



July 2021

Dear Parents, Grandparents, and Guardians,

I hope you are enjoying a wonderful summer with your children! Please join me in welcoming the new families who will be part of Holy Family School this year. I appreciate our returning families and thank you for entrusting your precious children to our care.

To keep you informed of school events, I will be sending the monthly calendar home with your child before the beginning of each month. In addition, I will communicate with you through Gradelink. Look for the "HFS" emails. Information will be available on the school website, [www.holyfamilyhawks.net](http://www.holyfamilyhawks.net), and the school Facebook and PSA pages.

Please call the office with any concerns. I will be happy to discuss any ideas you may have to assist us in the education and well-being of our children.

May God continue to bless you and your families! We all look forward to seeing you back in school soon.

Sincerely,  
Margaret Holland Pennell  
Principal

## **SCHOOL BUSINESS DAY SUMMARY**

**WEDNESDAY, August 4, 2021**

School Gymnasium: 10:00 a.m. - 12:00 p.m. & 6:00 - 7:30 p.m.

An adult from each family must be present to verify their child(ren)'s enrollment for the 2021-2022 school year. Parents who have not submitted their In-School Registration must do so BEFORE attending School Business Day. Payments at each station require separate checks or cash, since deposits by various individuals go to separate accounts. Thank you for your consideration. Parents entering the gym should turn left toward the stage and rotate clockwise through the various stations.

**STATION 1 TUITION BOOTH/FINANCIAL OBLIGATIONS.** Each adult must report to this station first. There will be two main lines at this station.

Each adult may process through either line. Any outstanding tuition or assessments are paid here with the exception of registration and technology fees. Parents will then be referred to a third line to Bertha Koerper to pick up a parent packet. The packet must be initialed *on the outside, upper left-hand corner of the envelope by Bertha or her representative*. The packet will include the August calendar, Parent Handbook Form, Internet Policy/Contract and other forms that may be turned in on the first day of school.

**STATION 2 BINGO COMMITMENT BOOTH.** All must report to this station to verify bingo team participation. *No parent will be permitted to proceed without their packet being initialed by the Station Captain.*

**STATION 3 STAPLED FORMS DEPOSIT BOX.** On a table proceeding the Registration Table, boxes will be available to deposit the **entire** stapled portion (forms) included in this mailing. Be sure that all forms have been completed. These forms include:

- 1) Pupil Emergency Information Sheet
- 2) Volunteer Sheet
- 3) Certification of Medical Insurance and Indemnity Agreement
- 4) Virtus Touching Safety Program Permission Sheet
- 5) Media Publicity Release Form
- 6) Email Information

Deposit any other miscellaneous school office forms, such as birth or baptismal certificates, but **NOT** Health Forms, which will be collected at the Nurse's Station.

**STATION 4 REGISTRATION STATION.** Please present your initialed packet as proof of completing Station 1. The registrar will be available to check and receive any registration fees due. Please submit registration and technology fees separately. All should report to this station even if all fees have been paid previously.

**STATION 5 NURSE'S STATION.** Kindergarten, Second, and Sixth Grade parents and parents of children who will need medications administered during school hours should report to this station. **All physical examinations and immunizations should be completed before School Business Day as previously communicated to parents. Informing the nurse of an exam appointment date rather than submitting the required form puts a student in later jeopardy of a state exclusion date and/or report to the state for failure to comply.** Read below to determine what health forms are required.at this station.

#### **Kindergarten Students**

Submit on an **Illinois** form, a physical exam, dental exam or waiver, and eye exam or waiver. A **diabetes screening** is required as part of the physical exam. Parents, **please fill out and sign** the back page health history portion of the physical form. **This includes circling the yes or no portion.**

#### **Second Grade Students**

Submit on an Illinois form, a dental exam or waiver. This is a state requirement.

#### **Sixth Grade Students**

Submit on an Illinois form, a physical exam. Parents, **please fill out and sign** the back page health history portion of the physical form. **This includes circling the yes or no portion.** Sixth grade **ONLY** has the option of submitting the Illinois dental form on School Business Day but it must be submitted by April 1, 2022.

**Medication permission slips** for the school year will be available here. Medications should be sent to the office in a container that includes the prescription label issued by the pharmacy.

**STATION 6 PSA - PARISH SCHOOL ASSOCIATION SCHOOL MEMBERSHIP.** All families are invited to join. The membership fee is \$5.00. Let's have 100% membership! Please return the bottom portion of the PSA Membership Form.

#### **STATION 7 ATHLETES**

. Families of all volleyball, basketball, and track and field team members should report. **All athletes are required to submit yearly sports physicals before participating.** Students **NEW** in our school who wish to participate in team basketball, volleyball, or track and field must register here.

#### **SPIRIT WEAR**

In the gym foyer, a table will be set up for those who wish to order Spirit Wear. A limited number of overstock items will be available for purchase. After School Business Day, orders may be placed online. Spirit Wear will be sent home during the first weeks of school.

PUPIL EMERGENCY INFORMATION 2021-2022

PARENT LAST NAME (print) \_\_\_\_\_ CHILD(REN)'S LAST NAME(S) \_\_\_\_\_

NAME OF CHILD(REN) BIRTH DATE GRADE AND/OR TEACHER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

FATHER

FATHER / check if step-parent  : \_\_\_\_\_ Father's cell: \_\_\_\_\_

Father's email: \_\_\_\_\_ Father's work number: \_\_\_\_\_

MOTHER

MOTHER / check if step-parent  : \_\_\_\_\_ Mother's cell: \_\_\_\_\_

Mother's email: \_\_\_\_\_ Mother's work number: \_\_\_\_\_

STUDENT

CHILD(REN)'S primary address: \_\_\_\_\_

IF NEW HOME ADDRESS CHECK \_\_\_ / If HOME PHONE other than cell list here: \_\_\_\_\_

If divorced, who is primary CUSTODIAL PARENT? \_\_\_\_\_

If custodial parent cannot be reached, may we contact non-custodial parent?  YES /  NO

TWO ADULTS who will assume responsibility and may pick up child if parents cannot be reached:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

HEALTH SECTION

Physician/Hospital of choice: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

List medications, dosage your child(ren) takes/take at home OR school AND any physical, mental conditions, allergic reactions:

Child's Name and LIST CONDITIONS HERE: \_\_\_\_\_

Please check also: \_\_\_ Asthma / \_\_\_ Diabetes / \_\_\_ Heart Conditions / \_\_\_ Epilepsy/ \_\_\_ Allergies (list) \_\_\_\_\_

Child's Name and LIST CONDITIONS HERE: \_\_\_\_\_

Please check also: \_\_\_ Asthma / \_\_\_ Diabetes / \_\_\_ Heart Conditions / \_\_\_ Epilepsy/ \_\_\_ Allergies (list) \_\_\_\_\_

Child's Name and LIST CONDITIONS HERE: \_\_\_\_\_

Please check also: \_\_\_ Asthma / \_\_\_ Diabetes / \_\_\_ Heart Conditions / \_\_\_ Epilepsy/ \_\_\_ Allergies (list) \_\_\_\_\_

If in the judgment of school authorities immediate medical and/or hospital attention is indicated, do you authorize school authorities to send your child to Gateway Regional Medical Center, Granite City? Circle choice YES NO

Signature of Legal Parent (sign) \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent: \_\_\_\_\_

## VOLUNTEER SHEET 2021-2022

**PLEASE NOTE:** Volunteers usually are called only when extra assistance is needed. If you have not been called and wish to work, contact the school office, or committee chairperson. Please, only mark events in which you are able and available to assist.

**FAMILY (PARENT) LAST NAME:** (print) \_\_\_\_\_ **PHONE (s)** \_\_\_\_\_

**PARENTS FIRST NAMES:** (print) \_\_\_\_\_

### Mother Father

- \_\_\_\_\_ Parish School Association Officer.  
\_\_\_\_\_ Athletic Committee Member.  
\_\_\_\_\_ Field Day helpers at outdoor sports during school hours.  
\_\_\_\_\_ Fall Fundraiser.  
\_\_\_\_\_ HFS Golf Classic, morning and afternoon, Oct. 1, 2021, Arlington Greens. Service hours.  
\_\_\_\_\_ Parish Chicken Dinner, Date and location, TBA. Service hours.  
\_\_\_\_\_ Christmas or Spring Concert volunteers to prepare decorations or decorate.  
\_\_\_\_\_ Santa's Holiday Ave Parade volunteers to assist with float prior to the parade date.  
Service hours.  
\_\_\_\_\_ Santa's Workshop helpers during the school day. Service hours.  
\_\_\_\_\_ Scholastic Book Fair during Catholic School Week, Jan. 31- Feb.4, 2022. Service hours.  
\_\_\_\_\_ Science Fair judge or set-up displays with teacher.  
\_\_\_\_\_ Fish Fry Dinner volunteers during Lent, March 3-April 15, 2022. Service hours.  
\_\_\_\_\_ HFS Gala volunteers, various projects and times, tentatively March 26, 2022, event. Service hours.  
\_\_\_\_\_ SCRIP (gift cards) sale and distribution during the year. Service hours.  
\_\_\_\_\_ School Yearbook, assist by taking photos during school events.  
\_\_\_\_\_ School Picnic volunteers, May 20, 2022.  
\_\_\_\_\_ Volunteer Library Aide A.M. \_\_\_\_\_  
I would be available: P.M. \_\_\_\_\_  
\_\_\_\_\_ Substitute Teacher Illinois Substitute Teacher Certificate required.  
Call Principal Margaret Holland Pennell.  
\_\_\_\_\_ Maintenance Crew for school: carpenters, painters, electricians, plumbers.  
Specialty: \_\_\_\_\_ . Service hours.  
\_\_\_\_\_ Adopt An Area, landscaping and maintenance of campus. Service hours.  
Options: Families may donate flowers, bushes, trees and groundcover. They may plant, weed or trim existing areas with the permission of the principal. Area: \_\_\_\_\_

### ROOM PARENTS

One Head Room Parent needed for each classroom and multiple Helper Parents needed.  
All must have attended a "Protecting God's Children" session before participating in a classroom event. I (print) \_\_\_\_\_ have already taken a "Protecting God's Children" Class on (date, if known) \_\_\_\_\_ or plan to attend a class on (date, if known, or list TBA) \_\_\_\_\_.

\_\_\_\_\_ I want to serve as: Head Room Parent for Grade \_\_\_\_\_  
My second choice: Head Room Parent for Grade \_\_\_\_\_

\_\_\_\_\_ I want to be a Helper Parent for Grade \_\_\_\_\_

\* All parents will be asked to contribute treats for parties.

# Certification of Medical Insurance / Indemnity Agreement

PARENT LAST NAME (print) \_\_\_\_\_

**A.** The undersigned, as parent(s) or guardian(s) of the *student(s) below (please print):*

Name: \_\_\_\_\_ Grade 2021-2022 \_\_\_\_\_  
Name: \_\_\_\_\_ Grade 2021-2022 \_\_\_\_\_  
Name: \_\_\_\_\_ Grade 2021-2022 \_\_\_\_\_  
Name: \_\_\_\_\_ Grade 2021-2022 \_\_\_\_\_

I do certify to Holy Family School, Granite City, and the Catholic Diocese of Springfield in Illinois, that my child(ren) **IS/ARE COVERED** under the following medical insurance policy or health care plan:

Name of Insurer or Insurance Plan: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

**OR**

**B.** The undersigned, as parent(s) or guardian(s) of the *student(s) below (please print):*

Name: \_\_\_\_\_ Grade 2021-2022 \_\_\_\_\_  
Name: \_\_\_\_\_ Grade 2021-2022 \_\_\_\_\_  
Name: \_\_\_\_\_ Grade 2021-2022 \_\_\_\_\_  
Name: \_\_\_\_\_ Grade 2021-2022 \_\_\_\_\_

I certify that my child(ren) is/are **NOT COVERED** by a medical insurance policy or a health care plan. I agree to obtain insurance through the AIG Student Accident Insurance Policy 2021-2022.

• Enroll in the office or call 800-551-0824 for enrollment.

## **(BELOW APPLIES TO ALL)**

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

I/We hereby agree to hold harmless and indemnify Holy Family School and the Catholic Diocese of Springfield in Illinois, including their employees, volunteers, clergy and religious, from any claims for medical expenses described above.

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

\_\_\_\_\_  
Signature of Legal Parent or Guardian Only

\_\_\_\_\_  
Date

Holy Family School  
1900 St. Clair Avenue  
Granite City, IL 62040  
618-877-5500

## Virtus Touching Safety Program 2021-2022

The Virtus Touching Safety Program, an age appropriate component of the Protecting God's Children Program, is taught as part of the Holy Family School curriculum.

I give my permission for my child(ren) to receive this instruction. I understand that I may attend the sessions and will be notified in advance of the scheduled dates.

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**Student Name (Print)**

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**Grade or Teacher**

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**Student Name (Print)**

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**Grade or Teacher**

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**Student Name (Print)**

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**Grade or Teacher**

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**Student Name (Print)**

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**Grade or Teacher**

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**Parent Signature**

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**Date**

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**Print Parent Name**

**MEDIA PUBLICITY RELEASE FORM  
2021-2022**

**FAMILY NAME (print)** \_\_\_\_\_

In order for your child(ren)'s name or photograph to appear on Holy Family's internet sites, the newspaper, in the yearbook, on radio, or on television in connection to school events during the school year, Holy Family requires that the release form below be signed. These events could include the Honor Roll, the names of contest winners, or radio and television promotional events.

Student's name (print) \_\_\_\_\_ Grade \_\_\_\_\_

Student's name (print) \_\_\_\_\_ Grade \_\_\_\_\_

Student's name (print) \_\_\_\_\_ Grade \_\_\_\_\_

Student's name (print) \_\_\_\_\_ Grade \_\_\_\_\_

**CHECK ONLY ONE BELOW**

I **DO GIVE** MY PERMISSION FOR MY CHILD(REN)'S PHOTOGRAPH OR NAME TO APPEAR ON HOLY FAMILY'S INTERNET SITES, IN THE NEWSPAPER, IN THE YEARBOOK, ON RADIO, OR TELEVISION DURING THE 2021-2022 SCHOOL YEAR.

I **DO NOT** GIVE MY PERMISSION FOR MY CHILD(REN)'S PHOTOGRAPH OR NAME TO APPEAR ON HOLY FAMILY'S INTERNET SITES, IN THE NEWSPAPER, IN THE YEARBOOK, ON RADIO, OR TELEVISION DURING THE 2021-2022 SCHOOL YEAR.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent Name



# EMAIL INFORMATION

## 2021-2022

Please fill out the most current information regarding email addresses (parents/guardians only). List only each parent's primary email address. It is the responsibility of each parent to check on a daily basis the email you have submitted.

This information will be implemented in the Gradelink system that allows only a parent or guardian to track their child's academic progress and provides an avenue to send updates concerning school activities. Thank you for your assistance.

**Father's Name** (print): \_\_\_\_\_

Email address (please print clearly): \_\_\_\_\_

**Mother's Name** (print): \_\_\_\_\_

Email address (please print clearly): \_\_\_\_\_

Children enrolled in Holy Family School, kindergarten through eighth grade

**Student's Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

# Holy Family PSA

Dear Parents,

We hope you are enjoying summer vacation. As the 2021-2022 School Year approaches, we would like to re-introduce you to your Holy Family Parish School Association (PSA).

The PSA is an organization that provides a vital communication link between the school and your home through meetings held during the evening in the school cafeteria. Meetings consist of greetings from the parish and school administration, announcements of coming events, presentations of special topics by guests, exhibits of student projects, and recognition of student achievements. Refreshments are served. We encourage everyone interested in their child's education to attend these meetings.

In addition to meetings, the PSA sponsors many activities throughout the school year for students and their families, teachers, and the parish. The PSA has provided help and support for:

Field Trips/Buses	Parish Fish Fry's	Field Day
Student Fundraisers	Santa's Workshop	Staff Appreciation
Book Fair	Athletic Program	Books
Catholic Schools Week	School Picnic	Trophies and Awards
Classroom Parties	Religious Events	Mayor's Parade Float

The Holy Family School PSA collaborates with the Holy Family Parish Men's Club in organizing and running the annual Lenten Fish Fry's. The Men's Club and the PSA divide the profit. This project is an excellent example of Holy Family parishioners and school families working together. Your assistance with this project during the Lenten season is greatly appreciated.

PSA membership is open to all school parents and parishioners. The only requirement is an annual membership dues fee of \$5.00 per family. No work assignments are required. Our goal is to have "U" as a part of "US" and 100% participation.

## ***RETURN BOTTOM TO STATION 6***

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### **MEMBERSHIP FORM FOR 2021-2022**

I (*print*) \_\_\_\_\_ wish to join the PSA. As a member through this donation, I am proudly helping to sponsor many activities throughout the school year for students and their families. I am submitting my \$5.00 family membership fee.

My children who will be attending Holy Family School during the 2020-2021 School Year are:

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Fee of \$5.00 submitted and accepted by \_\_\_\_\_ (Initials)