



St. Mary of Hannah Catholic School
2912 West M-113
Kingsley, MI 49649
231-263-5288 phone & fax
www.stmaryhannah.org

August 1, 2023

Greetings,

Summer is certainly going by quickly and it is likely that your thoughts are turning to the upcoming school year and all necessary arrangements that must be made in preparation. We too are busy preparing for the new school year and wish to make you aware of some changes so you can use this information in your planning and decision-making.

After much consideration, St. Mary of Hannah has decided not to continue to offer the after-school latchkey program that was licensed through the State of Michigan. We also have decided not to offer the same St. Joseph Club before school as we have in the past. We want more for our families.

Previously we offered after-school activities and clubs that were only open to St. Mary of Hannah students. However, this year, we will offer a club that is open to students of St. Mary of Hannah as well as area children. The **SMH** Club will focus on **S**ports, **M**ore fun, and **H**omework and activities are planned for before and after school hours.

The SMH Club is for families who wish to take advantage of activities for their children before school from 7:30 – 8:15 a.m. and/or after school from 3:00 – 4:30 p.m. The club, under Mrs. Terri LaParr's supervision, will focus on three activity options – sports, other activities (such as board games and art), and homework support. Snacks are provided in the afternoon session. Club sessions will be held on days when school is in session throughout the school year. The fee is \$5.00 for each morning and each afternoon session.

The Kingsley bus picks up their students from the morning session and drops off their students for the afternoon session.

Interested families should contact the school office at 231-263-5288 or schoolsecretary@stmaryhannah.org to sign up and for more details.

Sincerely,

Maria Somsel
School Principal

SMH Club
2912 W. M-113
Kingsley, MI 49649
231-263-5288

Thank you for considering SMH Club for your child. The Club begins on the first day of school of the 2023-24 school year from 7:30 a.m. – 8:00 a.m. Kingsley students will be picked up at approximately 7:50-7:55 a.m. The afternoon session runs from 3:00-4:30 p.m. and Kingsley students will be dropped at St. Mary of Hannah at the end of the school day.

The fee for each morning and afterschool SMH Club session is **\$5.00**. **The fee will be charged for each session that the child is signed up for even if they do not attend. NOTE: If a child is not picked up by the end of the afternoon session, a late fee of \$5.00 will be charged.**

Please enclose a **\$25.00 non-refundable** enrollment fee per child with this form as soon as possible to reserve a spot for your child. Forms must be filled out and returned before your child can attend.

Please clip and return the bottom portion with fees for registration

Child's Start Date _____

Child's Name: _____ Birthdate _____

Please indicate estimated times of arrival and departure for each day

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Will your child ride the public-school bus to/from Kingsley School? YES NO

School attending _____ Grade _____

Parents or Guardians' names _____

Address _____ City _____ Zip Code _____

Home phone _____ Cell Phone _____

Email (optional) _____

SMH Club
2912 West M-113
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231-263-5288

Physical Health & Immunizations Parental Declaration

I declare that my child _____ DOB _____ is:
(Please check all the following that apply to your child)

- _____ in good health
- _____ has up-to-date immunizations or a valid immunization waiver is in place
- _____ has his/her immunization record or appropriate waiver on file at their school

Please complete the following or write "none" for each item below:

Allergies: _____

Health Conditions: _____

Medications: _____

Signature of Parent or Guardian

Date

Printed parent or guardian name

SMH Club
EMERGENCY & ILLNESS INFORMATION

IMPORTANT: RETURN BY THE FIRST DAY OF CLUB

2023-2024

Student's Name: _____ Email address _____

Other parent living elsewhere Email address _____

Grade _____ Date of Birth _____ Home Phone No. _____ Today's Date _____

Address: _____
(Street) (City) (Zip)

Father's Name _____ Mother's Name _____

PLACE OF EMPLOYMENT: Father's Cell Phone _____ Mother's Cell Phone _____

Father _____ Working Hours _____ Business Phone _____

Mother _____ Working Hours _____ Business Phone _____

NAME OF LOCAL PERSON TO CONTACT IF PARENT(S) IS NOT AVAILABLE. (THIS MUST BE COMPLETED).

Name _____ Address _____ Phone No. _____

TRANSPORTATION

(Circle appropriate days) for transportation To and From SMH Club:

To Morning Club: Kingsley Busing,
M, Tu, W Th F

Buckley Busing,
M Tu W Th F

Car Rider
M Tu W Th F

To Afternoon Club: Kingsley Busing,
M, Tu, W Th F

Buckley Busing,
M Tu W Th F

Car Rider
M Tu W Th F

RELEASE OF CHILD ONLY TO:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

RELEASE – In case of emergency, accident or serious illness to the student named on this card in which medical treatment is required, I, the parent / legal guardian request the school to contact me. If the school is unable to reach me, my signature below authorizes the school to exercise their own judgement in contacting the physician indicated on this card and to follow their instructions. If the physician is unavailable, the school may make whatever arrangements are necessary or transport the student to a hospital emergency room.

Likewise, your signature on this card is not sufficient for the release of confidential information protected by Federal law.

Parent / Guardian Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

SPECIAL NOTE: Please notify the school immediately of any changes or modifications to any information stated on this card.

PLEASE FILL OUT REVERSE SIDE OF FORM



MEDICAL TREATMENT AUTHORIZATION

To Whom it May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: _____

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

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

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____
(Parent or Guardian)



SMH Club

Parent Handbook

The SMH Club is a secure and welcoming place for children to enjoy Sports, More fun, and have Homework support.

August 2023

St. Mary of Hannah
2912 West M-113
Kingsley, MI 49649
231-263-5288

- ❖ **Introduction:** *The SMH Club is a secure and welcoming place for children to enjoy **S**ports, **M**ore fun, and have **H**omework support. The Club accepts school children who are five years through twelve years of age, regardless of race, ethnicity, background, or religion.*
- ❖ **Registration:** *Parents must complete and submit all forms before the child begins. These forms include but are not limited to an SMH Club registration and schedule form, physical health and immunization declaration, emergency & illness information and medical treatment form, and handbook acknowledgment. Receipt of Handbook form. We are open to the community.*
- ❖ **Withdrawal:** *A family wishing to withdraw their child/children from the Club should provide written notification two weeks in advance. Families will be billed for scheduled days if they do not provide advance notice and their child(ren) do not attend.*
- ❖ **Dismissal:** *The center reserves the right to dismiss a child for the following reasons... The safety of teachers, students, or if the child is at risk of danger or harm, parents are not meeting financial obligations.*
- ❖ **Closures:** *The Club follows the St. Mary of Hannah school calendar regarding holidays and breaks. Refer to the annual calendar.*
- ❖ **Snow days:** *The Club will not be in session when the Kingsley area schools are closed due to inclement weather.*
- ❖ **Positive Guidance and Discipline Policy:**
 - A. *The Club staff strive to promote a child's positive self-concept. We will assist children to develop critical thinking, good decision-making, and mastery of self-discipline. Children will be given positive guidance.*
 - B. **Discipline:** *Children's choices and subsequent actions naturally result in either positive or negative consequences. For example, if a child shows kindness to others, others will be kind. If a child breaks something that belongs to someone else, he/she will have to replace it. When a child makes*

a choice to break a rule or do or say something unkind to another, they will have to accept responsibility for that choice, good or bad.

C. Rules: *Children are expected to listen to and follow staff direction and Club rules. Back talk, sassing, interrupting, negative facial expressions or bodily gestures, yelling and very loud, disruptive talking are not acceptable. Children should not bother, tease, call names, or hurt anyone; hands, feet and objects should be kept to oneself. No running inside the building except during sports in the gym or outside. Respect school and personal property. Treat everyone with dignity and respect.*

D. Consequences:

1. *The Club staff will talk with the child and explain the situation and what the appropriate expected behavior or response should be.*
2. *The Club staff will talk with the parents in person or by phone call.*
3. *A meeting with parent/guardian, Club staff, and/or St. Mary of Hannah School principal will be held to determine a remedy and plan of action.*

If behaviors or problems persists, St. Mary of Hannah reserves the right to release the child from the Club immediately.

- ❖ **Fees:** *Nonrefundable annual registration fee per child is \$25.00. Morning and afternoon sessions are \$5.00 each. Statements are generated at the end of each month. Weekly bills are available on request. Returned checks will incur a \$25.00 charge.*
- ❖ **Scheduling and Financial obligation:** *Parents must provide a schedule of the days and times their child will be attending the Club. If the schedule will vary from week to week or month to month, a new schedule must be submitted before the new week or new month begins. Parents will be responsible for the cost of the scheduled sessions regardless of attendance.*
- ❖ **Late Pick-Up Fee:** *A late charge of \$15.00 will be assessed for every 15 minutes the child is at the Club after 4:30 pm.*
- ❖ **Pick up Procedures:** *No child will be released to a person not authorized by the child's parent on their child's information sheet.*

- ❖ **What to Wear:** *Children must have appropriate outdoor clothing appropriate for the season and weather. Street shoes or tennis shoes that have been worn outside may not be worn in the gym. Gym shoes must always be worn in the gym. It is recommended that your child have an appropriate pair of shoes with them for this purpose. Please label personal items.*

- ❖ **Items from Home:** *Please do not allow your child to bring toys, gum, sharp objects, or other inappropriate items to the Club.*

- ❖ **Snack:** *The Club will provide a snack in the afternoon around 3:50 pm.*

- ❖ **Illness:** *If a staff member or a child exhibit any of the following symptoms he or she will not be allowed to attend the Club for at least twenty-four hours depending on medical treatment.*
 - ~Fever (101 degrees or less if the child is not feeling well),
 - ~Earache, unless cause is determined,
 - ~Severe sore throat,
 - ~Watery or red eyes,
 - ~Persistent cough,
 - ~Upset stomach or diarrhea,
 - ~Any draining sore,
 - ~Any unexplained rash,*If a child develops any of these symptoms while at Club, parents will be notified and will be expected to pick up the child immediately. If a parent cannot be reached, the emergency contact will be called. The staff member or child should remain at home until the contagious period of an illness is over. They may return if:*
 - ~There have been no symptoms of illness for twenty-four hours (without the use of a pain reliever which will reduce fever and mask symptoms),
 - ~They have been on prescribed medication such as antibiotics for at least twenty-four hours,

~A physician's statement is provided verifying that a condition (rash, cough, etc.) is no longer contagious.

Emergency Procedure for Serious Accident or Injury:

In the event of a serious accident our staff shall follow procedures learned in CPR/First Aid. Check the scene for safety, check the child/adult, call 911 (if necessary), and then continue to provide care. If the situation warrants it, other parent(s) may be contacted, and parent(s) will have to pick up their children.

- ❖ **Medication Policy:** *The Club's priority is the safety of student(s) in need of special medication(s); however, Club staff are not trained medical professionals and as such St. Mary of Hannah staff have the right to refuse any student(s) from the Club whose needs we are not physically or emotionally able to meet.*
- ❖ *Medication will be given to a child only if a parent fills out and signs a permission form. The medication must be in the original container. Medication will be administered according to the doctor's directions on the label unless a parent supplies other written direction from their doctor with the doctor's signature. Medication needs to be given to Club staff by an adult. Any non-prescription and topical medications will require a signed letter from the parent/guardian.*

Pesticide Application Policy

As a part of our school's Pest Management Program, pesticides are occasionally applied. You have the right to be informed prior to any pesticide application made to the school grounds and buildings.

In certain emergencies, pesticides may be applied without prior notice, but you will be provided notice following any such application.

If you need prior notification, please complete the following information and submit to the school office.

Name _____ (Child's Name): _____
(Parent/Guardian)

Street Address _____

City: _____

Telephone Numbers: Daytime: _____ Evening: _____

Please Check One:

_____ I wish to be notified prior to a scheduled pesticide treatment inside of the building.

_____ I wish to be notified prior to a scheduled pesticide treatment on the outside school grounds.

_____ Both of the above:

Please sign below and return this page to the Club.

I have read and agree to comply with the policies in the St. Mary of Hannah's SMH Club Parent Handbook.

Parents Signature Date

Child(ren) enrolled _____

Child's Signature Date

Child's Signature Date

Child's Signature Date