

# Holy Spirit Catholic Church

410 Lear Road, Avon Lake, Ohio 44012 / 440.933.3777

November 3, 2018

Dear Parents / Guardians,

We at Holy Spirit Parish value the formation of our children. The success of our programs is dependent upon the generosity of volunteers. Since pre-school formation takes place on Sunday morning, volunteering is a challenge for many. We have been blessed, however, in that one of our experienced teachers has come forward and can offer some service to the Community this year.

The Sunday program is designed to help 3- and 4-year-old children the children, whose sense of identity is forming, to know and love the God who made them through the sharing of Bible stories and a variety of activities. It is not a formulated curriculum program since participation is usually in flux for many families.

Sessions will be held in the Parish Center on the following days: December 9 and 23; January 6 and 20; February 3 and 17; March 10 and 24, April 7 and May 5. If other teachers step forward, we are open to adding more dates.

You will have the opportunity to share in this experience by volunteering one or more Sundays to be the parent helper for your child's class. It is fun, and your child will love having you be a part of his/her class. A sign-up sheet will be available at your child's class. Please take a look at the schedule and see what weeks will work for you and your family. Come prepared with a couple choices just in case the dates you selected are already filled when you get there.

Consistent with the Avon and Avon Lake Public School, the cut-off date for Holy Spirit Preschool will be August 1. Children must be 3 or 4 years old by this date to be eligible to participate in the program.

There will not be a fee for this activity but we do request that you complete a Registration Form so that we have basic information about your child on file. You can find the forms online at [holyspiritavonlake.org](http://holyspiritavonlake.org) or on the tables in the Church. Please complete the form and drop it into the collection basket, leave it at the parish office or email it to [tpastura@holyspiritavonlake.org](mailto:tpastura@holyspiritavonlake.org) by **Sunday, December 2, 2018**. This will enable us to prepare for the sessions which will begin on **Sunday, December 9** during the 10:30 a.m. Mass. The gathering time will be 10:15 a.m. so that you can get to the 10:30 Mass on time. We expect that you will stay through the end of Mass, however, we ask that you come pick up your child as soon as possible.

Thank you for your continued support. We look forward to a wonderful year.

Susie Graehling  
Preschool Teacher

Terri Pastura  
Director of Religious Education

# Holy Spirit Pre-School 2018 - 2019 Registration Form

Sunday Mornings during the 10:30 Mass

On August 1, 2018, my child was (check one)

- three years old  
 four years old

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(As it appears on the Baptismal Certificate) (What the Child wants to be called)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Baptismal Church and Date: \_\_\_\_\_  
(If it's not already on file or it is not from Holy Spirit, please attach a copy of the Baptismal Certificate)

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Child is living with: Mother - Father - Step Parent - Other: \_\_\_\_\_

Has your child had classroom experience? Yes No

If "Yes", where? \_\_\_\_\_

Parish at which you are registered: \_\_\_\_\_

In the event of an **extreme** emergency, if you need to be contacted during class time (Sunday morning/1030-11:30 a.m.) where are you most likely to be (check one) ?

\_\_\_\_\_ in Church \_\_\_\_\_ at Home

**Emergency Medical Information – Please complete the form on the back**

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

# EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents / guardians to authorize emergency treatment for children who become ill or injured while under school authority when parents / guardians cannot be reached. This is an important **precautionary measure** which, it is hoped, will never need to be used.

Instructions: Complete **EITHER** PART I or PART II. **DO NOT** complete both sections. Sign and date where indicated.

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To Grant Consent, Complete  
**PART I**

In the event reasonable attempts to contact me or my alternate contact have been unsuccessful, I hereby give my consent

- (1) for the administration of any treatment deemed necessary by my preferred Doctor or Dentist, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and
- (2) for the transfer of the child to my preferred hospital or any reasonably accessible hospital.

	Name	Telephone No.
First Contact		
Alternate Contact		
Preferred Doctor		
Preferred Dentist		
Preferred Hospital		

This authorization does not cover any major surgery unless the medical opinions of two (2) other licensed physicians or dentists concur in the necessity for such surgery, and concurrence is obtained before the surgery is performed.

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

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

\_\_\_\_\_  
Date

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To Refuse Consent, Complete  
**PART II**

I **DO NOT** give consent for the emergency medical treatment of my child. In the event of illness or emergency treatment being required, I wish the school authorities to take no action or to

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

\_\_\_\_\_  
Date

**PRESCHOOL  
PARENT VOLUNTEER SCHEDULE  
2018 - 2019**

**DATE**

**PARENT VOLUNTEER**

Sunday	December	9	_____
Sunday	December	23	_____
Sunday	January	6	_____
Sunday	January	20	_____
Sunday	February	3	_____
Sunday	February	17	_____
Sunday	March	10	_____
Sunday	March	24	_____
Sunday	April	7	_____
Sunday	May	5	_____