



OUR LADY OF THE LAKE

CATHOLIC SCHOOL



2023-2024
School Year

Enrollment Guide For New Students



"Under the guidance of the Holy Spirit,
rooted in Sacred Scripture and centered
on the Eucharist, Our Lady of the Lake
Catholic School embraces the values of
Education, Faith and Citizenship."



Dear parents of a future Laker,

Catholic Schools Week is that time of year when we open enrollment for the next school year. Welcome and thank you for considering enrolling your child in Our Lady of the Lake Catholic School.

Please take time to read through the "Enrollment Guide For New Students" as there are announcements from Fr. John Fleckenstein, Canonical Pastor of Our Lady of the Lake Catholic School, Kim Siglow our LCAB President, Sherri Kirschner our PS - 5th grade principal, and James White our 6th - 12th grade principal. **Included is the Enrollment Checklist that instructs you on what you need to do to enroll your student(s) and the forms that need to be submitted.** This document also includes the 2023-2024 Tuition Fee Schedule, Financial Assistance Application Form, Volunteer Form, and several other informational documents.

Please note the following:

- No Registration Fee.
- Financial Assistance is available for those who qualify. Funds are limited and will be awarded on a first come first serve basis, so apply as soon as possible. Financial Assistance Applications are due by May 1, 2023.
- Ways to reduce your Tuition Expense

Thank you in advance for enrolling your children at Our Lady of the Lake Catholic School for the 2023-2024 Academic School Year. We look forward to your family being part of our Laker Family.

I look forward to meeting you and if you need assistance or have any questions, please contact me at 269-983-5520 or lglendening@lmclakers.org, I'm always happy to help.

Thank you and God Bless,



Larry Glendening

Director of Enrollment Management

Our Lady of the Lake Catholic School
915 Pleasant St.
St. Joseph, MI 49085
(269) 983-5520

Education • Faith • Citizenship



Welcome to the Laker family!

On March 3, 2022, our school embarked on an exciting new journey. While never losing our roots as first the Irish, then the Ponies, and now the Lakers, we took a courageous and important step towards our future. While it is true that we will remain "Lakers Forever," we have begun something new as we consecrated our school and dedicated ourselves to Our Blessed Mother, Mary.

Last year, I wrote that the 2022-2023 school year will be "transformational." That has happened, and the transformation continues to happen. And now you are part of this transformation. Building on the successes and traditions of our past, we have made great strides in advancing our school and, therefore, advancing the mission given to us from our Teacher and Master, Jesus Christ, risen from the dead.

We have now focused our efforts on "seven pillars." Those seven pillars, as you know, are:

- Governance
- Catholic Culture
- Academics
- Finances
- Enrollment Management
- Development
- Infrastructure

When we embarked on this new journey, we envisioned a plan that would take three to five years to slowly develop. I couldn't have imagined how far we have gotten already. As a new family, you will begin to reap the benefits of a new beginning, with more to come ahead.

Make no mistake about it, though. While we have many excellent leaders in our school, our true Pastor and Principal is Jesus Christ. If we can keep our eyes fixed on Jesus, our efforts will continue to thrive.

So, I will repeat what I said last year because I know it is true. The 2023-2024 school year will be transformational. We know that it is a sacrifice for families to invest themselves in our school. But the rewards that will come from such sacrifice are assured. We are not preparing our students for the world; we are preparing them to change the world. There cannot be a price tag on that.

Thank you for your commitment to our school, and welcome. May the good work the Lord is doing here be brought to fulfillment.

Our Lady of the Lake, Pray for Us!

Fr. John D. Fleckenstein
Canonical Pastor



Dear Laker Families,

Thank you for your consideration to re-enroll your children at Our Lady of the Lake Catholic School for the 2023-24 school year! We recognize that you want the best for your children, and we believe OLL is the best. The Our Lady of the Lake Advisory Board works with school administrators and our pastor, Father John Fleckenstein, to ensure we are relentlessly committed to our values of Education, Faith, and Citizenship.

We are dedicated to having the right resources, focused in the right areas, generating the right results; so that our students, faculty, and staff can perform at their best. We do this through soliciting continuous feedback, understanding priorities, and performing strategic planning for the short-term, medium-term, and long-term periods. Using this formula, we ensure an aligned purpose and continuous improvement of our schools.

Thank you again for your consideration. We are doing great things at OLL, and I hope your family will continue to be a part of it!

Kimberli Siglow

The Our Lady of the Lake Advisory Board President

ksiglow@lmclakers.org



Welcome to Our Lady of the Lake Catholic Elementary School!
I am delighted that you are interested in our school.

Our Lady of the Lake has so much to offer three-year-old preschoolers through fifth graders. Everything we do is centered in God's love for each of us.

We strive to educate the whole child – mind, body and soul. To do this, we see every student as an individual with strengths and challenges. We make it our mission to meet each child where they are and give them the necessary tools to achieve and succeed.

In order to reach each child, we:

- ❖ keep our class sizes small with a max class size of 18-20
- ❖ put extra effort into offering extra curricular activities that appeal to all ages and interests
- ❖ hire and retain professional, dedicated and caring teachers and staff
- ❖ provide academic and social/emotional resources
- ❖ offer special events for students and families
- ❖ keep our Catholic values at the heart of everything we do

Our Laker family is a warm and welcoming one and we invite you to join us! Thank you for taking the time to visit us today. Please feel free to contact me if I can be of further assistance. (skirschner@lmclakers.org)

Peace and Blessings,

Sherri Kirschner, Principal



Dear Prospective Family,

Welcome to Our Lady of the Lake Catholic School, home of the Lakers! We are thrilled you have taken the first step in exploring our school and the life changing opportunities we afford our students.

At OLL our mission is to offer all students the very best in education, faith and citizenship. Next school year will be one of awesome opportunities for our students. At the middle grades, we are transitioning to a team structure of students and teachers. Advisory time and flash electives will support our students in their social and emotional development. An expanded elective curriculum opens doors for student exploration in a variety of academic areas. Our STREAM and Finance labs afford space for hands-on, rigorous and relevant learning experiences. Our campus ministry program will continue to grow and offer our students opportunities to serve their parish, each other and the community.

Our high school students will embark on an academic journey allowing choice between College-Ready and Advanced Placement courses in all content areas. Our Advanced Placement courses begin at grade 9 and continue through grade 12. Our new DECA chapter and partnership opens doors for enriched learning in the areas of business, finance and marketing. Expanded club offerings from Interact to campus ministry allow for students to experience first hand the importance of putting others above self. Cultural and language immersion trips and student exchanges with students from Germany, France, Spain and Guatemala nurture global relationships and expand one's understanding of shared human experiences.

Our Lady of the Lake Catholic School is poised for greatness as we continue to embrace Fr. John's seven pillar plan for excellence in Catholic Education. Retaining teachers, administrators and staff has been a key contributor to our increasing success. Expanding our capacity and personnel to include a Director of Enrollment Management, a Director of Development and even a future school president will support and advance our mission, goals and student opportunities. As we enter a new school year our ongoing focus is to embrace a PreK-12 school model rooted in Gospel values that brings out the very best in all students and their families.

Yours in Education, Faith and Citizenship,
James White M.Ed.-Principal Downtown Campus
jwhite@lmclakers.org



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Enrollment Required Forms & Information



"Under the guidance of the Holy Spirit, rooted in Sacred Scripture and centered on the Eucharist, Our Lady of the Lake Catholic School embraces the values of Education, Faith and Citizenship."

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ENROLLMENT REQUIRED FORMS AND INFORMATION

The following 11 pages consist of required forms and information that you need to read and complete; they are as follows:

- Enrollment 3-Step Process
- Letter From Fr. John Fleckenstein
- Parish Certification Form
- Diocese of Kalamazoo "Protecting God's Children" Program
- Early Childhood Testing & Screening Procedures
- Vision & Hearing Testing Requirement
- Health Appraisal Form



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The Enrollment Process

Step One

Let's Meet

All potential Laker Families start their journey by meeting with one of our principals.

Preschool through 5th grade families should contact Principal Sherri Kirschner at 269-429-0227 or skirschner@lmclakers.org

6th through 12th grade families should contact Principal James White at 269-983-2511 or jwhite@lmclakers.org

Step Two

Apply

After you meet with one of our principals, it's time to complete our **New Student Application**. We review applications and provide decisions based on factors such as grades, standardized tests, good standing with current school, parent and student interview with the Principal, and the online application.

[See back for instructions](#)

Step Three

Enroll

Once you have received your acceptance, we'll walk you through the enrollment process. Our **Enrollment Guide** provides comprehensive information, but don't get overwhelmed - we're here to help make the final paperwork easy.

[See back for instructions](#)

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Your Enrollment Support Team



Principal
PK through 5th Grade

Sherri Kirschner



296-429-0227
skirschner@lmclakers.org

Principal
6th through 12th Grade

James White



296-983-2511
jwhite@lmclakers.org

Director of Enrollment
Management

Larry Glendening



296-983-5520
lglendening@lmclakers.org

Step 2 - Apply

- Go to <https://lmclakers.org>
- Click on Admissions/Start new Student Application.
- Create a Login Account if you have not already done so.
- Enter all Application information.
- **Don't forget to click on submit.**
- After you have submitted your application, it will be sent to the building principal. Admission decisions are made on the following: Grades from recent report cards and/or standardized tests if applicable. Good standing with current school with special consideration given to discipline, attendance, and work habits if applicable. Parent meeting and student interview with Principal and Online Application.

Step 3 - Enroll

- Once OLL has approved your application for admission, you will receive an email from Larry Glendening giving details on how to complete the enrollment process.
- **When completing the online enrollment, be sure to hit "submit" at the end of the process.**

For Assistance

- Do not hesitate to contact anyone on the Enrollment Support Team if you have any questions. We are here to help make the enrollment process easy.



Dear Laker Family,

One of the benefits of being a Catholic family registered in one of our supporting parishes is to receive a parish tuition fee rate grant. The amount of this grant is based on grade level, as you will see on the tuition fee schedule. Please remember that our local parishes provide significant subsidies to our school in order to assist Catholic families in their tuition fees.

To qualify for this grant, a family must meet the following requirements:

1. Registered at a Catholic parish
2. Attending Mass regularly and consistently at Sunday (Saturday evening) Mass as well as Holydays of Obligation
3. Contributing to the parish financially or, for those unable to do so, providing service to the parish at which you are registered

Your pastor will be asked to verify that Catholic families are fulfilling the requirements by using the Parish Certification Form. If there are questions about this, you may speak to your pastor.

Thank you for understanding these requirements.

Sincerely,

Fr. John D. Fleckenstein
Canonical Pastor



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Parish Certification Form



"Under the guidance of the Holy Spirit, rooted in Sacred Scripture and centered on the Eucharist, Our Lady of the Lake Catholic School embraces the values of Education, Faith and Citizenship."

Submit this form by February 28, 2023

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**In order to receive the Catholic Parishioner Tuition Rate, this form is required
by all families enrolling in the 2023-2024 Academic Year**

This is to certify that _____ is a registered family, attends mass regularly,
Family Name
is a contributing member of _____ Parish,
and qualifies for the contributing parish member grant.

Pastor's Signature

Date

Family Name: _____ Children Names: _____

Address: _____

Parent Signature

Date

**By signing this form, you agree that you have read and understand the Letter from Fr. John Fleckenstein as
this letter Identifies the requirements for receiving the Catholic Parishioner Tuition Rate for the 2024-2025
Academic School Year.**

This form must be signed by your pastor and returned
to the Enrollment Management Office,
915 Pleasant Street, St. Joseph, MI 49085



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TRAINING INFORMATION: REGISTRATION AND FAQs

Required for all parents who have students attending OLL.

Per Diocesan policy, anyone who volunteers or works in any capacity at the parish or school level must complete the Protecting God's Children Program.

How To Create an Online Account and Register For A Session:

Please register online for an awareness session (Virtus training). If you do not have internet access, contact Juliana Sarno at (269) 983-5529. She will give you alternate sites you can use.

You need an email address. It will be used for the follow-up bulletins, if required to do continuing online training. If you do not have an email address, please let your supervisor or Juliana know. They will help you get a free email account at Yahoo! You may use noaddress@virtus.org for now.

Type www.virtusonline.org in your browser's address bar. Click the light green box labeled "FIRST-TIME REGISTRANT". Select "Begin the Registration Process". Select "Kalamazoo, MI" (Diocese) as your organization.

Choose a user name and password you can easily remember. Try using your first and last name, no spaces and small letters. Click "Continue". Provide the information requested on the following page. Click "Continue" to proceed. Provide the requested information.

Select "LAKE MICHIGAN CATHOLIC SCHOOLS (St. Joseph)" where you volunteer or work. Select the "role(s)" that you serve within your organization. Please check all that apply. Additionally, if you have a title within your diocese, enter it in the box, i.e. Teacher, DRE, Catechist, Coach & etc.

Click "Continue" to proceed. Answer four yes/no questions. Click "Continue" to proceed. If you have already attended a Protecting God's Children Session, click "YES" otherwise click "NO".

- If you choose "NO" during the previous step, you will be presented with a list of upcoming sessions within your organization. When you find the session you would like to attend, click the "circle" next to the title.
- If you choose "YES" during the previous step, skip this step. If you chose "YES", you will be presented with a list of all sessions that have been held within your organization. Choose the session you attended by clicking the downward arrow and highlighting the session., then click "Complete Registration". You will see a message confirming that you have completed the registration process. If you have correctly entered your email address you will receive an email confirmation.

Please email Juliana at jsarno@lmclakers.org when you have completed the online training module.

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FREQUENTLY ASKED QUESTIONS

Who has to attend the Protecting God's Children awareness program?

- All Clergy
- All employees of the Diocese of Kalamazoo and their parishes and schools
- All OLL Parents who have students attending OLL.

Why do I have to attend these sessions? I am not a threat to children!

- You are not being blamed for child sexual abuse. You are seen as the solution.
- You will be trained to identify the risks to children early enough to prevent child sexual abuse from occurring.



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EARLY CHILDHOOD SCREENING PROCEDURE & AGE REQUIREMENTS

Screening procedures and age requirements for Preschool, Transitional Kindergarten and Kindergarten.

Grade	Age Requirement
3 Year Old Preschool	Must be 3 years old by September 1, 2023 Must be completely potty trained in order to attend.
4 Year Old Preschool	Must be 4 years old by September 1, 2023
Transitional Kindergarten	Must be 5 years old by September 1, 2023
Kindergarten	Must be 5 years old by September 1, 2023

Screening Procedures:

- Preschool students are not screened.
- All students registered for Transitional Kindergarten and Kindergarten will automatically be screened. You do not have to request screening. After the screening is completed, you will be notified of the results.
- If you do not register but request testing, there will be a \$50 nonrefundable testing fee.



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VISION AND HEARING TESTING REQUIREMENT

To parents of incoming preschool, transitional kindergarten and kindergarten students

It is required by law of the State of Michigan that all children be tested for vision and hearing prior to entry into transitional kindergarten or kindergarten. This testing may be done through your child's pediatrician during his/her annual check-up and immunizations prior to start of the school year. You may also go to the BCHD hearing and vision clinics (see attached sheet). Please be aware that some pediatricians do not check hearing and vision as part of the check-up so you will have to visit one of the clinics.

Our Lady of the Lake Catholic School requires that all children be tested for vision and hearing prior to entry into preschool. Every effort should be made to have the testing done prior to the first day of school. We encourage you to have your preschool child tested at one of the Health Dept. Clinics as most doctors will not do vision/hearing testing on children that young.

Please note: BCHD testing is done after the age of three. So, students registered for the OLL preschool need to be 3 before tested at any of the Health Dept. Clinics. Please do not go to any of the clinic dates listed prior to your child turning 3 as he/she will not be tested by the Health Department. Please do not call the Health Dept.

You may go to any of the clinic sites listed. The clinic is a free service of the Berrien County Health Department. Please remember it is the responsibility of the parents to see that hearing and vision are checked before the first day of school and that the school receives documentation of the screenings.

If your child attended preschool or transitional kindergarten at Our Lady of the Lake Catholic School during the 2022/2023 school year and was tested for vision/hearing prior to entry, he/she does not need to be tested again before entering transitional kindergarten/kindergarten. If your child attended preschool at Our Lady of the Lake Catholic School and was not tested for vision/hearing prior to entering, they must be tested before the beginning of the 2023/2024 school year.

If you have any questions, please feel free to call the office at (269) 429-0227.



Berrien County Health Department
2023 Free Hearing and Vision
Kindergarten Preschool Public Clinic schedule

LOCATION	DATE	TIME
New Buffalo Elementary 12291 Lubke Rd	Tuesday May 30, 2023	2:00 - 6:00
Berrien County Health Dep. 2149 E. Napier Ave B.H.	Friday June 9th, 2023	8:30 - 12:00 1:30 - 4:30
Berrien County Health Dep. 1205 N. Front St. Niles	Tuesday June 13, 2023	8:30 - 12:00 1:30 - 4:30
E.P. Clarke 515 E. Glenlord Rd St Joseph	Wednesday 6/14/2023	8:30 - 12:00 1:30 - 4:30
Rossevelt Elementary 2000 El Dorado Dr. Stevensville	Monday June 26, 2023	8:30 - 12:00 1:30 - 4:30
Berrien County Health Dep. 2149 E. Napier Ave B.H.	Friday July 14, 2023	8:30 - 12:00 1:30 - 4:30
Berrien County Health Dep. 1205 N. Front St. Niles	Tuesday July 18, 2023	1:00 - 5:00
Berrien County Health Dep. 2149 E. Napier Ave B.H.	Friday July 28, 2023	1:00 - 5:00
Sylvester Elementary One Sylvester Ave. Berrien Springs	Tuesday August 1, 2023	8:30 - 12:00 1:30 - 4:30
Berrien County Health Dep. 1205 N. Front St. Niles	Tuesday August 8, 2023	8:30 - 12:00 1:30 - 4:30
Berrien County Health Dep. 2149 E. Napier Ave B.H.	Thursday August 17, 2023	8:30 - 12:00 1:30 - 4:30
Berrien County Health Dep. 1205 N. Front St. Niles	Wednesday August 23, 2023	8:30 - 12:00 1:30 - 6:00
Berrien County Health Dep. 2149 E. Napier Ave B.H.	Friday August 25, 2023	8:30 - 12:00 1:30 - 6:00

Appointments Required !

ANY QUESTIONS PLEASE CALL:
Melisa Jordan at 269-926 – 7121 Ext. 5293
Or visit BCHDMI.ORG to schedule an appointment

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	Birth History: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
Reason for Medication				
_____ / / Parent/Guardian Signature Date				If yes, list medications: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
				Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	 Reading: _____ Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl	NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.									

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS <small>Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*</small>			
VACCINES (Circle Type)	DATE ADMINISTERED <small>MM/DD/YYYY</small>		
Hepatitis B (HepB)	1	3	
	2		
DTaP/DTP/DT/Td	1	4	
	2	5	
	3	6	
Tdap	1		
<i>Haemophilus Influenzae</i> type b (HIB)	1	3	
	2	4	
Polio (IPV/OPV)	1	3	
	2	4	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	
	2	4	
Rotavirus (RV1/RV5)	1	3	
	2		
Measles, Mumps, Rubella (MMR)	1	2	
Varicella (Chickenpox)	1	2	
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____			
I certify that the immunization dates are true to the best of my knowledge			
_____ Health Professional's Signature		_____ Title	_____ Date

		SECTION IV - RECOMMENDATIONS <small>(Required for Child Care and Head Start/Early Head Start)</small>
No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:

<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness?
		If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other

Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)
I have examined _____ child's name _____'s teeth. As a result of this examination, my recommendation for treatment is: _____ _____
_____ Dentist's Signature
_____ Date

PHYSICIAN'S SIGNATURE			
_____ Examiner's Signature	_____ Date	_____ Examiner's Name (Print or Type)	_____ Degree or License
_____ Number & Street	_____ City	MI _____ ZIP Code	(_____) _____ Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.



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ADDITIONAL INFORMATION PAGES

The following pages consist of additional forms and information, they are as follows:

- 2023-2024 Tuition Fee Schedule
- Ways to Reduce Tuition
 - Financial Assistance Application
 - Tuition Reduction Incentive Program
 - SCRIP Program
 - What is SCRIP?
 - SCRIP Enrollment Form
- Tuition Refund Policy
- Tuition Bank Loan Application
- After School Care Registration Form
- Volunteer Criminal Background Check Authorization Form
- Athletic Forms
 - MHSAA Medical History Form
 - Concussion Information Form



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2023-2024 Tuition Fee Schedule

Tuition Fee	3 Day Preschool	5 Day Preschool	Transitional Kindergarten	Grades K-5	Grades 6-8	Grades 9-12
Catholic Parishioner Tuition	\$2,990	\$4,100	\$5,940	\$5,940	\$6,700	\$7,680
Standard Tuition	\$4,100	\$5,725	\$8,325	\$8,325	\$8,825	\$9,590

- Tuition is non-refundable unless you qualify based on our Tuition Refund Policy. In that case, your enrollment withdrawal fee of \$200 per student up to a maximum of \$600 per family will be assessed.

Multi Child Grant

- 3rd Child Enrolled: Family pays 60% of tuition
- 4th and additional children: Family pays no tuition. A **\$700 materials & technology fee for each child is required.**

Transitional Grant

For current families with children transitioning from:

- PS4/TK to Kindergarten \$500.
- 5th to 6th Grade \$500.
- 8th to 9th Grade \$500.

Tuition Fee Includes

- Book Fee.
- Technology Fee
- Retreats
- Athletic Participation Fee

Financial Assistance

- Financial Assistance is available but the budget is limited so get your application in early as the funds are awarded in the order the applications are received.
- To be eligible, families must have a K-12 student at OLL. Preschool students are eligible only if a K-12 sibling is also enrolled.
- OLL offers a simple and discreet process. Contact the Enrollment Management office with any questions at 269-983-5520.



"Under the guidance of the Holy Spirit, rooted in Sacred Scripture and centered on the Eucharist, Our Lady of the Lake Catholic School embraces the values of Education, Faith and Citizenship."

Our Lady of the Lake Day Care Rates (11:50 am - 2:50 pm)



Registration - To register for Day Care, you must fill out the Day Care portion section on the online enrollment registration form. Registration is limited to 10 students; we encourage parents to sign up early.

Billing - Parents are billed for Day Care monthly, and receive statements prior to the month of the Day Care Service.

Day Care	2 Day Day Care	3 Day Day Care	5 Day Day Care
Monthly Rate	\$160	\$230	\$380

After School Care Rates (2:50 pm - 5:00 pm)

Registration - To register for After School Care, grades PS-5th, you must fill out the After School Care Registration Form. Due to limited space, we encourage you to register even if you think you might only use After School Care once or twice during the school year. You may register at any time during the school year if space allows.

Registration Fees - There is a non-refundable registration fee of \$10/child (with a \$25 maximum/family). The registration fee payable for the current school year and must be paid at the time of registration in order to hold your student(s) spot in the After School Care program..

Billing - Parents will receive bi-weekly statements on Facts. Please check your account bi-weekly for the most recent billing.

After School Care Daily Rate
\$16

International Student Tuition

Application & Enrollment - Contact the Enrollment Management Office to begin the application process. The International Student Tuition Rate does not include any hosting fees.

Billing - International student's tuition must be fully paid before attending Our Lady of the Lake Catholic School.

International Student Tuition 6th - 12th Grade
\$11,450

Making Tuition Affordable

Every student benefits from the Lake Michigan Catholic School Fund's advancement efforts and our Parishes, who make up the GAP between the cost of educating each student and the actual tuition.

Financial Assistance is available and all families are encouraged to apply. Let us know how we can help you provide this valuable gift to your children.

Additional ways to reduce the cost of education include **Transitional Tuition Grants**, **Multi Child Grants**, **Tuition Reduction Incentive Program (TRIP)**, **SCRIP Program**, and **International Student Hosting**.



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FINANCIAL ASSISTANCE APPLICATION

Actions necessary to finalize your Tuition Assistance Application

- Complete Tuition Assistance Application
- Attach a copy of your 2022 Federal Tax Return
- Attach a copies of your 2022 W-2's
- Attach any other information as specified on the application form
- Submit your completed application and supporting documentation to Covenant Tuition Services in one of the following ways:
 - Mail:
 - Covenant Tuition Services
 - PO Box 111
 - Fulton, IL 61252
 - Email: info@cts-tuition.com
 - Phone: 815-441-7432
 - Fax: 815-401-4001·Go to: <http://www.cts-tuition.com/app/lakstjmi/>
- Make your application processing fee payment

To be eligible and qualify for Financial Assistance, complete and submit all information to Covenant Tuition Services(CTS) prior to the deadline date of 5/1/2024. Funds are limited so apply as soon as possible. Funds will be awarded on a first come first serve basis.



Covenant Tuition Services

Covenanting to Serve Christian Schools as unto the Lord

www.cts-tuition.com/app/lakstjmi/

CTS
PO Box 1489
Kemah, TX 77565
Phone: 815-441-7432
Fax: 815-401-4001
info@cts-tuition.com

Payment Options

A check for \$25.00 may be mailed with the application (or mailed separately if you choose to fax or email your application to CTS)

If you would like to pay by card instead of by check for \$25.00, there is a **\$2.00 service charge**. CTS can send you an invoice from PayPal where you can make your \$27.00 payment securely online.

Name of Parent on Application: _____

Address: _____

City, State, and Zip: _____

Phone: _____

To receive a PayPal invoice, please list your email on the line below:

Email to send invoice: _____

By signing below, I agree to pay the **\$27.00** invoice from CTS to pay for processing this application.
I also understand that an unpaid invoice will hold up the processing of this application.

Signature: _____

Employment Status (Select # from below for each Parent): Father: _____ Mother: _____

1. Employed by Another
2. Self-employed
3. Temporarily Unemployed
4. Full Time Homemaker
5. Unemployed
6. Retired/Permanently Disabled
7. Temporarily Disabled
8. Full Time Student

Total Tuition 2023/2024 Academic Year: \$ _____ Required

Amount of Tuition Family Can Pay: \$ _____ Required

Amount of Tuition Relatives/Others Can Pay: \$ _____ Required



Covenant Tuition Services

Covenanting to Serve Christian Schools as unto the Lord
www.cts-tuition.com/app/lakstjmi/

Tuition Assistance for the
2023-2024 Academic School Year

CTS

PO Box 111
Fulton, IL 61252

Phone: 815-441-7432

Fax: 815-401-4001

info@cts-tuition.com

Our Lady of the Lake Catholic School - Enrollment Management

915 Pleasant St • St. Joseph, MI 49085 • Phone: 269-983-5520 • www.ollakers.org

Due Date: April 18th, 2023

Parent/Guardian Name: _____

Phone/Email: _____

Number of persons in household: _____

Names & Grades of children applying: _____

Number of adults in household: _____

Marital Status: (Circle one)

Married

Single

Single Parent Sharing Expenses

Name of Parish: _____

Household Income

1. 2022 Adj Gross Income: _____

(Total for all household adults; Line #11 from Federal Taxes)

2. 2022 Earned Income Credit: _____

(Line #27 from Federal Taxes)

3. 2022 Father's W-2 income: _____

(W-2 box 3)

4. 2022 Mother's W-2 income: _____

(W-2 box 3)

5. 2022 Social Security Benefits: _____

(Include statements for all household recipients)

6. 2022 Child Support Received: _____

(Include total for all household recipients)

7. 2022 Military/Clergy House Allowance: _____

8. 2022 Non-taxable income: _____

(W-2 box 12; ADC; General Assistance; Food Stamps; others)

Household Deductions

9. 2022 Federal Income Tax: _____

(Line #22 from Federal Taxes)

10. 2022 Medical/Dental expenses: _____

(Expenses not covered by insurance and premiums paid outside of an employer's plan. You must provide a Schedule A or an itemized list of expense.)

11. 2022 Child Support Paid: _____

(Total paid for children not in household)

12. 2022-2023 K-12 Tuition Paid: _____

(Total after all amounts paid on your behalf by others, grants, and gifts are subtracted. Don't include college tuition here, See #22)

13. 2022 Church contributions: _____

(Include Schedule A or letter from the church)

14. 2022 Childcare expenses: _____

(Include Form 2441 or bill from provider)

Household Assets

15. Household Adults' Cash on Hand: _____

(Total in all: Cash, Checking, and savings)

16. Value of Home _____

17. Value owed on Home: _____

18. Value of stocks, bonds, investments: _____

(Exclude retirement and pension accounts)

19. Value of other assets owned: _____

Circle type: real estate business farm

20. Amount owed on assets in #19: _____

21. Automobiles – year, make, and model: _____

Other Information

22. 2022 Household college tuition paid: _____

(Include Form 8863 or bill from college showing amount paid)

23. List weekly unemployment amount for all unemployed household parents: _____

24. Additional sheets can be used to explain special circumstances if necessary, for processing, such as medical hardships, changes in employment that will cause increase or decrease in income, etc.

Complete form and send with the following required items:

- Payment for processing (choose only one option)
 - Check/Money Order for \$25. *Please do not mail cash.*
 - PayPal invoice for \$27
- Copy of **2022 Federal Tax Return and 2022 W-2(s)**
- Copy of Schedules and Forms filed with the tax return; Required items are **Schedules: 1, A, C, E, F and Forms: 2441 and 8863**
- Any other supporting documents listed for questions #3-#22

Applications can be sent one of the following three ways:

- Mail: Covenant Tuition Services
PO Box 1489
Kemah, TX 77565
- Email: info@cts-tuition.com
- Fax: 815-401-4001



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TUITION REDUCTION INCENTIVE PROGRAM

Our Lady of the Lake Catholic School will provide a financial incentive in the form of a tuition credit of \$2,000.00 to current families for each new family with students to be enrolled in full day TK through 12th or \$1,000.00 to current families for each new family with students to be enrolled in our Preschool Program, during the 2023-2024 school year. The credit for new students will be applied to your account when the new student enters KE or above.

You have an opportunity to spread our mission:

"Under the guidance of the Holy Spirit, rooted in Sacred Scripture and centered on the Eucharist, Our Lady of the Lake Catholic School embraces the values of Education, Faith and Citizenship."

In doing so, you have an excellent opportunity to reduce your tuition for the 2023-2024 school year.

The Details:

- For each new family recruited into the Laker family in 2023-2024, current OLL families will receive a \$2,000 (Full day TK through 12th).
- For each new family recruited into the Laker family in 2023-2024, current OLL families will receive a \$1,000 (Preschool) credit. The credit will be applied to your account when the new student enters Full day TK or above.
- Credits are applied on a per family basis, not on a per student basis.
- The credit may be applied to tuition only. Other fees (where applicable) must be paid.
- Newly recruited families will be required to sign an affidavit identifying the sponsoring family to receive the tuition credit.
- Tuition credits cannot be transferred from one family to another without approval of administration.
- There will be no residual credit applied above and beyond the amount due for the 2023-2024 school year.
- The actual cash value of the tuition credit is zero dollars. Any benefits from the program are in the form of tuition credits for Our Lady of the Lake Catholic School.
- Families who have departed OLL and later decide to return are not eligible to be sponsored for the incentive.
- Full tuition credits will be awarded until the final count date in August for enrollment established by the Diocese of Kalamazoo. Credits will be pro-rated on the basis of remaining school days for families enrolling after this date.
- In the event of a split family (children in Our Lady of the Lake Catholic School and other districts) the admission of another child from the split family to Our Lady of the Lake Catholic School is not an eligible event for the incentive.



"Under the guidance of the Holy Spirit, rooted in Sacred Scripture and centered on the Eucharist, Our Lady of the Lake Catholic School embraces the values of Education, Faith and Citizenship."

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What is SCRIP?

SCRIP is an ongoing program at Our Lady of the Lake Catholic School. In this program OLL is able to purchase gift certificates from numerous merchants at a discounted rate and then sell them to our participants at face value.

How will this program benefit my family?

100% of the profit earned by your family's participation can be directed to an area of your choosing.

What happens to profit generated?

Profits generated can be directed in a number of ways:

- Your personal tuition account for next year
- The tuition account of another OLL family for the next year
- The Parish of your choice
- Other (contact Business Office)
- OLL general operating fund

How do I place a SCRIP Order?

SCRIP is ordered on Mondays. Place your order in one of 4 ways:

- Send your order and payment to school with your child
- Fax your order at 983-4066
- Mail your order and payment to the OLL
- Business Office at 220 Church St., St. Joseph, MI 49085

Orders received by 8:30 a.m. on Monday are ready for distribution on Friday.

What is a standing SCRIP order?

For those customers who know they will be using a certain amount of SCRIP, (Bi-weekly or monthly) we can create a standing order. When you have a standing order, all you do is send your payment and your order will automatically be sent to you. Orders can be changed at any time by notifying the office at 983-5529.

Can family and friends purchase SCRIP and credit my account?

Yes! Just have your family and friends fill out a SCRIP enrollment form and attach it to their first SCRIP order. (These forms are available at the Business Office.)

Putting off trying SCRIP?

We welcome all orders big or small. Just try ordering a small amount of SCRIP for your favorite grocery store, restaurant or gas station.

If you have any questions call 983-5529.



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CATHOLIC SCHOOL

SCRIP Program Enrollment Form



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SCRIP Earnings Time Period

4/1/2023 through 3/31/2024

Family Name: _____
Last Name First Name

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Direct my 100% credit to (Check One):

- ☐ My Personal 2024-2025 Tuition Account
- ☐ 2024-2025 Tuition Account of the _____ Family
- ☐ Parish _____
- ☐ Other (Please contact the Business Office regarding eligible recipients.)

You may re-direct your credit at any time by signing and dating another enrollment form available through the Business Office.

Signature: _____ Date: _____

Future Families Only:

Complete this section if your first child is not yet enrolled in Our Lady of the Lake Catholic School.

Projected Date of Enrollment: _____ Child's Name: _____

All credits generated will be held by the OLL SCRIP Program for future tuition payments. Credits will be applied to tuition due upon your 1st child being registered in the school. Should the child not be enrolled in the OLL System, all credits generated will be directed to the OLL general operating fund.



TUITION REFUND POLICY

To facilitate sound budget practices, there will be absolutely no refunds of tuition, withdrawal or dismissal, granted to any family enrolled in the school. Except for students moving out of the service area of OLL, the obligation to pay fees and tuition remains unconditional.

Prorated tuition will be refunded to those families moving out of the service area (within 50 miles of 915 Pleasant Street, St. Joseph, MI) upon receipt of new school's request for transfer of student's records form. Enrollment Withdrawal Fee of \$200 per student up to a maximum of \$600 per family will be assessed.

In adherence of this policy, all families who have enrolled student(s) are bound by this policy.



STUDENT TUITION LOAN

SCHOOL YEAR 2023-2024

Horizon Bank is proud to offer a tuition loan program with Our Lady of the Lake Catholic School. The loan has a 13.73% APR* with an interest rate of 5.00% up to 10 months.

Contact an Advisor today to see how we can help.

St. Joseph
811 Ship Street
(269) 982-3200



EXCEPTIONAL SERVICE • SENSIBLE ADVICE®



*13.73% APR (Annual Percentage Rate) is good for minimum loan amount of \$2,500 and above. Terms of loan payments available up to 10 months with final payment due March 2024. 10 monthly payments of \$266.00 per \$2,500 borrowed. Interest rate on the loan is 5.00 %. Documentation fee of \$100 will be financed into the loan. All loans are subject to approval and may not be used to refinance an existing Horizon Bank loan. All loans will be processed at Horizon Bank 811 Ship St., St. Joseph, Michigan. Offer expires July 31, 2023.



INSTALLMENT LOAN APPLICATION

Type: Individual ☐ Joint ☐

Amount Requested: \$_____ Purpose: _____

APPLICANT	NAME(FIRST) (INITIAL) (LAST)			DATE OF BIRTH		SOCIAL SECURITY NUMBER	
	STREET ADDRESS			NUMBER OF DEPENDENTS INCLUDING YOURSELF		AREA CODE TELEPHONE NO.	
	CITY STATE ZIP CODE			AT PRESENT ADDRESS OWN RENT OTHER			
	PRESENT EMPLOYER OR NAME OF BUSINESS IF SELF EMPLOYED			HOW LONG EMPLOYED		POSITION GROSS MONTHLY INCOME	
	EMPLOYER'S ADDRESS CITY STATE ZIP			AREA CODE TELEPHONE NUMBER			
	ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO RELY ON IT TO OBTAIN THIS CREDIT						
SOURCE OF ADDITIONAL INCOME AMOUNT WK MO							

CO-APPLICANT	NAME(FIRST) (INITIAL) (LAST)			DATE OF BIRTH		SOCIAL SECURITY NUMBER		RELATIONSHIP TO APPLICANT	
	STREET ADDRESS (if different from applicant) CITY STATE ZIP			AREA CODE		TELEPHONE NUMBER			
	PRESENT EMPLOYER or NAME OF BUSINESS IF SELF EMPLOYED			HOW LONG EMPLOYED		POSITION		GROSS MONTHLY INCOME	
	EMPLOYER'S ADDRESS CITY STATE ZIP			AREA CODE		TELEPHONE NUMBER			
	ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO RELY ON IT TO OBTAIN THIS CREDIT								
	SOURCE OF ADDITIONAL INCOME AMOUNT WK MO								

IF YOU ARE OBLIGATED TO PAY ALIMONY OR CHILD SUPPORT, LIST MONTHLY AMOUNT \$_____

ARE YOU PAYING UNDER (CIRCLE ONE): COURT ORDER WRITTEN AGREEMENT ORAL AGREEMENT

Referral Authorization

Customer acknowledges and assents to the referral of any application for any deposit, loan, investment or trust to any affiliate or subsidiary of Bank for review. Customer further authorizes any subsidiaries of Bank to whom any application is referred to make whatever inquiries they consider necessary and appropriate to review the application, including requesting a credit report from consumer credit reporting agencies and subsequently for any update, renewal, extension of payment, review for collecting or unilateral offers of extension of credit. Customer agrees that as a result of the referral terms, and conditions offered by the affiliate or subsidiary of Bank may differ from the terms and conditions originally offered by the Bank for any deposit, loan, investment or trust account application.

The information listed, and or attached is given to obtain a loan with Horizon Bank. I/we hereby authorize Horizon Bank to obtain information from others concerning my/our credit standing and other relevant information impacting this application. I/we agree that Horizon Bank may provide information about my/our account to others. I/we certify that the above statements are true and that no information known to me called for herein has been omitted. Verification may be obtained from any source named herein. This application shall remain the property of Horizon Bank, Michigan City, IN.

Your Signature _____
Your Signature _____Date Signed _____
Date Signed _____

MEMBER FDIC



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AFTER SCHOOL CARE REGISTRATION

Our Lady of the Lake Catholic School offers an outstanding After School Care program. This program runs from the end of the school day to 5:30 p.m. every full day of school. Under the direction of Mrs. Sue Zilke, this program provides a wonderful family environment with professional care, supervision, recreation and many enrichment activities for 3 and 4-year-old preschoolers and TK students who attend our afternoon Day Care and students in Kindergarten through Grade 5.

Activities are planned to nurture and promote growth within a Catholic environment. Gym or outside play, arts and music and time set aside for homework help are offered daily along with daily and weekly special events. This program also strives to promote strong feelings of worth in themselves, with each other and our environment in a caring and compassionate way.

The program cost for the 2023-2024 school year is \$16.00/child per day. The business office will bill on a bi-weekly basis through your Facts account and will be due one week later. You will receive an email notification when the bill has been posted. Payments to the program must match these statements. Payments can be made online through the payment portal at www.ollakers.org, or by sending cash or check to the elementary school office or business office downtown.

Registration is required and space is limited. There is a registration fee of \$10.00/child (\$25.00 maximum/family). This fee is to be paid at the time of registration and is non-refundable. The registration fee must be paid at the time of registration in order to hold your spot. We also encourage you to register now even if you think you might only use After School Care once or twice during the school year.

PLEASE NOTE THAT REQUESTS FOR DROP IN CARE MUST BE MADE 24 HOURS IN ADVANCE.

If you have any questions or concerns, please feel free to contact me at 429-0227 or szilke@lmclakers.org.

Thank you,

Sue Zilke
After School Care Coordinator

See Back 

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Registration Fee: \$10.00 per child (\$25.00 maximum per family)
Must be paid with Registration Form

Cost for After School Care: \$16.00/child per day

Please indicate below which program you are interested in for your child

Child's Name	Grade	Full Time 2:50pm - 5:30pm (Yes/No)	Part Time 2:50pm - 5:30pm (Circle days Interest in)	As Needed Basis
			Mon Tues Wed Thurs Fri	
			Mon Tues Wed Thurs Fri	
			Mon Tues Wed Thurs Fri	
			Mon Tues Wed Thurs Fri	
			Mon Tues Wed Thurs Fri	

Parent's name (s) _____

Parent's signature _____

Date _____

For Official Use Only:

Registration Fee (Non-refundable): \$10.00 per child or \$25 Maximum per family

Date: _____ Amount Paid: \$ _____

Cash _____ Check # _____ Pay Portal _____



OUR LADY OF THE LAKE

CATHOLIC SCHOOL

Volunteer Criminal Background Check Authorization Form



"Under the guidance of the Holy Spirit, rooted in Sacred Scripture and centered on the Eucharist, Our Lady of the Lake Catholic School embraces the values of Education, Faith and Citizenship."

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As a school, we value the safety of children in our care, our employees and volunteers and people whom we serve. We want to take prudent measures to protect our human and material resources. Therefore, the Diocese of Kalamazoo mandates that criminal history background checks be conducted for all employees and volunteers who have unsupervised contact with a child, the elderly or persons with disabilities. Please complete this form of basic information about you, which assures the best possible program and safety for all.

Please complete your responses to the following questions and return this form to the OLL Business Office, 220 Church St., St. Joseph, MI 49085 Tel: (269) 983-5529 Fax: (269) 983-4066

Name	*Date of Birth	*Sex	*Race
Address	City	State	Zip
Know by any other name(s) (i.e.) maiden	Driver License Number - Please send a copy of License.		
Home Phone	Work Phone	Cell Phone	
Position for which you are applying or volunteering			
If you have lived in Michigan less than 7 years, fill out the sections below:			
Number of Years in Michigan	If less than 7 years, previous residence(s) outside of Michigan		
	Street	City	State Zip County Dates
	List additional addresses on the back of form		
If you have been employed outside the state of MI in the past 7 years, please provide Name, City, State of employer. They will not be contacted; however, a background check will be done in that state(s).	Name of Employer		
	City _____ State _____		
	List additional employers on back of form		
	State	Social Security Number	

* NOTE: Date of birth, race and sex are being requested only for purposes of identification in obtaining accurate retrieval of records.
To be a volunteer, you must complete the "Protecting God's Children" (Virtus) Training. Please see below to register.

Complete the rest of the form on the back



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Additional places of residence outside of Michigan if less than 7 years					
Street	City	State	Zip	County	Dates
Street	City	State	Zip	County	Dates

Additional employers outside of Michigan if less than 7 years	
Name of Employer	
City	State
Name of Employer	
City	State
Name of Employer	
City	State

Authorization

I understand that investigative inquiries on my criminal and driving background are to be made on me, to assess whether any reason exists that would suggest that I not be accepted for the position. These inquiries will be made according to practices of the hiring entity and will consist of a criminal background check and/or driving record check using the resources of the Diocese of Kalamazoo or a designated outside firm. The information received will be used only to determine my suitability for the above position.

I authorize this criminal background check and/or driving record check to be undertaken and also any party contacted to furnish any and all information requested. A photocopy of this authorization may be considered as valid as the original for purposes of conducting the necessary investigation.

Signature of Applicant/Volunteer/Employee

Date



MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old

Student Name: _____ Date of Birth: _____

Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

- GENERAL QUESTIONS		Y	N	- MEDICAL QUESTIONS		Y	N
<input type="checkbox"/>	Has a doctor ever denied or restricted your participation in sports for any reason?			<input type="checkbox"/>	Do you cough, wheeze or have difficulty breathing during or after exercise?		
Do you have any ongoing medical conditions? If so, please identify below:				Have you ever used an inhaler or taken asthma medicine?			
<input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other:				Is there anyone in your family who has asthma?			
Have you ever spent the night in the hospital or have you ever had surgery?				Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?			
- HEART HEALTH QUESTIONS ABOUT YOU		Y	N	Do you have groin pain or a painful bulge or hernia in the groin area?			
Have you ever passed out or nearly passed out DURING or AFTER exercise?				Have you had infectious mononucleosis (mono) within the last month?			
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				Do you have any rashes, pressure sores or other skin problems?			
Does your heart ever race or skip beats (irregular beats) during exercise?				Have you had a herpes or MRSA skin infection?			
Has a doctor ever told you that you have any heart problems? Check all that apply:				Do you have headaches or get frequent muscle cramps when exercising?			
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol				Have you ever become ill while exercising in the heat?			
<input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:				Do you or someone in your family have sickle cell trait or disease?			
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)				Have you had any problems with your eyes or vision or any eye injuries?			
Do you get lightheaded or feel more short of breath than expected during exercise?				Do you wear glasses or contact lenses?			
Do you have a history of seizure disorder or had an unexplained seizure?				Do you wear protective eyewear such as goggles or a face shield?			
Do you get more tired or short of breath more quickly than your friends during exercise?				Immunization History: Are you missing any recommended vaccines?			
- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Y	N	Do you have any allergies?			
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?				Have you ever had a head injury or concussion?			
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?				Do you have any concerns that you would like to discuss with a doctor?			
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?				Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?			
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?				Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?			
- BONE AND JOINT QUESTIONS		Y	N	Have you ever had an eating disorder?			
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?				Do you worry about your weight?			
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?				Are you trying to or has anyone recommended that you gain or lose weight?			
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?				Are you on a special diet or do you avoid certain types of foods?			
Do you regularly use a brace, orthotics or other assistive device?				- FEMALES ONLY (Optional)			
<input type="checkbox"/>	Do you have a bone, muscle or joint injury that bothers you?			Have you ever had a menstrual period?			
Do any of your joints become painful, swollen, feel warm or look red?				How old were you when you had your first menstrual period?			
Do you have any history of juvenile arthritis or connective tissue disease?				How many periods have you had in the last 12 months?			
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?				CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR			

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: _____ Weight: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female BP: _____ / _____ Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N					
MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back		
Lymph nodes			Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitourinary (males only)			Leg/Ankle		
Skin: HSV: _____ Lesions suggestive of MRSA, tinea corporis			Foot/Toes		
Neurologic			Functional Duck Walk		

RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below.

BASEBALL – BASKETBALL – BOWLING – COMPETITIVE CHEER – CROSS COUNTRY – FOOTBALL – GOLF – GYMNASTICS – ICE HOCKEY
LACROSSE – SKIING – SOCCER – SOFTBALL – SWIMMING/DIVING – TENNIS – TRACK & FIELD – VOLLEYBALL – WRESTLING

EXAMINER

Name of Examiner (print/type): _____ Date: _____

Signature of Examiner: _____ (Check One): ☐ MD ☐ DO ☐ PA ☐ NP

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

<input type="checkbox"/>	Student: _____ Grade: _____ Doctor: _____ Phone: (____) _____
IN EMERGENCY (1): _____	Home #: (____) _____ Cell #: (____) _____
IN EMERGENCY (2): _____	Home #: (____) _____ Cell #: (____) _____
Drug Reactions: _____	Current Medications: _____
Allergies: _____	



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are **FOUR** (4) signatures on this page **4** to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name: _____
last first middle initial

Student Address: _____
street city zip

Gender: ☐ M ☐ F Age: _____ Date of Birth: _____ Place of Birth (City/State): _____

School: _____ Circle Grade: **6** **7** **8** **9** **10** **11** **12**

Father/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Mother/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Email Address: Parent/Guardian/18-Year-Old: _____

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, **I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.**

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: **that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume;** and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

1 Signature of **STUDENT**: _____ Date: _____

2 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: ☐ YES ☐ NO

If YES, Family Insurance Co: _____ Insurance ID #: _____

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

3 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, _____, an 18-year-old, or the parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

4 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____

Concussion

INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no “concussion-proof” helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not “feeling right,” or “feeling down”

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

➤ **Children and teens** who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to cdc.gov/HEADSUP



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____ Date: _____

Athlete's Signature: _____

☐ I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____