



# Our Lady of the Snows Catholic Academy

*"Turning today's learners into tomorrow's leaders"*

## REGISTRATION INFORMATION FOR 2023-2024

Each child, regardless of race, color, sex, national or ethnic background, will be considered for acceptance into Our Lady of the Snows Catholic Academy.

THE FOLLOWING GUIDELINES WILL ASSIST YOU IN REGISTERING YOUR CHILD IN OUR ACADEMY. PLEASE READ THEM CAREFULLY AND FOLLOW THROUGH ON ALL ITEMS PERTAINING TO THE GRADE YOUR CHILD WILL ENTER IN SEPTEMBER.

### 1. **DOCUMENTS, FORMS, AND RECORDS**

PLEASE NOTE: All the registration forms will be available on our school website at [www.olscafp.org](http://www.olscafp.org). No child will be registered unless the required items listed below are submitted to the school office:

- A. **Original Birth Certificate** showing imprint of the official seal.
- B. **Original Baptismal Certificate** (for those children who have been baptized) showing imprint of the church's seal, even if the child was baptized in Our Lady of the Snows Church or into another faith.
- C. **Original Penance Certificate and Communion Certificate**
- D. **Registration Forms** completed by parent with all required information.
- E. **Immunization History and Physical** completed and signed by your doctor or health clinic based on your child's records. Registration and enrollment is not complete without these forms. Physicals must be dated within 1 year of September 1, 2022.
- F. **Parent Service Form** for students registering in Grades OLS Preschool (3 and 4 yr old-full day) to Grade 8. Each family in Grades OLS Preschool (3 and 4 yr old-full day) to Grade 8 must volunteer for lunch duty or sell raffles during the year or pay an additional \$500 per year.
- G. **Progress report and letter from present teacher** for a child registering in Grades K or 1.
- H. **Report cards, progress reports, and test scores (current and previous two years of school and Grades 3 and up NY State ELA and Math results, if applicable)** for any student registering in Grades 2 through 8 to verify his/her scholastic standing. We do not accept students who have marks below 80 or a mark less than 3 (on a public school report card). Students must have an S or better in conduct.
- I. **Registration Interview (by appointment only) - One or both parents and child(ren)** being registered will be scheduled for an interview. All required documents, forms, and records as indicated above must be presented before the interview.

### 2. **OTHER REQUIREMENTS**

#### A. **Age and Appropriate Behavior -**

- For: OLS Preschool (3 yr old) - child must turn 3 years old in 2023 (born in the year 2020)  
OLS Preschool (4 yr old) - child must turn 4 years old in 2023 (born in the year 2019)  
Kindergarten - child must turn 5 years old in 2023 (born in the year 2018)

Our school will follow the Nassau County cut-off date of December 1 for Nassau County residents. Children must be fully toilet trained (no pull ups) and off the bottle and pacifier for at least three months before beginning school.

#### B. **Registration Interview Dates - (call 718-343-1346 for an appointment once you have the Immunization History and Health Examination Form completed by your physician)**

Registration interviews will be by appointment only. If you will be registering more than one child, please notify the school office when you make your appointment. Registration will begin on January 30, 2023.

#### C. **Registration Fee - (non-refundable) must be paid for registration to be complete, as follows:**

OLS Preschool Full Day-\$275 per child    OLS Preschool (3 yr old) Half Day-\$175 per child    K to 8-\$275 per child

The registration fee can be paid by check or money order and dropped off or mailed to the school office. You may also pay this fee online through FACTS Management once your account is created. (See attached page explaining FACTS Management.) We cannot accept cash for registration or tuition payments. Please note that registration is not complete until the fee is paid.

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D. Medical Examination and Form - Every child entering Our Lady of the Snows CA must have a complete medical examination before s/he can be admitted to our school. We will give you further information and the appropriate medical forms during the registration interview. **No child can start in OLS without a completed medical exam.**

### 3. INFORMATION ABOUT OUR LADY OF THE SNOWS CATHOLIC ACADEMY

- A. Principal - Joseph Venticinque  
B. Enrollment - Approximately 425 students  
C. Grades and Class Size OLS Preschool: 18 to 30 per day (with two aides)  
Kindergarten: - 24 children - no more than (with an a.m. aide)  
Grades 1 to 8: - Class size varies  
D. School Hours - 3K for All (NYC DOE Program): M to F - 8:20 a.m. to 2:40 p.m.  
Pre-K for All (NYC DOE Prog.): M to F - 8:20 a.m. to 2:40 p.m.  
OLS Preschool (3 and 4 yr old): M to F - 8:20 a.m. to 2:55 p.m.  
OLS Preschool (3 yr old half day): M to F - 8:20 a.m. to 11:20 a.m.  
Grades Kindergarten and 1: M to F - 8:10 a.m. to 2:55 p.m.  
Grades 2 to 8: M to F - 8:10 a.m. to 3:00 p.m.

E. School Curriculum - Our academy strives to develop in our students a firm foundation in Christian doctrine and values. We follow the New York State Next Generations Standards and Diocese of Brooklyn and Queens guidelines for curriculum development in all grades. In addition to the regular curriculum, Grades Pre-K to 8 attend classes in art, computer, physical education, and Grades Pre-K to 4 attend music classes. Grades K to 8 study Spanish, and Grades Nursery to Pre-K learn library science. We also have the services of a reading specialist for Grades K to 8 five days a week and a guidance counselor three days a week. Non-Catholic students are expected to study and pass religion as they would any subject. All students in grades PK-8 receive weekly STEM classes in our state-of-the-art STEM lab.

F. Tuition - The Tuition Contract will give you the information you need to determine costs for your family for the 2023-2024 school year.

G. Morning Care Program - is available for students in all grades starting at 7:00 a.m. each morning. Information will be available the first day of school. Grades Nursery to Kindergarten will receive the information at orientation.

H. Extended Care Program - is available for our students in Grades Nursery-Full Day to 8 from dismissal to 6:00 p.m. Information will be available the first day of school. Grades Nursery to Kindergarten will receive the information at orientation.

I. School Uniform, Shoes and Gym Uniform are required for students in Grades Nursery to 8. Information will be available at the registration interview. All students must purchase uniforms from Flynn and O'Hara and shoes from Da-Bar Shoes.

J. Transportation - Students in Grades K to 2 may be eligible for transportation on the NYC yellow school bus if they live a half-mile or more from school. Students in Grades 3 to 6 may be eligible for transportation on the NYC yellow school bus if they live a mile or more from school. MetroCards can be requested for students to use on the NYC public bus system. The NYC Office of Pupil Transportation decides on the locations of the school bus stops and determines who is eligible for the school bus or the MetroCard through an application sent in by the school office. Information will be available at the registration interview. Students in Nassau County should go to their Town Hall to request service before April 1, 2023.

### 4. PARISH MEMBERSHIP

We encourage Catholic families in our parish boundaries to register in Our Lady of the Snows Parish, worship regularly, and contribute weekly in support of our parish through the use of the parish envelopes. We are deeply interested in you and want your family to be members of our parish family. Registration forms can be obtained at the parish office on 259th Street. The parish office telephone number is 718-347-6070.



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## 2023 – 2024 Tuition Contract

**A non-refundable fee is due upon registration as follows:**

\$275 Registration Fee for one child OLS Preschool-Full Day to 8<sup>th</sup> Grade / \$100 each additional child

\$175 Registration Fee for one child OLS Preschool-3 yr old ½ DAY / \$100 each additional child

### Tuition Grades K – 8

Number of Children	Tuition	
	Catholic	NonCatholic
One	\$5120	\$6080
Two	\$6970	\$9180
Three	\$8230	\$11,260

### Tuition Early Childhood

Grade	Tuition	
	One Child	2 <sup>nd</sup> Child
OLS Preschool (3 yr old and 4 yr old)	\$5280	\$5000
OLS Preschool (3 yr old ½ Day)	\$4490	\$3980

### Extended Care Rates

	Number of Children		
	One	Two	Three
<b>Morning Care</b> (Starts at 7:00am)	\$5 per day/ \$45 per month	\$10 per day/ \$60 per month	\$15 per day/ \$75 per month
<b>AfterCare Program</b> (Ends at 6pm)	Registration Fee \$35 \$8.50 per hour	Registration Fee \$50 \$11.50 per hour	Registration Fee \$60 \$13.50 per hour

**In addition to tuition, each family is responsible for a Parent Service Fee of \$500.** (Please see the Parent Service Commitment Form for more information regarding this fee.)

### TUITION PAYMENT SCHEDULE FOR 2023-2024

- The yearly tuition fee is broken down into ten (10) monthly payments beginning June 15<sup>th</sup>. The monthly payment for your child(ren) can be determined by dividing your total tuition by ten. We have partnered with FACTS Management Company to manage our payment program. This will enable all families to make online payments. (Please see the attached information explaining the FACTS Management program.) All returning families will use their existing FACTS log-in information. New families will receive an email directly from FACTS Management Company to set up their account to complete their registration.

The **First Tuition payment** is due by **June 15, 2023**. The Second through Tenth Tuition payments are due by the fifteenth of every month, **September through May**. If tuition is not received by the 15<sup>th</sup> of the month, a **\$25 late fee will be charged**. Payments should be paid online through FACTS by electronic transfer directly from your bank account or by credit card. A processing fee will be charged by FACTS for credit card payments.

**All tuition and fees must be paid in full by May 15, 2024.**



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If an online payment is **Returned or Uncollected** due to insufficient funds or any other reason, you will be charged a \$30 fee (subject to change) and FACTS will make a second attempt to debit your account.

A **3 percent discount** will be given to each family who pays their tuition in full by June 30, 2023. This only applies to tuition not any other school fees, and the discount does not apply to tuition received after June 30<sup>th</sup>. There are no exceptions. If you will be away, you may send the payment in advance to the school address.

**Financial Aid** – There are various scholarships that are awarded each year. Information and guidelines for these scholarships will be made available to you as we receive them. We recommend that all families apply for the available scholarships. Please see the school office for more information.

**\$200 Referral Incentive** – Our Lady of the Snows Catholic Academy is offering an incentive program to each family so they can invite family and friends to learn more about Our Lady of the Snows Catholic Academy. Please make sure that the prospective family mentions your family as the one that recommended them. If that new family registers and remains at Our Lady of the Snows Catholic Academy in good financial standing, you and the new family will receive a one-time credit of \$200 on the May 15, 2024 payment for the 2023-2024 school year. This credit is given only the first year the family attends Our Lady of the Snows Catholic Academy and is limited to one referral credit per family.

**\$200 Public School Incentive** – Our Lady of the Snows Catholic Academy is offering an incentive program to all new families registering from public school. This credit is given only the first year the family attends Our Lady of the Snows Catholic Academy. The family must remain in good financial standing and will receive the one-time \$200 credit on their final tuition payment of their first year.

**Registering your child is a full school year commitment.** The ten-payment plan is for your convenience and is not meant to suggest that payments correspond to a month-by-month enrollment. The cost of each child's education is a full academic year's expense. Withdrawing a child before the end of the school year does not materially decrease that expense, therefore **no refunds** will be given, and the parent is still responsible for the tuition and fees for the entire school year.

**Arrears** – Failure to pay tuition in a timely manner jeopardizes the fiscal health and stability of the Academy. If circumstances arise that a tuition payment will be late, please notify the school office in writing. If an account is delinquent, report cards, transcripts, and diplomas will not be released until all financial responsibilities are met. (No personal checks will be accepted on past due accounts.) Current enrollment and re-registration may be affected by accounts that are severely overdue.

**I/We have carefully read and agree to abide by the terms and conditions of the Our Lady of the Snows Catholic Academy Tuition Contract for the 2023-2024 school year.**

Please print: Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

**Parent/Guardian/Responsible Financial Party**

Please check who will be the Primary Party responsible for financial obligations (check one below):

- Print Name \_\_\_\_\_ Last four digits of SS# \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_
- Print Name \_\_\_\_\_ Last four digits of SS# \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_



Dear Parents,

Since the stability of Our Lady of the Snows Catholic Academy and the quality of its programs are of the utmost importance, we have partnered with FACTS Management Company to help us manage our tuition payment program and student information. FACTS is used by many schools locally and over 6,500 schools nationally. We are excited to be working with them and are confident this program will offer greater efficiency and financial stability for the school while providing convenience to families.

You will realize these benefits by using your FACTS Family Portal:

1. Automatic payments can be made from a checking or savings account or from a variety of credit cards, if applicable. Your payments are processed securely through a bank-to-bank transaction.
2. You may check your personal account or make payments online from the convenience of your home or office anytime.
3. Track your child's academic progress, check grades, assignments, attendance, etc.
4. Order and pay for monthly hot lunch.

Once your registration forms are submitted and processed, you will receive information on how to create your FACTS Family Portal Account. Your FACTS Family Portal will be an important tool to your child's academic success.

Thank you for your continued loyalty and support for Our Lady of the Snows Catholic Academy. We depend on your support in our efforts to provide the highest quality of education for your children. Your continued support and cooperation are appreciated, as we remain committed to our mission.

Respectfully,

Joseph Venticinque  
Principal

# Tuition Assistance Available

Financial aid is available for eligible students in grades K-8, who attend a Brooklyn or Queens Catholic School or Academy.\*

\*To be eligible, families must: 1. Enroll student(s) in a Brooklyn or Queens Catholic elementary school/academy. 2. Complete the financial aid application and submit all required documents. 3. Meet financial need requirements.

## APPLY ONLINE

Starting **Monday, January 16, 2023**, visit [www.FuturesinEducation.org](http://www.FuturesinEducation.org)

From the main menu, click **Scholarships** -> **APPLY NOW!**

Note: Returning Teddy J. Forstmann recipients will receive instructions from Children's Scholarship Fund. **Do not apply through Facts!**



SCAN ME

## MEET YOUR DEADLINES!



MARCH 31, 2023

Families who received an award last academic year

APRIL 30, 2023

New applicants

## NEED HELP?

**FACTS** is the third-party vendor selected by Futures in Education to conduct fair and confidential financial need assessments for families applying for tuition assistance.

- FACTS Applicant Support: **Phone 866-441-4637**
- M-Th 8:30am- 8pm Est / Fri 8:30am-6pm Est
- **Email at [infofactstuitionaid.com](mailto:infofactstuitionaid.com)**



## MORE INFORMATION



Futures in Education: [www.futuresineducation.org](http://www.futuresineducation.org)  
Call: 718.965.7340



Children's Scholarship Fund: [www.scholarshipfund.org](http://www.scholarshipfund.org)

**Note: There is a non-refundable \$40 application processing fee payable by credit card. Applications are available online in English and Spanish.**

# Ayuda Financiera Disponible

Ayuda financiera está disponible para estudiantes elegibles en los grados K a 8, que asisten a una escuela o academia católica de Brooklyn o Queens.\*

\*Para ser elegible, las familias deben: 1. Registrar a los estudiantes en una escuela primaria/academia católica de Brooklyn o Queens. 2. Completar la solicitud de ayuda financiera y enviar todos los documentos requeridos. 3. Cumplir con los requisitos de necesidad económica.

## PARA APLICAR

A partir del **lunes 16 de enero del 2023** dirijase a [www.futuresineducation.org](http://www.futuresineducation.org)

En el menú principal, seleccione **SCHOLARSHIP** (becas) y luego **APPLY** (aplicar)

Nota: Familias que recibieron Teddy Forstmann el año pasado recibirán instrucciones de parte de Children's Scholarship Fund. **No necesitan aplicar por FACTS!**



Escanea el código usando tu cámara

## FECHA LIMITE



**31 DE MARZO DEL 2023**

Para familias que recibieron una beca el año anterior

**30 DE ABRIL DEL 2023**

Para las familias nuevas

## ¿NECESITA AYUDA?

La compañía **FACTS** ha sido seleccionada por Futures in Education para llevar a cabo de manera justa y confidencial la evaluación de ayuda financiera para las familias que la soliciten.

- FACTS Línea de apoyo al solicitante: **866-441-4637**
- Lun-Jue 8:30am-8pm EST / Vier 8:30am-6pm EST
- **Correo electrónico: [infofactstuitionaid.com](mailto:infofactstuitionaid.com)**



## PARA MAYOR INFORMACION



Futures in Education  
FOR BROOKLYN AND QUEENS

Futures in Education: [www.futuresineducation.org](http://www.futuresineducation.org)  
llamada: 718.965.7340

Children's Scholarship Fund: [www.scholarshipfund.org](http://www.scholarshipfund.org)



Children's Scholarship Fund

**Nota: El cargo por el proceso de aplicación es de \$40 pagadero por tarjeta de crédito. Las aplicaciones están disponibles en línea en inglés y español.**



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## APPLICATION FORM 2023-24 ACADEMIC YEAR (Please Print Clearly)

Grade Entering \_\_\_\_\_ If OLS Preschool-3yr old,  Full or  Half Day Date of Registration \_\_\_\_\_  
Previously Attended School \_\_\_\_\_

Name of School \_\_\_\_\_ Address of School \_\_\_\_\_ Dates Attended \_\_\_\_\_ Grades \_\_\_\_\_

### STUDENT INFORMATION: STUDENT'S NAME MUST MATCH BIRTH CERTIFICATE

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Check One:  Male  Female Birth Date: \_\_\_\_\_  
mm/dd/yyyy

Student's Home Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Preferred E-Mail: \_\_\_\_\_

What is the city, state, and country where this student was born? \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Other languages spoken at home are: \_\_\_\_\_

How many children are in your family? \_\_\_\_\_

Names	School Attending	Grade
_____	_____	_____
_____	_____	_____

Religious Affiliation:  Catholic Parish Affiliation: \_\_\_\_\_

Non-Catholic Parish Address: \_\_\_\_\_

Student's Religion: \_\_\_\_\_  
(If Christian, Please be specific. I.e., Lutheran, Methodist, etc.)

Please indicate if the student received the sacrament of Baptism in a Roman Catholic Church.  Yes  No

Baptism Date: \_\_\_\_\_ Church Name & Address: \_\_\_\_\_

Penance Date: \_\_\_\_\_ Church Name & Address: \_\_\_\_\_

Communion Date: \_\_\_\_\_ Church Name & Address: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church Name & Address: \_\_\_\_\_

(Note: Baptism Certificate must be provided in order to receive the Catholic tuition rate.)

Ethnic Background: Is the student Hispanic, Latino, or Spanish Origin (regardless of race):  Yes  No

Race: Please check one. (For NYS Statistical Studies)

American Indian/Alaskan Native  Asian  Black  Native Hawaiian or other Pacific Islander  White

Does the student have an I.E.P. (Individualized Education Plan) or Special Services:  Yes  No

If yes, please provide a copy of I.E.P.

Medical Information: Does the student have a medical 504 form:  Yes  No

Allergies:  Yes  No \_\_\_\_\_

Food Allergies:  Yes  No \_\_\_\_\_

History of Asthma:  Yes  No Does the child require an inhaler or nebulizer:  Yes  No

History of Serious Illness or Hospitalization: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_



**Father:**

Title \_\_\_\_ (Mr., Dr., etc.) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address:  Same as Student or Different Address (Specify): \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

Work Phone(\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Birthplace (Country) \_\_\_\_\_ Religion \_\_\_\_\_

(If Christian, please be specific. i.e., Lutheran, Methodist, etc.)

**Mother:**

Title \_\_\_\_ (Mr., Dr., etc.) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address:  Same as Student or Different Address (Specify): \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

Work Phone(\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Birthplace (Country) \_\_\_\_\_ Religion \_\_\_\_\_

(If Christian, please be specific. i.e., Lutheran, Methodist, etc.)

**Guardian/Caretaker: (resides at the same address as student)**

Relationship to Student (i.e. grandparent, aunt, etc.) \_\_\_\_\_

Title \_\_\_\_ (Mr., Dr., etc.) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

Work Phone(\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Are parents married, divorced or separated?  Married  Divorced  Separated

If divorced or separated:

Does father have right to information?  Yes  No Can father visit/pick-up?  Yes  No

Does mother have right to information?  Yes  No Can mother visit/pick-up?  Yes  No

Are any custodial papers needed to be on file with the school?  Yes  No

If yes, please provide copy to school office.

Is there anyone that should not be picking up your child? \_\_\_\_\_

Please list any information about your child you feel the school should know: \_\_\_\_\_

**Transportation Requested:**

NYC Students Grades K through 6  Yes, Yellow School Bus  No

NYC Students Grades 7 and 8  Yes, MetroCard  No

**Nassau County Students –**

Parents must apply through their individual town hall for bus transportation. Please check for application deadlines.

Town coming from \_\_\_\_\_

Or Private Bus Service \_\_\_\_\_

Referred to OLSCA by \_\_\_\_\_

I certify that all the information provided is accurate, and I will immediately inform the school office of any changes.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Printed Name



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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Class in September \_\_\_\_\_

### IMMUNIZATION HISTORY (To be completed by physician or health clinic representative)

DTP or DT or TD \_\_\_\_\_ \*Last dose on or after 4 years of age.  
Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Tdap \_\_\_\_\_ (applies to all entering 6<sup>th</sup> & 7<sup>th</sup> grades - ages 11 & up)  
Date \_\_\_\_\_

Meningococcal (MenACWY) \_\_\_\_\_ (applies to all entering 7<sup>th</sup> & 8<sup>th</sup> grade)  
Date \_\_\_\_\_

POLIO \_\_\_\_\_ \*Last dose on or after 4 years of age.  
Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

MMR \_\_\_\_\_  
Date \_\_\_\_\_ (on or after first birthday) Date \_\_\_\_\_ (on or after 15 months of age)

HIB \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

PNEUMOCOCCAL (PCV) \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

VARICELLA (CHICKENPOX) [1] \_\_\_\_\_ (on or after 1st birthday) [2] \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

\*HEP B \_\_\_\_\_ \*HEP B Minimum age for dose 1: Birth  
Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_  
(3 doses for children entering Nursery - 8th)  
Dose 1 to dose 2: 4 weeks  
Dose 2 to dose 3: 8 weeks and at least 16 weeks after first dose; minimum age for the final dose is 24 weeks.

Signature of physician or health clinic representative \_\_\_\_\_ Date \_\_\_\_\_

Print name of physician or health clinic representative \_\_\_\_\_ (Area Code) Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Do not write below this line (for school use only).

Date of Registration \_\_\_\_\_ Admitted \_\_\_\_\_

**CHILD & ADOLESCENT HEALTH EXAMINATION FORM**  
 NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please Print Clearly

NYC ID (OSIS)

**TO BE COMPLETED BY THE PARENT OR GUARDIAN**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Sex  Female  Male Date of Birth (Month/Day/Year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Child's Address \_\_\_\_\_ Hispanic/Latino?  Yes  No Race (Check ALL that apply)  American Indian  Asian  Black  White  
 Native Hawaiian/Pacific Islander  Other \_\_\_\_\_

City/Borough \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ School/Center/Camp Name \_\_\_\_\_ District Number \_\_\_\_\_ Phone Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Health insurance (including Medicaid)?  Yes  No Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Email \_\_\_\_\_  
 Foster Parent

**TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER**

Birth history (age 0-6 yrs)  
 Uncomplicated  Premature: \_\_\_\_\_ weeks gestation  
 Complicated by \_\_\_\_\_

Allergies  None  Epi pen prescribed  
 Drugs (list) \_\_\_\_\_  
 Foods (list) \_\_\_\_\_  
 Other (list) \_\_\_\_\_

Attach MAF if in-school medications needed

**Does the child/adolescent have a past or present medical history of the following?**

Asthma (check severity and attach MAF):  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  
 If persistent, check all current medication(s):  Quick Relief Medication  Inhaled Corticosteroid  Oral Steroid  Other Controller  None  
 Asthma Control Status:  Well-controlled  Poorly Controlled or Not Controlled

Anaphylaxis  Seizure disorder  
 Behavioral/mental health disorder  Speech, hearing, or visual impairment  
 Congenital or acquired heart disorder  Tuberculosis (latent infection or disease)  
 Developmental/learning problem  Hospitalization  
 Diabetes (attach MAF)  Surgery  
 Orthopedic injury/disability  Other (specify) \_\_\_\_\_  
 Explain all checked items above.  Addendum attached.

Medications (attach MAF if in-school medication needed)  
 None  Yes (list below)

**PHYSICAL EXAM** Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height \_\_\_\_\_ cm (\_\_\_\_ %ile)  
 Weight \_\_\_\_\_ kg (\_\_\_\_ %ile)  
 BMI \_\_\_\_\_ kg/m<sup>2</sup> (\_\_\_\_ %ile)  
 Head Circumference (age ≤2 yrs) \_\_\_\_\_ cm (\_\_\_\_ %ile)

Blood Pressure (age ≥3 yrs) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**General Appearance:**

Physical Exam WNL

<input type="checkbox"/> Psychosocial Development	<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Skin
<input type="checkbox"/> Language	<input type="checkbox"/> Dental	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological
<input type="checkbox"/> Behavioral	<input type="checkbox"/> Neck	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Extremities	<input type="checkbox"/> Back/spine

Describe abnormalities: \_\_\_\_\_

**DEVELOPMENTAL** (age 0-6 yrs)

Validated Screening Tool Used?  Yes  No Date Screened \_\_\_\_/\_\_\_\_/\_\_\_\_

Screening Results:  WNL  
 Delay or Concern Suspected/Confirmed (specify area(s) below):  
 Cognitive/Problem Solving  Adaptive/Self-Help  
 Communication/Language  Gross Motor/Fine Motor  
 Social-Emotional or Personal-Social  Other Area of Concern: \_\_\_\_\_

Describe Suspected Delay or Concern: \_\_\_\_\_

**Nutrition**  
 < 1 year  Breastfed  Formula  Both  
 ≥ 1 year  Well-balanced  Needs guidance  Counseled  Referred  
 Dietary Restrictions  None  Yes (list below) \_\_\_\_\_

**Hearing** Date Done \_\_\_\_/\_\_\_\_/\_\_\_\_ Results  
 < 4 years: gross hearing  WNL  Abnl  Referred  
 OAE  WNL  Abnl  Referred  
 ≥ 4 yrs: pure tone audiometry  WNL  Abnl  Referred

**Vision** Date Done \_\_\_\_/\_\_\_\_/\_\_\_\_ Results  
 < 3 years: Vision appears:  WNL  Abnl  
 Acuity (required for new entrants and children age 3-7 years) Right \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Unable to test  
 Screened with Glasses?  Yes  No  
 Strabismus?  Yes  No

**SCREENING TESTS** Date Done \_\_\_\_/\_\_\_\_/\_\_\_\_ Results

**Blood Lead Level (BLL)** (required at age 1 yr and 2 yrs and for those at risk) \_\_\_\_\_ µg/dL

**Lead Risk Assessment** (annually, age 6 mo-6 yrs) \_\_\_\_\_  
 At risk (do BLL)  Not at risk

**Hemoglobin or Hematocrit** \_\_\_\_\_ g/dL \_\_\_\_\_ %

Child Receives E/C/P/S/E services  Yes  No CR Number \_\_\_\_\_ Physician Confirmed History of Varicella Infection  \_\_\_\_\_

**Dental**  
 Visible Tooth Decay  Yes  No  
 Urgent need for dental referral (pain, swelling, infection)  Yes  No  
 Dental Visit within the past 12 months  Yes  No

**IMMUNIZATIONS - DATES**

DTP/TaP/DT	_____	Tdap	_____	IgG Titers	Date
Td	_____	MMR	_____	Hepatitis B	_____
Polio	_____	Varicella	_____	Measles	_____
Hep B	_____	Mening ACWY	_____	Mumps	_____
Hib	_____	Hep A	_____	Rubella	_____
PCV	_____	Rotavirus	_____	Varicella	_____
Influenza	_____	Mening B	_____	Polio 1	_____
HPV	_____	Other	_____	Polio 2	_____
				Polio 3	_____

**ASSESSMENT**  Well Child (Z00.129)  Diagnoses/Problems (list) \_\_\_\_\_ ICD-10 Code \_\_\_\_\_

**RECOMMENDATIONS**  Full physical activity  
 Restrictions (specify) \_\_\_\_\_  
 Follow-up Needed  No  Yes, for \_\_\_\_\_ Appt. date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Referral(s):  None  Early Intervention  IEP  Dental  Vision  
 Other \_\_\_\_\_

Health Care Practitioner Signature \_\_\_\_\_ Date Form Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Care Practitioner Name and Degree (print) \_\_\_\_\_ Practitioner License No. and State \_\_\_\_\_

Facility Name \_\_\_\_\_ National Provider Identifier (NPI) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

DOHMH ONLY PRACTITIONER I.D. \_\_\_\_\_

TYPE OF EXAM:  NAE Current  NAE Prior Year(s)  
 Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_ I.D. NUMBER \_\_\_\_\_

REVIEWER: \_\_\_\_\_

FORM ID# \_\_\_\_\_



# SEPTEMBER 2022

## MEDICAL REQUIREMENTS FOR CHILD CARE AND NEW SCHOOL ENTRANTS

(PUBLIC, PRIVATE, PAROCHIAL SCHOOLS AND CHILD CARE CENTERS)

### ALL STUDENTS ENTERING A NEW YORK CITY (NYC) SCHOOL OR CHILD CARE FOR THE FIRST TIME MUST HAVE A COMPLETE PHYSICAL EXAMINATION AND ALL REQUIRED IMMUNIZATIONS

The comprehensive medical examination must be documented on a Child Adolescent Health Examination Form (CH205) and include the following:

Weight	Body Mass Index	Medical History
Height	Vision Screening	Developmental Assessment
Blood Pressure	Hearing Screening	Nutritional Evaluation
	Dental Screening	

All students entering NYC public or private schools or child care (including Universal 3K and Pre-Kindergarten classes) for the first time must submit a report of a physical examination performed within one year of school entry. Because children develop and grow so quickly at these early ages, if this initial examination is performed before the student is age 5 years, a second examination, performed between the child's fifth and sixth birthday, is also required. Fillable CH-205 forms that include the student's pre-populated vaccination histories are available in the NYC Citywide Immunization Registry (CIR). A savable version of the pre-populated CH205 is also available in the CIR and is accessible for use to update as needed. For school year 2022-2023, the previous version of the CH205 form produced from the Online Registry will continue to be accepted by all NYC Public Schools, Center/School/Home-Based Care and After-School until it is replaced by the new version.

#### Required Screening for Child Care Only

Screening	Required Information
Anemia Screening	Hematocrit OR Hemoglobin
Lead Screening, Assessment and Testing	<ul style="list-style-type: none"> <li>All children under age 6 years must be assessed annually for lead exposure.</li> <li>Blood lead tests are required for children at ages 1 and 2 years AND other children up to age 6 years if they are at risk of exposure OR if no lead test was previously documented.</li> <li>For more information, call the Lead Poisoning Prevention Program at 311, or visit <a href="https://www1.nyc.gov/assets/doh/downloads/pdf/lead/lead-guidelines-children.pdf">https://www1.nyc.gov/assets/doh/downloads/pdf/lead/lead-guidelines-children.pdf</a></li> </ul>

#### IMMUNIZATION REQUIREMENTS 2022-23

The following immunization requirements are mandated by law for all students between the ages of 2 months and 18 years. Children must be excluded from school if they do not meet these requirements. To be considered fully immunized, a child must have an immunization history that includes all of the following vaccines. The child's immunization record should be evaluated according to the grade they are attending this school year.

#### PROVISIONAL REQUIREMENTS

New students may enter school or child care provisionally with documentation of at least this initial series of immunizations. Once admitted provisionally, subsequent vaccines must be administered in accordance with the Advisory Committee on Immunization Practices (ACIP) "catch up" schedule for the child to be considered "in process" and remain in school (refer to <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>). If a child does not receive subsequent doses of vaccine at appropriate intervals and according to the ACIP catch-up schedule, the child is no longer in process and must be excluded from school within 14 days after the minimum interval identified by the ACIP catch-up schedule. Alternative schedules are not acceptable. Students must complete the entire series to comply with the law. Students who have not been immunized within the provisional period must be issued exclusion letters and excluded from school or child care until they comply with the requirements.

VACCINES	CHILD CARE, HEAD START, NURSERY, 3K OR PRE-KINDERGARTEN	KINDERGARTEN through Grade 12
Diphtheria and tetanus toxoid-containing vaccine and pertussis vaccine (DTaP/DTP/DT/Td/Tdap) <sup>2,3</sup>	One dose DTaP or DTP	Grades K-5: One dose DTaP, DTP, DT; or Td, Tdap (ages 7 years or older) Grades 6-12: one dose of Tdap
Polio vaccine (IPV/OPV) <sup>1,4</sup>	One dose	One dose
Measles, mumps, and rubella vaccine (MMR) <sup>1,5</sup> On or after the first birthday	One dose	One dose
Hepatitis B (HepB) vaccine <sup>1,6</sup>	One dose	One dose
Varicella (chickenpox) vaccine <sup>1,7</sup> On or after the first birthday	One dose	One dose
Meningococcal conjugate vaccine (MenACWY) <sup>8</sup> Grades 7 through 12		One dose
Haemophilus influenzae type b conjugate vaccine (Hib) <sup>9</sup> Through age 59 months (up until the 5 <sup>th</sup> birthday)	One dose	
Pneumococcal conjugate vaccine (PCV) <sup>10</sup> Through age 59 months (up until the 5 <sup>th</sup> birthday)	One dose	
Influenza <sup>11</sup> Depending on their influenza vaccine history, some children may need two doses of influenza vaccine. A second dose is not required for child care/pre-K attendance.	One dose	

## 2022–23: FULL COMPLIANCE

### New York State Immunization Requirements for Child Care and School Entrance/Attendance

Notes: For all settings and grades (child care, head start, nursery, 3K, pre-K/Kindergarten through 12), intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for children aged 0 through 18 years. Doses received more than 4 calendar days before the recommended minimum age or interval are not valid and do not count. This 4-day grace period does not apply to the recommended 28-day minimum interval between doses of live virus vaccines (i.e., MMR, varicella). Refer to the footnotes for dose requirements and specific information about each vaccine. Children enrolling in gradeless classes should meet immunization requirements for their age-equivalent grade. Children who were not in full compliance before the start of the school year must complete requirements according to the ACIP-recommended catch-up schedule in order to remain in child care or school.

VACCINES	CHILD CARE, HEAD START, NURSERY, 3K OR PRE-KINDERGARTEN	KINDERGARTEN through Grade 8	GRADES 6 through 12
Diphtheria and tetanus toxoid-containing vaccine and pertussis vaccine (DTaP/DTaP) <sup>2</sup>	4 doses	5 doses or 4 doses if the fourth dose was received at age 4 years or older or 3 doses if the child is age 7 years or older and the series was started at age 1 year or older	3 doses
Tetanus and diphtheria toxoid-containing vaccine and pertussis vaccine booster (Tdap) <sup>3</sup>	Not Applicable		1 dose
Polio vaccine (IPV/OPV) <sup>1,4</sup>	3 doses	4 doses or 3 doses if the third dose was received at age 4 years or older	
Measles, mumps, and rubella vaccine (MMR) <sup>1,5</sup>	1 dose	2 doses	
Hepatitis B (HepB) vaccine <sup>1,6</sup>	3 doses	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax HB®) for children who received the doses at least 4 months apart between the ages of 11 through 15 years
Varicella (chickenpox) vaccine <sup>1,7</sup>	1 dose	2 doses	
Meningococcal conjugate vaccine (MenACWY) <sup>8</sup>	Not Applicable		Grades 7, 8, 9, 10 and 11: 1 dose Grade 12: 2 doses or 1 dose if the first dose was received at age 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) <sup>9</sup>	1 to 4 doses	Not Applicable	
Pneumococcal conjugate vaccine (PCV) <sup>10</sup>	1 to 4 doses	Not Applicable	
Influenza <sup>11</sup>	1 dose	Not Applicable	

For more information contact:

New York State Department of Health, Bureau of Immunization: 518-473-4437

New York City Department of Health and Mental Hygiene, Bureau of Immunization: 347-396-2433; Office of School Health Citywide (all districts): OSH@health.nyc.gov

- Documented serologic evidence of immunity to measles, mumps, rubella, hepatitis B, or varicella meets the requirements for these immunizations. Serologic evidence of immunity to polio is acceptable only if results are positive for all three serotypes and testing must have been done prior to September 1, 2019. Diagnosis by a physician, physician assistant or nurse practitioner that a child had varicella disease is acceptable proof of immunity to varicella.
- Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine – (Minimum age: 6 weeks)**
  - Children starting the series on time should receive a five-dose series of DTaP vaccine at ages 2 months, 4 months, 6 months, 15 through 18 months, and age 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, when retrospectively identified, the fourth dose need not be repeated if it was administered at least 4 months after the third dose. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the prior dose.
  - If the fourth dose was administered at age 4 years or older, the fifth (booster) dose is not necessary.
  - If the fifth dose was received prior to the fourth birthday, a sixth dose, administered at least 6 months after the prior dose, is required.
  - For children born before January 1, 2005, immunity only to diphtheria is required; any diphtheria-containing vaccine can meet the requirement (DTaP, DT, Td, or Tdap).
  - Children ages 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, either Tdap or Td should be used. If the first dose of DTaP/DT/DT was received before the first birthday, then four total doses are required to complete the series. If the first dose of DTaP/DT/DT was received on or after the first birthday, then three total doses are required to complete the series. The final dose must be received on or after the fourth birthday.
- Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine – (Minimum age: 7 years)**
  - Students ages 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
  - Students without Tdap who are age 10 years upon entry to 6<sup>th</sup> grade are in compliance until they turn age 11 years.
  - In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series (see footnote 2e).
  - In school year 2022-2023, only doses of Tdap (or DTaP) given at age 10 years or older will satisfy the Tdap requirement for grades 6, 7 and 8; however, doses of Tdap (or DTaP) given at age 7 years or older will satisfy the requirement grades 9 through 12.
  - DTaP should NOT be used on or after the 7<sup>th</sup> birthday but if inadvertently received, the Tdap requirement is satisfied by doses of DTaP (see footnote 3c).
- Inactivated poliovirus vaccine (IPV) or oral polio vaccine (OPV) – (Minimum age: 6 weeks)**
  - Children starting the series on time should receive IPV at ages 2 months, 4 months, 6 through 18 months and age 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the prior dose.
  - For students who received their fourth dose before age 4 years: if the 4<sup>th</sup> dose was prior to August 7, 2010, four doses separated by at least four weeks is sufficient.
  - If the third dose was received at age 4 years or older and at least 6 months after the prior dose, a fourth dose is not necessary.
  - If both OPV and IPV were administered as part of a series, the total number of doses and intervals between doses is the same as that recommended for the IPV schedule. For OPV to count towards the completion of the polio series, the dose(s) must have been given before April 1, 2016, and be trivalent (tOPV).
- Measles, mumps, and rubella (MMR) vaccine – (Minimum age: 12 months)**
  - The first dose of MMR vaccine must be given on or after the first birthday. The second dose must be given at least 28 days (four weeks) after the first dose to be considered valid.
  - Students in kindergarten through grade 12 must receive two doses of measles-containing vaccine, two doses of mumps-containing vaccine and at least one dose of rubella-containing vaccine.
- Hepatitis B (HepB) vaccine – (Minimum age: birth)**
  - The first dose of HepB vaccine may be given at birth or anytime thereafter. The second dose must be given at least four weeks (28 days) after the first dose. The third dose must be given at least eight weeks after the second dose AND at least 16 weeks after dose one AND no earlier than 24 weeks of age.
  - Administration of a total of four doses is permitted when a combination vaccine containing HepB is administered after the birth dose. This fourth dose is often needed to ensure that the last dose in the series is given on or after age 6 months.
  - Two doses of adult HepB vaccine (Recombivax®) received at least four months apart at age 11 through 15 years will meet the requirement.
- Varicella (chickenpox) vaccine – (Minimum age: 12 months)**
  - The first dose of varicella vaccine must be given on or after the first birthday. The second dose must be given at least 28 days (four weeks) after the first dose to be considered valid.
  - For children younger than age 13 years, the recommended minimum interval between doses is three months (though, if the second dose was administered at least four weeks after the first dose, it can be accepted as valid); for people aged 13 years and older, the minimum interval between doses is four weeks.
- Meningococcal Vaccine (MenACWY) – (Minimum age: 2 months)**
  - Students entering grades 7, 8, 9, 10 and 11 are required to receive a single dose of meningococcal conjugate vaccine against serogroups A, C, W-135 and Y (MenACWY vaccine).
  - Students entering grade 12 need to receive two doses of MenACWY vaccine, or only one dose of MenACWY vaccine if the first dose was administered at age 16 years or older.
  - If the second dose was administered before age 16 years, then a third dose given on or after age 16 years is required.
  - The minimum interval between doses of MenACWY vaccine is eight weeks.
  - In school year 2022-2023, only doses of MenACWY given at 10 years or older satisfy the requirement for grades 7, 8 and 9; doses given before 10 years will satisfy the requirement for the first dose for grades 10 through 12.
- Haemophilus influenzae type b conjugate vaccine (Hib) – (Minimum age: 6 weeks)**
  - Children starting the series on time and receiving PRP-T Hib vaccine should receive doses at ages 2 months, 4 months, 6 months and 12 through 15 months. If the formulation is PRP-OMP, only two doses are needed before age 12 through 15 months.
  - If 2 doses of vaccine were received before age 12 months, only 3 doses are required, with the third dose at 12 through 15 months and at least 8 weeks after the second dose.
  - If the first dose was received at age 12 through 14 months, only 2 doses are required with second dose at least 8 weeks after the first dose.
  - If the first dose was received at age 15 months or older, no further doses are required.
  - Hib vaccine is not required for children ages 5 years or older.
- Pneumococcal conjugate vaccine (PCV) – (Minimum age: 6 weeks)**
  - Children starting the series on time should receive PCV vaccine at ages 2 months, 4 months, 6 months and 12 through 15 months.
  - Unvaccinated children ages 7 through 11 months must receive two doses, at least four weeks apart, followed by a third dose at age 12 through 15 months and at least eight weeks after the prior dose.
  - Unvaccinated children ages 12 through 23 months must receive two doses at least eight weeks apart.
  - If a dose was received at age 24 months or older, no further doses are required.
  - PCV vaccine is not required for children ages 5 years or older.
  - See PCV chart at <https://www.cdc.gov/vaccines/schedules/downloads/child/job-aids/pneumococcal.pdf>
- Influenza Vaccine – (Minimum age: 6 months)**
  - All children 6 months through 59 months of age enrolled in NYC Article 47 & 43 regulated Child Care, Head Start, Nursery, or Pre-K programs must receive
  - one dose of influenza vaccine between July 1<sup>st</sup> and December 31<sup>st</sup> of each year.
  - Depending on their prior influenza vaccination history, some children may need two doses of influenza vaccine; however, a second dose is not required for school entry. Please refer to the Centers for Disease Control and Prevention ([cdc.gov/flu](http://cdc.gov/flu)) or New York City Department of Health ([www.nyc.gov/health/flu](http://www.nyc.gov/health/flu))



# Our Lady of the Snows Catholic Academy

*"Turning today's learners into tomorrow's leaders"*

## **PARENT SERVICE COMMITMENT** **NURSERY-FULL DAY THROUGH GRADE 8**

Dear Parents,

As part of your school responsibility, each registered family is required to fulfill a specific service by giving time to the academy. When you register your child, you **MUST** choose a service which will be assigned on a first come, first served basis. After the scheduling is completed, we will be able to determine when and where additional help is needed.

If you have any questions concerning the services, please contact the school. Records will be kept of those who volunteer and will be reviewed periodically. Those families who fail to fulfill their commitment will be billed, pro-rated on the \$500.00 annual service fee. If you have consistently missed your service, we may not be able to schedule you for a service next year. You will be required to pay the \$500.00 parent service fee.

Because our academy needs lunch coverage, we are unable to accept other parish or school activities as an alternative service. Please consider each option carefully before making your selection because we may not be able to accommodate changes once the schedule has been made.

**RAFFLES** – selling raffles in November, for the December drawing and March/April, for the Spring Raffle in the equivalent amount of the parent service fee. More information to follow.

**LUNCH DUTY** – from 11:45AM until 1:05PM once each week, to maintain order and discipline. As always, this is where we need the most help. All volunteers must complete and show proof of Virtus Training from the Diocese. (See Virtus Training flyer for more information.) Also attend one of the mandatory Lunch Duty tutorial meetings held in August/September 2023.

**259<sup>th</sup> STREET STOP & DROP/OFFICE\*** – one day per week, to stay at the drop off area from 7:45AM until 8:30AM to make sure traffic flows smoothly. After stop and drop, you will come to 258<sup>th</sup> Street by Union Tpke to assist with Pre-K arrival. Also attend one of the mandatory Parent Service tutorial meetings held in August/September 2023.

**258<sup>th</sup> STREET CONES/OFFICE\*** – one day per week, to bring out cones and stay with them on 258<sup>th</sup> Street to keep the street clear for our buses and early childhood arrival from 7:45AM until 8:30AM. Also attend one of the mandatory Parent Service tutorial meetings held in August/September 2023.

We understand that many families must work two jobs; however, your service and dedication is needed and appreciated. Thank you for your cooperation and understanding.

Sincerely,  
Joseph Venticinque  
Principal



# Our Lady of the Snows Catholic Academy

"Turning today's learners into tomorrow's leaders"

## PARENT SERVICE COMMITMENT

\*Registration is NOT complete without this form.

PLEASE PRINT ALL INFORMATION CLEARLY

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

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

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

ADDRESS: \_\_\_\_\_ TOWN \_\_\_\_\_ Zip Code \_\_\_\_\_

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

NAME(S) OF CHILD OR CHILDREN Last	First	GRADE IN SEPT. 2023	CURRENT HOMEROOM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please Indicate Your Choice of Service Activity Below

Use 1 for first choice and 2 for alternate selections. **You must indicate at least two choices or a second choice may be selected for you.**

\_\_\_\_\_ **LUNCH DUTY** (from 11:45 AM to 1:05 PM once each week on the day selected) \* Must be Virtus Trained and Attend a Mandatory Tutorial Meeting in August/September 2023.

MON      TUES      WED      THURS      FRI

\_\_\_\_\_ **259<sup>th</sup> STREET STOP & DROP/OFFICE** (from 7:45 AM to 8:30 AM one day per week for entire school year) \* Must be Virtus Trained and Attend a Mandatory Tutorial Meeting in August/September 2023.

MON      TUES      WED      THURS      FRI

\_\_\_\_\_ **258<sup>th</sup> STREET CONES/OFFICE** (from 7:45 AM to 8:30 AM one day per week for entire school year) \* Must be Virtus Trained and Attend a Mandatory Tutorial Meeting in August/September 2023.

MON      TUES      WED      THURS      FRI

\_\_\_\_\_ **RAFFLES**

Selling raffles in November, for the December drawing and March/April, for the Spring Raffle in the equivalent of the parent service fee. Details to follow.

\_\_\_\_\_ **I am unable** to provide any commitment to the Parent Service team for the academy. I agree that I will include a **\$50.00** service fee each month **along with my child's tuition payment** totaling **\$500.00** for the school year.

PARENT SIGNATURE \_\_\_\_\_

**THIS FORM MUST BE RETURNED WITH YOUR CHILD'S REGISTRATION MATERIAL.** Registration is NOT complete without this form.

**IMPORTANT - ALL SERVICES REQUIRE VIRTUS TRAINING CERTIFICATION. PLEASE VISIT [WWW.VIRTUSONLINE.ORG](http://WWW.VIRTUSONLINE.ORG) FOR INFORMATION ON CLASSES. IN ADDITION TO VIRTUS, YOU MUST ATTEND A TUTORIAL MEETING IN AUGUST/SEPT 2023.**

## Instructions for Registering on-line for Virtus

- GO TO: Virtusonline.org
- CLICK: Green box labeled "FIRST-TIME REGISTRANT"
- CHOOSE: **Brooklyn, NY (Diocese) THEN: SELECT**  
(Many people chose Archdiocese of New York - this is incorrect)
- CREATE: A User ID and password you can easily remember.  
(If you do not pre-register an ID and password, one will be created for you.)
- CLICK: CONTINUE
- ENTER: All requested personal information
- CLICK: CONTINUE
- SELECT: Pick your Primary Location (the parish where you volunteer/work) from the drop down menu
- CLICK: CONTINUE = THEN: CLICK: NO or YES
- SELECT: Choose the role that applies to your ministry  
(Catechist and Coaches - Select Volunteer and add title in box)
- SELECT: Additional Roles
- ANSWER: Questions = THEN CLICK: CONTINUE
- CLICK: Code of Conduct – Read and then check that you have read and understand.

### If you are pre-registering:

- CLICK: NO
- SELECT: From the list of upcoming sessions - choose the session you want to attend by clicking on the circle.

You will receive a message thanking you for completing the registration process.

CLICK: Begin Background Check

**You will be directed to the Fastrax website**

**Follow the directions to complete.**

**PLEASE NOTE WELL – CHILDREN ARE NOT PERMITTED** due to the course content. Please make arrangements for child care if necessary. Your name will appear on the sign-in sheet and on your certificate exactly as you have entered it when you registered on-line.