

4600 Ackerman Boulevard Dayton, Ohio 45429 P: 937.434.4933 F: 937.434.6692 www.stcharles-kettering.org

Dear Parent/Guardian,

Thank you for choosing St. Charles Borromeo School. We are excited to have you as part of our team. To help organize and ease the transition, please refer to the checklist below:

## ALL PRESCHOOL, KINDERGARTEN and NEW STUDENTS

- Complete Application for Registration Form through Digital Academy. \*Only completed one time.
- Submit the annual non-refundable registration fee through Digital Academy. The fee for the 24/25 school year is \$75.00.
- Submit your child's **original** Birth and Baptismal Certificate (if not already submitted). The office will make copies and return the originals to you. \*Only completed one time.
- Submit IEPs or 504 plans If applicable, provide the school with copies of IEPs (Individualized Education Programs) and/or 504s.
- Submit Legal/Custody Documents If applicable, provide the school with original legal documents that pertain to student's custody. If both parents are listed on the birth certificate and NOT married, a copy of original custody papers must be on file. Originals will be given back. \*ONLY completed one time **unless** custody changes.
- Complete the Emergency Medical and Transport Authorization Form through Digital Academy. This will open in AUGUST and should be *completed BEFORE the first day of school.*

## PRESCHOOL ONLY

- Complete Student Health Record /Record of Immunization/Medical Statement complete ALL sections. PLEASE NOTE that Section II <u>MUST be signed by a Licensed Healthcare Provider</u>.
  - Section II Immunization/Medical Statement must be completed on an annual basis while attending preschool (annual from the date of last exam) in accordance with 3301-37-08 Ohio Administrative Code.
  - Submit immunization records if dates are not listed on the Medical Statement. Immunizations must be kept up to date as outlined by the Ohio Department of Health.

## KINDERGARTEN and TRANSITIONAL KINDERGARTEN (TK) ONLY

- Complete Student Health Record/Record of Immunization/Medical Statement
  - Complete Section I Health Record
  - Complete Section II **OR** attach a copy of the student's immunization record.
  - <u>Students must have proof of immunization</u> according to the Ohio Department of Health guidelines for Kindergarten. If your child was at St. Charles for preschool, the school has copies of your child's previous immunizations. When transitioning from preschool to kindergarten, your child will be due for their "5 year" immunization (if not already completed). These immunizations are required for kindergarten and the school will need to have proof of these immunizations 15 days after the start of school.

## **NEW STUDENTS GRADES 1-8 ONLY**

- Complete Request for Release or Transfer of School Records Form (last page of the Registration Form). This will allow the previous school to release information to St. Charles Borromeo School (includes academic and health records).
- Complete Student Health Record/Record of Immunization/Medical Statement Section I Health Record ONLY. This does NOT require a signature from a Health Care Provider
- Submit a copy of your child's immunization record.

If you have questions or concerns, please feel free to contact the school at 937-434-4933.

Mr. David Bogle, Principal, <u>dbogle@stcharleskettering.org</u>

Mrs. Maggie Collins, Marketing Director, mcollins@stcharleskettering.org

Mrs. Nancy Cochran, Tuition, ncochran@stcharleskettering.org

Mrs. Amanda Obringer, Main Office/Records, office@stcharleskettering.org

Mrs. Stacy Ullmer, RN, Licensed School Nurse, sullmer@stcharleskettering.org

Mrs. Brittany Will, School Counselor bwill@stcharleskettering.org

## **HEALTH INFORMATION**

## Immunization Requirements

Providers may transcribe immunization onto the Record of Immunization and sign or they may attach a copy of the student's immunization record with current provider signature/stamp and date. Please include the day, month and year of each required dose. Immunizations are required by Ohio Revised Code 3313.67/Ohio Revised Code 5104.014, Division B

### **Preschool Immunization Requirements**

Vaccine Student immunized or in process		
Diphtheria/Tetanus/Pertussis (DTP, DTap, DT,		
Td)		
Poliomyelitis - Polio (IPV)		
Measles, Mumps, Rubella (MMR)		
Hepatitis B (HBV)		
Hepatitis A		
Haemophilus B Hib		
Chicken Pox (Varicella)		
Pneumococcal		
Influenza (flu)*if seasonal is available		

# TK/Kindergarten Immunization Requirements - see dose requirements

Vaccine	Dose Requirements
Diphtheria/Tetanus/Pertussis	4 or more doses required. If the 4 <sup>th</sup> dose was given
(DTP, DTap, DT, Td)	prior to the 4 <sup>th</sup> birthday, a 5 <sup>th</sup> dose is required.
Poliomyelitis (IPV)	3 or more doses of IPV. The FINAL dose must be administered on or after the 4th birthday.
Measles, Mumps, Rubella (MMR)	2 doses are required
Hepatitis B (HBV)	3 doses are required. A 4th dose may be required if not given in the correct interval.
Chicken Pox (Varicella)	2 doses are required

### 7th Grade Immunization Requirements - see dose requirements

Vaccine	Dose Requirements
Diphtheria/Tetanus/Pertussis	1 dose of Tdap vaccine must be administered on or
(DTP, DTap, DT, Td)	after the 10th birthday.
Meningococcal (MCV4)	1 dose of meningococcal (serogroup A, C, W, Y) on
	or after the 10th birthday.

Options available for obtaining immunizations:

- Private physician/Health Care Provider, community clinics or local pharmacies that provide vaccines
- Public Health- Dayton & Montgomery County Immunization Clinic 937-225-4550 or <a href="http://www.phdmc.org/client-services/immunization-clinic">http://www.phdmc.org/client-services/immunization-clinic</a>

### Medication(s)

If your child requires any medication(s) at school, the appropriate medication form must be completed. Over-the Counter (OTC) medications such as acetaminophen, ibuprofen, antacids and cough drops may **NOW** be given with parental consent ONLY.

ALL other medications, prescription or nonprescription (OTC), must have a licensed healthcare provider and parent signature. The Licensed Medical Provider's Request for Dispensing Prescription/non-Prescription Medication at School form must be completed by the parent **and** the health care provider. Both forms may be found on Digital Academy under Groups - Nurse Forms - Resources or you may obtain a hard copy from the school office.

#### We are NOT permitted to give students any medications without the appropriate form on file.

## Health Care Concern(s)

If your child has a life threatening health concern (diabetes, anaphylaxis/severe food or insect allergy, asthma requiring medication at school or seizures), please contact the school nurse as soon as possible at <u>sullmer@stcharleskettering.org</u> or 937-433-3746. During summer hours, you may leave messages for the school nurse at 937-434-4933 or email.

## **Screenings**

For the purpose of early identification of possible health problems, screenings will be performed at regular intervals. The screenings include: vision, hearing and postural. If at any time you think that your child is having difficulty in any of these areas, contact the school nurse.

## Too Sick for School Guidelines - SEE H.E.A.L Flyer and refer to the DAILY HEALTH CHECK

Please keep your child home from school for at least 24 hours if your child has:

- Fever >100 degrees F
- Vomiting or uncontrolled diarrhea
- A communicable disease
- See Daily Health Check

#### Returning to School After an Illness

Students may return to school once fever FREE for at least 24 hours without the use of fever reducing medication and symptoms are improving. If your child has a communicable disease, your child may return to school with a Health Care Provider note or the school will follow the Ohio Department of Health Guidelines.

If you have questions, please feel free to contact the school nurse at 937-433-3746, 937-660-4266 or sullmer@stcharleskettering.org If you are unable to contact the school nurse, please call the main school office at 937-434-4933.