Family Agreement – **Required** to be returned

*Please sign and return to your youngest child's teacher by AUGUST 30, 2019*

Our family received the school information packet. (Check each when completed.)

___ We have read the St. Charles Family/School Handbook for 2019 - 2020 and understand that this handbook is a contract between the school and our family.

___ We have discussed the policies and procedures with our child/children and are willing to work with the faculty and staff of St. Charles in following them.

___ We have discussed with our youngest child attending St. Charles about his/her responsibility to bring home information given to him/her.

___ We understand that the letter regarding asbestos in the school is on the school website and we can access it at any time.

Parent/Guardian (print): __________________________________________ Date: ________________

Parent/Guardian (sign): __________________________________________

Student signature: __________________________________________

Student signature: __________________________________________

Student signature: __________________________________________

Student signature: __________________________________________

Student signature: __________________________________________

Student signature: __________________________________________

---

P. 440-886-5546
F. 440-886-1163
www.saintcharlesschool.org

Honoring the Past, Embracing the Future

7107 Wilber Ave. Parma, OH 44129
STUDENT USER AGREEMENT / PARENT PERMISSION FORM  
Both Signatures Required

By signing below, I agree and acknowledge that I have read the terms and conditions of the Student Acceptable Use Policy as written in the Family Handbook and I understand that it is a violation of the Policy to use the System, on or off of school property, to, among other things:

- Bully, harass, threaten, intimidate or engage in discriminatory or abusive conduct or language, including through the use of social media;

- Access websites or content that are inappropriate for the school environment, including without limitation websites or content that are pornographic or obscene;

- Vandalize or tamper with school equipment and/or System settings;

- Engage in criminal or illegal conduct; and/or

- Violate the Student Code of Conduct.

I also understand that:

- Technological resources are provided for instructional and educational purposes only. Incidental, personal use shall be allowed only so long as such use is appropriate for a school setting, non-disruptive to the school’s operations and mission, and not in excess or to the exclusion of the student’s studies or school responsibilities; and

- My access and use of the System, including without limitation all devices used by me to access the System, whether personally or school-owned, are subject to monitoring and search and that I have no expectation of privacy in my use or accessing of the System.

I agree to abide by the terms and conditions stated in the Student Acceptable Use Policy. I understand that I am responsible for the consequences of inappropriate use of the System, including the Internet, both on and off of school property and those consequences may include revocation of privileges to access the Internet and/or other technological resources, suspension, expulsion, and/or legal action.
STUDENT USER AGREEMENT / PARENT PERMISSION FORM  
Both Signatures Required

User Name (print) ___________________________  School: Saint Charles Borromeo Parish School

User Signature ___________________________  Date ___________________________

Grade _________  Homeroom ___________________________

Parent/Guardian Signature Section:

As the parent or legal guardian of the student signing above, I have read this Student Acceptable Use Policy and grant permission for my child to access the School’s information technology resources. I understand that my child will be held responsible for violations of this agreement, that access may be revoked and/or my child may be disciplined for inappropriate use of the System, that my child’s use of the System will be monitored, and that all devices used by my child to access the System, whether school or personally owned, are subject to search. I understand that the School’s information technology resources are intended for instructional and educational purposes. I also understand that my child’s school may not be able to restrict access to all controversial materials, and I will not hold the School responsible for materials acquired, accessed or viewed on the network.

Parent/Guardian Name (print) ___________________________  Date ___________________________

Parent/Guardian Signature ___________________________
PHOTO RELEASE AND AUTHORIZATION

I (We) the parent(s) and/or guardian(s) of my (our) minor children

________________________________________, age_______.
(name of child)

________________________________________, age_______.
(name of child)

________________________________________, age_______.
(name of child)

________________________________________, age_______.
(name of child)

do hereby consent and authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs/video taken of my (our) daughters/sons during her/his enrollment at Saint Charles Borromeo Parish School during the 2018-2019 school year by an employee, agent or representative of The Diocese of Cleveland/Office of Catholic Education or independent contractor. This Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, and prints shall constitute the property of The Diocese of Cleveland/Office of Catholic Education and may be used by The Diocese of Cleveland/Office of Catholic Education for any purpose determined at its discretion, including but not limited to development/fundraising and promotional publications, without further notice or any compensation to me or to my daughters/sons. This Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, and prints are permitted for the school newspaper, yearbook, website, and social media platforms, etc.
CHECK **ONLY ONE:**

- [ ] We do agree to the terms as stated on the reverse side of this sheet.

- [ ] We agree to the terms as stated above only as it pertains to the Saint Charles Borromeo Parish School yearbook, as well as parish and school website, Facebook, and twitter account, the school newspaper and other school publications (including brochures, flyers, bulletin announcements, etc). (Note – except for the yearbook, names will not appear with picture)

- [ ] We do NOT agree to any of the terms as stated above and understand that my child’s photo will not be included in the yearbook.

Parent(s) and or Guardian(s) Signature

____________________________  

Date

Minor Student Signature

____________________________  

Date

Minor Student Signature

____________________________  

Date

Minor Student Signature

____________________________  

Date

Minor Student Signature

____________________________  

Date

Minor Student Signature

____________________________  

Date

Minor Student Signature

____________________________  

Date

P. 440-886-5546  

F. 440-886-1163  

www.saintcharlesschool.org  

7107 Wilber Ave.  

Parma, OH 44129  

Honoring the Past, Embracing the Future
### ST. CHARLES SCHOOL
#### EMERGENCY MEDICAL AUTHORIZATION

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name</th>
<th>Sex (Circle)</th>
<th>Grade:</th>
<th>Room:</th>
</tr>
</thead>
<tbody>
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<td>(F)</td>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>County of Residence:</th>
<th>Business Phones:</th>
<th>Mother:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Father:</td>
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<tr>
<td></td>
<td></td>
<td>Home Phone:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City:</th>
<th>Mother or Guardian:</th>
<th>Place of Employment:</th>
<th>Resides with Family:</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>Yes</td>
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<table>
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<tr>
<th>Father or Guardian:</th>
<th>Place of Employment:</th>
<th>Resides with Family:</th>
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<tr>
<td></td>
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<td>Yes</td>
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<table>
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<tr>
<th>Mother / Guardian Cell Phone:</th>
<th>Father / Guardian Cell Phone:</th>
</tr>
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<tr>
<th>Name of Other Siblings in School:</th>
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</table>

**Purpose** — To enable parents to authorize the emergency treatment and transport for children who become ill or injured while under school authority, when parents cannot be reached.

1. Phone No: (  )
2. Phone No: (  )
3. Phone No: (  )

**Date:** Signature of Parent / Guardian:

---

### PART 1: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

- **Physician:** Phone No: (  )
- **Dentist:** Phone No: (  )
- **Medical Specialist:** Phone No: (  )
- **Local Hospital:** Emergency Room Phone: (  )

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician, or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent / Guardian:

Address:

Zip: Date:

---

### PART 2: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent / Guardian:

Address:

Zip: Date:

**PLEASE USE A BALL POINT PEN USING SUFFICIENT PRESSURE - THANK YOU**
Physical Education Uniforms

**T-shirts**

Youth: $4.00

Extra Small (YXS)  Small (YS)  Medium (YM)  Large (YL)  Extra Large (YXL)

Adult: $4.00

Small (AS)  Medium (AM)  Large (AL)  Extra Large (AXL)  Extra Extra Large (AXXL)

**Shorts**

Youth: $6.00

Small (YS)  Medium (YM)  Large (YL)

Adult: $6.00

Small (AS)  Medium (AM)  Large (AL)  Extra Large (AXL)

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Room</th>
<th>Shirt Size</th>
<th>Quantity</th>
<th>Shorts Size</th>
<th>Quantity</th>
<th>Total Cost</th>
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</table>

Please return this form no later than August 30, 2019 to school office.
Payment Method: Cash or check made payable to St. Charles School
St. Charles Gift of Reading

Many, many thanks to those families who have donated books to our school library through our “Gift of Reading” program. Our library is growing – thanks to your generosity and kindness.

As another school year begins, the St. Charles Library, again, invites you and those new to the program to join the Gift of Reading Book Club. For a fee of $10.00, you can donate a new book to our school library in recognition of your child’s birthday, graduation, First Communion, or any other special occasion. The student’s name will be put on a nameplate inside the book for all to see and appreciate.

We currently have a selection of new books that have already been purchased and are waiting for students to select. Additional books will be purchased and added to the “selection cart” with the money that is collected.

To participate, please fill out the form below and return it to the school library along with the cash or check made out to St. Charles Borromeo School.

St. Charles Gift of Reading

Name: ____________________________________________
Room Number: __________________________________
Occasion: ___________________________ Date: _____________

Library Use Only:
Book Selected: ____________________________
Date of Enrollment: ____________________________
Type of Payment: Cash ____________ Check ____________
Dear Parent/Guardian:

Children need healthy meals to learn. The Diocese of Cleveland/Nutrition Services offers healthy meals every school day. Breakfast costs $1.50; lunch costs $2.75. Your child(ren) may qualify for free or reduced-price meals. Reduced price is $.30 for breakfast and $.40 for lunch. To apply for free or reduced-price meals, use the Free and Reduced-Price School Meals Family Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school. Below are some common questions and answers to help you with the application process.

STOP! If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, do not complete the application. But do let the school know if any children in your household are not listed on the Notice of Direct Certification letter you received.

1. Do I need to fill out an application for each child? No. Use one Free and Reduced-Price School Meals Application for all students in your household.

2. Who can receive free or reduced-price meals? All children in households receiving benefits through the Supplemental Nutrition Assistance Program (SNAP), or Ohio Works First (OWF) benefits can get free meals regardless of your income. Also, your children may receive free or reduced-price meals if your household’s gross income is within the limits on the Federal Income Eligibility Guidelines.

3. Can foster children get free meals? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals.

4. How do I know if my children qualify as homeless, migrant, or runaway? If members of your household lack a permanent address; are staying together in a shelter, hotel or other temporary housing arrangement; relocate on a seasonal basis or; children live with you who have chosen to leave their prior family or household then the children may qualify as homeless, migrant or runaway. If you have not been told your children will get free meals, please call Diocese of Cleveland / Nutrition Services (216) 696-6525 Ext. 3120 to see if they qualify.

5. Should I fill out an application if I received a letter THIS school year saying my children are approved already for free meals? No, but please read the letter carefully and follow the instructions. Please call Diocese of Cleveland/Nutrition Services (216) 696-6525 Ext. 3120 if any children in your household were missing from the eligibility notification or if you have questions.

6. My child's application was approved last year. Do I need to fill out a new one? Yes. Your child’s application is only good for that school year and for the first few days of this school year. You are required to submit a new application unless the school told you that your child is eligible for the new school year. Otherwise your child will be charged the full price for meals.

7. I get WIC benefits. Can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced-price meals. Please complete and submit an application.

8. Will the information I give be checked? Yes, we may ask you to send written proof of the household income.

9. If I don't qualify now, may I apply again later? Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced-price meals if the household income drops below the income limit.

10. What if I disagree with the school’s decision about my application? You should talk to Nutrition Services' official. You may also ask for a hearing by calling or writing to: Ed Morel, Diocese of Cleveland/Nutrition Services, 1404 East Ninth Street, 2nd Floor, Cleveland, OH 44114-1722 (216) 696-6525 Ext. 3110.

11. May I apply if someone in my household is not a U.S. citizen? Yes. You, your child(ren), or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.

12. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children who live with you. If additional space is needed attach a separate list. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses) do not include them.

13. What if my income is not always the same? List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but not if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

14. We are in the military. Do we report our income differently? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, you must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. My family needs more help. Are there other programs we might apply for? To find out how to apply for Ohio SNAP or other assistance benefits, contact your local assistance office or call 877-852-0010.

If you have other questions or need help, call (216) 696-6525 Ext. 3120 or (800) 869-6525 Ext. 3120 (in-state long distance).

Sincerely,

Nutrition Services

2019-2020
Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

<table>
<thead>
<tr>
<th>Household size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,107</td>
<td>$1,926</td>
<td>$445</td>
</tr>
<tr>
<td>2</td>
<td>31,284</td>
<td>2,607</td>
<td>602</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
<td>3,289</td>
<td>759</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
<td>3,970</td>
<td>917</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
<td>4,652</td>
<td>1,074</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
<td>5,333</td>
<td>1,231</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
<td>6,015</td>
<td>1,388</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
<td>6,696</td>
<td>1,546</td>
</tr>
</tbody>
</table>

Each additional person: + $8,177 + $682 + $158

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Ohio Works First (OWF) case number or other identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410

2. fax: (202) 690-7442; or

3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.
### Part 1. ALL HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>Names of all household members (First, Middle Initial, Last)</th>
<th>Name of school and grade level for each child or indicate &quot;NA&quot; if child is not in school.</th>
<th>Check if a foster child (legal responsibility of welfare agency or court) if all children listed below are foster children, skip to Part 5 to sign this form.</th>
<th>Check if No Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>School</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grade</td>
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### Part 2. BENEFITS: If any member of your household receives SNAP or OWF benefits, provide the name and 7 or 10-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

**NAME:**

**7 or 10-DIGIT CASE NUMBER:**

**Part 3.** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Diocese of Cleveland / Nutrition Services at (216) 696-6525 Ext. 3120.

- Homeless
- Migrant
- Runaway

### Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

#### 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED

<table>
<thead>
<tr>
<th>Earnings from work before deductions</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
<th>Twice Monthly</th>
<th>Monthly</th>
<th>Welfare, child support, alimony</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
<th>Twice Monthly</th>
<th>Monthly</th>
<th>Pensions, retirement, Social Security, SSI, VA benefits</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
<th>Twice Monthly</th>
<th>Monthly</th>
<th>Any Other Income (include frequency such as weekly, monthly, quarterly or annually)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Example) Jane Smith</td>
<td>$200</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$150</td>
<td>$0</td>
<td>$</td>
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<td>$50</td>
<td>/ quarterly</td>
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</tbody>
</table>

### Part 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on attached letter to household.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under State and Federal statutes.

*Sign here: X*  
*Last four digits of your Social Security Number: ___ ___ ___ ___*

**Print Name:**

**Date:**

- I do not have a Social Security Number

**Address:**

**City/Zip:**

**Home Phone:**

**Cell Phone:**

**Work Phone:**

### Part 6. Children's ethnic and racial identities (optional)

Choose one ethnicity:  
- Hispanic/Latino
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- American Indian or Alaska Native

*Don't fill out this part. This is for school use only.*

**Total Income:**

**Per:** Week, Every 2 Weeks, Twice A Month, Month, Year

**Household size:**

**Categorical Eligibility:**

**Date Withdrawn:**

**Eligibility:**

- Free
- Reduced
- Denied

**Reason:**

**Determining/Approval Official's Signature:**

**Date:**

**Confirming Official's Signature:**

**Date:**

**Follow-up Official's Signature:**

**Date:**

**If selected for Verification, Date Verification Notice Sent:**

**Response Date:**

**2nd Notice Sent:**

**Results Sent:**

**Verification Result:**

- No Change
- Free to Reduced Price
- Free to Paid
- Reduced Price to Free
- Reduced Price to Paid

*July 2019*
INSTRUCTIONS FOR APPLYING
A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR OHIO WORKS FIRST (OWF), FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name and grade level for each child.
Part 2: List the 7 or 10-digit case number for any household member (including adults) receiving SNAP or OWF benefits.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 6: We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.

IF NO ONE IN YOUR HOUSEHOLD RECEIVES SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name and grade level for each child.
Part 2: Skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Diocese of Cleveland / Nutrition Services (216) 696-6525 Ext. 3120 to see if your child(ren) qualify.
Part 4: Complete only if a child in your household isn't eligible under Part 3. See Instruction for All Other Households.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to complete in part 4.
Part 6: We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: List all foster children and the school name and grade level for each child. Check the box indicating the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 6: We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.

If some of the children in the household are foster children:

Part 1: List all household members and the name of school and grade level for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.
Part 2: If the household does not have a SNAP or OWF 7 or 10-digit case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Diocese of Cleveland / Nutrition Services (216) 696-6525 Ext. 3120. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.

Box 1 - Name: List all household members with income.

Box 2 - Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, list the gross income, not take-home pay. Gross income is the amount earned before taxes and other deductions and can be found on your pay stubs. For other income, list the amount and check the box to tell us how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed report income after expenses under Earnings from Work. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he or she doesn't have one).
Part 6: We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name and grade level for each child. For any person, including children, with no income, you must check the "No Income Box".
Part 2: If the household does not have a SNAP or OWF 7 or 10-digit case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Diocese of Cleveland / Nutrition Services (216) 696-6525 Ext. 3120. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.

Box 1 - Name: List all household members with income.

Box 2 - Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, list the gross income, not take-home pay. Gross income is the amount earned before taxes and other deductions and can be found on your pay stubs. For other income, list the amount and check the box to tell us how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed report income after expenses under Earnings from Work. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

Part 5: An adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he/she doesn't have one).
Part 6: We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.
St. Charles PTU Membership Application 2019 – 2020 School Year

PLEASE SUBMIT THIS COMPLETED DOCUMENT, BOTH SIDES AND YOUR $15.00 MEMBERSHIP FEE TO THE SCHOOL OFFICE. MAKE CHECKS PAYABLE TO ST. CHARLES PTU

Deadline: October 11, 2019

For any questions please contact Dana Pasela at vpresident@saintcharlesschool.org

FAMILY NAME: ____________________________________________
FATHER’S NAME: ____________________________________________
MOTHER’S NAME: ____________________________________________
OR LEGAL GUARDIAN: _______________________________________
ADDRESS: ____________________________________________ ZIP: __________
PHONE (HOME): ____________________________________________
PHONE (CELL MOTHER): __________ Phone (Cell Father): __________
E-MAIL: (MOTHER)________________________________________
E-MAIL: (FATHER)________________________________________

CHILD’S NAME: _________________________ GRADE: _____ ROOM #: __________
CHILD’S NAME: _________________________ GRADE: _____ ROOM #: __________
CHILD’S NAME: _________________________ GRADE: _____ ROOM #: __________
CHILD’S NAME: _________________________ GRADE: _____ ROOM #: __________

FOR MEMBERSHIP COMMITTEE USE ONLY

DATE RECEIVED: ______________ AMOUNT PAID: ___________
CASH: _______________ INFO ENTER: __________________
CHECK: _______________ EMAIL ADDED TO LIST: ______________
CHECK #: _______________ RESPONSE SENT/EMAIL ______________
PTU VOLUNTEER FORM 2019 - 2020 SCHOOL YEAR

Whether it is giving just an hour or stepping up as a chairperson, WE LOVE OUR VOLUNTEERS! Please note that volunteers must be Virtus trained to help with any event where the children are present without a parent. These events are marked with a "V". Our volunteer coordinator or event chairperson will be contacting you periodically to verify you are still available and provide reminders closer to your event(s).

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<tr>
<th>1ST QUARTER</th>
<th>BAKE</th>
<th>COOK SIDE DISH</th>
<th>DRINKS</th>
<th>SUPPLIES (PAPER/PLASTIC ITEMS)</th>
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<td>2ND QUARTER</td>
<td>BAKE</td>
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**TRUNK OR TREAT** October 11 (PMO)

**"V" BOOK FAIR** December 2-8

**CRAFT FAIR SETUP** – November 8 - setup

**CRAFT FAIR** November 9

**GENERAL HELP**

**KITCHEN**

**BASKET RAFFLE**

**WORK BAKE SALE**

**BAKE**

**WORK FAIR**

**EVENING WITH SANATA** – December 11

**"V" SPRING BOGO BOOK FAIR** – TBA

**FAMILY FUN NIGHT** – February 29 (PMO)

**FATHER/DAUGHTER DANCE** – April 4 (PMO)

**GRADE 3-4 SPECIAL EVENT** - TBA (PMO)

**GRADE 5-6 SPECIAL EVENT** – TBD (PMO)

**MOTHER/SON EVENT** – February 8 (PMO)

**GRADE 7-8 SPECIAL EVENT** – TBD (PMO)

**FAMILY BINGO NIGHT** – May 20

**"V" WILDCAT HOOPLA** – May 28

**"V" 8TH GRADE GRADUATION BREAKFAST** – May 28

**"V" WILDCAT HOOPLA** – May 28

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**FISH FRY - please check the dates and jobs you are able to help**

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<td>LINE WORKER (3:45-7PM)</td>
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<td>DINNING ROOM SERVER (3:45-7PM)</td>
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<td>V-FISH FRY CHILD CARE (3:30 - 7PM)</td>
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<td>FRIDAY TEAR DOWN (7:15- 9PM)</td>
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**V = MUST BE VIRTUS TRAINED**

**PMO = PTU Members Only**
Dear Parent,

Once again we will offer weekly support groups for our children (St. Charles Day School and PCRF, Grades Kdg.- 6) living in single parent or step-families. Everyone knows that a child does not come to school and leave his/her feelings outside the classroom door. Quite the opposite, all emotions - good and bad - come with the child. When something significant happens in the family, the entire family is affected. Consequently, even though the loss of a spouse through death or divorce appears to be only a grown-up problem, it has a profound effect on the children it touches.

When a parent dies or a divorce takes place, the child experiences that complex set of emotions called grief. But grieving children find it extremely difficult to verbalize those feelings.

We have some very beautiful, sensitive, caring, trained adults who have said “yes” to helping these children put those feelings into words, work through the grief, build a stronger sense of self-esteem, and begin to accept what has taken place in the family.

If your child is part of single-parent family or step-family, this will be an opportunity for him/her to share with a special someone on the outside what is happening on the inside. Rainbows will meet on Tuesdays for 7 weeks starting September 24th.

Please call the PCRF Office at 440-886-5668 and leave a message by Tuesday, September 3rd if you are interested in this program. I will return your call.

Sincerely,

Mrs. Paula Leigh
PCRF Principal
440-886-5668
Exciting News from the Cafeteria

Introducing our NEW color-coded 4-week cycle menu for the 2019-2020 school year.

So fun and easy, just match the color from the bottom calendars to the cycle week above to determine the week’s menu. It’s that simple.

Find all our new items, new Sliders, new Hot Dogs, new Mini Corn Dogs and new Mozzarella Sticks, just to name a few!

Does your child have a favorite? Just wait, it will come back again.

We hope you enjoy the changes as we continue to provide healthy, nutritious meals. If you have any questions, please contact your Cafeteria Manager.

This institution is an equal opportunity provider.
I. Purpose

The Nutrition Services Department recognizes that on occasion, students may forget to bring a meal or money to school. The purpose of this policy is to ensure compliance with federal requirements for the USDA Child Nutrition Program, and to provide oversight and accountability for the collection of outstanding student meal balances.

The intent of this policy is to establish uniform meal charge procedures throughout the schools. While the USDA Child Nutrition Program does not require that students who pay for regular priced meals be served a meal without payment, the Nutrition Services Department provides this policy as a courtesy to those students, in the event they have not prepaid for a meal and forget their lunch or lunch money.

II. Scope of Responsibility

Cafeteria Manager/School Administration:
1. Responsible for maintaining record of meal orders and charges.
2. Encourage parent/guardian to complete a Free or Reduced price Meal Application to obtain meal benefits and avoid unpaid meal balances.
3. Notify students/parents/guardians of outstanding balances by email, phone or letter sent home with student.

Parent/Guardian:
1. Order/pay for meals in advance or at time of serving.
2. Complete a Free or Reduced price Meal Application to obtain meal benefits and avoid unpaid meal balances.
3. Contact Cafeteria Manager/School Administration to resolve any issue with your child’s ordering or unpaid balances.

III. Policy and Procedure

Nutrition Services is committed to providing meals to students who choose to participate in the program. However, unpaid charges place a large financial burden on the school and there is a responsibility on the part of students and parents to satisfy all financial obligations to the lunch program. The following policy is in place if a student has not prepaid for a meal and is unable to provide payment at the time of service:

1. The student will receive a reimbursable meal. The meal may not necessarily be the meal as identified on the menu for the day. Payment is expected to be received the next day. In any case, a student may not “charge” more than a maximum of two (2) reimbursable meals. If the maximum number of meals is charged and the debt is not promptly paid, the student will receive donated alternate food items until the balance is paid in full.
2. If an alternate meal is served that meets the federal meal guidelines, it will be claimed for reimbursement.
3. If unpaid meal charges exist, the student may no longer purchase A la Carte items until the balance has been paid in full. A la Carte items may never be charged.

4. The Cafeteria Manager/School Administration will coordinate communications with the student and parent/guardian via phone, email or correspondence sent home with the student whenever an unpaid balance has not been resolved.

5. If a student is without meal money on a consistent basis, the administration will investigate the situation more closely and take further action as needed, including the potential refusal of charged meals. If financial hardship exists, parents and families are encouraged to apply for free or reduced price lunches.

6. Notice of this policy shall be provided to parent(s)/guardian(s) on an annual basis.

This institution is an equal opportunity provider.
St. Charles Families

When purchasing a lunch/milk pass for your child or children, please make sure:

- to make checks payable to St. Charles School
- to send in correct amount of cash or check in an envelope labeled with child’s name and room number.
- to mark on the envelope what you are purchasing

Any questions? Feel free to contact me at 440-886-5546 and ask for the cafeteria manager.

Thank you

Colleen Bennett

**This institution is an equal opportunity provider**

10 day ($27.50) and 20 day ($55.00) lunch passes only.

30 day ($15.00) milk passes