

# ST. MARY CATHOLIC SCHOOL

1416 Main Street, Mount Vernon, IL 62864  
Phone: 618-242-5353 | Website: stmary.school



## STUDENT REGISTRATION FORM

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

Child's Name: \_\_\_\_\_

Last Name

First Name

Middle

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

Street

City

State

Grade Entering: \_\_\_\_\_ Transferred From: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Baptism of child: \_\_\_\_\_

Date

Church

City

First Communion: \_\_\_\_\_

Date

Church

City

\_\_\_\_\_  
Parents Signature

Additional Documents Required:

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Baptismal Certificate (if Applicable)

## **LIST OF REGISTRATION FEES & DOCUMENTS CHECKLIST**

Listed below are the St. Mary school fees and document requirements for the upcoming academic year. The fees assist our school in providing updated technology, sports and extra-curricular activities.

1. St. Mary School Athletic Association (SMSAA) -\$20.00 per family - (this fee is to maintain our gym and P.E./Athletic equipment)
2. St. Mary Home & School Association (SMHSA) - \$30.00
3. Technology Fee - \$35.00 per student
4. FACTS program fee - \$55.00 per family

These fees will be included with your August statement and can be paid with your first month's tuition through our FACTS family portal.

Tuition payments can begin in June and be paid over twelve months, or can begin in August and be paid over 10 months. (Please refer to the tuition fee schedule.)

School lunch fee is \$4.00 per lunch. Charges for school lunch will appear on the family portal in our FACTS program and are paid through the family portal.

### **For Kindergarten students and newly enrolled students.**

#### **Documents needed for child's file (due by August 30, 2024)**

- Official Birth Certificate
- Social Security Number
- Baptismal Certificate (if not baptized at St. Mary)
- Dental Exam
- Physical Exam w/immunizations
- Eye Exam

\*\*All exams and immunizations are due by August 30, 2024

# RELEASE OF SCHOOL RECORDS AUTHORIZATION

Date \_\_\_\_\_

School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Principal:

The following student (s) have enrolled in our school.

<u>Student's Name</u>	<u>Grade</u>	<u>Date Enrolled</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please send us cumulative records, such as health records, grades, and any other pertinent information.

Sincerely,

*Tim Bain*

St. Mary School Co-Principal

I hereby authorize the \_\_\_\_\_

To release school records of the above names student (s) to St. Mary School.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

# MEDICATION AUTHORIZATION FORM

## PART I

PART 1 – must be completed and signed by the child’s physician or prescriber:

Child’s Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Time to be given during school hours: \_\_\_\_\_

Date of Prescription: \_\_\_\_\_ Date of Order: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Discontinuance Date: \_\_\_\_\_

Significate Side Effects (if any):

Re-evaluation date (if needed): \_\_\_\_\_

Other medication child is receiving: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ This Medication must be administered during the school day  
(between the hours of 8:00 a.m. and 4:00 p.m.) in order to allow the child to attend school.

Yes \_\_\_ No \_\_\_ This Medication may be administered by non-Medically trained  
school staff/teachers.

Yes \_\_\_ No \_\_\_ Child may self-medicate

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Physicians Signature

Date

Medication must be brought to school by the parent/guardian in a container appropriately labeled by the pharmacy or the physician/prescriber. Medication orders should be renewed annually for long-term medications and any changes should be reported in writing to the school principal.

# SCHOOL MEDICATION AUTHORIZATION FORM

## PART II

Part II - to be completed by parent. Please **PRINT**.

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State

Home Phone: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Physician/Prescriber's Name: \_\_\_\_\_

Physician/Prescriber's Address: \_\_\_\_\_  
Street

City State Phone

I hereby confirm that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize St. Mary Catholic School teachers or staff to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described in Part I of this form.

I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices.

I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the School district, its employees and agent arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the school district, it's employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent Signature Date

### FOR OFFICE USE ONLY:

Person obtaining permission by phone:

Person granting permission by phone: Date Time



# CERTIFICATION OF MEDICAL INSURANCE AND INDEMNITY AGREEMENT

The undersigned, as parent(s) or legal guardian(s) of \_\_\_\_\_  
("child"), do hereby certify to 1~ ("school") and the Catholic Diocese of Belleville  
("Diocese") the following:

(Complete Section Below that applies)

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## SECTION 1

\_\_\_\_\_ The Child is covered under a medical insurance policy or health care plan, specifically:

\_\_\_\_\_  
(Name of Insurer or Plan)

\_\_\_\_\_  
(Policy or Group Number)

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## SECTION 2

I/We further understand that the School does not provide any medical insurance coverage for the Child, and that I/We assume all responsibility for payment of any medical expenses (including, but not limited to, doctors' fees, hospital charges, or any other medical or related charges) incurred by the child due to any injury or illness that occurs while the Child is in attendance at the School, or participation in any School-sponsored activity, including athletic events.

I/We hereby agree to hold harmless and indemnify the School and diocese, including their employees, volunteers, clergy and religious, from any claims for medical expenses described above.

I/We have read the above Agreement and fully understand the terms contained herein, and agree to abide by its terms.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Parent/Guardian)

# AFTERSCHOOL REGISTRATION FORM

Child's Name

Child's Age

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Persons Authorized to pick up your child(ren)

_____	_____
_____	_____
_____	_____

Days you expect your child to attend C.L.A.S.S.

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Wednesday |                                   |

Please list any allergies your child may have:

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

Please list phone number where parent can be reached in case of emergency or questions

\_\_\_\_\_

# CHILD/YOUTH RELEASE FORM

## VIDEO/PHOTOGRAPH/TAPE

St. Mary School/Parish takes pictures of activities and programs for publication in its newsletter, displays in church and parish center, website and local newspapers. Often young people are involved in these activities. Your child/children may be in these photos.

Below is an Opt-out form for you to sign ***IF YOU DO NOT WANT PHOTOS*** of your child ***DISPLAYED*** in the publications mentioned above. The forms will be kept on file in the office of the Parish School and Parish Catechetical Leader.

If you have no objection to your child's photo being published, you do not have to do anything with this form.

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Please do not use any photos containing my child for the period August 1, 20\_\_ through July 31, 20\_\_. This form will be renewed the beginning of each school year or may be amended at any time during the year by contacting the Principal/Director of Religious Education.

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

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

Youth name: \_\_\_\_\_

Comments:

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



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## Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### Symptoms may include one or more of the following:

- Headaches
- Amnesia
- “Pressure in head”
- “Don’t feel right”
- Nausea or vomiting
- Fatigue or low energy
- Neck pain
- Sadness
- Balance problems or dizziness
- Nervousness or anxiety
- Blurred, double, or fuzzy vision
- Irritability
- Sensitivity to light or noise
- More emotional
- Feeling sluggish or slowed down
- Confusion
- Feeling foggy or groggy
- Concentration or memory problems (forgetting)
- Drowsiness
- Repeating the same question/comment
- Change in sleep patterns

### Signs observed by teammates, Parents and Coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses Consciousness

## Student Parent Consent and Acknowledgement

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

### If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Return-to-Play Policy of the IESA and IHSA requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:  
<http://www.cdc.gov/ConcussionInYouthSports>

### Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions.

Student Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian:

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student:

\_\_\_\_\_