

Dear Parents of Preschool Children,

Welcome to All Saints Preschool 2017-2018! Whether you are a new family or you are returning, know that we are happy that you are a part of our faith community. It is time to register your child for the Preschool program.

Enclosed are the following:

- ✓ Registration form
- ✓ Permission, Release & Medical Power of Attorney
- ✓ Authorization for Dispensing any Medication
- ✓ Possession and use of epinephrine auto injector to treat anaphylaxis
- ✓ Preschool Flyer
- ✓ Help Needed Flyer
- ✓ Preschool Schedule

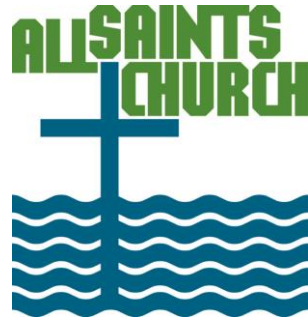
If you have any questions, please contact our Preschool Coordinators, or Ginny Rush.

Thank you for bringing your child to preschool!

Chrissy Smith  
Preschool Coordinator  
(513) 253-3537  
[Cnsmith3@gmail.com](mailto:Cnsmith3@gmail.com)

Anna Shaw  
Co-Coordinator  
(513) 535-5350  
[banans724@hotmail.com](mailto:banans724@hotmail.com)

Ginny Rush  
Director of Faith Formation  
792-4603  
[grush@allsaints.cc](mailto:grush@allsaints.cc)



# All Saints Preschool

- WHO:** Children between the ages of 3 and 5 years old, potty trained
- WHAT:** A Preschool religious education based on *Stories of God's Love* by RCL Benziger
- WHEN:** During 11:00 am Mass, starting August 27
- WHERE:** All Saints School - Open to the parish
- WHY:** To support parents in teaching our young children the faith.
- Questions:** Contact Ginny Rush at [grush@allsaints.cc](mailto:grush@allsaints.cc) or 792-4603

**All Saints Parish Sunday Preschool  
2017-2018 Registration Form**

Please print clearly:

Child's Name \_\_\_\_\_  
First Last Nickname

Address \_\_\_\_\_  
Number/Street City Zip

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Dad Cell Mom Cell

Father's Name \_\_\_\_\_  
First Last

Mother's Name \_\_\_\_\_  
First Last

Family e-mail \_\_\_\_\_

Child's age as of October 1, 2017 \_\_\_\_\_

Does your child have any food allergies or other problems that we should be aware of? \_\_\_\_\_

Fees	
1 Child	\$50.00
2 Children	\$80.00
3 Children	\$130.00

<b>Payments:</b>
Date Paid: _____
Check: _____ Cash: _____
Amount Paid: _____

The fee covers the cost of books and supplies. **Make payments payable to All Saint Church.**

**TIMES:** The program will run during the 11:00 Mass for the 2017-2018 year. Children may arrive anytime after 10:45 with dismissal and pick up immediately after the 11:00 Mass.

**CONDUCT:**

All Saints pre-school teachers are prepared to present the message of Jesus and our Church to these children. We can only do this in an environment of respect and good Christian conduct. The children are expected to follow class room rules as explained to them by their teacher. In the event that a child exhibits unacceptable behavior, he/she will be reminded of the expected conduct. If the reminders do not work, the parent will be advised of the situation by cell phone. **Please make sure you leave your cell phone on vibrate during 11:00 Mass.** If the behavior does not improve, the Director of Religious Education will be contacted. **A parent of the child will be expected to attend each class until the teacher and DRE have determined that the situation is resolved.**

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# **All Saints Church Religious Education**

2017-2018

## **Authorization for Dispensing of Any Medication**

(includes Tylenol, Advil, cold or allergy medicine, etc...)

(In accordance with Ohio Revised Code 3313.713)

The use of medication during religious education is discouraged. Use this form if it is essential a student receive medication during religious education sessions.

**This section is to be completed by the parent or guardian.**

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

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

I request All Saints personnel or volunteers to administer the medication as instructed and agree to 1.) deliver the medication to the Director of Faith Formation or her representative in the original container (which shows the name of medicine, child's name, dosage, etc.); 2.) notify the Director of Faith Formation if I change physicians, or if the medication is changed or eliminated; 3.) NO medication is to be put in the possession of a student. All medication must be brought to the Director of Faith Formation or her representative; 4.) cough drops are permitted if a parental permission slip is provided.

The undersign agree not to file or make any claim against anyone for negligence in connection with the administration or non-administration of any medicines and further agree to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines.

I give my permission for the Director of Faith Formation or her/his designee (paid or volunteer) to administer the prescribed medication.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**This section to be completed by the child's physician**

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

How Administered: \_\_\_\_\_

Date to Begin Administering Medication: \_\_\_\_\_

Date to Terminate Administering Medication: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's emergency telephone number: \_\_\_\_\_

List any special conditions for storage of drug: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

**THIS PERMISSION IS NO LONGER VALID AT THE END OF THE CURRENT SCHOOL YEAR**

# **3313.718 Possession and use of epinephrine autoinjector to treat anaphylaxis.**

(A) As used in this section, “prescriber” has the same meaning as in section [4729.01](#) of the Revised Code.

(B) Notwithstanding section [3313.713](#) of the Revised Code or any policy adopted under that section, a student of a school operated by a city, local, exempted village, or joint vocational school district or a student of a chartered nonpublic school may possess and use an epinephrine autoinjector to treat anaphylaxis, if all of the following conditions are satisfied:

(1) The student has the written approval of the prescriber of the autoinjector and, if the student is a minor, the written approval of the parent, guardian, or other person having care or charge of the student. The prescriber’s written approval shall include at least all of the following information:

- (a) The student’s name and address;
  - (b) The names and dose of the medication contained in the autoinjector;
  - (c) The date the administration of the medication is to begin;
  - (d) The date, if known, that the administration of the medication is to cease;
  - (e) Acknowledgment that the prescriber has determined that the student is capable of possessing and using the autoinjector appropriately and has provided the student with training in the proper use of the autoinjector;
  - (f) Circumstances in which the autoinjector should be used;
  - (g) Written instructions that outline procedures school employees should follow in the event that the student is unable to administer the anaphylaxis medication or the medication does not produce the expected relief from the student’s anaphylaxis;
  - (h) Any severe adverse reactions that may occur to the child using the autoinjector that should be reported to the prescriber;
  - (i) Any severe adverse reactions that may occur to another child, for whom the autoinjector is not prescribed, should such a child receive a dose of the medication;
  - (j) At least one emergency telephone number for contacting the prescriber in an emergency;
  - (k) At least one emergency telephone number for contacting the parent, guardian, or other person having care or charge of the student in an emergency;
  - (l) Any other special instructions from the prescriber.
- (2) The school principal and, if a school nurse is assigned to the student’s school building, the school nurse has received copies of the written approvals required by division (B)(1) of this section.
- (3) The school principal or, if a school nurse is assigned to the student’s school building, the school nurse has received a backup dose of the anaphylaxis medication from the parent, guardian, or other person having care or charge of the student or, if the student is not a minor, from the student. If these conditions are satisfied, the student may possess and use the autoinjector at school or at any activity, event, or program sponsored by or in which the student’s school is a participant.

(C) Whenever a student uses an autoinjector at school or at any activity, event, or program sponsored by or in which the student's school is a participant or whenever a school employee administers anaphylaxis medication to a student at such times, a school employee shall immediately request assistance from an emergency medical service provider.

(D)(1) A school district, member of a school district board of education, or school district employee is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from a district employee's prohibiting a student from using an autoinjector because of the employee's good faith belief that the conditions of division (B) of this section had not been satisfied. A school district, member of a school district board of education, or school district employee is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from a district employee's permitting a student to use an autoinjector because of the employee's good faith belief that the conditions of division (B) of this section had been satisfied. Furthermore, when a school district is required by this section to permit a student to possess and use an autoinjector because the conditions of division (B) of this section have been satisfied, the school district, any member of the school district board of education, or any school district employee is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from the use of the autoinjector by a student for whom it was not prescribed. This section does not eliminate, limit, or reduce any other immunity or defense that a school district, member of a school district board of education, or school district employee may be entitled to under Chapter 2744. or any other provision of the Revised Code or under the common law of this state.

(2) A chartered nonpublic school or any officer, director, or employee of the school is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from a school employee's prohibiting a student from using an autoinjector because of the employee's good faith belief that the conditions of division (B) of this section had not been satisfied. A chartered nonpublic school or any officer, director, or employee of the school is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from a school employee's permitting a student to use an autoinjector because of the employee's good faith belief that the conditions of division (B) of this section had been satisfied. Furthermore, when a chartered nonpublic school is required by this section to permit a student to possess and use an autoinjector because the conditions of division (B) of this section have been satisfied, the chartered nonpublic school or any officer, director, or employee of the school is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from the use of the autoinjector by a student for whom it was not prescribed.

Effective Date: 03-23-2007

**Preschool Program  
2017-2018**

**ARCHDIOCESE OF CINCINNATI  
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 6-2006)**

1. I, the lawful parent or guardian of \_\_\_\_\_ (the "child"), give permission for my child to participate in the activity described on the *Activity Information* form and release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes and schools within the Archdiocese (the "Archdiocese"), and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their officers, agents, representatives, volunteers and employees.
2. I further understand that my Child's participation is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, elect to participate in spite of the risks.
3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.
4. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:
  - (i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the Child.
  - (ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
5. This power of attorney shall lapse automatically upon completion of the activity and related travel.
6. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions.
7. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Medical Power of Attorney shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_



## Medical Information — Completed by Parent or Guardian — Please Print

Child's Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone No. (h) \_\_\_\_\_ (w) \_\_\_\_\_

Member's Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Member's Soc. Sec. No. \* \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Hospital Preference \_\_\_\_\_

(See Activity Information form below)

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### ACTIVITY INFORMATION

#### Completed by Church Agency - Please Print

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

#### A. Ongoing

Church Agency All Saints Church Activity Sunday Preschool

Location All Saints School Emergency No. 513-300-8130 or 513-225-5291 Cost N/A

Starting Date and Time August 27, 2017 10:45 am Meeting Place All Saints School

Ending Date and Time May 6, 2018 Meeting Place All Saints School

Activities Involved Sunday Preschool

Type of Transportation (if any) N/A

Group Leader Chrissy Smith, Ginny Rush Telephone No. 513-253-3537, 513-225-5291

**Where can we find you during the 11:00 am Mass? Circle one  
(North wing, South wing, Main wing)**



## Sunday Preschool Dates 2017-2018

<u>August</u> 27 First Day  <u>September</u> 3 No Class Labor Day Weekend 10 17 24  <u>October</u> 1 8 15 No Class Fall Break 22 No Class Fall Break 29  <u>November</u> 5 12 19 26 No Class Thanksgiving Weekend  <u>December</u> 3 10 17 24 No Class Christmas Break	<u>January</u> 1 No Class 7 14 No Class Martin Luther King Day 21 No Class School Open House 28  <u>February</u> 4 11 18 No Class President's Day 25  <u>March</u> 4 11 18 25 No Class Easter Break  <u>April</u> 1 No Class Easter Break 8 No Class Easter Break 15 No Class First Communion 22 26  <u>May</u> 6 Last Day of Class
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**Schedule is subject to change**

**OPPORTUNITY - HELP NEEDED!  
AND APPRECIATED!**

WE WOULD LIKE ALL FAMILIES  
INVOLVED IN OUR PRESCHOOL PROGRAM  
TO CONSIDER TEACHING MATERIALS  
PROVIDED - EASY TO DO  
PLEASE CONTACT:

CHRISSY SMITH @ (513) 253-3537 OR  
[CNSMITH3@GMAIL.COM](mailto:CNSMITH3@GMAIL.COM)