

July 2017

Dear Parents of St. Lucy's School:

It gives me great pleasure to welcome you and your children to the 2017/2018 school year! I continue to pledge my commitment to maintain a truly Catholic environment, to insure academic rigor and discipline, while maintaining a dignified and professional environment where justice, equality and mutual respect guide our everyday activities. Everyone involved in St. Lucy's School will be called upon to take part in building toward this ideal, including administration, faculty, staff, parents and students.

As we begin the new school year, here are some reminders:

- **All tuition/fees will be collected through SMART TUITION. No payments will be accepted at the school. This includes afterschool/homework club, lunch and all paid programs. This year after school/homework club fees will be collected over an 8 month period (October –May). It will be billed through SMART TUITION.**
- School day will begin at **7:45am** and ends at 2:30pm. All students must be on line in the auditorium by **7:45am**. Morning assembly will begin at **7:45am**.
- Free early morning drop-off is available beginning on Thursday, September 8 at 7:00am. **Students must enter through the back doors on Bronxwood Ave. for early morning drop-off. PLEASE DO NOT ENTER THROUGH THE MAIN ENTRANCE.**
- **All Students must be in complete uniform on the first day of school. Uniforms must be purchased through Big Apple Uniforms. (718- 994-4300)**
- **NO FAD haircuts or dyed hair are permitted. Boys are not permitted to have any design in their hair.**
- Main office will officially open on **Monday, August 28 from 8:00am to 2:00pm**. If there are any questions regarding any of these items, I urge you to call the school office (718-882-2203). You may also use email or the voice mail system.
- Please complete the **IRIS ALERT** form in this packet and return it by Friday, September 8, 2017. **ALERTS** will be sent if there are any additions to or changes in the calendar or policies during the year.

It is absolutely vital that you keep yourself informed of the activities at the school and your responsibilities regarding your child's education. I wish to thank you for taking the time to read all of the items enclosed. Keep them handy so that you may refer to them often. Once again this year, the yearly calendar and all school policies will be included in your child's planner.

The first few days of school are always a little hectic. Your cooperation with all of the directives enclosed will assure a smooth beginning to what promises to be another great school year.

I look forward to seeing you and your children in September. Until then, I wish you a happy, healthy and restful summer.

Respectfully,

Mrs. Stefanini, Principal

## First Week of School

Supervised early drop off is available for all students beginning at **7:00am**. Please drop students at the back doors on Bronxwood Ave.

All students in all grades must be on line in their assigned place in the auditorium by **7:45am**. Morning assembly begins at **7:45am** with prayers and announcements.

- Tuesday, September 5:**      **Conference Day: School Closed**
- Wednesday, September 6:**      **Conference Day: School Closed**
- Thursday, September 7:**      **First Day of School**  
**Nursery & Kg orientation 9am-11am**  
**Full Day Grades 1-8**  
**After school begins grades 1-8**
- Friday, September 8:**      **Full Day of School Grades Kg-8**  
**Nursery 7:45am-10:30am**  
**After school Grades Kg-8**
- Monday, September 11:**      **Full Day: Homework club begins**

### **IMPORTANT INFORMATION:**

Children are expected to report to school in **FULL** school uniform and with all supplies as listed in the supply list enclosed with this mailing. All children should line up in the school auditorium at signs for their new grade assignments which you will receive with your first tuition statement in August. This includes all children who are new to St. Lucy's school.

Punctuality is vital. Lateness of 5 or more times per quarter will result in a student not receiving honors. Also, excessive absences will result in a student not receiving honors.

**HOT BREAKFAST/ LUNCH** will be offered in September and **BILLED THROUGH SMART TUITION**. The forms will be given to your child on the first day of school.. Please fill out the form (1 FORM PER FAMILY.....LIST ALL CHILDREN ON THE FORM) and return it to school **by Friday, September 8, WHETHER OR NOT YOU THINK YOU ARE ELIGIBLE FOR FREE OR REDUCED LUNCH. IF YOU NEED ASSISTANCE COMPLETING THE FORM, PLEASE CONTACT THE MAIN OFFICE.**

REMINDER: If you sign your child up for hot lunch, they remain on the program the entire year. **TO HAVE YOUR CHILD REMOVED FROM THE PROGRAM, WRITTEN NOTICE MUST BE GIVEN TO THE PRINCIPAL.**

FAILURE TO PAY YOUR HOT LUNCH BILL THROUGH SMART TUITION WILL RESULT IN A LATE FEE AND IN YOUR CHILD BEING REMOVED FROM THE PROGRAM

Greetings St. Lucy's School Parents,

There is exciting news...A Home School Association is coming to St. Lucy's School!

There will be a startup meeting on 09/22/2017 at 7 pm in the school auditorium. If you are interested, ready, willing, and able to participate let us know. Nominations for President/Vice President/Secretary/Treasurer will be accepted.

Thank you,

Mrs. Stefanini, Principal

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Home School Association Startup Meeting

Please return by September 18, 2017

Student name/ Class \_\_\_\_\_/\_\_\_\_\_

Parent name \_\_\_\_\_

I will attend\_\_\_\_\_

I will not attend\_\_\_\_\_

If you cannot attend but would like to nominate someone please feel free to submit nominations.

President\_\_\_\_\_

Vice President\_\_\_\_\_

Treasurer\_\_\_\_\_

Secretary\_\_\_\_\_



## ST. LUCY After School Program PREK3 (Nursery) 2017/2018

Dear Parents:

St. Lucy School is happy to provide an After School Program for all our students enrolled in PREK3, beginning September 11, 2017 and ending on June 13, 2018

The program operates from Monday-Friday, from dismissal to 6PM and half days from 12PM-6PM. Currently, there are 175 school days of which 165 days have aftercare available.

The school offers a five day plan in order to accommodate the different needs of our families (our rates are based on the total number of after school days). After school is billed over 8 months beginning with October billing and finishing with May billing through your Smart Tuition Account. Any Late Payments are subject to a Late Fee billed on your Smart Tuition Account.

If you are interested in enrolling your child, you MUST fill out the Afterschool Registration Form and return to school by Sept. 9<sup>th</sup> along with your \$25 registration fee, Afterschool Contract Form and Authorization Pick Up form. No child will be able to start without all forms handed in. Once you enroll, we will automatically set up your Smart Tuition Account to reflect the charge.

If for any reason you need to leave the After School Program, you must fill out another form (available at the Main Office) indicating the effective date of the change. These changes must be handed into the office one month prior to the effective change date. (Example: if you want your change to start on November 1<sup>st</sup> the form must be submitted into the office on October 1<sup>st</sup>.) No verbal request of changes will be accepted.

If you are using the After School Program and your child is absent or does not regularly attend unfortunately no refunds or credits will be issued.

# St. Lucy's School

Where The Journey Begins.....Message - Community - Service

830 Mace Avenue Bronx, New York 10467-9199

Telephone 718-882-2203 Fax 718-547-8351 Website - [www.stlucy.org](http://www.stlucy.org)

[Stefanini@stlucys.org](mailto:Stefanini@stlucys.org)

## After School Program Registration Form PREK3 (Nursery) / 2017/2018

All information must be neatly printed

Student Name(s):

1. \_\_\_\_\_ Grade \_\_\_\_\_

2. \_\_\_\_\_ Grade \_\_\_\_\_

3. \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ ONE CHILD - \$450 per month, billed in Smart over 8 months (Oct-May)

\_\_\_\_\_ 2 CHILDREN - \$556 per month, billed in Smart over 8 months (Oct-May)

\_\_\_\_\_ 3 or more - \$638 per month, billed in Smart over 8 months (Oct-May)

We also have daily rates- payment must be made directly to the school. The daily rate will not offer sibling discounts. Our daily rate is \$25 per child.

Parent Name (PRINT) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

AdvancED Accredited/NCA



## ST. LUCY After School Program K- 8 2017/2018

Dear Parents:

St. Lucy School is happy to provide an After School/Homework Club Program for all our students enrolled in Kindergarten through 8<sup>th</sup>, beginning Thursday, September 7, 2017 and ending on June 13, 2018.

The After School program operates from Monday-Friday, dismissal to 6PM and half days from 12PM-6PM. Our Homework Club Program operates Monday-Thursday, dismissal to 4:30PM. There is after school available after Homework Club at an additional price. Currently, there are 175 school days of which 165 days have aftercare available.

The school offers a five day plan in order to accommodate the different needs of our families (our rates are based on the total number of after school days). **After school and Homework Club are billed over 8 months beginning with October billing and finishing with May billing through your Smart Tuition Account. Any Late Payments are subject to a Late Fee billed on your Smart Tuition Account.**

If you are interested in enrolling your child, you **MUST** fill out the Afterschool and/or Homework Club registration form and return to school by Sept. 7<sup>th</sup> along with your \$25 registration fee, Afterschool and/or Homework Club Contract Form and Authorization Pick Up form. No child will be able to start without all forms handed in. Once you enroll, we will automatically set up your Smart Tuition Account to reflect the charge.

If for any reason you need to leave the Afterschool and/or Homework Club program, you must fill out another form (available at the Main Office) indicating the effective date of the change. These changes must be handed into the office one month prior to the effective change date. (Example: if you want your change to start on November 1<sup>st</sup>, the form must be submitted to the office on October 1<sup>st</sup>). No verbal request of changes will be accepted.

If you are using the After School or Homework Club Program and your child is absent or does not attend regularly, unfortunately no refunds or credits will be issued.



**ST. LUCY'S AFTERSCHOOL/HOMEWORK CLUB PROGRAM**

Please check the program that you would like to enroll your child in: (check one only)

AFTERSCHOOL                    \_\_\_ ONE CHILD - \$388 per month  
(M-F, 2:30-6PM)                \_\_\_ 2 CHILDREN - \$506 per month  
    \_\_\_ 3 or more     - \$588 per month

HOMEWORK CLUB ONLY        \_\_\_ ONE CHILD - \$160 per month  
(M-THURS, 2:30-4:30PM)    \_\_\_ 2 CHILDREN - \$265 per month  
    \_\_\_ 3 or more     - \$360 per month

HOMEWORK CLUB/AFTERSCHOOL \_\_\_ ONE CHILD - \$375 per month  
(Includes Friday for Afterschool) \_\_\_ 2 CHILDREN - \$490 per month  
    \_\_\_ 3 or more     - \$600 per month

Student Name(s)

1. \_\_\_\_\_ Grade \_\_\_\_\_

2. \_\_\_\_\_ Grade \_\_\_\_\_

3. \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name(PRINT) \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Cell# \_\_\_\_\_

## St. Lucy's Afterschool/Homework Club Contract

The program is open until 6:00pm. (except when notified of early closing due to inclement weather, emergency etc.)

- 📅 All children must be picked up NO LATER THAN 6:00pm.
- 📅 Late fee of \$25.00 per child will be charged for every 10 minutes or any part there of that your child remains after 6:00pm.
- 📅 All late fees are due the following day in order for your child to remain in the Afterschool/Homework Club Program.
- 📅 If you are late 3 times, you will be asked to remove your child from the program (NO REFUND)
- 📅 All payments are due by the 5<sup>th</sup> of the month thru SMART TUITION. UPK will pay to Main Office.
- 📅 Any person who is more than one month in arrears *will not* be allowed to use the program until payment is made.
- 📅 In Homework Club, a teacher will check homework, however, depending on each student's individual needs, homework may not always be completed. Please check the Homework Club teachers form to see what still needs to be completed.
- 📅 By signing below, I am agreeing to the guidelines listed above for the Afterschool/Homework Club Program.
- 📅 I am also aware that my child(ren) will not be allowed to use the program until the tear-off is returned to the school, regardless if payment has already been made.

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St. Lucy's Afterschool/Homework Club Contract

2017/2018

Student Name(s) \_\_\_\_\_

Grade(s) \_\_\_\_\_

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

Parent Signature \_\_\_\_\_



**AFTER-SCHOOL PICK UP AUTHORIZATION**  
**IN ORDER TO REGISTER FOR THE AFTER**  
**SCHOOL PROGRAM YOU MUST HAVE AT LEAST 2**  
**PEOPLE WITH (ACTIVE PHONE NUMBERS) ON**  
**THIS FORM THAT ARE AUTHORIZED TO PICK UP**  
**YOUR CHILD(REN) IN CASE YOU ARE LATE.**

**PARENT EMAIL** \_\_\_\_\_

**CELL NUMBER** \_\_\_\_\_

CHILD(REN)'S NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

**AUTHORIZED TO PICK UP CHILD(REN)**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_



## **NO AFTERSCHOOL/HOMEWORK CLUB**

**WEDNESDAY, NOVEMBER 22**

**FRIDAY, DECEMBER 8**

**FRIDAY, DECEMBER 22**

**WEDNESDAY, MARCH 28**

**THURSDAY, MAY 31**

**THURSDAY, JUNE 14**

**FRIDAY, JUNE 15**

# 2017-18 School Year New York State Immunization Requirements for School Entrance/Attendance<sup>1</sup>

**NOTES:**

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades Pre-k through 9, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. (Exception: intervals between doses of polio vaccine DO NOT need to be reviewed for grades 4, 5, 10, 11 and 12.) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grades 10 through 12. See footnotes for specific information for **each** vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

**Dose requirements MUST be read with the footnotes of this schedule.**

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2 and 3	Grades 4 and 5	Grades 6, 7, 8 and 9	Grades 10, 11 and 12
<b>Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)<sup>2</sup></b>	<b>4 doses</b>	<b>5 doses or 4 doses</b> if the 4th dose was received at 4 years or older or <b>3 doses</b> if 7 years or older and the series was started at 1 year or older			<b>3 doses</b>
<b>Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap)<sup>3</sup></b>		<b>Not applicable</b>			<b>1 dose</b>
<b>Polio vaccine (IPV/OPV)<sup>4</sup></b>	<b>3 doses</b>	<b>4 doses or 3 doses</b> if the 3rd dose was received at 4 years or older	<b>3 doses</b>	<b>4 doses or 3 doses</b> if the 3rd dose was received at 4 years or older	<b>3 doses</b>
<b>Measles, Mumps and Rubella vaccine (MMR)<sup>5</sup></b>	<b>1 dose</b>		<b>2 doses</b>		
<b>Hepatitis B vaccine<sup>6</sup></b>	<b>3 doses</b>		<b>3 doses or 2 doses</b> of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years		
<b>Varicella (Chickenpox) vaccine<sup>7</sup></b>	<b>1 dose</b>	<b>2 doses</b>	<b>1 dose</b>	<b>2 doses</b>	<b>1 dose</b>
<b>Meningococcal conjugate vaccine (MenACWY)<sup>8</sup></b>		<b>Not applicable</b>		<b>Grades 7 and 8: 1 dose</b>	<b>Grade 12: 2 doses or 1 dose</b> if the dose was received at 16 years or older
<b>Haemophilus influenzae type b conjugate vaccine (Hib)<sup>9</sup></b>	<b>1 to 4 doses</b>		<b>Not applicable</b>		
<b>Pneumococcal Conjugate vaccine (PCV)<sup>10</sup></b>	<b>1 to 4 doses</b>		<b>Not applicable</b>		

**2017-2018 School Year  
Immunization Requirements for Nursery Students**

New York State Law Section 2164 requires certain immunizations (shots) to enter Pre-kindergarten and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

**Required Immunizations for Nursery**

<b>Immunization</b>	<b>Number of Doses</b>
Polio	3
Hepatitis B	3
Diphtheria/Tetanus/Pertussis	4
Measles/Mumps/Rubella	1
Varicella (Chickenpox)	1
Hemophilus Influenzae	1 to 4
Pneumococcal Conjugate	1 to 4

Proof of immunization should be sent to the school nurse where your child will be attending pre-kindergarten.

Proof of immunization must be **any 1 of the 3** items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
  - For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

If you have questions or concerns about immunizations, please contact the school.

Sincerely,

*Mrs. J. Stipanovich*

**2017-2018 School Year**  
**Immunization Requirements for Students in Kindergarten, Grades 1, 2 & 3**

Dear Parent/Guardian,

Date:

New York State Law Section 2164 requires certain immunizations (shots) to enter kindergarten and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

**Required Immunizations for Kindergarten & Grade 1, 2 & 3**

Immunization	Number of Doses
Polio	4 doses or 3 if the 3rd dose at 4 years of age or older
Hepatitis B	3
Diphtheria/Tetanus/Pertussis	5 doses or 4 doses if the 4th dose given at 4 years of age or older or 3 doses if series stated at age 7 or older
Measles/Mumps/Rubella	2
Varicella (Chickenpox)	2

Please send proof of immunization to the school nurse where your child will be attending kindergarten.

Proof of immunization must be **any 1 of the 3** items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
  - For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

If you have questions or concerns about immunizations, please contact the school.

Sincerely,



Principal

**2017-2018 School Year  
Immunization Requirements for Students in Grades 4 & 5**

New York State Law Section 2164 requires certain immunizations (shots) to enter Grades 4 - 5 and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

**Required Immunizations for Students in Grades 4 & 5**

Immunization	Number of Doses
Polio	3
Hepatitis B	3
Diphtheria/Tetanus/Pertussis	5 doses or 4 doses if the 4th dose given at 4 years of age or older or 3 doses if series stated at age 7 or older
Measles/Mumps/Rubella	2
Varicella (Chickenpox)	1

Please send proof of immunization to the school nurse where your child will be attending Grades 3 through 5.

Proof of immunization must be **any 1 of the 3** items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
  - For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

If you have questions or concerns about immunizations, please contact the school.

Sincerely,



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Principal

**2017-2018 School Year  
Immunization Requirements for Students in Grades 6, 7, 8**

New York State Law Section 2164 requires certain immunizations (shots) to enter and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

**Required Immunizations for Students in Grades 6, 7, 8**

Immunization	Number of Doses
DTaP/DTP	3 doses
Tdap <i>6th</i>	<b>Age 11:</b> Must receive an immunization containing Tetanus Toxoids, diphtheria, and acellular pertussis (Tdap)
Polio	4 doses or 3 doses if the 3 <sup>rd</sup> dose was received at age 4 or older
MMR	2 doses
Hepatitis B	3 doses or 2 doses of adult hepatitis B Vaccine (Recombivax)
Varicella (chickenpox)	2 doses
Meningococcal conjugate (MenACWY)	1 dose Grade 7 & 8*
* The meningococcal requirement moves up a grade, so students in grades 7 and 8 are required to have received MENACWY vaccine. Grade 8 should only be students from out of state or country and any students who didn't receive the vaccine in grade 7. Most of the students in grade 8 will have already received the dose in grade 7.	

Thank you for your attention to these new immunization requirements.

If you have questions or concerns about immunizations, please contact the school.

Sincerely,

*Mrs. J. Stefanini*

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Principal

# St. Lucy's School

Where The Journey Begins.....Message - Community - Service

830 Mace Avenue Bronx, New York 10467-9199

Telephone 718-882-2203 Fax 718-547-8351 Website - [www.stlucy.org](http://www.stlucy.org)

[Stefanini@stlucys.org](mailto:Stefanini@stlucys.org)

Dear Parents:

We will be using the IRIS Alert System to send important messages from school. In order for you to receive the alerts, such as school closings, it is important that we have updated home, work and cell phone numbers as well as a current email address.

Please complete the below form by listing 3 phone numbers and 2 email addresses in the order of importance and return it to school by Friday, September 8<sup>th</sup>.

Thank you.

Mrs. Stefanini  
Principal

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(IRIS ALERT 2017/2018)

PLEASE PRINT CLEARLY

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Phone# 1: \_\_\_\_\_

Phone# 2: \_\_\_\_\_

Phone# 3: \_\_\_\_\_

Email# 1: \_\_\_\_\_

Email#2: \_\_\_\_\_

AdvancED Accredited/NCA



**CHILD & ADOLESCENT HEALTH EXAMINATION FORM**  
NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please  
Print  
Clearly

NYC ID (OSIS)

**TO BE COMPLETED BY THE PARENT OR GUARDIAN**

Child's Last Name		First Name		Middle Name		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year) / /	
Child's Address				Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other			
City/Borough	State	Zip Code	School/Center/Camp Name			District Number	Phone Numbers Home _____ Cell _____ Work _____	
Health insurance (including Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parent/Guardian Last Name		First Name		Email			
<input type="checkbox"/> Foster Parent								

**TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER**

Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____		<b>Does the child/adolescent have a past or present medical history of the following?</b> <input type="checkbox"/> Asthma (check severity and attach MAF): <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent If persistent, check all current medication(s): <input type="checkbox"/> Quick Relief Medication <input type="checkbox"/> Inhaled Corticosteroid <input type="checkbox"/> Oral Steroid <input type="checkbox"/> Other Controller <input type="checkbox"/> None Asthma Control Status <input type="checkbox"/> Well-controlled <input type="checkbox"/> Poorly Controlled or Not Controlled							
Allergies <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____	<input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Behavioral/mental health disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Orthopedic injury/disability <b>Explain all checked items above.</b>			<input type="checkbox"/> Seizure disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Hospitalization <input type="checkbox"/> Surgery <input type="checkbox"/> Other (specify) _____ <b>Addendum attached.</b>			Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below)		
<b>Attach MAF if in-school medications needed</b>									

<b>PHYSICAL EXAM</b> Date of Exam: / /		<b>General Appearance:</b> <input type="checkbox"/> Physical Exam WNL NI Abnl <input type="checkbox"/> Psychosocial Development <input type="checkbox"/> HEENT <input type="checkbox"/> Lymph nodes <input type="checkbox"/> Abdomen <input type="checkbox"/> Skin <input type="checkbox"/> Language <input type="checkbox"/> Dental <input type="checkbox"/> Lungs <input type="checkbox"/> Genitourinary <input type="checkbox"/> Neurological <input type="checkbox"/> Behavioral <input type="checkbox"/> Neck <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Extremities <input type="checkbox"/> Back/spine					
Height _____ cm (____ %ile) Weight _____ kg (____ %ile) BMI _____ kg/m <sup>2</sup> (____ %ile) Head Circumference (age ≤2 yrs) _____ cm (____ %ile) Blood Pressure (age ≥3 yrs) _____ / _____		<b>Describe abnormalities:</b>					

<b>DEVELOPMENTAL</b> (age 0-6 yrs) Validated Screening Tool Used? _____ Date Screened _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Screening Results: <input type="checkbox"/> WNL <input type="checkbox"/> Delay or Concern Suspected/Confirmed (specify area(s) below): <input type="checkbox"/> Cognitive/Problem Solving <input type="checkbox"/> Adaptive/Self-Help <input type="checkbox"/> Communication/Language <input type="checkbox"/> Gross Motor/Fine Motor <input type="checkbox"/> Social-Emotional or Personal-Social <input type="checkbox"/> Other Area of Concern: _____		<b>Nutrition</b> < 1 year <input type="checkbox"/> Breastfed <input type="checkbox"/> Formula <input type="checkbox"/> Both ≥ 1 year <input type="checkbox"/> Well-balanced <input type="checkbox"/> Needs guidance <input type="checkbox"/> Counseled <input type="checkbox"/> Referred Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below)		<b>Hearing</b> Date Done Results < 4 years: gross hearing _____ / / <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred OAE _____ / / <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred ≥ 4 yrs: pure tone audiometry _____ / / <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred		<b>Vision</b> Date Done Results < 3 years: Vision appears: _____ / / <input type="checkbox"/> NI <input type="checkbox"/> Abnl <b>Acuity (required for new entrants and children age 3-7 years)</b> Right _____ / _____ Left _____ / _____ <input type="checkbox"/> Unable to test Screened with Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Strabismus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Suspected Delay or Concern: _____		<b>SCREENING TESTS</b> Date Done Results <b>Blood Lead Level (BLL)</b> (required at age 1 yr and 2 yrs and for those at risk) _____ / / _____ µg/dL <b>Lead Risk Assessment</b> (annually, age 6 mo-6 yrs) _____ / / _____ <input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk		<b>Dental</b> Visible Tooth Decay <input type="checkbox"/> Yes <input type="checkbox"/> No Urgent need for dental referral (pain, swelling, infection) <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visit within the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child Receives EI/CPSE/CSE services <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Hemoglobin or Hematocrit</b> _____ g/dL _____ %					

CIR Number	Physician Confirmed History of Varicella Infection <input type="checkbox"/>	Report only positive immunity:
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<b>IMMUNIZATIONS - DATES</b>		IgG Titers Date	
DTP/DTaP/DT	Tdap	Hepatitis B	
Td	MMR	Measles	
Polio	Varicella	Mumps	
Hep B	Mening ACWY	Rubella	
Hib	Hep A	Varicella	
PCV	Rotavirus	Polio 1	
Influenza	Mening B	Polio 2	
HPV	Other	Polio 3	

<b>ASSESSMENT</b> <input type="checkbox"/> Well Child (Z00.129) <input type="checkbox"/> Diagnoses/Problems (list) _____ ICD-10 Code _____	<b>RECOMMENDATIONS</b> <input type="checkbox"/> Full physical activity <input type="checkbox"/> Restrictions (specify) _____ <b>Follow-up Needed</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: / / <b>Referral(s):</b> <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> IEP <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____
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Health Care Practitioner Signature	Date Form Completed	DOHMH ONLY PRACTITIONER I.D.
Health Care Practitioner Name and Degree (print)	Practitioner License No. and State	TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s) Comments:
Facility Name	National Provider Identifier (NPI)	Date Reviewed: I.D. NUMBER
Address	City State Zip	REVIEWER:
Telephone	Fax	Email
		FORM ID#



Please complete the following information for each of your children for our student records and return by the first day of school. Thank You

1. Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Height: \_\_\_\_\_ ft \_\_\_\_\_ inches      Weight: \_\_\_\_\_

2. Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Height: \_\_\_\_\_ ft \_\_\_\_\_ inches      Weight: \_\_\_\_\_ lbs.

3. Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ inches      Weight \_\_\_\_\_ lbs.

4. Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ inches      Weight: \_\_\_\_\_ lbs.

5. Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ inches      Weight: \_\_\_\_\_ lbs.

# St. Lucy's School

Where The Journey Begins.....Message - Community - Service

830 Mace Avenue Bronx, New York 10467-9199

Telephone 718-882-2203 Fax 718-547-8351 Website - [www.stlucy.org](http://www.stlucy.org)

## FOR INCOMING GRADE 8 ONLY

August 2017

Dear Parents,

On Friday, November 3rd, your child will be taking the TACHS (Test for Admission into Catholic High Schools) exam. In order to prepare your child for this exam, we will be offering a TACHS preparation program.

TACHS class will begin Friday, September 15th. The hours are from 2:45 to 5:45. The dates for the TACHS class are as follows: Friday, September 15th, Friday, September 22nd, Friday, September 29th, Thursday, October 5th, Friday, October 13th, Friday, October 20th and Friday, October 27th.

This program will provide practice in Math, ELA and Reading. The cost of the program is \$200.00 and includes the books and materials. Space is limited.

If you are interested in taking advantage of this program, please complete the form below and submit to the office by Monday, September 11<sup>th</sup>. **PLEASE BE AWARE PAYMENT MUST BE MADE THROUGH SMART TUITION.** Please log in to your account and pay by October 5<sup>th</sup>.

Sincerely,

Ms. Minneci

.....  
(TACHS 2017)

Child's name \_\_\_\_\_

Parent's signature \_\_\_\_\_

*AdvancED Accredited/NCA*