



OUR LADY OF GRACE
MONTESSORI SCHOOL & CENTER

June, 2019

Dear Parents,

Hopefully you are all ready for an enjoyable and restful summer. Looking ahead to the beginning of school there are several things I would like to share with you. Enclosed you will find a copy of our school orientation schedule. This orientation schedule will be followed from September 4th through September 13th in order to give our students an enjoyable experience and time to acclimate themselves to their new surroundings.

Orientation Schedule for 3 year olds

On Sunday, September 8th, new students and their parents are invited to come meet the teachers and see the classrooms. Open House will be from 9:00 AM to 9:45 AM. Please bring only the New Students.

Elementary Information

There will be a mandatory meeting for **1st grade parents** on Thursday, September 5th at 7:00 PM in the Elementary building. **Parents of 2nd and 3rd graders are also welcome.** The teachers will explain the curriculum and homework assignments to you and answer any questions you may have. Please put this date on your calendar now.

Health Form and Emergency Card

State law requires all health records be on file **before** the child enters school. Please complete two emergency cards per family. Emergency information should be on file before the child enters school. **These forms can also be found on our website, www.olgmanhasset.com, scroll to Parents and click on Forms.**

Car Pool

Please send your car pool list to school as soon as possible. We will be sending a Parent List in July to help you formulate car pools. We **strongly** recommend that you join a car pool as it facilitates arrivals and dismissals. Please list the name of the person who will drive each day and the color and make of the car. When driving your car pool, the procedure for cars is to form a line around the circle in front of the school. Please **do not** get out of your car. One of the teachers will open your door and receive your child.

We look forward to seeing you soon.

Sincerely,

Sister Kelly Quinn, IHM
Principal

**Our Lady of Grace Montessori School
29 Shelter Rock Road
Manhasset, NY 11030**

ORIENTATION SCHEDULE – SEPTEMBER 2019

Elementary Students

Wednesday, September 4th – School opens with a half-day session 9:00 - 11:20AM
Students report on a full-time basis beginning Thursday, September 5th.

Kindergarten Students

Wednesday, September 4th – School opens with a half-day session 9:00 - 11:20 AM
Students report full-time on September 5th, 6th, 9th, 11th and 13th.

4 Year Old Students (Pre-K)

Thursday, September 5th - School opens with a regular schedule. If your child is a 5 full day student, he/she will come for a full day.

If your child is either a 3 full day or ½ day student, they will follow the ½ day schedule.

Morning session 9:00 - 11:30 AM

Afternoon session 12:30 - 3:00 PM

Students report to school following their regular schedule on September 6th, 9th, 11th and 13th.

3 year Old Students

Tuesday, September 10th – School opens - Morning session 9:00 - 11:30 AM
Afternoon session 12:30 - 3:00 PM

Students report to school on September 10th and 12th.

Orientation concludes on September 13th. All students will report to school for regular schedule beginning Monday, September 16th.

OUR LADY OF GRACE MONTESSORI SCHOOL
29 SHELTER ROCK ROAD
MANHASSET, NY 11030
516-365-9832 FAX 516-627-5343

SCHOOL CALENDAR – 2019/20

SEP 4----- SCHOOL OPEN FOR ELEMENTARY & KINDERGARTEN STUDENTS
8:50 AM TO 11:20 AM

SEP 5, 6----- ELEMENTARY STUDENTS REPORT FULL TIME EVERY DAY
KINDERGARTEN STUDENTS REGULAR SCHEDULE

SEP 9, 11, 13----- KINDERGARTEN STUDENTS REGULAR SCHEDULE

OCT 14----- COLUMBUS DAY – SCHOOL CLOSED

NOV 1----- ALL SAINTS DAY – SCHOOL CLOSED

NOV 11----- VETERAN’S DAY – SCHOOL CLOSED

NOV 27----- THANKSGIVING RECESS FOR KINDERGARTEN –SCHOOL CLOSED
½ DAY OF SCHOOL FOR ELEMENTARY - DISMISSAL 11:20 AM

NOV 28, 29----- THANKSGIVING RECESS – SCHOOL CLOSED

DEC 18----- LAST DAY OF REGULAR CLASS FOR KINDERGARTEN PRIOR TO
CHRISTMAS

DEC 19, 20----- ELEMENTARY STUDENTS DISMISSAL 11:20 AM

DEC 23 - JAN 3-- CHRISTMAS RECESS - SCHOOL CLOSED

JAN 6----- SCHOOL RESUMES

JAN 10----- NO SCHOOL FOR KINDERGARTEN
ELEMENTARY STUDENTS DISMISSAL 11:20 AM

JAN 20----- MARTIN LUTHER KING – SCHOOL CLOSED

JAN 31----- PARENT/TEACHER CONFERENCES - SCHOOL CLOSED

FEB 17-21 ----- WINTER RECESS – SCHOOL CLOSED

FEB 24----- SCHOOL RESUMES

OUR LADY OF GRACE MONTESSORI SCHOOL
29 SHELTER ROCK ROAD
MANHASSET, NY 11030
516-365-9832 FAX 627-5343

SCHOOL CALENDAR –2019/20

MAR 27----- TEACHER APPRECIATION DAY - SCHOOL CLOSED

APR 7----- LAST DAY OF REGULAR CLASS FOR KINDERGARTEN PRIOR TO EASTER

APR 8----- ELEMENTARY STUDENT DISMISSAL 11:20 AM

APR 9----- EASTER RECESS BEGINS

APR 20----- SCHOOL RESUMES

MAY 14,15----- PARENTS DAY/GRANDPARENTS DAY FOR KINDERGARTEN
NO BUSSING FOR KINDERGARTEN CHILDREN

MAY 14----- ELEMENTARY REGULAR SCHEDULE

MAY 15----- ELEMENTARY PARENTS VISITING DAY– NO BUSSING

MAY 21, 22----- ASCENSION THURSDAY – SCHOOL CLOSED THURSDAY & FRIDAY

MAY 25----- MEMORIAL DAY – SCHOOL CLOSED

JUN 15----- LAST DAY OF SCHOOL - KINDERGARTEN

JUN 16----- ELEMENTARY DISMISSAL 11:20

JUN 17----- ELEMENTARY DISMISSAL 11:20



OUR LADY OF GRACE
MONTESSORI SCHOOL & CENTER

June, 2019

Dear Parents,

The Our Lady of Grace Montessori School & Center Board of Trustees has approved the following tuition rates for the 2019/2020 school year.

Nursery a.m. session	\$9,250
Nursery p.m. session	\$7,500
Half-day Pre-K	\$8,950
3 Full-day Pre-K	\$9,950
5 Full-day Pre-K	\$11,250
Kindergarten	\$10,950
1 st – 3 rd grades	\$10,950

Please indicate below your choice of tuition payments. For operational purposes we ask that option one or two be selected if possible.

(Family Name)

_____ One Payment – Due July 15th

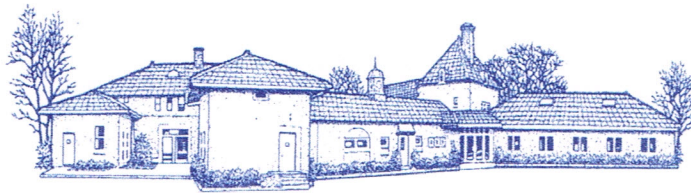
_____ Two Payments – Due July 15th and September 15th

_____ 10 Monthly Payments – Due on the 15th of each month, July through April

Please return this form indicating your preference.

Sincerely,

Sister Kelly Quinn, IHM
Principal



OUR LADY OF GRACE
MONTESSORI SCHOOL & CENTER

Dear Parents,

New York State law requires that each student entering or attending school provide proof of immunization as described on the enclosed form.

In addition, each **new entrant, Nursery, Pre-K, Kindergarten and Second Grade** student must have a **medical examination** and provide a written report to the school. In order to be acceptable for the school year the exam must have been done September 5th of the previous year or later. Please note that a BMI (Body Mass Index) number is now required.

Both of these documents require complete dates and the physician's, physician's assistant, or nurse practitioner's stamp signature.

The medical exam report and immunization record should be forwarded to the health office as soon as possible but before **September 1st**. I suggest you keep a copy of each document for your records.

If your child has any allergies, medical conditions or needs to have medication available at school, please call to speak to me about the additional required paperwork. I can be reached at 365-9832.

Sincerely,

School Nurse

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM**TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR**

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental

Asthma <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____

Seizures <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Type: _____ Date of last seizure: _____

Diabetes <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
<input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:

Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI _____ kg/m² **Percentile (Weight Status Category):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and >

Hyperlipidemia: ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K			Date	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____

☐ **System Review and Exam Entirely Normal**

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____
<input type="checkbox"/> Additional Information Attached		

Name:			DOB:	
SCREENINGS				
Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis Required for boys grade 9 And girls grades 5 & 7	Negative	Positive	Referral	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		
Recommendations:				
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK				
<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics. <input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> No Contact Sports <input type="checkbox"/> No Non-Contact Sports <input type="checkbox"/> Other Restrictions: </div> <div style="width: 65%;"> Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field </div> </div>				
<input type="checkbox"/> Developmental Stage for Athletic Placement Process ONLY Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports Student is at Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> Accommodations: Use additional space below to explain <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Brace*/Orthotic</div> <div style="width: 33%;"><input type="checkbox"/> Colostomy Appliance*</div> <div style="width: 33%;"><input type="checkbox"/> Hearing Aids</div> <div style="width: 33%;"><input type="checkbox"/> Insulin Pump/Insulin Sensor*</div> <div style="width: 33%;"><input type="checkbox"/> Medical/Prosthetic Device*</div> <div style="width: 33%;"><input type="checkbox"/> Pacemaker/Defibrillator*</div> <div style="width: 33%;"><input type="checkbox"/> Protective Equipment</div> <div style="width: 33%;"><input type="checkbox"/> Sport Safety Goggles</div> <div style="width: 33%;"><input type="checkbox"/> Other:</div> </div>				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
MEDICATIONS				
<input type="checkbox"/> Order Form for Medication(s) Needed at School attached				
List medications taken at home:				
IMMUNIZATIONS				
<input type="checkbox"/> Record Attached	<input type="checkbox"/> Reported in NYSIIS	Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No		
HEALTH CARE PROVIDER				
Medical Provider Signature:			Date:	
Provider Name: <i>(please print)</i>			Stamp:	
Provider Address:				
Phone:				
Fax:				
Please Return This Form To Your Child's School When Entirely Completed.				

Allergic To: _____

Date of Birth / /

MALE _____ FEMALE _____

EMERGENCY CONTACT INFORMATION 20 __ - __

School _____

Teacher _____

Last Name _____

First Name _____

Address _____

Home Phone _____

* Preferred Phone Number _____

Name _____

Relationship to Student _____

Name of Father/Guardian _____

W# _____

C# _____

Name of Mother/Guardian _____

W# _____

C# _____

In an emergency if the parent or guardian cannot be reached, please call:

1. Name _____ Address _____

Phone: H# _____ C# _____ W# _____

2. Name _____ Address _____

Phone: H# _____ C# _____ W# _____

Student's Primary Physician:

Name _____ Address _____ Phone _____

CONTINUED ON REVERSE SIDE

Student's Dentist:

Name _____ Address _____ Phone _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

ALLERGIC TO: _____

Special Instructions for: _____

Allergic To: _____ Date of Birth ____/____/____ MALE ____ FEMALE ____

EMERGENCY CONTACT INFORMATION 20 __ - __

School _____ Teacher _____

Last Name _____ First Name _____

Address _____ Home Phone _____

* Preferred Phone Number _____ Name _____

Relationship to Student _____

Name of Father/Guardian _____ W# _____

C# _____

Name of Mother/Guardian _____ W# _____

C# _____

In an emergency if the parent or guardian cannot be reached, please call:

1. Name _____ Address _____

Phone: H# _____ C# _____ W# _____

2. Name _____ Address _____

Phone: H# _____ C# _____ W# _____

Student's Primary Physician:

Name _____ Address _____ Phone _____

CONTINUED ON REVERSE SIDE

Student's Dentist:

Name _____ Address _____ Phone _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

ALLERGIC TO: _____

Special Instructions for: _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



OUR LADY OF GRACE
MONTESSORI SCHOOL & CENTER

June 2019

Dear Parents,

Throughout the year, Our Lady of Grace Montessori School provides the community with news, photos and videos from OLG, including information about school events, activities, and achievements. This content may appear in print publications, newsletters, calendars, the OLG website, online news sources (e.g. Manhasset Press), and social media platforms. Please note that with respect to any published photo/video, the student(s) involved are either not identified or identified by their first name(s) only.

There appears to be some confusion with the Multi-Media Release Form previously sent. In order to be certain that we are respecting your decision, **please sign this release and return it to school tomorrow.**

Thank you for your cooperation.

Sincerely,

Sister Kelly Quinn, IHM
Principal

.....
_____ Our Lady of Grace Montessori School **has** permission to publish my child's picture on its website and in school publications.

_____ Our Lady of Grace Montessori School **does not have** permission to publish my child's picture on its website and in school publications.

Child's Name(s) _____

Parent Signature _____



OUR LADY OF GRACE
MONTESSORI SCHOOL & CENTER

Dear Parents,

Everyone volunteering to help with our events (lunch duty, Pumpkin Patch, Bunny Brunch, etc.) is mandated by the Diocese to receive Virtus training. The Diocese is in the process of educating all who work for, or volunteer in the Diocese, to the harms of child abuse and what we must do to prevent it. The "Protecting God's Children" program "educates and trains all adults about the dangers of abuse, the warning signs of abuse, ways to prevent abuse, and the methods for properly reporting suspicions of abuse." The training takes approximately 3 hours. You can register at the Diocesan Website (www.drvc.org). When you have completed the training please submit a copy of your certificate to the school office. All training should be completed by September 1st. If you do not do the training you will not be able to volunteer for any events including lunch duty, so please do the training prior to September 1st. Thank you for your cooperation.

Sincerely,

Sister Kelly Quinn
Principal



OUR LADY OF GRACE
MONTESSORI SCHOOL & CENTER

Dear Parents,

In this day and age of severe children's allergies, it is becoming more and more important that we take every precaution to protect our children. Several of our students suffer from severe peanut allergies. With this in mind, I am requesting that all children refrain from bringing any peanut products to school in their lunch boxes. I would also ask all parents to refrain from sending in snacks for celebrations which contain peanut products. It is important to read the labels on the products you are purchasing for class parties. I can't stress enough that even exposure to nuts for some children can be extremely dangerous. We must do all that we can to provide allergic children with a safe environment. I appreciate your help in this regard.

Sincerely,

Sister Kelly Quinn
Principal



OUR LADY OF GRACE
MONTESSORI SCHOOL & CENTER

Dear Parents,

As many of you know, at the Elementary Level there is a dress code in place. If you are interested in purchasing clothes from Lands' End with the school logo all you need to do is use the school code when you do your ordering. Since this is also a school fundraiser the school will receive a percentage back from your purchases. Please place orders directly with Lands' End.

Lands' End School Dress Code: Our Lady of Grace Montessori School
Preferred # 9000-2932-3

Boys

Trousers/Shorts – Navy or Khaki

Shirts – White or Navy – turtleneck, golf shirt, or shirt with collar

Sweaters – Navy Blue – cardigan, crew or v-neck

Shoes – Dress Shoes – **Sneakers may be worn on Friday's only. This will be strictly enforced next year.**

No tie required

Girls

Jumper/Dress – Navy or Khaki

Slacks/Shorts/Skorts – Navy or Khaki

Shirts- White or Navy – turtleneck, golf shirt, or collared blouse

Sweater – Navy Blue – cardigan, crew, or v-neck

Shoes – Dress shoes – **Sneakers may be worn on Friday's only. This will be strictly enforced.**

Socks/Stockings – white or blue

Gym Uniform is worn each Friday

Navy sweatpants/shorts

White shirt

Sneakers

Sincerely,

Sister Kelly Quinn, IHM



OUR LADY OF GRACE
MONTESSORI SCHOOL & CENTER

June 2019

Dear Parents,

On behalf of the Immaculate Heart of Mary League (IHM League), we are pleased to welcome you and your child to Our Lady of Grace Montessori School (OLG)! Year after year OLG continues to be a very special place for our children and our families, providing each child who enters its doors with a loving and nurturing environment and an excellent foundation for life-long learning. We hope that the beginning of your child's school life will be a wonderful time for your entire family.

The IHM League coordinates OLG's social and fundraising activities throughout the year and offers many opportunities for you to become involved in the OLG community. We hope that you will take part in all the festivities planned for the coming school year and, in doing so, meet many wonderful people and make lasting friendships. Please mark your calendar for these upcoming **Fall events**:

September 10th - New Parents Coffee. A great cannot miss opportunity to meet other new parents and learn more about the OLG experience! Join us after the morning/afternoon drop off at the Castle to ask questions and hear about this unique School. The Castle is located on the right after turning onto OLG property.

**Children welcome.*

September 14th - Opening School Year Family Mass. Begin the school year with Mass and enjoy as the children participate in the liturgy and sing songs led by elementary teacher, Miss Mary.

October 5th - Annual Pumpkin Patch. Partake in tons of Fall fun on the OLG field, including bouncy castles, games, arts & crafts, a bake sale and more! Rain date October 6, 2019.

October 17th - New Moms Night. An evening to mingle and relax with other moms while creating a simple unique craft.

November 4th - Open IHM League Meeting. All interested moms are welcome to attend the November IHM Meeting at 7:00PM at the Castle.

November 6th - Annual Silver Tea. - Get together with friends, both old and new, for a lovely ladies' luncheon, which includes a fabulous Fashion Show, an exciting Silent Auction and Raffles (some early Christmas shopping, perhaps?) held at a nearby venue.

November 15th- OLG Barnes & Noble Book Fair. Come support our school while holiday shopping at the Barnes and Nobles in Manhasset! Enjoy story times with our teachers, purchase holiday gifts and books and view the very special OLG students' art gallery.

We have each been a "new parent" at OLG and realize that, while this is an exciting time, you may have some questions or concerns. Therefore, please feel free to contact one of us with any questions that you may have.

We look forward to meeting you and welcoming you and your child into the OLG community.

Sincerely,

New Parents Committee

Kristin Trunz (516) 524-4156
Marjorie Guiteau (516) 288-9800
Vivian Barrett (917) 518-8965

kristintrunz@gmail.com
gmar101@aol.com
laison07@optonline.net