS school year saying my children are approved for free meals?** No, but please read the letter you got carefully and follow the instructions. Please call **Diocese of Cleveland/ Nutrition Services (216) 696-6525 Ext. 6320** if any children in your household were missing from your eligibility notification or if you have questions.
6. **My child's application was approved last year. Do I need to fill out a new one?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless you have already received a letter telling you that your child is eligible for the new school year. Otherwise your child will be charged the full price for meals.
7. **I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
8. **Will the information I give be checked?** Yes, we may ask you to send written proof of the household income you report.
9. **If I don't qualify now, may I apply again later?** Yes. You may apply or re-apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced price meals if the household income drops below the income limit.
10. **What if I disagree with the school's decision about my application?** You should talk to Nutrition Services' officials. You may also ask for a hearing by calling or writing to: **Christine Menhart, Diocese of Cleveland/Nutrition Services, 1404 East Ninth Street, 2<sup>nd</sup> Floor, Cleveland, OH 44114-1722 (216) 696-6525 Ext. 6320.**
11. **May I apply if someone in my household is not a U.S. citizen?** Yes. You, your child(ren), or other household members do not have to be U. S. citizens to apply for free or reduced price meals.
12. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children who live with you. If additional space is needed attach a separate list. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses) do not include them.
13. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
14. **We are in the military, do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for Ohio SNAP or other assistance benefits, contact your local assistance office or call 877-852-0010.

If you have other questions or need help, call **(216) 696-6525 Ext. 3120** or **(800) 869-6525 Ext. 3120** (in-state long distance).

Sincerely,  
Nutrition Services

# 18 2018-2019 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Fill out completely and return to school. Sign and date. One form per household.

Instructions for completing form on reverse side. If you need help call Nutrition Services at (216) 696-6525 Ext. 3120

## Part 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and school grade level for each child/or indicate "NA" if child is not in school. <b>School</b>	<b>Grade</b>	Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. BENEFITS:** If any member of your household receives SNAP or OWF benefits, provide the name and 7 or 10-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

NAME: \_\_\_\_\_ 7 or 10-DIGIT CASE NUMBER: \_\_\_\_\_

**Part 3.** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Diocese of Cleveland / Nutrition Services at (216) 696-6525 Ext. 6320. Homeless  Migrant  Runaway

**Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions).** List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Any Other Income (include frequency such as weekly, monthly, quarterly or annually)
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50 / quarterly
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____

## Part 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on attached letter to household.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under State and Federal statutes.

Sign here: X \_\_\_\_\_ Last four digits of your Social Security Number: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  I do not have a Social Security Number

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Part 6. Children's ethnic and racial identities (optional)

Choose one ethnicity:  
 Hispanic/Latino  
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):  
 Asian  
 Black or African American  
 White  
 American Indian or Alaska Native  
 Native Hawaiian or other Pacific Islander

## Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

Determining/Approval Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If selected for Verification, Date Verification Notice Sent: \_\_\_\_\_ Response Date: \_\_\_\_\_ 2<sup>nd</sup> Notice Sent: \_\_\_\_\_ Results Sent: \_\_\_\_\_

Verification Result: No Change \_\_\_\_\_ Free to Reduced Price \_\_\_\_\_ Free to Paid \_\_\_\_\_ Reduced Price to Free \_\_\_\_\_ Reduced Price to Paid \_\_\_\_\_

# ST. CHARLES SCHOOL EMERGENCY MEDICAL AUTHORIZATION

Last Name:	First Name:	Middle Name	Sex (Circle) (M) (F)	Grade:	Rm:
Date of Birth:	County of Residence:	Business Phones: Father:		Mother:	
Address:		City:	Home Phone:		
Mother or Guardian:	Place of Employment:			Resides with Family: Yes No	
Father or Guardian:	Place of Employment:			Resides with Family: Yes No	
Mother / Guardian Cell Phone:			Father / Guardian Cell Phone:		
Name of Other Siblings in School:					

**Purpose -- To enable parents to authorize the emergency treatment and transport for children who become ill or injured while under school authority, when parents cannot be reached.**

- |    |               |
|----|---------------|
| 1. | Phone No: ( ) |
| 2. | Phone No: ( ) |
| 3. | Phone No: ( ) |

Date: \_\_\_\_\_ Signature of Parent / Guardian: \_\_\_\_\_

## PART 1: TO GRANT CONSENT

**I hereby give consent for the following medical care providers and local hospital to be called:**

Physician:	Phone No: ( )
Dentist:	Phone No: ( )
My Child does not have a Dentist.	(Please Initial) _____
Medical Specialist:	Phone No: ( )
Local Hospital:	Emergency Room Phone: ( )

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician, or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent / Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ Date: \_\_\_\_\_

## PART 2: REFUSAL TO CONSENT

**I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:**

Signature of Parent / Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE USE A BALL POINT PEN USING SUFFICIENT PRESSURE - THANK YOU**

## Lunch Includes:

- \*Main or Alternate Entree
- \*Choice of Vegetable Side
- \*Choice of Fruit Side
- \*1/2 Pint Milk



# August / September, 2018

Monthly Menu  
Price Per Lunch \$2.75

Monday	Tuesday	Wednesday	Thursday	Friday
<b>Salisbury Steak with Gravy &amp; a Roll</b> <b>Aug 20</b> or A) Chicken Nuggets with a Roll Mashed Potatoes Applesauce Cup or Seasonal Fresh Fruit Cookie Treat	<b>Oven Baked Chicken with Corn Muffin</b> <b>Aug 21</b> or A) Corn Dog Carrots or Tossed Garden Salad Frozen Juice Cup	<b>Personal Pepperoni Pizza</b> <b>Aug 22</b> or A) Chicken Pattv on a Bun Corn Pears or Seasonal Fresh Fruit Cookie Treat	<b>Chicken Tenders</b> <b>Aug 23</b> or A) Hamburger or Cheeseburger on a Bun Baked Beans or Tossed Garden Salad Apple Slices	<b>Mozzarella Sticks with Dipping Sauce</b> <b>Aug 24</b> or A) Cheese Pizza Slice Broccoli Strawberry Cup or Seasonal Fresh Fruit Cookie Treat
<b>Cheese Quesadilla with Salsa</b> <b>Aug 27</b> or A) Chicken Nuggets with a Roll Carrots Peaches or Seasonal Fresh Fruit	<b>Beef Nachos</b> <b>Aug 28</b> (Taco Meat & Cheese Sauce over Tostitos Chips with optional Salsa and Black Beans) or A) Hot Dog on a Bun Corn or Tossed Garden Salad 100% Fruit Juice	<b>Meatball Sub</b> <b>Aug 29</b> or A) Popcorn Chicken with a Roll Potato Wedges Applesauce or Seasonal Fresh Fruit Cookie Treat	<b>Crispy Oven Fried Chicken Drumstick with a Roll</b> <b>Aug 30</b> or A) Hamburger or Cheeseburger on a Bun Roasted Potatoes or Tossed Garden Salad Mixed Fruit	<b>Grilled Cheese Sandwich</b> <b>Aug 31</b> or A) Cheesy Garlic Flatbread Green Beans Fruit Yogurt Parfait or Seasonal Fresh Fruit Cheetos Treat
<b>Labor Day</b> <b>Sept 3</b>	<b>Walking Taco</b> <b>Sept 4</b> (Beef Taco Meat & Shredded Cheddar Cheese served in a Bag of Tostitos Chips with optional Black Beans & Salsa) or A) Corn Dog Corn or Tossed Garden Salad 100% Fruit Juice Cookie Treat	<b>Salisbury Steak with Gravy &amp; a Breadstick</b> <b>Sept 5</b> or A) Chicken Patty on a Bun Mashed Potatoes Applesauce or Seasonal Fresh Fruit	<b>Popcorn Chicken with Rice</b> <b>Sept 6</b> (optional Mandarin Orange Sauce) or A) Hamburger or Cheeseburger on a Bun Broccoli or Tossed Garden Salad Mixed Fruit Cheetos Treat	<b>Cheese Stuffed Breadsticks with Marinara Dipping Sauce</b> <b>Sept 7</b> or A) Cheese Pizza Slice Carrot Sticks with Dip Pears or Seasonal Fresh Fruit

\*Please note that at least one vegetable or fruit side must be chosen with each lunch.

**SUBSTITUTION OF ITEMS MAY BE NECESSARY**  
 Look on the reverse side for three more weeks of menu selections!



## MyPlate

What is MyPlate?

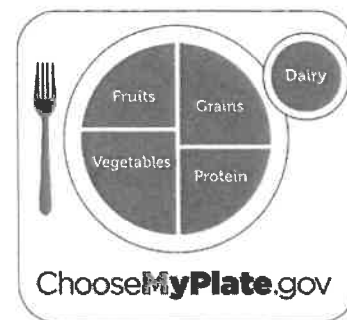
MyPlate is a reminder to find your healthy eating style and build it throughout your lifetime. Everything you eat and drink matters. The right mix can help you be healthier now and in the future. This means:

- Focus on variety, amount, and nutrition.
- Choose foods and beverages with less saturated fat, sodium, and added sugars.
- Start with small changes to build healthier eating styles.
- Support healthy eating for everyone.

**Build a Healthy Eating Style!**

Eating healthy is a journey shaped by many factors, including our stage of life, situations, preferences, access to food, culture, traditions, and the personal decisions we make over time. All your food and beverage choices count. MyPlate offers ideas and tips to help you create a healthier eating style that meets your individual needs and improves your health.

In the coming months Chef Louie will provide information on each of the five food groups to help us all build a healthy plate and create healthy habits.



# August / September, 2018



Monday	Tuesday	Wednesday	Thursday	Friday
<b>Cheeseburger Sliders</b> <b>Sept 10</b> or A) Chicken Nuggets with a Roll French Fries Peaches or Seasonal Fresh Fruit	<b>Fiestada Pizza</b> <b>Sept 11</b> or A) Hot Dog on a Bun Corn or Tossed Garden Salad Frozen Juice Cup	<b>Pasta with Meat Sauce &amp; Garlic Toast</b> <b>Sept 12</b> or A) Popcorn Chicken with Garlic Toast Green Beans Apple Slices or Seasonal Fresh Fruit	<b>Honey BBQ Riblets with a Breadstick</b> <b>Sept 13</b> or A) Hamburger or Cheeseburger on a Bun Baked Beans or Tossed Garden Salad Sunshine Smoothie	<b>Mac &amp; Cheese with Pretzel Rod</b> <b>Sept 14</b> or A) Cheesy Garlic Flatbread Carrot Sticks with Dip Mixed Fruit or Seasonal Fresh Fruit
<b>Salisbury Steak with Gravy &amp; a Roll</b> <b>Sept 17</b> or A) Chicken Nuggets with a Roll Mashed Potatoes Applesauce Cup or Seasonal Fresh Fruit Cookie Treat	<b>Oven Baked Chicken with Corn Muffin</b> <b>Sept 18</b> or A) Corn Dog Carrots or Tossed Garden Salad Frozen Juice Cup	<b>Personal Pepperoni Pizza</b> <b>Sept 19</b> or A) Chicken Patty on a Bun Corn Pears or Seasonal Fresh Fruit	<b>Chicken Tenders</b> <b>Sept 20</b> or A) Hamburger or Cheeseburger on a Bun Baked Beans or Tossed Garden Salad Apple Slices	<b>Mozzarella Sticks with Dipping Sauce</b> <b>Sept 21</b> or A) Cheese Pizza Slice Broccoli Strawberry Cup or Seasonal Fresh Fruit Cookie Treat
<b>Cheese Quesadilla with Salsa</b> <b>Sept 24</b> or A) Chicken Nuggets with a Roll Carrots Peaches or Seasonal Fresh Fruit	<b>Beef Nachos</b> <b>Sept 25</b> (Taco Meat & Cheese Sauce over Tostitos Chips with optional Salsa and Black Beans) or A) Hot Dog on a Bun Corn or Tossed Garden Salad 100% Fruit Juice	<b>Meatball Sub</b> <b>Sept 26</b> or A) Popcorn Chicken with a Roll Potato Wedges Applesauce or Seasonal Fresh Fruit Cookie Treat	<b>Crispy Oven Fried Chicken Drumstick with a Roll</b> <b>Sept 27</b> or A) Hamburger or Cheeseburger on a Bun Roasted Potatoes or Tossed Garden Salad Mixed Fruit	<b>Grilled Cheese Sandwich</b> <b>Sept 28</b> or A) Cheesy Garlic Flatbread Green Beans Fruit Yogurt Parfait or Seasonal Fresh Fruit Cheetos Treat

\*Please note that at least one vegetable or fruit side must be chosen with each lunch.

**SUBSTITUTION OF ITEMS MAY BE NECESSARY**



## Chef Louie Presents...

### Health Bite



Why breakfast? Breakfast fuels the body with nutrients, provides calories (energy) for the morning's activities, also it helps you focus, learn and maintain a healthy weight. Not to mention it helps you feel good and tastes great!

### Did you know



unless food is mixed with saliva you can't taste it. In order for food to have taste, chemicals from the food must first dissolve in saliva. Once dissolved, the chemicals can be detected by receptors on taste buds.

### Lunchtime Joke



Why did the orange stop half-way across the road?

Answer: He ran out of juice

