



OUR LADY OF GRACE
MONTESSORI SCHOOL & CENTER

July 2025

Dear Parents,

I hope everyone is having a wonderful summer. Believe it or not, the beginning of school is right around the corner! We are preparing the classrooms and getting excited to see your children soon. In order to make the transition back-to-school as easy as possible for your children ~ and for you ~ here is some important information you will need for the beginning of school.

Orientation Schedule for 3-year-olds

On Sunday, September 7th, new students and their parents are invited to come and meet the teachers and see the classrooms. The Open House will be from 9:00 – 9:45 AM. Please bring only the new students.

Full Fours, Kindergarten and Elementary Information

There will be a mandatory meeting for parents on Thursday, September 4th at 7:00 p.m. The teachers will present an overview of the curriculum. Please put this date on your calendar today.

Health Form and Emergency Card

State law requires all health records to be on file **before** the child enters school. Please complete two emergency cards per family. One card will go to the nurse, and one will remain in the office. Emergency information must be on file before your child enters school. You may send it in on the first day of school, but we **must** have it no later than that day. All forms are attached to this email and **can also be found on our website, www.olgmanhasset.com. Scroll to Parents and click on Forms.**

Volunteer Requirement

We are so fortunate to have many wonderful events throughout the year at Our Lady of Grace Montessori School. None of these events can happen without volunteers! Our Board of Trustees has approved a mandatory volunteer requirement this year. We ask that you volunteer 15 hours or pay a \$250 fee. We will keep track of the hours that are volunteered.

Volunteering not only helps us to maintain the wonderful community spirit which we are so well known for, but it helps you get to know other families. I can assure that participating in school activities is a wonderful way to make life-long friendships. Please get involved! Thank you in advance for your help.

Lunch and Snacks

If your child will be staying in school for the full-day session you should provide him/her with a snack in their lunchbox. Please remember that we are a nut free school. Bento boxes for lunches can be very helpful and healthy for the children to navigate. Please limit the selection that you send in for your child's lunch and cut up anything that is too large for your child to eat. Boiled eggs should be peeled as well.



Backpacks for all children

The children will be carrying their lunchboxes, water bottles, snacks and any activities they do in school in their backpacks, so it is imperative that their backpacks are large enough for all of these items. Lunchboxes must go in the backpack and there should be a spot on the side for a water bottle.



Small blanket for 3 year-olds

Please provide your child with a **small** blanket for rest time. We found this year that the roll-up blankets with a head rest were the best. The children will bring their blankets to school on Monday and bring them home to be cleaned on Friday.



Arrival at school

Please do not get out of your car when you bring your child to school. A teacher or myself will take each child from their car and bring them into school. This makes for a much easier flow of traffic.

More information will be coming as we get closer to the start of school. We are looking forward to seeing you soon!

School Supplies

This year we are asking every family to please send the following items in with your child:

- A box of tissues
- A roll of paper towels
- A sleeve of napkins

All other supplies are provided by the school.

Sincerely,

Sister Kelly Quinn, IHM

Principal



OUR LADY OF GRACE
MONTESSORI SCHOOL & CENTER

ORIENTATION SCHEDULE – SEPTEMBER 2025

Elementary Students

Wednesday, September 3rd – School opens with a half-day session 8:30 – 11:20 AM. Students report on a full-time basis beginning Thursday, September 4th.

Kindergarten Students

Wednesday, September 3rd – School opens with a half-day session 8:30 – 11:20 AM. Students report full-time on a full-time basis beginning Thursday, September 4th. **There will be no school for Kindergarten students on Tuesday, September 9th as we welcome our 3 year old students.**

Pre-Kindergarten Students

Thursday, September 4th – School opens with a half-day session 8:30 – 11:20 AM. Students report on a full-time basis beginning on Friday, September 5th. **There will be no school for Pre-Kindergarten students on Tuesday, September 9th as we welcome our 3 year old students.**

3 Year Old Students

Tuesday, September 9th – School opens – 8:30 – 11:00 AM

Students report on a full-time basis beginning on Wednesday, September 10th.

EMERGENCY CONTACT INFORMATION 20 ____ - ____

Special Instructions for: _____



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 preferably 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 (516) 365-9832.

Sincerely,

School Nurse

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

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:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

<input type="checkbox"/> Allergies	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Asthma	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Seizures	Type: Date of last seizure: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Diabetes	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

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: ☐ Yes ☐ Not Done

Hypertension: ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory/Testing	Positive	Negative	Date	Lead Level Required for PreK & K
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥5 µg/dL
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		

☐ **System Review Within Normal Limits**

☐ **Abnormal Findings – List Other Pertinent Medical Concerns Below** (e.g., concussion, mental health, one functioning organ)

<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/Neck	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

☐ **Assessment/Abnormalities Noted/Recommendations:** Diagnoses/Problems (list) ICD-10 Code*

☐ **Additional Information Attached**

*Required only for students with an IEP receiving Medicaid

Name:		Affirmed Name (if applicable):		DOB:	
SCREENINGS					
Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11					
Vision	With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No	Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail					<input type="checkbox"/>
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes		<input type="checkbox"/>
Notes					
Scoliosis Screening: Boys grade 9, Girls grades 5 & 7		Negative	Positive	Referral	Not Done
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>
FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK					
<input type="checkbox"/> *Family cardiac history reviewed – required for Dominic Murray Sudden Cardiac Arrest Prevention Act					
<input checked="" type="checkbox"/> Student may participate in all activities without restrictions. If Restrictions Apply – Complete the information below					
<input type="checkbox"/> Student is restricted from participation in: <ul style="list-style-type: none"> <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Rifiery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions: 					
Developmental Stage for Athletic Placement Process ONLY required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level.					
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"/> Other Accommodations*: (e.g., brace, orthotics, insulin pump, prosthetic, sports goggles, etc.) Use additional space below to explain.					
*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for medication(s) needed at school attached					
COMMUNICABLE DISEASE			IMMUNIZATIONS		
<input type="checkbox"/> Confirmed free of communicable disease during exam			<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS		
HEALTHCARE PROVIDER					
Healthcare Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form to Your Child's School Health Office When Completed.					

Our Lady of Grace Montessori School
Certificate of Immunizations

Name of Student _____ Date of Birth _____ Grade _____

New York State Education Law 2164, requires that before enrolling, students must present proof of immunizations against:

DIPHTHERIA, TETANUS, PERTUSSIS, (DT, Dtap, Tdap), POLIO, HIB, MMS, HEPATITIS B,
VARICELLA, MEASLES, MENINGITIS, PNEUMOCOCCAL (Month, Day, Year)

Diphtheria (DTP) Series 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

DT 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Dtap 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Tdap 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Td 1. _____

Poliomyelitis (type)

Series OPV 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

 IPV 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

HIB 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

MMR 1. Month _____ Day _____ Year _____

 2. Month _____ Day _____ Year _____

MEASLES

MUMPS 1. _____ 2. _____

RUBELLA 1. _____ 2. _____

VARICELLA _____ Date

Seriology/Disease _____ Date

HEPATITIS B 1. Month _____ Day _____ Year _____

 2. Month _____ Day _____ Year _____

 3. Month _____ Day _____ Year _____

MENINGOCOCCAL A 1. _____ 2. _____

PNEUMOCOCCAL (PCV) 1. _____ 2. _____ 3. _____ 4. _____

Signature of Physician _____ Date _____

Physician's Name (Please Print) _____ Phone # _____

Physician's Address _____

Affix Physician's Office Stamp

2025-26 School Year

New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

All children must be age-appropriately immunized to attend school in New York State. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the "[ACIP-Recommended Child and Adolescent Immunization Schedule](#)." Doses received before the minimum age or intervals shown on the schedule are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in gradeless classes must 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	Pre-Kindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older and the series was started at less than 1 year of age or 3 doses if 7 years or older and the series was started at 1 year or older	3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) ³		Not applicable	1 dose given after age 10 years	
Polio vaccine (IPV/OPV) ⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older		
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose	2 doses		
Hepatitis B vaccine ⁶	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart and between the ages of 11 years through 15 years		
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses		
Meningococcal conjugate vaccine (MenACWY) ⁸		Not applicable	Grades 7, 8, 9, 10 and 11: 1 dose	Grade 12: 2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses	Not applicable		
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses	Not applicable		



1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019, and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

*Serological titers are never accepted for tetanus, diphtheria, pertussis, meningococcal, haemophilus influenzae type b, and pneumococcal diseases.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months, 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
 - c. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.
 - d. [For further information, refer to the the CDC Catch-Up Guidance for Children 4 Months through 6 Years of Age.](#)
 - e. [For further information, refer to the the CDC Catch-Up Guidance for Children 7 through 9 Years of Age.](#)
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 11: 10 years; minimum age for grade 12: 7 years)
 - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
 - b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2025-26, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 11; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grade 12.
 - c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
 - d. [For further information, refer to the CDC Catch-Up Guidance for Children 10 through 18 Years of Age.](#)
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months, 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses that are each separated by at least 4 weeks is sufficient.
 - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
 - d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward New York State school polio vaccine requirements. Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016, must not be counted.
 - e. [For further information, refer to the CDC Catch-Up Guidance for Children 4 Months through 17 Years of Age.](#)
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. Measles: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - d. Rubella: At least one dose is required for all grades (pre-kindergarten through 12).
6. Hepatitis B vaccine
 - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
 - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
 - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 12: 10 years)
 - a. One dose of meningococcal conjugate vaccine is required for students entering grades 7, 8, 9, 10 and 11.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
 - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
 - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - d. If dose 1 was received at 15 months or older, only 1 dose is required.
 - e. Hib vaccine is not required for children 5 years or older.
 - f. [For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.](#)
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months*. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
 - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
 - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
 - e. PCV is not required for children 5 years or older.
 - f. [For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.](#)

*Depending on vaccine brand, schedule may change.

For further information, contact:

New York State Department of Health
Division of Vaccine Excellence
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

New York City Department of Health and Mental Hygiene
School Compliance Unit, Bureau of Immunization
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433

New York State Department of Health/Division of Vaccine Excellence
health.ny.gov/immunization



OUR LADY OF GRACE
MONTESSORI SCHOOL & CENTER

July 2025

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.

Please sign this release and return it to school.

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

July 2025

Dear Parents,

The Our Lady of Grace Montessori School & Center Board of Trustees has approved the following tuition rates for the 2025-26 school year.

Nursery a.m. session	\$12,829
Nursery p.m. session	\$10,475
3 Full-day Nursery	\$13,536
5 Full-day Nursery	\$15,890
3 Full-day Pre-K	\$13,536
5 Full-day Pre-K	\$15,890
Kindergarten	\$14,359
1 st – 3 rd grades	\$14,359

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

July 2025

Dear Parents,

Everyone volunteering to help with our events (lunch duty, Spooky Walk, International Day, 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 October 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 October 1st. Thank you for your cooperation.

Sincerely,

Sister Kelly Quinn
Principal



OUR LADY OF GRACE
MONTESSORI SCHOOL & CENTER

Dear Playground Volunteers,

We are very grateful for your assistance at lunchtime. As you know, the children are always eager to have you come in to help. There are several things I would ask you to be especially mindful of while you are here.

Please arrive at the school at 10:55 a.m.

It is important that the children are being monitored at all times. With this in mind, I would ask you not to chat with the teachers or other parents while the children are playing.

Please be sure that each adult is covering an area of the playground so that the children are well supervised.

Lunch supervision is from **11:00 to 12:00**. Please plan on staying for the entire time.

If you are unable to come on your assigned day, please reschedule with one of the additional volunteers or switch with another parent. It is important that we have appropriate coverage so please be aware of any conflicts you may have and plan accordingly. If we do not have enough coverage, the children will not be able to go outside to play.

Once again, thank you for your help.

Sincerely,

Sister Kelly



OUR LADY OF GRACE
MONTESSORI SCHOOL & CENTER

Dear Parents

From: Sister Kelly Quinn

In order to assist us with the lunch period for the next school year, I would like to ask the parents of our full day students to volunteer to help us in monitoring the playtime activities. The time we require your help will be from **10:55 to 12:00**. Your assistance in this will help the teachers have adequate time to prepare the classrooms for the afternoon session.

Kindly return this form by August 1st.

Thank you for your cooperation.

_____ I am able to volunteer.

_____ I am unable to volunteer.

I am able to volunteer on the following day/s:

Name: _____

Telephone # _____



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
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
Socks/Stockings – white or blue

Gym Uniform

Navy sweatpants/shorts
White shirt
Sneakers

Sincerely,

Sister Kelly Quinn, IHM



OUR LADY OF GRACE
MONTESSORI SCHOOL & CENTER

July 2025

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 nut allergies. With this in mind, I am requesting that all children refrain from bringing any nut products to school in their lunch boxes. It is important to read the labels on the products you are purchasing. I can't stress enough that even exposure to nuts for certain 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
29 SHELTER ROCK ROAD
MANHASSET, NY 11030
516-365-9832 FAX 516-627-5343

SCHOOL CALENDAR – 2025-26

SCHOOL HOURS 8:30- 2:30

SEP 3----- ELEMENTARY & KINDERGARTEN 8:30 AM TO 11:20 AM
SEP 4----- ELEMENTARY & KINDERGARTEN REGULAR SCHEDULE
OCT 13----- COLUMBUS DAY – SCHOOL CLOSED
NOV 11----- VETERAN’S DAY OBSERVED – SCHOOL CLOSED
NOV 26----- NO SCHOOL FOR KINDERGARTEN
ELEMENTARY DISMISSAL 11:20 AM
NOV 27, 28----- THANKSGIVING RECESS – SCHOOL CLOSED
DEC 18, 19----- ELEMENTARY DISMISSAL 11:20
DEC 22 – JAN 2-- CHRISTMAS RECESS - SCHOOL CLOSED
JAN 5----- SCHOOL RESUMES
JAN 19----- DR. MARTIN LUTHER KING JR. DAY – SCHOOL CLOSED
JAN 23----- PARENT/TEACHER CONFERENCES - SCHOOL CLOSED
FEB 16-20 ----- WINTER RECESS – SCHOOL CLOSED
FEB 23----- SCHOOL RESUMES
APR 1 ----- NO SCHOOL FOR KINDERGARTEN
ELEMENTARY DISMISSAL 11:20 AM
APR 2 – APR 10 EASTER RECESS – SCHOOL CLOSED
APR 13----- SCHOOL RESUMES
MAY 21----- VISITING DAY – NO BUSING NEEDED
MAY 22----- SCHOOL CLOSED
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
