



September 28, 2022

# Wednesday Weekly

## Notes from the principal ...news you need to know...

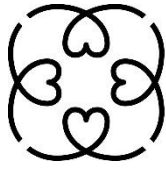
- \* Happy birthday tomorrow to our dear **Ms. Allen!**
- \* The Oak Park Fire Department will be here tomorrow to conduct a school **fire drill**.
- \* **High School Night** is this Friday from 6-7:30pm in Maguire Hall. The event is open to 7<sup>th</sup> and 8<sup>th</sup> Graders. Families from St. Angela School have been invited as well.
- \* The **Flag Football** season kicks off this Friday. Students who have turned in their permission slips and paid fees are eligible to play. Watch for information from Mr. Rogers.
- \* This is the last chance to sign up for the **mobile dental visits**. The team will be here on October 12 and 19. Forms, which are on the reverse side, are due on Monday.
- \* **Progress Reports** will be available next week.
- \* The **Fall Festival** for ECC-Grade 4 is set for Thursday, October 6, from 3-4:30pm. The fun happens on the playground. Make sure your forms have been filled out and returned. Thanks to all those parents who volunteered; check your emails for your specific assignments.
- \* The **Fenwick Tutoring** program has officially started. At this time, the program is limited to students enrolled in aftercare. If we are able to expand, we will let families know.
- \* **Link Scholarship** applications for 8<sup>th</sup> Grade are out October 1.
- \* There is **no school** on Monday, October 10, in honor of Indigenous Peoples' Day.
- \* On October 14, the **8<sup>th</sup> Grade will attend Holy Fire**, a retreat sponsored by the Archdiocese. Details will go home soon.
- \* Beginning October 15, we will begin excluding students from school if they are missing **updated health information**. If you need a health care provider, reach out to the Children's Clinic located right around the corner. The number is 708-848-0528.
- \* **Girls' Basketball** forms will be out soon and are due back on October 15. The team is open to students in grades 4-8.
- \* We are asking families to please get students to school **on time**. The front doors open at 7:50am, and the bell rings at 8:05am. The school day begins at the first bell; students are expected to be in their seats ready to work or take their tests by then.

## Dates to Remember:

- 9/28 – Fenwick tutoring
- 9/29 – Ms. Allen's birthday/Fire Drill/Fenwick Tutoring
- 9/30 – High School Fair 6-7:30/Extended Day Arts & Crafts/Flag Football starts
- 10/1 – Link Scholarship opens
- 10/3 – Progress Reports out/Daniel Murphy Scholarship apps due
- 10/6 - Fall Fest for ECC-Grade 4 on playground from 3-4:30pm
- 10/7 – Flag Football/Extended Day Arts & Crafts
- 10/8 – Mrs. Podraza's birthday
- 10/10 – No School-Indigenous Peoples' Day
- 10/11 – Fenwick Tutoring
- 10/12 – Dental Visit



In the Catholic Church, the month of October is dedicated to the Most Holy Rosary. The Rosary is a string of beads used to count a series of prayers. The beads are divided into sets of five, reflecting events in the life of Jesus. According to Catholic tradition, it was Mary, the mother of Jesus, who instituted the practice of praying the Rosary.



## Dental Treatment Agreement and Parent/Guardian Release of Liability Consent Form

|   |  |
|---|--|
| Child's First Name  | Child's Last Name  |
| Child's Age   | Date of Birth  |
| Child's Race  | Sex<br>Female or Male                                      |
| Parent/Guardian's Name  | Telephone Number   |
| Teacher's Name  | Address  |
| School  | City, State, Zip   |
| Is your child eligible for the Free or<br>Reduced Lunch Program? YES NO             | Grade  |
| Is your child enrolled in the All Kids Program?<br>(Public Aid/Medical Card) YES NO | Is your child covered by other dental insurance?<br>YES NO |
| If yes, include your child's recipient ID number<br>_____                           | How many people live in your household?<br>_____           |

Release of Liability for the Dental Program. I give my consent for the IWS Children's Clinic sponsored by the Oak Park River Forest Infant Welfare Society, to provide dental care to my child. I hereby release, waive and discharge the **IWS Children's Clinic** and **St. Catherine St. Lucy** their employees and agents, from any liability to me, my personal representatives or next of kin for any and all damages, and any claim or demands made on account of injury or dental disease resulting from the dental procedures. I have read and understood this agreement and voluntarily agree to all of its terms and conditions. I understand that the IWS Children's Clinic is providing these procedures as a public service. This authorization expires five years from this date. This will also grant permission for IDPH Quality Assurance Audits to be performed and providers to return to your school to recheck your child's sealants within 365 days from the date of service. This Dental Health Services Program was provided by the IWS Children's Clinic with funding from the **Illinois Department of Public Health**. Dentists and dental hygienists will come to your child's school with portable equipment to perform these services. In order for your child to fully participate, you **MUST** complete the form and **SIGN** below. Any child who returns a form will be eligible to receive dental treatment. Do not return this form if you are not interested in the services.

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

### Health History

|   |  |
|---|--|
| <i>Mark if your child has had any of the following:</i> | Date of Last Dental Exam and Dental Cleaning   |
| <input type="checkbox"/> Heart Disease                  | _____  |
| <input type="checkbox"/> Diabetes                       | Name of Family Dentist   |
| <input type="checkbox"/> Epilepsy or Seizures           | _____  |
| <input type="checkbox"/> Blood Diseases or Disorders    | Is your child taking any medications? YES NO   |
| <input type="checkbox"/> Asthma                         | If yes, List Medications:  |
| <input type="checkbox"/> Latex Allergy                  | _____  |
| <input type="checkbox"/> Allergies                      | What type of water does your child drink?  |
| If yes, List Allergies:                                 | <input type="checkbox"/> city water <input type="checkbox"/> bottled water <input type="checkbox"/> filtered water |
| _____   | Has your child had injuries to mouth, head or<br>teeth? YES NO   |
|   | _____  |