

2023-2024

**EMERGENCY MEDICAL FORM
ST. ADALBERT CATHOLIC SCHOOL**

STUDENT INFORMATION:		
Name:		Address:
City:		Zip Code:
Home Telephone #:		Birth Date:
Grade:		Teacher:
PARENT/GUARDIAN INFORMATION:		
Mother/Guardian Name:		Home Telephone #:
Employer:		Work Telephone #:
E-mail address:		Cell Phone #:
Father Name:		Home Telephone #:
Employer:		Work Telephone #:
E-mail address:		Cell Phone #:
<p>Parents/guardians listed above have permission to pick up the child(ren), unless otherwise indicated. Notify the administration immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the administration with a copy of the court order including the judge's signature.</p>		
CHILD CARE PROVIDER'S NAME:		
<p>Those designated below are authorized to pick up my child from school in an emergency.</p>		
Child care provider's name:		Cell Phone #:
Telephone #:		
LOCAL CONTACT INFORMATION:		
<p>Those designated below are authorized to pick up my child from school in an emergency.</p>		
1. Name:		Relationship to Child:
Home Telephone #:		Other Telephone #:
2. Name:		Relationship to Child:
Home Telephone #:		Other Telephone #:
3. Name:		Relationship to Child:
Home Telephone #:		Other Telephone #:
MEDICAL/PHYSICIAN INFORMATION:		
<p>List student's known allergies or medical conditions:</p>		
Doctor's Name:		Telephone #:
Hospital Preference:		Insurance Company:
Dentist's Name:		Telephone #:
<p>In a medical emergency, we hereby authorize the school to seek emergency medical assistance for my child(ren), if we cannot be reached.</p>		
Parent/Guardian Signature:		Date:
<p>I do NOT 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 no action or to:</p>		
Parent/Guardian Signature:		Date:
<p>NOTE: This Emergency Medical Authorization Form will be copied and taken with students attending</p>		

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code	Home Telephone Number		
Parent/Guardian Name #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City		State	City		State
Telephone Number		Relationship to Child	Telephone Number		Relationship to Child
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

Allergies, Special Health or Medical Conditions, and Medical Foods

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

No

Yes - *check all that apply* Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

No

Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (*check one*)

No

Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

No

Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

No

Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

No

Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

No

Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

No

Yes - written instructions from the child's health care provider must be on file.

N/A - program does not provide meals or snacks to the child.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

Not applicable

Child's Name _____

Diapering Statement

Is your child toilet trained? Yes (If yes, skip to Emergency Transportation Authorization section)
 No (If no, fill out the following:)

The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

I agree with the program's schedule I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport		OR Do not sign both	Do Not Give <u>Permission</u> to Transport	
Program or Home Name			Program or Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. Yes No (check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note:

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

**WAIVER OF LIABILITY, ACKNOWLEDGMENT AND ASSUMPTION
OF RISK AGREEMENT FOR PRESCHOOL**

Name(s) of Child(ren): _____ (Please Print)

On March 11, 2020, COVID-19, a highly contagious disease that is spread through person-to-person contact was declared a worldwide pandemic by the World Health Organization and on March 13, 2020, U.S. President Donald Trump declared the COVID-19 outbreak a national emergency. On March 25, 2020, the Director of the Ohio Department of Health (“ODH”) issued an order closing facilities providing Preschool services. On May 29, 2020, the Director of ODH issued an order for reopening facilities providing Preschool services, with exceptions.

_____ Parish (the “Parish”) has put in place preventative measures to reduce the spread of COVID-19. Even with these measures, the Parish cannot guarantee that children attending its preschool program (“Preschool Program”) and parents or other individuals using the Parish’s facilities in connection with the Preschool Program will not become infected with COVID-19.

By signing this agreement, I, on behalf of myself and my minor child(ren), agree to all of the following:

1. Participation in the Preschool Program is voluntary.
2. I and my minor child(ren) agree to follow and comply with all safety rules and procedures as described in the Parish’s Rules and Safety Procedures (see **Attachment A**), as the same may be amended from time to time.
3. I understand that it is my responsibility to evaluate carefully all risks inherent in using the Parish’s facilities and participating in the Preschool Program. I, on behalf of myself my spouse (if any) and my minor child(ren), voluntarily assume full responsibility for the risk that I or my child or other family members may be exposed to or infected by COVID-19 or other communicable diseases, among other risks, and that such exposure or infection may result in personal injury, illness, permanent disability, death or other damages or expenses.
4. I understand that the risk of becoming exposed to or infected by COVID-19 or other communicable diseases or other risks of accident or injury may result from the actions, omissions, or negligence of others, including, but not limited to, the Parish’s Preschool Program participants and students, staff, volunteers, and guests.
5. I, on behalf of myself, my spouse (if any) and my minor child(ren), assume all of the foregoing risks and accept sole responsibility for any injury to such persons including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that such person(s) may experience or incur in connection with the use of Parish facilities or participation in the Preschool Program (“Claims”).
6. I, on behalf of myself, my spouse (if any) and my minor child(ren) release and agree to hold harmless and indemnify the Parish, the Catholic Diocese of Cleveland, and the Bishop or Administrator of the Catholic Diocese of Cleveland and their respective members,

employees, and agents, from any and all liability, arising from negligence or otherwise, and any damages as a result of the use of the Parish's facilities or participation in the Preschool Program, including but not limited to property damage and any mental or physical bodily injury, including death.

7. This release includes any Claims based on the actions, omissions, or negligence of the Parish, its pastor, employees, agents, and representatives, whether a COVID-19 infection or other injury occurs before, during, or after use of the Parish's facilities or participation in the Preschool Program.
8. The foregoing WAIVER OF LIABILITY, ACKNOWLEDGMENT, AND ASSUMPTION OF RISK AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the remaining provisions of this Agreement shall, notwithstanding, continue in full legal force and effect.

We, the undersigned, have read the above carefully, understand its significance, and voluntarily agree to all of its terms. For divorced/separated parents, the parent/guardian signing below attests that he/she has legal authority to provide consent for the minor child(ren) to attend the Parish's Preschool Program and use its facilities and to execute this Waiver of Liability, Acknowledgment, and Assumption of Risk Agreement on behalf of the minor child(ren).

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

ATTACHMENT A: PARISH RULES AND SAFETY PROCEDURES

EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

How do I apply for Early Childhood Education Services (ECE)?

- Complete the screening tool, JFS 01121.
 - Submit this form to **your provider**.
 - **Do not** submit the form to the Ohio Department of Education.
 - Your provider will let you know if you qualify.
-

How do I apply for Publicly Funded Child Care?

- Complete the screening tool, JFS 01121, and the JFS 01122 Publicly Funded Child Care Supplemental Application, answering as many questions as you can. **Be sure to sign both forms.**
 - Submit both the JFS 01121 and JFS 01122 to your local county agency.
 - Attach verifications to the JFS 01122 (see verification requirements below).
 - A verifications checklist will be mailed to you within 10 days of your application date if more information is needed to make a decision on your case.
 - **You will have 30 days** from the date the county receives your application to provide all needed information.
-

What verifications do I need for publicly funded child care?

- **Proof of income:** Verification of income includes but is not limited to paystubs, tax records, award letters, child support orders, etc.
 - **Proof of any child support paid.**
 - **Proof of citizenship or qualified alien status for children in need of care:** If the county agency verifies that you have already provided proof of citizenship to qualify for OWF, you will not have to provide it a second time.
 - **Proof of a qualifying activity for all caretakers in the household:** Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, employment verification, self-sufficiency contract, etc.
 - **Provide the name and address of an eligible child care provider chosen for each child in need of care. (See below for tips on choosing a provider).**
-

What is Step Up To Quality?

Step Up To Quality helps families identify child care programs that go beyond the minimum standards of licensing. Star rated programs demonstrate higher levels of quality in a variety of ways. For more information, visit the ODJFS child care website at <http://jfs.ohio.gov/cdc/index.stm> and click on "Step Up To Quality."

How do I choose a Provider?

ECE: If you would like to view a map of early childhood education providers, visit <http://education.ohio.gov/Topics/Early-Learning/Early-Childhood-Education-Grant>.

Publicly Funded Child Care: Parents may select any program approved to offer publicly funded child care. These programs include centers, family child care homes and in-home aides located throughout the state of Ohio.

- If you would like assistance with selecting a publicly funded child care provider, you may contact your local Child Care Resource and Referral Agency. Visit <http://jfs.ohio.gov/cdc/families.stm> for contact information.
 - You may use the ODJFS Child Care Directory to look for programs that fit your child care needs at <http://childcaresearch.ohio.gov/>. The directory allows you to search by location, type of program, services offered and days and hours of operation. Information is provided about each program including Step Up To Quality rating, any additional accreditation or affiliation, licensing inspections and substantiated complaints.
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Continued on next page

Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

Tell us about you (the applicant)			
First Name	MI	Last Name	
Address			Today's Date
City	State	County	Zip Code
Phone Number ()	Additional Phone Number ()	E-mail Address	

Tell us about the people in your home							
Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

Tell us about your finances

Will you or the people in your home receive income this month? Yes No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received	Work or School Schedule (please list times)
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

Do you or anyone in your household pay Child or Spousal Support? Yes No
How Much?

Signature of Applicant

Date



PRE4CLE

Starting Point
4600 Euclid Avenue Suite 500
Cleveland, Ohio 44103
(216) 575-0061

ACKNOWLEDGEMENT OF RECEIPT OF THE NOTICE OF PRIVACY PRACTICES

Acknowledgement of Receipt of Privacy Practices: I, the undersigned, acknowledge that I have received and have been given the opportunity to review the PRE4CLE Notice of Privacy Practices. I understand that I will be given additional copies of this Notice of Privacy Practices any time at my request.

Please list children enrolled ages 3 to 5 years (not in kindergarten) SITE: _____

First Name	Middle Name	Last Name	Date of Birth

Name of Parent/Guardian _____

Address _____

Telephone () - _____ () - _____
Home Work

Signature _____

Print Name _____

Date _____

Original: PRE4CLE Child's File

Copy: Starting Point
Attn: Michelle Bledsoe
4600 Euclid Avenue, Suite 500
Cleveland, OH 44103

Copy: Parent

Saint Adalbert Elementary School
Sliding Scale Tuition Program

_____ School Year

Sliding Scale

Maximum Tuition & Fees \$4,000

100%	\$0
115%	\$600
125%	\$1,000
187.5%	\$3,500
200%	\$4,000

Size of Family Unit	Poverty Level				
	100%	115%	125%	187.5%	200%
1	\$11,880	\$13,662	\$14,850	\$22,275	\$23,760
2	\$16,020	\$18,423	\$20,025	\$30,038	\$32,040
3	\$20,160	\$23,184	\$25,200	\$37,800	\$40,320
4	\$24,300	\$27,945	\$30,375	\$45,563	\$48,600
5	\$28,440	\$32,706	\$35,550	\$53,325	\$56,880
6	\$32,580	\$37,467	\$40,725	\$61,088	\$65,160
7	\$36,370	\$42,240	\$45,913	\$68,869	\$73,460
8	\$40,890	\$47,024	\$51,113	\$76,669	\$81,780
9	\$45,050	\$51,805	\$56,313	\$84,469	\$90,100
10	\$49,210	\$56,586	\$61,513	\$92,269	\$98,420
11	\$53,370	\$61,367	\$66,713	\$100,069	\$106,740
12	\$57,530	\$66,148	\$71,913	\$107,869	\$115,060

Additional Members \$4,160 \$4,781 \$5,200 \$7,800 \$8,320

Saint Adalbert Catholic School
Google Apps for Education User Agreement
& Parent Permission Form For Students
Under Age 15

Students in grades K -12 will receive a Google Apps for Education account. Students under the age of 15 MUST have a signed parent/guardian permission slip on file. Google Apps for Education is a limited secured network. Accounts are property of the Saint Adalbert Catholic School. Therefore, content in these accounts may be accessed or searched by designated Saint Adalbert employees (IT staff, administrators, teachers, etc.) in accordance with our Acceptable Use Policy and Handbook.

Google Apps for Education allows the Saint Adalbert Catholic School to give Google's communication and collaboration applications to our entire education community for free. All services are hosted by Google and are available to students and staff via any Internet-connected computer and many mobile devices. Google Apps includes the following services:

- **Google Docs** - allows users to create and collaborate on documents, spreadsheets, presentations, forms, and drawings in real-time as well as upload and share any file type. Allows students to maintain electronic student portfolios of their work which is preserved for the entire time they are a student in the Saint Adalbert Catholic School .
- **Gmail** - provides email storage, highly effective spam filtering and powerful search. Email accounts are automatically restricted to send and receive email from accounts within Saint Adalbert Catholic School .
- **Google Calendar** - allows coordination of class schedules, meetings and events online
- **Google Sites** - develop and customize rich websites and embed Google Docs, Google Calendars, videos, and other media – no HTML required
- **Google Groups** - create mailing lists and discussion forums allowing students and teachers to share documents, calendars, sites, and media with specific groups
- **Other tool, extensions and addons** may be made available to students in the Google Apps for Education after they have been approved by the Saint Adalbert Catholic School. These tools, extensions and addons will be accessed using their school gmail account.

Students are expected to abide by the rules outlined within the Saint Adalbert Catholic School Use of Technology Policy:

More information on Google Apps for Education can be found online:

Google Apps for Education terms and services http://www.google.com/apps/intl/en/terms/education_terms.html.

Google+ Information: <https://support.google.com/a/answer/1645514?hl=en>

Accounts in Apps for Education age requirements: <https://support.google.com/accounts/answer/1350409?hl=en>.

I agree to allow my child, _____ who is under the age of 13, to have access to Google Apps for Education as provided by Saint Adalbert Catholic School.

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date

Agreement for Use of a Chromebook/device or Other Technology Equipment

SAINT ADALBERT CATHOLIC SCHOOL

These procedures apply to the use of all Chromebook or electronic devices ("Electronic Devices") owned by Saint Adalbert Catholic School (herby referred to as "School") used on or off school property. Students are expected to follow these procedures when using any Chromebook/device owned by the School.

All Electronic Devices owned by the School are school property provided to students for a period of time as deemed appropriate by School administration. Students must return the Electronic Devices promptly upon request of the School.

The School may allow students to use the school's Electronic Devices on or off school property. At all times, **school Electronic Devices are to be used for school-related business, curriculum enhancement, research, and school communications ONLY.**

Students will act in accordance with the School's 2023 - 2024 Student Acceptable Use Policy and any other school technology policies when using the school's technology, software accounts, Electronic Devices and accessories, whether the use occurs on school property or at home. Students may also be held accountable for content accessed and downloaded at home and brought back into the school network. Inappropriate, unauthorized, and illegal use of the Internet or school network services and applications may result in the cancellation of privileges and appropriate disciplinary action.

The device is owned by the School and is subject to monitoring by the School's technology tools and school administration. While the device is on campus students are protected by multiple CIPPA & COPPA compliant firewalls and filters. These firewalls and filters are on network devices located at the School and are not locally installed on the loaned devices. Upon the School's request, parents agree to install or facilitate installation on the Electronic Devices of any software, including without limitation monitoring and filtering software, requested by the School. Parents further agree to be responsible for monitoring and supervising the student's online activity while using the School's Electronic Devices off campus to ensure the student's safety. There are many ways that parents can restrict and monitor home internet access including, but not limited to activating parent filters.

Parents and Students must comply with and agree to the following conditions before being issued an Electronic Device:

1. Students must NOT attempt to or install software, hardware or change the system configuration including network settings on any equipment assigned to the student member without prior consultation and approval of the school administration.
2. Upon the School's request, parents agree to install or facilitation the installation of any monitoring or filtering software requested by the School and to ensure that such software is operational during use of the Electronic Device.
3. Students are expected to prevent damage and theft to all school electronic equipment assigned to them.

4. Parents are held personally and monetarily responsible for any loss related to the Electronic Device including, but not limited to intentional vandalism negligence, theft, damage or destruction.
5. Student will not be held responsible for manufacturing defect or technical problems resulting from regular school-related use.
6. Student must promptly provide access to any equipment and/or accessories they have been assigned upon the school's request.
7. This device is to be used for academic work.
8. Students and parents must follow the School's Student Acceptable Use policy and any other school technology policies.
9. Disciplinary action may be taken for inappropriate, unauthorized or illegal use of the device.
10. The School owns the device and can remotely monitor the device.
11. School network firewalls and protections are NOT on the device while it is off campus.
12. Parents are responsible for monitoring and supervising the student's online activity while using the School's electronic device off campus to ensure the student's safety.
13. Only parents and the School's students may access the student's device.
14. Unauthorized programs and games shall not be installed on the device.
15. Student shall not install off campus networks, printers and any other off campus devices on the School's Electronic Devices.
16. Care for the device is the student and parent's responsibility.
17. Devices should be cleaned as needed with appropriate cleaning tools and/or products.

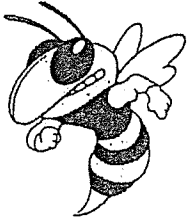
The school reserves the right to update and/or modify these procedures at any time.

We, the parent and student, have read and understand this agreement. We agree to all the terms and conditions listed herein.

Parent signature: _____

Student signature: _____

Date: _____



Saint Adalbert Catholic School
 2345 East 83rd Street, Cleveland, OH 44104
 (216) 881 – 6250 Office (216) 881 – 9030 Fax

Policy Agreements

Please read, sign, and return this form to your teacher granting consent to the following areas.

I have read the Saint Adalbert Catholic School Pre-School Program Handbook and agree to the conditions stated within. I will abide by the uniform requests, discipline policy, and other features incorporated.

X _____ Date: _____
 Parent / Guardian Signature

I have read and understand the "Progressive Guidance Action Plan". I will abide by the requests in the plan and understand that this plan may be created for the best interests of my child and the other children in the school.

X _____ Date: _____
 Parent / Guardian Signature

Parent Consent for Photographs:

Photographs and videos of children participating in the Saint Adalbert Catholic School Pre-School Program may be taken from periodically and may appear in a publication. These publications may include newspapers, magazines, brochures, on our school website, or other publicity materials. Your signature approves your child to be part of these materials for the school without compensation.

X _____ Date: _____
 Parent / Guardian Signature

Parent Roster Statement:

A parent roster may be provided to parents who request information about other students in the program. This may be used for field trips, birthday parties, car pooling, or other school related concepts. Please check one line below.

_____ I would like my name included in this roster.

_____ I would NOT like my name included in this roster.

_____ Date: _____
 Student(s)' Name

Reset Form

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (<i>print or type</i>)		Date of Birth
Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):		
Section A- EXAMINATION		
√ The above named child has been examined.		
√ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).		
√ The above named child does not have allergies OR is allergic to the following (<i>please list in space below</i>):		
<div style="border: 1px solid black; height: 20px;"></div>		
Check below, if applicable:		
<input type="checkbox"/> Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.		
Optional: Measurements and Recommended Assessments/Screenings		
Height _____	Vision _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight _____	Hearing _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
BMI _____	Dental _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Lead _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hemoglobin _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other: _____	
Notes:		
Signature of Examining Health Care Practitioner		Date of Examination
Name of Examining Health Care Practitioner		Telephone Number
Street Address	City, State and Zip Code	

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

IMMUNIZATION (Complete ONLY ONE SECTION below)

Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:

Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.

Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:

The above named child has been immunized against the diseases listed above.

If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):

Initials of Examining Health Care Practitioner

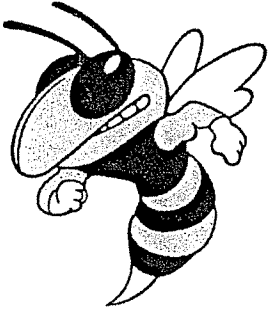
Date

Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):

I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):

Signature of Parent

Date



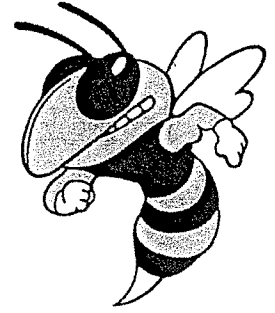
THE CAMPUS OF
SAINT ADALBERT CATHOLIC SCHOOL

2345 EAST 83RD STREET
CLEVELAND, OHIO 44104

(216) 881 – 6250 Office (216) 259 – 7299 Fax

Pastor: Father Gary Chmura President: Mr. James D. Smith

Principal: Mrs. Jamie Smith



www.stadalbertschool.net

www.WeCLE.org

MEDIA CONSENT AND RELEASE FORM

I (We) the parent(s) and/or guardian(s) of the minor child identified below hereby grant Saint Adalbert Catholic School and/or its agents consent to record (in writing, remotely or otherwise), photograph, audiotape, or videotape my minor child’s name, image, likeness, spoken words, schoolwork or school projects, in any form, regardless of whether my child is on or off school property (“Recordings”) and to display, release, exhibit, publish, or distribute the Recordings, or any part thereof, for any lawful School use or purpose including, without limitation, use on the School’s bulletin boards, websites, social media sites, print and electronic media, marketing publications, public relations and communications materials and/or presentations, and any other uses as may not be contemplated herein, without further notice or compensation as follows:

I consent.

I do not consent.

I further understand that by entering into this informed consent and release, and by granting permission as stated herein, I hereby release the School, the affiliated parish(es), the Catholic Diocese of Cleveland, the Bishop of the Catholic Diocese of Cleveland, and their respective officers, directors, agents, employees and/or attorneys from and against any and all liability, loss, damage, costs, claims, and/or causes of action arising out of or related to the above items to which I have consented.

I further understand that the school and its respective officers, directors, agents, employees and/or attorneys have no control over use of photographs, videotapes, audiotapes, or other records made by others and/or outside the scope of this consent and release.

Finally, in signing below I acknowledge that all Recordings created pursuant to this Release shall constitute the sole property of the school.

Name of Child (Please Print):

Grade Level of Child:

Parent Name (Please Print):

Parent Signature:

Parent Phone Number:

Student Acceptable Use Policy Saint Adalbert Catholic School Diocese of Cleveland

Saint Adalbert Catholic School makes a variety of communications and information technologies available to students through computer/network/Internet access. These technologies, when properly used, promote educational excellence by facilitating resource sharing, innovation, and communication. Illegal, unethical or inappropriate use of these technologies can have dramatic consequences, harming the school, its students and its employees. The Acceptable Use Policy ("Policy") is intended to minimize the likelihood of such harm by educating the School's students and setting standards that will serve to protect the school. We firmly believe that digital resources, information and interaction available on the computer, network or Internet far outweigh any disadvantages.

Definition of school technology system: The school systems and networks (collectively, "System") are any configuration of hardware and/or software whether used on or off school property. The System includes, but is not limited to, the following:

- telephones, cellular telephones, and voicemail technologies;
- email accounts;
- servers;
- desktop and laptop computer hardware and peripherals;
- software including operating system software and application software including without limitation video conferencing software;
- digitized information including stored text, data files, email, digital images, and video and audio files;
- internally or externally accessed databases, applications, or tools (Internet- or District-server based);
- school provided Internet access;
- school filtered public Wi-Fi;
- school provided Chromebooks;
- school provided personal digital assistants ("PDAs"), tablets, IPADs and similar devices;
- school issued access to third party websites (i.e., Google apps, Zoom, Flipgrid, Dojo, etc.) ; and
- new technologies as they become available.

Acceptable Use: Students are responsible for appropriate behavior on the System just as they are in a classroom or on a school playground. Communications on the System are often public in nature. General school rules for behavior and communications apply. It is expected that users will comply with school standards and the specific rules set forth below as interpreted from this policy, whether on or off of school property. A student is personally responsible for his/her actions in accessing and utilizing the school's computer resources in accordance with Student Code of Conduct and may be subject to discipline for misuse of the System.

Access to communication system: Access to the school's electronic communications system, including the Internet, shall be made available to students for educational and instructional purposes. Each school computer/device and Wi-Fi (available for students who bring in their own personal telecommunication devices) has filtering software that block access to visual deceptions that are obscene, pornographic, inappropriate for students, or harmful to minors as defined by the federal Children's Internet Protection Act (CIPA). Filtered Internet access is provided to students as defined by CIPA.

Access to the School's computer/network/Internet is a privilege, not a right, and may be revoked at any time.

Scope of Use: The System is intended for use for educational and instructional 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.

Inappropriate Use: Inappropriate use includes, but is not limited to, those uses that are specifically named as violations in this document; that violate the rules of network etiquette; or that hamper the integrity or security of the System or any components that are connected to it.

Transmission on the System, including through email (personal or school accounts), social media, web pages, blogs and/or forums, of any material in violation of any federal or state law or this Policy is prohibited. This includes, but is not limited to:

- cyber bullying;
- threatening, pornographic, harassing, defamatory or obscene material;
- copyrighted material, plagiarized material or materials protected by trade;
- the use of hardware and/or software which disrupts or interferes with the safety and welfare of the school community (even if such uses take place after school hours or off school property).

Vandalism or Mischief: Tampering with or theft of components from the System may be regarded as criminal activity under applicable state and federal laws. Any attempt to break the law through the use of a school computer/network/Internet account may result in prosecution against the offender by the proper authorities. If such an event should occur, the school will fully comply with the authorities to provide any information necessary for legal action.

Modification of Computer: Modifying or changing computer/device settings and/or internal or external configurations without appropriate permission is prohibited and may result in discipline and/or the revocation of access to the System.

Student Access: System access is provided to all students unless parents or guardian request in writing to the school principal that access is denied. When student is in a classroom setting on school property, student Internet access will be under the direction and guidance of a school staff member. Students must adhere to the following guidelines when using the System on or off of school property:

1. Respect and protect the privacy of others.
 - a. Use only assigned accounts.
 - b. Decline to view, use, or copy passwords, data, or networks to which they are not authorized.
 - c. Avoid distribution of private information about others or themselves.
 - d. Decline to record any individual, educational instruction or any portion of communications without prior written consent of teacher or school administration.
2. Respect and protect the integrity, availability, and security of all electronic resources.
 - a. Observe all network security practices as posted.
 - b. Report security risks or violations to a school administrator, teacher or network administrator.
 - c. Refrain from destroying or damaging data, networks, or other resources that do not belong to them without clear permission of the owner.
 - d. Conserve, protect, and share these resources with other students and Internet users as appropriate.
 - e. Get appropriate pre-approval before accessing the network with personal devices.
 - f. Abstain from overriding the Internet content filtering system.
3. Respect and protect the intellectual property of others.
 - a. Refrain from copyright infringement (making illegal copies of educational lessons, music, games, or movies).
 - b. Avoid plagiarism.
4. Respect and practice the principles of parish and school community.
 - a. Communicate only in ways that are kind and respectful.
 - b. Report threatening or discomforting materials (cyber bullying) to a school administrator, teacher or network administrator.

- c. Refuse to access, transmit, copy, or create material that violates the school's code of conduct (such as messages that are pornographic, threatening, rude, discriminatory, or meant to harass).
 - d. Avoid accessing, transmitting, copying, or creating material that is illegal (such as obscenity, stolen materials, or illegal copies of copyrighted works).
 - e. Abstain from using the resources to further other acts that are criminal or violate the school's code of conduct.
 - f. Avoid sending spam, chain letters, or other mass unsolicited mailings.
 - g. Refrain from buying, selling, advertising, or otherwise conducting business, unless approved as a school project.
 - h. Avoid posting or disseminating any harassing, demeaning, threatening or immoral comment or visual injurious to the reputation of the school, the parish, the Church or an individual, whether the action occurs on school property or off grounds.
5. Abide by the Student Code of Conduct in the use of the System at all times.

School Email and Communication tools: Email and other digital tools such as, but not limited to, blogs and wikis are tools used to communicate. The use of these communication tools should be limited to instructional, school related activities; or administrative needs. All communications within these tools should adhere to this Policy.

The Use of Video Conferencing: Staff and students may from time to time use video conferencing software for educational purposes, including without limitation Zoom and Google Hangouts.. Video conferencing is a way that students can communicate with teachers, other students, speakers, others from their school, local community, and/or other parts of the country and the world, in real time. All students agree to the following related to use of video conferencing software whether or not on school property during use:

- a) Videoconference sessions may be videotaped by school personnel or by a participating school involved in the exchange in order to share the experience.
- b) Students' voices, physical presence, and participation in the videoconference are transmitted to participating sites during each session.
- c) Students are only permitted to transmit audio/video images using the System when all of the following conditions are met (i) it is under teacher's direction, (ii) it is for educational purposes, (iii) it is sent only to other classmates or school staff members, and (iv) it is sent during classroom hours.
- d) Students shall not record any portion of a videoconferencing session without prior written approval from teacher or school administration.
- e) Students shall not save, share, post or distribute in any way any part of a videoconferencing session or any photos or audio recording from a videoconferencing session without prior written approval from teacher or school administration.
- f) All sessions must be set up solely by school personnel and communicated to students and/or parents privately and not through any public domain.
- g) Classroom and school rules apply to all remote learning experiences.

The following guidelines must be adhered to by students using a personally-owned telecommunication device at school or with the System whether on or off school property:

- a. All personally-owned telecommunication devices must be registered with Mrs. Stilla (Director of Student Achievement) prior to use.
- b. Internet access is filtered by the School on personal telecommunication devices in the same manner as School owned equipment. If network access is needed, connection to the filtered, wireless network provided by the school is required. Use of any service bypasses the security filter and is considered a violation of the Acceptable Use Policy.
- c. These devices are the sole responsibility of the student owner. The school assumes no responsibility for personal telecommunication devices if they are lost, loaned, damaged or stolen and only limited time or resources will be spent trying to locate stolen or lost items.
- d. These devices have educational and monetary value. Students are prohibited from trading or selling these items to other students on school property, including school buses.

- e. Each student is responsible for his/her own device: set-up, maintenance, charging, and security. Staff members will not store student devices at any time, nor will any staff diagnose, repair, or work on a student's personal telecommunication device.
- f. Telecommunication devices are only to be used for educational purposes at the direction of a classroom teacher.
- g. School administrators and staff members have the right to prohibit use of devices at certain times or during designated activities (i.e. campus presentations, theatrical performances, or guest speakers) that occur during the school day.
- h. An administrator may examine a student's personal telecommunication device and search its contents, in accordance with disciplinary guidelines.

Subject to Monitoring: All School System usage on or off school property shall not be considered confidential or private and is subject to monitoring by designated staff at any time to ensure appropriate use. All electronic files, including email messages, from both school-issued and personal accounts, transmitted through or stored in the System, will be treated no differently than any other electronic file. The School reserves the right to access, review, copy, modify, delete or disclose such files for any purpose. Students should treat the computer system like a shared or common file system with the expectation that electronic files sent, received or stored anywhere in the computer system, will be available for review by any authorized representative of the School for any purpose. Personal telecommunication devices are subject to examination in accordance with disciplinary guidelines if there is reason to believe that the Acceptable Use Policy has been violated.

Students have no expectation of privacy with respect to use of the System whether on or off school property and whether the device s are school or personally owned. Administrators reserve the right to examine, use, and disclose any data found on the System in order to further the health, safety, discipline, or security of any student or other person, or to protect property. They may also use this information in disciplinary actions and/or may refer information to law enforcement if a crime is believed to have been committed.

All computers, chromebooks, devices, laptops, Chromebooks, tablets, or the like, used by students to access the System, including both school-owned equipment and personally-owned devices, are subject to search at any time if a violation of this Policy or other school policies is suspected.

Consequences for Violation: Students have the responsibility to use the System in an appropriate manner which complies with all school policies. Violations of these rules or any school policy may result in disciplinary action which may include the loss of a student's privileges to use the school's information technology resources and/or discipline. Consequences of misuse or abuse of these resources will be disciplined depending on the severity of the situation. In addition to school disciplinary action, appropriate legal action may be taken.

Agreement Form: In order to ensure the proper use of technology resources, it is necessary that each student and parent/guardian *annually* sign the attached Student Acceptable Use Policy – User Agreement Form. The signed form must be on file at the School before Internet and other technology access is permitted. Signing the form indicates that the user will abide by the rules governing Internet and other technology access as stated in this Policy.

The school reserves the right to issue additional or more detailed rules for the use of technology resources, and violations of such rules may be a cause for imposition of any of the penalties delineated above. The school reserves the right to seek financial restitution for any damage caused by a student. Upon its discretion, the school reserves the right to request student/parent complete additional forms prior to the distribution of any electronic devices.

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 whether on or off school property, 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) _____

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 on or off school property and whether the device is school or personally owned, are subject to search. I understand that I am responsible to supervise my child's participation on the System when the child is off school property. 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 _____