REGISTRATION DOCUMENTS

TO COMPLETE & RETURN

All of the documents in this pocket need to be fully completed and returned to the school office. In addition, in order to "lock in" a place for your child, the $400.00 Registration Fee, and the $400.00 Book & Technology Fee, which are both non-refundable, must be paid. If you are registering a fifth grader, a $75.00 Graduation Fee is also required. Your tuition payments must be arranged with our financial assistant, Mrs. Karen Yelovich, and set up on FACTS. Your first payment is due in August 2025, according to your Tuition Payment Plan.

- Registration form
- MSDE Emergency form
- Health Inventory Forms:
  - Parts I and II Health Assessment
  - Maryland Department of Health Immunization Certificate
  - Maryland Department of Health Blook Lead Testing Certificate
  - MSDE Office of Child Care Medication Administration Authorization Form
- Child Protection Policy (Please sign and return page 8 only.)
- Tuition Policy
- Tuition Payment Plan
- Volunteer Agreement
- Internet Safety Agreement
- Media Permission Slip
- Parent Email & Phone Contacts
- Release of Records form (*See below)

If this is your child's first time in a school setting, you will need to supply us with a copy of their birth certificate.

*If your child is transferring into our school from another school, you must complete the enclosed ***Release of Records*** form and **take it to their current school**. Upon receipt, they will forward us copies of your child's birth certificate, report cards, health forms, and other important records. If your child has an existing IEP or 504 Plan, please contact the school office at 410-665-4521.

To be completed by the office:
Grade: _____
Registration Fee: $_____ Date Pd. _____
Book/Tech Fee: $_____ Date Pd. _____
5th Gr. Graduation Fee: $_____ Date Pd. _____

St. Peter's Elementary School, 7910 Belair Rd., Baltimore, MD 21236

REGISTRATION FORM – SCHOOL YEAR 2025-2026

Name: _____ ___boy ___girl

Address: _____ ZipCode: _____

Grade: _____ Age (as of Sept. 1): ____ Date of Birth: _____ Phone: _____

Email #1: _____ Email #2: _____

Previous Schools Attended (most recent listed first):

School: _____ Address: _____ Grades: _____ Yrs. Attended: _____

School: _____ Address: _____ Grades: _____ Yrs. Attended: _____

School: _____ Address: _____ Grades: _____ Yrs. Attended: _____

Does child attend Sunday School: ___yes ___no Church: ___yes ___no

Name of Church: _____

Mother/Guardian: _____ Phone: _____ Address: _____

Occupation: _____ Phone: _____ Employer: _____

Church Affiliation (Membership): ___yes ___no Name of Church: _____

Father/Guardian: _____ Phone: _____ Address: _____

Occupation: _____ Phone: _____ Employer: _____

Church Affiliation (Membership): ___yes ___no Name of Church: _____

Other Children in the Family:

Name: Date of Birth: School Attending:

_____

_____

_____

_____

St. Peter's Elementary School does not discriminate on the basis of race, color, or national origin.

Child lives with: _____ Both Parents, Father _____ , Mother _____, Grandparents _____

Other – List _____

Additional Information/Concerns:

Academic: _____

Health: _____

Other: _____

How did you hear about St. Peter's? If you were referred by a family, please list their name.

_____

We agree to abide by the educational and financial policies of the school and by the regulations and administration of the school as prescribed by the School Board and the Church Council of St. Peter's Lutheran Church

_____ _____

Signature of Mother/Guardian Signature of Father/Guardian

St. Peter's Elementary School does not discriminate on the basis of race, color, or national origin.

10/2024

St. Peter's Elementary School

SERVICE HOUR PROGRAM **2025-2026**

Dear Parents,

Like most private schools, St. Peter's Elementary School depends on our parents to support the programs and activities that add to our students' education and learning experiences.

There are many good reasons for parents to volunteer at school.

- It shows your kids that you take an interest in them and their education.
- It sends a positive message that you consider school a worthwhile cause.
- It provides first-hand experience of your child's daily activities.
- It gives students pride in their parents.

Parent Volunteers have allowed us to keep our tuition reasonable. Without you, some of our programs, activities, and extras may need to be limited or discontinued.

Each family will be expected to COMPLETE 16 hours per school year PER FAMILY. If unable to give the required amount of time, you may choose to "**buy out"** your hours. Your buyout funds would be used to subsidize, parties, events, special trips, and wherever we would need to pay for something special that would normally be provided by volunteers.

SERVICE HOURS are simple to earn. The following are some examples of ways that parents can accumulate hours:

- Attending a PACE meeting will earn one volunteer hour
- Serving as a room parent
- Assisting a classroom teacher
- Helping with specific celebrations, special events, and PACE activities throughout the year
- Chairing a fundraiser
- Meeting a minimum requirement for selling products for a fundraiser
- Assisting with school ground beautification
- Serving as a PACE officer
- Serving as a hot lunch or recess volunteer

Throughout the school year, other opportunities may arise according to the needs of the school. These will be noted in the school Glacier Gazette. Most projects will have an assigned amount of service hours that can be received. More information about this program will be detailed at the first PACE meeting along with sign-up sheets for all PACE Sponsored events that will be available to receive hours/credits. If you are involved with graduation or any summer projects, the hours will be pro-rated for those parents' hours.

The principal and PACE will update the list of opportunities for 2025-2026 throughout the school year. The SERVICE HOUR PROGRAM will be discussed at the first PACE meeting and all questions will be addressed then.

HOW WILL THE PROGRAM WORK?

- Each parent and/or family member who signs up for an event will sign in and out with the event coordinator and or the classroom teacher (i.e.: for classroom parties etc.) Each volunteer will need to sign.
- Each Family will receive an end of year report.
- Service hours will be completed no later than May 15th, 2026.
- A family with incomplete hours may receive a one-time donation, at the discretion of PACE and the school administration.
- Service hours will be verified by PACE. If hours have NOT been met or have been partially met, the $250.00 fee will be due in full or pro-rated as applicable. For families utilizing FACTS, the fee will be added to the May payment. For families that paid tuition in full already, the fee must be paid by June 1, 2026, via FACTS, cash, check, or money order.
- Please complete and sign the bottom of this page, indicating the option you have selected, and return it to the school office directed to PACE.
  PLEASE NOTE THAT COMPLETING SERVICE HOURS DOES NOT MEAN THERE IS A REDUCTION IN TUTION OR REGISTRATION COST. IF YOUR CHILD IS GRADUATING YOUR FEE MUST BE PAID PRIOR TO THE GRADUATION DATE. ANY QUESTIONS PLEASE CONTACT P.A.C.E. stpeterspace@gmail.com.

The Parent Association for Christian Education

✂ ----------

St. Peter's Elementary School Service Hour Program 2025-2026

OPTIONS – Please select one.

_____ My family plans to volunteer this school year. I understand that $250.00 buy-out of volunteer hours will be added to my May FACTS payment and will be removed once my hours have been met.

_____ My family is unable to volunteer this year. A payment of $250.00 is enclosed.

I understand that if the required service hours have not been completed by May 15th, 2026, I will pay $250.00 or a pro-rated amount as specified by PACE. If I participate in FACTS, the payment will be deducted with my May payment. Otherwise, I will submit the payment due by check or money order NO LATER THAN JUNE 1, 2026. No report cards or records will be released unless the Service hours have been met or the buy-out fee has been paid.

Name of Student: _____ Grade: _____

_____ _____

Parent/Guardian Signature Date

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

HEALTH INVENTORY

Information and Instructions for Parents/Guardians

REQUIRED INFORMATION

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered, or approved child care or nursery school:

- **A physical examination** by a health care provider per COMAR 13A.15.03.04, 13A.16.03.04, 13A.17.03.04, and 13A.18.03.04. A Physical Examination form designated by the Maryland State Department of Education and the Maryland Department of Health shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02, 13A.17.03.02 and 13A.18.03.02).
- **Evidence of immunizations**. The immunization certification form (MDH 896) or a printed or a computer-generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at: https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms Select MDH 896.
- **Evidence of Blood-Lead Testing for children younger than 6 years old**. The blood-lead testing certificate (MDH 4620) or another written document signed by a Health Care Practitioner shall be used to meet this requirement. This form can be found at:https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms Select MDH 4620.
- **Medication Administration Authorization Forms**. If the child is receiving any medications or specialized health care services, the parent and health care provider should complete the appropriate Medication Authorization and/or Special Health Care Needs form. These forms can be found at: Select Forms OCC 1216 through OCC 1216D as appropriate. https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms

EXEMPTIONS

Exemptions from a physical examination, immunizations, and Blood-Lead testing are permitted if the parent has an objection based on their bona fide religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner, or health department official certifies that there is a medical reason for the child not to receive a vaccine.

The health information on this form will be available only to those health and child care providers or child care personnel who have a legitimate care responsibility for the child.

INSTRUCTIONS

Part I of this Physical Examination form must be completed by the child's parent or guardian. Part II must be completed by a physician or nurse practitioner, or a copy of the child's physical examination must be attached to this form.

If the child does not have health care insurance or access to a health care provider, or if the child requires an individualized health care plan or immunizations, contact the local Health Department. Information on how to contact the local Health Department can be found here: https://health.maryland.gov/Pages/Home.aspx#

The Child Care Scholarship (CCS) Program provides financial assistance with child care costs to eligible working families in Maryland. Information on how to apply for the Child Care Scholarship Program can be found here: https://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-scholarship-program

PART I - HEALTH ASSESSMENT
To be completed by parent or guardian

Child's Name: _____ **Birth date:** _____ **Sex** M☐F☐
Last First Middle Mo / Day / Yr

Address: _____
Number Street Apt# City State Zip

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		W:	C:	H:
		W:	C:	H:

Medical Care Provider	Health Care Specialist	Dental Care Provider	Health Insurance	Last Time Child Seen for
Name:	**Name:**	**Name:**	☐ **Yes** ☐ **No**	**Physical Exam:**
Address:	**Address:**	**Address:**	**Child Care Scholarship**	**Dental Care:**
Phone:	**Phone:**	**Phone:**	☐ **Yes** ☐ **No**	**Specialist:**

ASSESSMENT OF CHILD'S HEALTH - To the best of your knowledge has your child had any problem with the following? Check Yes or No and provide a comment for any YES answer.

	Yes	No	Comments (required for any Yes answer)
Allergies	☐	☐	
Asthma or Breathing	☐	☐	
ADHD	☐	☐	
Autism Spectrum Disorder	☐	☐	
Behavioral or Emotional	☐	☐	
Birth Defect(s)	☐	☐	
Bladder	☐	☐	
Bleeding	☐	☐	
Bowels	☐	☐	
Cerebral Palsy	☐	☐	
Communication	☐	☐	
Developmental Delay	☐	☐	
Diabetes Mellitus	☐	☐	
Ears or Deafness	☐	☐	
Eyes	☐	☐	
Feeding/Special Dietary Needs	☐	☐	
Head Injury	☐	☐	
Heart	☐	☐	
Hospitalization (When, Where, Why)	☐	☐	
Lead Poisoning/Exposure	☐	☐	
Life Threatening/Anaphylactic Reactions	☐	☐	
Limits on Physical Activity	☐	☐	
Meningitis	☐	☐	
Mobility-Assistive Devices if any	☐	☐	
Prematurity	☐	☐	
Seizures	☐	☐	
Sensory Impairment	☐	☐	
Sickle Cell Disease	☐	☐	
Speech/Language	☐	☐	
Surgery	☐	☐	
Vision	☐	☐	
Other	☐	☐	

Does your child take medication (prescription or non-prescription) at any time? and/or for ongoing health condition?

☐ No ☐ Yes, If yes, attach the appropriate OCC 1216 form.

Does your child receive any special treatments? (Nebulizer, EPI Pen, Insulin, Blood Sugar check, Nutrition or Behavioral Health Therapy /Counseling etc.) ☐ No ☐ Yes If yes, attach the appropriate OCC 1216 form and Individualized Treatment Plan

Does your child require any special procedures? (Urinary Catheterization, Tube feeding, Transfer, Ostomy, Oxygen supplement, etc.)

☐ No ☐ Yes, If yes, attach the appropriate OCC 1216 form and Individualized Treatment Plan

I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.

I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____
Printed Name and Signature of Parent/Guardian Date

PART II - CHILD HEALTH ASSESSMENT
To be completed *ONLY* by Health Care Provider

Child's Name: Last First Middle	**Birth Date:** Month / Day / Year	**Sex** M ☐ F ☐

1. Does the child named above have a diagnosed medical, developmental, behavioral or any other health condition?
☐ No ☐ Yes, describe:

2. Does the child receive care from a Health Care Specialist/Consultant?
☐ No ☐ Yes, describe

3. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card.
☐ No ☐ Yes, describe:

4. Health Assessment Findings

Physical Exam	**WNL**	**ABNL**	**Not Evaluated**	**Health Area of Concern**	**NO**	**YES**	**DESCRIBE**
Head	☐	☐	☐	Allergies	☐	☐	
Eyes	☐	☐	☐	Asthma	☐	☐	
Ears/Nose/Throat	☐	☐	☐	Attention Deficit/Hyperactivity	☐	☐	
Dental/Mouth	☐	☐	☐	Autism Spectrum Disorder	☐	☐	
Respiratory	☐	☐	☐	Bleeding Disorder	☐	☐	
Cardiac	☐	☐	☐	Diabetes Mellitus	☐	☐	
Gastrointestinal	☐	☐	☐	Eczema/Skin issues	☐	☐	
Genitourinary	☐	☐	☐	Feeding Device/Tube	☐	☐	
Musculoskeletal/orthopedic	☐	☐	☐	Lead Exposure/Elevated Lead	☐	☐	
Neurological	☐	☐	☐	Mobility Device	☐	☐	
Endocrine	☐	☐	☐	Nutrition/Modified Diet	☐	☐	
Skin	☐	☐	☐	Physical illness/impairment	☐	☐	
Psychosocial	☐	☐	☐	Respiratory Problems	☐	☐	
Vision	☐	☐	☐	Seizures/Epilepsy	☐	☐	
Speech/Language	☐	☐	☐	Sensory Impairment	☐	☐	
Hematology	☐	☐	☐	Developmental Disorder	☐	☐	
Developmental Milestones	☐	☐	☐	Other:			

REMARKS: (Please explain any abnormal findings.)

5. Measurements	Date	Results/Remarks
Tuberculosis Screening/Test, if indicated		
Blood Pressure		
Height		
Weight		
BMI % tile		
Developmental Screening		

6. Is the child on medication?
☐ No ☐ Yes, indicate medication and diagnosis:
(OCC 1216 Medication Authorization Form must be completed to administer medication in child care).
https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms

7. Should there be any restriction of physical activity in child care?
☐ No ☐ Yes, specify nature and duration of restriction:

8. Are there any dietary restrictions?
☐ No ☐ Yes, specify nature and duration of restriction:

9. **RECORD OF IMMUNIZATIONS** – MDH 896 or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider **or** a computer generated immunization record must be provided. (This form may be obtained from: **https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms** Select MDH 896.)

10. **RECORD OF LEAD TESTING -** MDH 4620 or other official document is required to be completed by a health care provider. (This form may be obtained from: **https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms** Select MDH 4620)

Under Maryland law, all children younger than 6 years old who are enrolled in child care must receive a blood lead test at 12 months and 24 months of age. Two tests are required if the 1st test was done prior to 24 months of age. If a child is enrolled in child care during the period between the 1st and 2nd tests, his/her parents are required to provide evidence from their health care provider that the child received a second test after the 24 month well child visit. If the 1st test is done after 24 months of age, one test is required.

Additional Comments: _____

Health Care Provider Name (Type or Print):	Phone Number:	Health Care Provider Signature:	Date:

MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

CHILD'S NAME: _____
LAST FIRST MI

SEX: MALE ☐ FEMALE ☐ BIRTHDATE: _____
MM/DD/YYYY

PARENT/GUARDIAN NAME: _____ PHONE NO.: _____

ADDRESS: _____ CITY: _____ ZIP: _____

Test Date (mm/dd/yyyy)	Type of Test (V = venous, C = capillary)	Result (µg/dL)	Comments
	Select a test type.		
	Select a test type.		
	Select a test type.		

Health care provider or school health professional or designee only: To the best of my knowledge, the blood lead tests listed above were administered as indicated. (Line 2 is for certification of blood lead tests after the initial signature.)

1. _____ _____
Name Title

_____ _____
Signature Date

2. _____ _____
Name Title

_____ _____
Signature Date

Clinic/Office Name, Address, Phone

Health care provider: Complete the section below if the child's parent/guardian refuses to consent to blood lead testing due to the parent/guardian's stated bona fide religious beliefs and practices:

Lead Risk Assessment Questionnaire Screening Questions:

Yes☐ No☐ 1. Does the child live in or regularly visits a house/building built before 1978?
Yes☐ No☐ 2. Has the child ever lived outside the United States or recently arrived from a foreign country?
Yes☐ No☐ 3. Does the child have a sibling or housemate/playmate being followed or treated for lead poisoning?
Yes☐ No☐ 4. Does the child frequently put things in his/her mouth such as toys, jewelry, or keys, or eat non-food items (pica)?
Yes☐ No☐ 5. Does the child have contact with an adult whose job or hobby involves exposure to lead?
Yes☐ No☐ 6. Is the child exposed to products from other countries such as cosmetics, health remedies, spices, or foods?
Yes☐ No☐ 7. Is the child exposed to food stored or served in leaded crystal, pottery or pewter, or made using handmade cookware?

Provider: If any responses are **YES**, I have counseled the parent/guardian on the risks of lead exposure. _____
Provider Initial

Parent/Guardian: I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child and understand the potential impact of not testing for lead exposure as discussed with my child's health care provider.

_____ _____
Parent/Guardian Signature Date

Environmental Health Bureau
mdh.envhealth@maryland.gov

MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

How To Use This Form

➔ **A health care provider may provide the parent/guardian with a copy of the child's blood lead testing results from ImmuNet as an alternative to completing this form (COMAR 10.11.04.05(B)).**

Maryland requires all children to be tested at the 12 and 24 month well-child visits (at 12-14 and 24-26 months old respectively), and both test results should be included on this form (see COMAR 10.11.04). If the test at the 12-month visit was missed, then the results of the test after 24 months of age is sufficient. A child who was not tested at 12 or 24 months should be tested as early as possible.

A parent/guardian and a child's health care provider should complete this form when enrolling a child in child care, pre-kindergarten, kindergarten, or first grade. Completed forms should be submitted by the parent/guardian to the Administrator of a licensed child care, public pre-kindergarten, kindergarten, or first grade program prior to entry. The child's health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature sections. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

Frequently Asked Questions

1. **Who should be tested for lead?**

   All children in Maryland should be tested for lead poisoning at 12 and 24 months of age.

2. **What is the blood lead reference value, and how is it interpreted?**

   Maryland follows the CDC blood lead reference value, which is 3.5 micrograms per deciliter (µg/dL). However, there is no safe level of lead in children.

3. **If a capillary test (finger prick or heel prick) shows elevated blood lead levels, is a confirmatory test required?**

   Yes, if a capillary test shows a blood lead level of ≥3.5 µg/dL, a confirmatory venous sample (blood from a vein) is needed. The higher the blood lead level is on the initial capillary test, the more urgent it is to get a confirmatory venous sample. See Table 1 (CDC) for the recommended schedule.

4. **What kind of follow-up or case management is required if a child has a blood lead level above the CDC blood lead reference value?**

   Providers should refer to the CDC's Recommended Actions Based on Blood Lead Level (https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm).

5. **What programs or resources are available to families with a child with lead exposure?**

   Maryland and local jurisdictions have programs for families with a child exposed to lead:
   - Maryland Home Visiting Services for Children with Lead Poisoning
   - Maryland Healthy Homes for Healthy Kids – no-cost program to remove lead from homes

   For more information about these and other programs, call the Environmental Health Helpline at (866) 703-3266 or visit: https://health.maryland.gov/phpa/OEHFP/EH/Pages/Lead.aspx.

   Maryland Department of the Environment Center for Childhood Lead Poisoning Prevention:
   https://mde.maryland.gov/programs/LAND/LeadPoisoningPrevention/Pages/index.aspx

   Families can also contact the Mid-Atlantic Center for Children's Health & the Environment Pediatric Environmental Health Specialty Unit – Villanova University, Washington, DC.
   Phone: (610) 519-3478 or Toll Free: (833) 362-2243
   Website: https://www1.villanova.edu/university/nursing/macche.html

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

STUDENT/SELF NAME: _____
LAST FIRST MI

STUDENT/SELF ADDRESS: _____ CITY: _____ ZIP: _____

SEX: MALE ☐ FEMALE ☐ OTHER ☐ BIRTH DATE: _____/_____/_____

COUNTY: _____ SCHOOL: _____ GRADE: _____

FOR MINORS UNDER 18:

PARENT/GUARDIAN NAME: _____ PHONE #: _____

#	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	Varicella Disease Mo / Yr	COVID-19 Mo/Day/Yr	
1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	_____	DOSE #1	DOSE #6
2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2		DOSE #2	DOSE #7
3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr	DOSE #3	DOSE #8
4	DOSE #4	DOSE #4	DOSE #4	DOSE #4	DOSE #4				_____	_____	_____	_____	DOSE #4	DOSE #9
5	DOSE #5			DOSE #5					_____		_____	_____	DOSE #5	DOSE #10

To the best of my knowledge, the vaccines listed above were administered as indicated.

1. _____
Signature Title Date
(Medical provider, local health department official, school official, or child care provider only)

2. _____
Signature Title Date

3. _____
Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

Clinic / Office Name
Office Address/ Phone Number

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: ☐ Permanent condition OR ☐ Temporary condition until _____/_____/_____
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____ Date _____
Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign 'Record of Immunization' section of this form. This form may not be altered, changed, or modified in any way.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella.**

2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.

3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).

4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient**.

5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the MDH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

"A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:
(1) Preschool program unless the student's parent or guardian has furnished evidence of age-appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
(2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
(3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine."

Please refer to the "**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**" to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and MDH COMAR 10.06.04.03 are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the **"Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs"** guideline chart are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

Maryland State Department of Education
Office of Child Care

Medication Administration Authorization Form

This form must be completed fully in order for Child Care Providers/staff to administer the required medication. **This authorization is NOT TO EXCEED 1 YEAR.**
This form is required for both prescription and non-prescription/over-the-counter (OTC) medications.
Prescription medication must be in a container labeled by the pharmacist or prescriber.
Non-prescription/OTC medication must be in the original container with the label intact per COMAR.

Place Child's Picture Here (optional)

PRESCRIBER'S AUTHORIZATION

Child's Name:_____Date of Birth: ____/_____/_____

Medication and Strength	Dosage	Route/Method	Time & Frequency	Reason for Medication

Medications shall be administered from:____/____/_____ to ____/____/_____

If PRN, for what symptoms, how often and how long_____

Possible side effects and special instructions**:**_____

Known Food or Drug Allergies: ☐ Yes ☐No If yes, please explain:_____

For School Age children only: The child may self-carry this medication: ☐ Yes ☐No

The child may self-administer this medication: ☐ Yes ☐No

PRESCRIBER'S NAME/TITLE		Place Stamp Here (Optional)
TELEPHONE	FAX	
ADDRESS		

PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only) DATE (mm/dd/yyyy)

PARENT/GUARDIAN AUTHORIZATION

I authorize the child care staff to administer the medication or to supervise the child in self-administration as prescribed above. I attest that I have administered at least one dose of the medication to my child without adverse effects. I certify that I have the legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize child care staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA. I understand that per COMAR 13A.15, 13A.16, 13A.17, and 13A.18, the child care program may revoke the child's authorization to self-carry/self-administer medication. **School Age Child Only: OK to Self-Carry/Self-Administer ☐ Yes ☐ No**

PARENT/GUARDIAN SIGNATURE	DATE (mm/dd/yyyy)	INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
CELL PHONE #	HOME PHONE #	WORK PHONE #

CHILD CARE STAFF USE ONLY

Child Care Responsibilities:

1. Medication named above was received. Expiration date _____ ☐ Yes ☐ No
2. Medication labeled as required by COMAR. ☐ Yes ☐ No
3. OCC 1214 Emergency Form updated. ☐ Yes ☐ No ☐N/A
4. OCC 1215 Health Inventory updated. ☐ Yes ☐ No ☐N/A
5. Individualized Treatment/Care Plan: Medical/Behavioral/IEP/IFSP. ☐ Yes ☐ No ☐N/A
6. Staff approved to administer medication is available onsite, field trips ☐ Yes ☐ No

Reviewed by (printed name and signature):	DATE (mm/dd/yyyy)

Maryland State Department of Education
Office of Child Care
MEDICATION ADMINISTRATION LOG

Each administration of a medication to the child, whether prescription or non-prescription, including self-administration of medication by a child, shall be noted in the child's record. Keep this form in the child's permanent record as required by COMAR. Print additional copies of this page as needed.

Child's Name:				**Date of Birth:**	
Medication Name:				**Dosage:**	
Route:				**Time to Administer:**	
DATE ADMINISTERED	**TIME**	**DOSAGE**	**ROUTE**	**REACTIONS OBSERVED (IF ANY)**	**SIGNATURE**

St. Peter's Elementary School

INTERNET SAFETY AGREEMENT

Rules for Online Safety in School

1. I will not give out any personal information such as my name, age, address, telephone number, parents' name, parents' work address/telephone number, the name of our school, or its address or location.
2. I will tell my teacher, or another responsible adult, right away if I come across any information that looks inappropriate or makes me feel uncomfortable.
3. I will never agree to meet with someone that I meet online.
4. I will never send a person my picture or anything else without first checking with my teacher or another responsible adult.
5. I will not send or respond to any messages that are mean, bullying, or in any way make me or anyone else feel uncomfortable. It is not my fault if I receive a message like that, but it is my fault if I send a mean-spirited message to anyone. If I receive such a message, I will tell my teacher, or another responsible adult, right away so that they can protect me and contact the online service.
6. I will talk with my teacher, or another responsible adult, so that we can set up my personal rules for going online in school. We will decide upon the time of day I can be online, the length of time I can be online, and appropriate areas for me to visit. I will not access other areas or break these rules.

My signature indicates that I agree to these rules.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

2024

St. Peter's Elementary School

MEDIA PERMISSION SLIP

☐ I grant permission for my child, _____, to be photographed for St. Peter's Lutheran Church or St. Peter's Elementary School brochures, flyers or to be posted on our internet website which promote our school and its activities.

or

☐ I do not grant permission for my child, _____ to be photographed for any promotional reasons.

☐ I grant permission for my child, _____, to be videoed for media publicity for St. Peter's Lutheran Church or St. Peter's Elementary School.

or

☐ I do not grant permission for my child, _____ to be videoed for media publicity.

Parent's Signature: _____

Date: _____

1/2024

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care

CACFP Enrollment: Yes:☐ No:☐

Meals your child will receive while in care:

BK☐ LN☐ SU☐ AM Snk☐ PM Snk☐ Evng Snk☐

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

(1) Complete all items on this side of the form. Sign and date where indicated. Please mark "N/A" if an item is not applicable.

(2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
Street/Apt. # City State Zip Code

Parent/Guardian Name(s)	Relationship	Contact Information		
		Email:	C: H:	W: Employer:
		Email:	C: H:	W: Employer:

Name of Person Authorized to Pick up Child *(daily)* _____
Last First Relationship to Child

Address _____
Street/Apt. # City State Zip Code

Any Changes/Additional Information_____

_____

ANNUAL UPDATES _____ _____ _____ _____
(Initials/Date) *(Initials/Date)* *(Initials/Date)* *(Initials/Date)*

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City State Zip Code

2. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City State Zip Code

3. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
Street/Apt. # City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

OCC 1214 (Revised 01/2022) - All *previous editions are obsolete.*

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care

INSTRUCTIONS TO PARENT/GUARDIAN:

(1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.

(2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: ______________________________ Date of Birth: ______________

Medical Condition(s): ____

____

Medications currently being taken by your child: ______________________________

____

Date of your child's last tetanus shot: ______________________________

Allergies/Reactions: ____

____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: ______________________________

____

(2) If signs/symptoms appear, do this: ______________________________

(3) To prevent incidents: ______________________________

____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: ______________________

____

____

____

COMMENTS: ____

____

____

____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

______________________________ ______________________

Name of Health Practitioner Date

______________________________ (_____) ______________________

Signature of Health Practitioner Telephone Number

OCC 1214 (Revised 01/2022) - All *previous editions are obsolete.*

St. Peter's Elementary School EMERGENCY FORM 2025-2026

Instructions to Parents/Guardians:

1. Complete all items on this side of the form. Give as much detail as possible. Sign and date where indicated.
2. If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review the information.
3. _____ Please initial here if your child has no known medical condition(s) and is not currently taking on-going medication

NOTE: This entire form must be updated annually.

Child's Name: _____ Birthdate: _____

Child's Home Address: _____

City/State/Zip code: _____

Parent/Guardian Name(s)	Relationship	Place of Employment & Work Phone	Cell Phone	Home Phone

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name: _____ Cell #: _____ Other: _____

   Relationship to child: _____

2. Name: _____ Cell #: _____ Other: _____

   Relationship to child: _____

3. Name: _____ Cell #: _____ Other: _____

   Relationship to child: _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the principal or the principal's designee to have your child transported to that hospital.

Signature of Parent/Guardian_____ Date: _____

INSTRUCTIONS TO PARENTS/GUARDIANS:

1. Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
2. If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

_____

Medications currently being taken by your child: _____

_____

Date of Child's last tetanus shot: _____

Allergies/Reactions: _____

_____

EMERGENCY MEDICAL INSTRUCTIONS:

1. Signs/Symptoms to look for: _____
2. If signs/symptoms appear, do this: _____
3. To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED:

_____

_____

COMMENTS: _____

_____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner: _____ Date: _____

Signature of the Health Practitioner: _____

Telephone Number: _____

Important Information About How We COMMUNICATE with YOU!

1. "**Remind**" – This is an app. Information about how to sign up comes from the teachers.
2. "**One Call Now**" – This is a robo-call and email system. You will need to designate at least two priority phone numbers and two email addresses where you would like the calls or emails to be sent. These notifications could include emergency closings, changes concerning up-coming events, or any other important information that needs to be sent out quickly and to all families.
3. **The Glacier Gazette** - Every Thursday, Mrs. Fales will send out an issue of her newsletter, *The Glacier Gazette*, by email on **One Call Now.**
4. **WBAL-TV** – Channel 11 will announce all delays.

PLEASE COMPLETE THE FORM BELOW & RETURN TO SCHOOL.

Child's Name: _____ Grade: _____

Two priority phone numbers and emails for "**One Call Now**" and the **Glacier Gazette**:

	Phone #'s:	Name of Person:	Relationship:
1.	_____	_____	_____
2.	_____	_____	_____

	Emails:	Name of Person:	Relationship:
1.	_____	_____	_____
2.	_____	_____	_____

Before and Aftercare Registration

Dear SPES Families,

We are going paperless! All registration forms and permission slips for Before and Aftercare will be online from now on. To fill the form out, please take out your phone and open your camera app. Make sure the QR code is clear on the screen and a link will pop up. Please click on the link and it will take you straight to the form. Please make sure to complete all the questions on the form and include a good email to use for communication. I appreciate your understanding while making this transition.

God Bless,
Ms. Zapf
St. Peter's Elementary School
5th Grade Teacher
Before & Aftercare Director

St. Peter's Elementary School

IMPORTANT INFORMATION FOR YOU TO KEEP

In this pocket you will find information that you may need to refer to throughout the school year. We encourage you to keep these in a handy place for future reference.

- Tuition Information for the 2025-2026 school year
- FACTS Tuition Information
- Making St. Peter's Affordable
- Before & After Care Rates and Registration form
- Uniform Policy and Ordering Information
- Nut & Tree Nut Policy

Once you have completed registration, you will receive a 2025-2026 school calendar, a grade level supply list, a Parent Handbook, and any COVID guidelines, if required, in the summer of 2025.

Contact Information:

School Office 410-665-4521
pastor@st-peterslutheran.com - Pastor Lans Alexis, Interim Principal
stpetersfinancials@gmail.com – Mrs. Karen Yelovich, Financial Assistant
mdarney@spesmd.org – Ms. Marcia Darney, School Secretary
stpeterspace@gmail.com – Our PACE Team

St. Peter's Elementary School -Tuition Information for 2025-2026

FEE	AMOUNT	TERMS
Registration Fee	$400.00	This fee is **per student**. It must be received by March 1, 2025 and is **non-refundable**.
Book/Technology Fee	$400.00	This fee is **per student**. It must be received by May 1, 2025 and is **non-refundable**.
Graduation Fee	$75.00	(Fifth Grade Only) Payment is due on or before September 1, 2025.
Annual Tuition**	$6,950.00	(Pre-Kindergarten through 5th grade) This may be paid in 10 monthly payments of $695.00. Your first payment is due by August 15, 2025.
Multi-Child Discount	$695.00	The eldest child is assessed at full tuition. Each additional child is discounted 10% per child.
St. Peter's DISCOUNT GRANTS		
Involved Member Grant	$695.00	St. Peter's Lutheran Church offers an *Involved Member Grant* for students with parents or grandparents who are current, active members of St. Peter's Lutheran Church **OR**
Attendance Grant	$1,000.00	If the worship attendance requirement (20 Sundays) has been met, you may qualify. St. Peter's Lutheran Church will award the discount. This grant is applied to the 2026-2027 school year.
Tuition Paid in Full Before July 15, 2025		$200.00 discount
FACTS Fee	$50	Per family (if payments are quarterly or monthly) A FACTS account must be set up no later than August 1, 2025. This fee is automatically withdrawn by FACTS after the account is set up.

Families will be responsible for a $1,000.00 **Student Withdraw fee** if students are withdrawn between August 20, 2025, and the first day of school 2025.

Please note the following regarding fees and tuition:

1. Children will not be permitted to attend school until the Registration Fee, Book/Technology Fee, and the first month of Tuition has been paid. No exceptions.
2. All Tuition, Book/Technology Fees and Graduation Fees which are paid by cash or check are due on or before August 1, 2025.
3. All families are required to use the FACTS automatic debiting service, without exception. You may set up your FACTS account as early as May 2025. The first payment is due no later than August 15, 2025.
4. The Graduation Fee, for fifth graders only, will cover the cost of a yearbook, diploma, a graduation cap, the graduation program, invitations, and flowers.
5. A credit of $1,000.00 will be applied for any family referring a new student who registers, enrolls, and attends in any grade for an entire year. This credit is applied to the 2026-2027 school year unless other arrangements have been made with the school office.

Notification of the Maryland State Non-Public Textbook Program

Each year our principal applies for money awarded by the Maryland State Non-Public Textbook Program, which is similar to a grant. This wonderful opportunity allows all of our St. Peter's families to benefit from a significant savings on textbooks and other required learning materials each year. In turn, the money that we receive lowers the actual amount of the Book and Technology fee payment ($400.00) that we charge. That fee would be much higher without the assistance that MSDE makes possible. We are so grateful for their help.

MAKING ST. PETER'S MORE AFFORDABLE 2025-2026

ST. PETER'S OPTIONS FOR TUITION ASSISTANCE:

- **Membership Discount**: Students and their families who are ***active*** members of St. Peter's Church may receive a 10% discount off of their tuition through the ***Involved Member Grant***. We welcome you to join us regularly for worship at St. Peter's Lutheran Church to receive this discount. For more information, please contact Mrs. Karen Yelovich at **stpetersfinancials@gmail.com**.
- **Church Attendance Grant:** Families who attend worship services at St. Peter's Lutheran Church for a minimum of twenty services during the school year will receive a $1,000.00 credit. This credit is applied to the 2026-2027 school year unless a student is not returning.
- **Sibling Discount**: Families who have multiple students attending St. Peter's Elementary School will receive a 10% discount off their tuition for each child after the first child.
- **Paying Tuition in Full**: Families who pay for the entire school year in one payment by July 15, 2025, will be given a discount of $200.00.
- **Referral Reward**: Families who refer a student to St. Peter's Elementary School will receive a $1,000.00 credit at the end of the school year if the referred child registers, attends, and pays tuition in full to St. Peter's for the entire year. The referred student must mention the referring family on the Registration form line that reads, "How did you hear about St. Peter's?" This credit is limited to one discount per family per year.

EXTERNAL SCHOLARSHIP OPPORTUNITIES:

- **BOOST**: If tuition assistance is needed, your child may be eligible for a state program that provides scholarships for low-income K-12 students to attend State-approved, non-public schools. St. Peter's accepts BOOST scholarships. Please visit **boost.msde@maryland.gov** to get more information and fill out an application. Contact the office if you are interested.
- **Children's Scholarship Fund Baltimore**: Children's Scholarship Fund Baltimore (CSFB) is a privately funded organization providing partial scholarships to low-income families residing in Baltimore City, helping them to afford the cost of tuition at the private school of their choice. Visit **http://csfbaltimore.org** for more information. Contact the office if you are interested.
- **Maryland 529 Plan**: This college savings program now allows parents to use money deposited in a 529 account for tuition at K-12 schools. Up to $2,500.00 per parent per account may be deducted from your Maryland gross income, thereby reducing your Maryland income tax, and resulting in a tax benefit. Check out "**Maryland 529 Plan**" on the web for the most current information.

FACTS TUITION INFORMATION 2025-2026

Dear Parents,

At St. Peter's Elementary School, we are always seeking ways to make improvements that benefit everyone. One of the ways that we manage our tuition payment program is through the FACTS Management Company. By taking advantage of the security and convenience of payment processing, we have streamlined our bookkeeping and have made access available to parents online 24/7. In addition to tuition, you can also pay your Registration fee, Book & Technology fee, and Before and After Care payments using this service.

- **Online FACTS enrollment must be completed before the first tuition payment is due for August 2025. It can be set up, in advance, as early as May 2025 for the next school year.**
- **Setting Up Your Account:** An initial $50.00 fee is required by FACTS per year, per family if payments are quarterly or monthly. If you will be making semi-annual payments, the charge is $15.00. If you are making one payment in full, there is a minimal charge of $5.00.
- **Semi-Annual, Quarterly, and Monthly Payment Dates:** You may choose either the 1st, 5th, 10th, or 15th of each month (beginning in August 2025) as your tuition payment date. Automatic payments can be made from a checking or savings account. If a debit or credit card is used, a service fee of 2.95% is added.
- **Enrolling in FACTS** is easy. Go online to: https://online.factsmgt.com/signin/3GDYQ
  - **To create a FACTS account**, click on the "Create a username & password" button.
  - **To sign into an existing FACTS account**, click on the "Sign In" button.
- **Convenience and Security:** Along with multiple payment plan options, your payments are processed securely through a bank-to-bank transaction.
- **Peace of Mind Insurance:** FACTS offers an optional benefit for only $22.50 per year per family. In the event of death of the responsible party or spouse, the remaining tuition balance owed for the current school year is paid to the school.
- **Consumer Account:** You may check your personal account or make payments online (if applicable) from the convenience of your home or office anytime.

Thank you for your continued cooperation and loyalty to St. Peter's Elementary School. We depend on your support in our effort to provide the highest quality of education for your children.

Updated 10/28/2024

St. Peter's Elementary School UNIFORM POLICY
2025 – 2026

BOYS:

- Long or short sleeved, plain white, light blue or Navy-blue polo shirt with collar
- Plain white or Navy-blue turtleneck shirt
- Navy blue or white cardigan, vest or pullover sweater
- Khaki or Navy-blue twill knee-length shorts; Khaki or Navy-blue twill trousers – no corduroy or denim
- **Tied or zipped tennis shoes should be worn every day, provided they are mostly solid white, black, brown, or Navy. (No lighted shoes or roller wheels.) Pre-K, Kindergarten, and First Grade students may wear Velcro shoes.**
- Solid-color white, Navy, or tan socks – **not required to cover the ankles.**

GIRLS:

- Long or short sleeved white, light blue or navy polo shirt with collar
- Plain white or light blue uniform blouse with long or short sleeves and round collar (no lace, ruffles, fancy buttons, etc.)
- Plain white or navy turtleneck shirt
- Navy blue or white cardigan, vest or pullover sweater
- Khaki or navy twill, knee-length jumpers (no corduroy or denim)
- Khaki or navy twill, knee-length shorts, khaki or navy twill trousers (no corduroy or denim)
- Khaki twill skort/skirt *with attached shorts underneath*
- **Tied or zipped tennis shoes should be worn every day, provided they are mostly solid white, black, brown, or Navy. (No lighted shoes or roller wheels.) Pre-K, Kindergarten, and First Grade students may wear Velcro shoes.**
- Solid-color white, Navy, or tan socks (**not required to cover the ankles),** knee high socks, or tights. **Solid black, white, or Navy leggings are permitted.**

BELTS: Black or brown – optional for PK, K and 1st as long as pants stay up without the use of a belt. Students must be able to unbuckle and buckle the belt by themselves without assistance. Belts are not required if pants have no belt loops. For boys in 2nd, 3rd, 4th and 5th grades, belts should be worn with pants that have belt loops.

JEWELRY: Limited to wristwatch and one pair of post earrings (no hoops or dangles); boys may not wear earrings.

HAIR: Hair should be well-kept and out of the student's face and eyes.

GYM UNIFORMS: Tied or zipped tennis shoes in solid white, black, brown or navy (PK, K, and 1st grade may wear Velcro shoes). Gym uniform clothing consists of a combination of cobalt blue, navy, or gray T-shirt, sweatshirt, shorts, or sweatpants. Students have gym twice a week.

MISCELLANEOUS: Hats, sweatbands, or bandanas may not be worn inside. No colored nail polish or make-up may be worn. Shirts and blouses must be tucked in (except gym uniforms).

SPIRIT DAY FRIDAYS: Friday is a day to celebrate our school spirit and/or support our local sports teams or any other favorite sports teams! Your child may wear modest jeans with no holes in them and a sports tee, jersey, or St. Peter's spirit shirt or sweatshirt. If they would prefer to wear their every-day school attire, they may do that as well. Please note that "Spirit Friday" is not a dress down day.

VIOLATION OF THE UNIFORM POLICY will result in a verbal warning and a note sent home. Repeated violations will result in a phone call to parents requesting proper clothing be brought to school. In the case of severe infractions, the student may be removed from class until appropriate clothing is brought to school. St. Peter's Elementary School reserves the right to make decisions regarding appropriate attire, and the acceptability of any questionable dress is subject to the discretion of the principal or his/her designee.

Please Put Your Child's Name on All Clothing and Belongings.

There are several options for purchasing school uniforms:

- **PACE hosts several "Gently-Used" Uniform Sales each year. These items can be purchased for $1.00 each.**
- **New, generic uniforms can be purchased at Target, Walmart, Children's Place, and on Amazon.**
- **New "Spirit Wear" and gym items are available for purchase through XSELL Promotions at this storefront link:** https://stpeters23-24.itemorder.com/shop/home/

  Orders are made and delivered to the school packaged by invoice. Ms. Darney will contact you when they have arrived. Also, embroidered logos can be completed on any polo shirt for $8 at XSELL Promotions shop.

- **If you choose to order from Lands' End, use the following information:**

St. Peter's Elementary
900118167

ONLINE: Go to **landsend.com/school** and create or sign in to your account. Include your student and school information in **My Account** (or find your school using the *Preferred School Number*, Search: **900118167**). Start shopping with your personalized product checklist.

Shop now via the direct link:
http://www.landsend.com/pp/SchoolSearch.html?action=landing&selectedSchoolNum=900118167

PHONE: Call **1-800-469-2222** and reference your student's *Preferred School Number* **900118167**, grade level, and gender. The Lands' End team of consultants is available 24/7 for assistance.

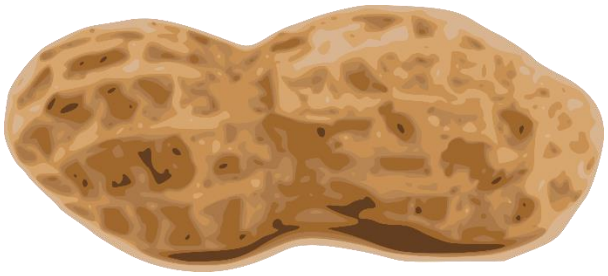
IN STORE: Visit your local Lands' End store. Our associates can help you with sizing information and can place your Preferred School order online via the store kiosk. Please note, Lands' End stores may have a limited product assortment (no merchandise with logos is available in the store.

***OUR LOGO*:**

St. Peter's
Elementary School

St. Peter's Elementary School

Is A Nut-Free Zone



Please do not bring any products containing nuts (peanuts or tree nuts) into our school. Thank you for helping to keep our children safe.

Common Tree Nut Names (FDA List):

Almonds	Beechnut	Brazil nut
Bush nut	Butternut	Cashew
Chestnut	Coconut*	Filbert
Ginko nut	Hazelnut	Hickory nut
Lichee nut	Macadamia nut	Nangi nut
Peanut	Pecan	Pine nut
Pistachio	Shea nut	Walnut

*Coconut: The FDA lists coconut as a tree nut. In fact, coconut is a seed of a drupaceous fruit. Most people allergic to tree nuts can safely eat coconut. Coconut allergy is reasonably rare. If you or your child is allergic to tree nuts, talk to your allergist before adding coconut to or eliminating coconut from your diet.
To be safe, coconut is prohibited.

Nut-Free Spread Alternatives:

Sunflower Seed Butter	Tahini	Cookie Butter
Soy Nut Butter		Coconut Butter