



August 26, 2020

Dear SJA Families,

There has been a flurry of activity this week at St. Joan of Arc as teachers returned to school. We have fine-tuned all schedules, received professional development on remote learning, and prepared the classrooms to meet all of the requirements necessary for a safe return to school. On Friday, we have scheduled pick up of materials and devices for students joining the class remotely. After working with staff this week and experiencing just how connected remote learning will be to the classroom, I am extremely confident that this will be an academically successful year.



Due to the schedule of materials pick up on Friday and COVID-19 restrictions, **we will not have Meet Your Teacher on Friday.** Information regarding each new teacher has been sent out and posted.

The materials pick up schedule is attached to ensure social distancing. Students will receive a pre-loaded device (Chromebook—Grades 2 through 8; iPad—Grades PreK through 1), any textbooks, log-in instructions for Google Meet, and expectations for online learning **Parents of students returning remotely must sign a *device agreement form* (attached). You may bring the signed form to school in order to take home the Chromebook or Tablet for your student, or you may sign it during pick-up.** Thank you for your help! Please view this short video for remote information: <https://www.facebook.com/school.SJA.org/videos/3311417945609754>

There are *two attachments to this letter for parents of students returning in person which must be signed and submitted in School Admin* in order for your child to return. Parents will also need to complete a short wellness survey for **each** student **every** day in order for that child to enter the school. You will receive the form by text and email each day at 5AM. Please view these short videos for in-person information:

<https://www.facebook.com/school.SJA.org/videos/3033568026771203>

<https://www.facebook.com/school.SJA.org/videos/308116770635336>

Some reminders for in-person students:

- If you need to take any medication, it must be turned into the office in the original container and that medication form must be completed. (attached)
- Please clearly label everything your child brings in (supplies, clothing, bookbags, lunch, snacks, water bottle)
- Don't forget to label your child's yoga mat (use permanent marker please)
- If you wish, you can send an individual "play packet" in for recess (chalk, beanbag for hopscotch, bubbles, small toys, etc.)

- Don't forget your water bottle!
- Students cannot share materials, food, supplies, etc. Check to make sure that students have everything needed for the day!
- Reach out to the office by phone or the teacher by email with any questions.

Due to restrictions from the State of Maryland, the **Extended Care Program will have limited space this year**. Priority will be given to children of parents who need care every day and are required to leave home for work. Attached are the registration form and the health form which must be submitted in order to secure a spot for your child. Please contact Sandra Fink for more information. sfink@stjoanarc.org

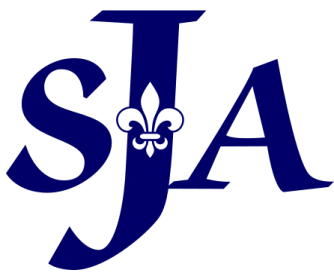
The Archdiocesan logo for this year is pictured in the top right corner. Jesus told his followers, *“Let your light shine before men in such a way that they may see your good works, and glorify your Father who is in heaven.”*

St. Joan of Arc School will continue to shine brightly due to the diligence and cooperation of our staff, parents, parish family and students!

Peace and all good,

Mrs. Ginger Bahr, Principal
 St. Joan of Arc School
 230 South Law Street
 Aberdeen, Maryland 21001
 Phone (410)272-1387
vbahr@stjoanarc.org





iPad/Chromebook #: _____

HP: _____ Lenovo: _____

St. Joan of Arc Device Loan Agreement

This agreement between parents, students, and St. Joan of Arc School covers the Chromebook/iPad being shared with you.

1. Damage or Loss of the Chromebook or iPad. Parents(s)/guardian(s) are responsible for their child's use of the Chromebook/iPad, including any damage to the device. In the event that a student's Chromebook/iPad is lost or damaged, SJA may assess the parent(s)/guardian(s) a charge to cover the replacement or repair. The decision to assess a charge, as well as the amount of a charge, is at the sole discretion of the school, but will not be greater than the full replacement value of the Chromebook/iPad.

2. Hardware or Functionality Problems. If a problem arises with the functionality of a student's device, the student must notify Mrs. Sabo of the problem within 24 hours. Under no circumstances may the student or his/her parent(s)/guardian(s) attempt to fix or allow anyone but school staff to attempt to fix suspected hardware faults or the Chromebook's/iPads operating system. Do not take the device to any repair shop.

3. Failure to return the Chromebook/iPad. If a student fails to return the Chromebook/iPad and any assigned accessories as directed, the school will seek reimbursement from the student's parent(s)/guardian(s) at full replacement cost.

The device will be returned the first day we resume school or as directed by the school.

By signing this agreement, students and parent(s)/guardian(s) agree to abide by the restrictions outlined in the school's Acceptable Use Agreement and any other policies or directives outlined by St. Joan of Arc School. The student's parent(s)/guardian(s) are responsible for monitoring their child's Internet access on the Chromebook/iPad.

Date: _____

Student Name (Printed): _____

Parent Name (Printed): _____

Parent Signature: _____



This form is in preview mode. Your answers will not be saved.

Acknowledgment Agreement Regarding Covid-19

indicates required fields

I, , as the parent/guardian of will follow St. Joan of Arc School requirements for in-person attendance. This includes any activities and events as permitted in addition to the normal school hours.

1. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein. I understand and agree that my child and I will comply with any other policies, procedures, guidelines, and rules that St. Joan of Arc School may deem appropriate to prevent the spread of COVID-19 at its facility.

Response:

Yes No

2. I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the St. Joan of Arc School facility beyond the designated drop-off and pick-up area (except for emergency situations as contemplated below). I understand that this procedure change is for the safety of all persons present in the facility, and to limit, to the extent possible, everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein and that they cannot pick up my child unless they have been informed of the information contained in this form.

Response:

Yes No

3. I understand that IF there is an emergency requiring me to enter the St. Joan of Arc School facility beyond the designated drop-off and pick-up area I MUST wash/sanitize my hands before entering and wear a mask at all times. While in the facility, I must practice social distancing and remain at least six (6) feet away from all other people, except for my own child.

Response:

Yes No

4. I understand that in order to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated away from the rest of the students and people located in the facility. I will be contacted by St. Joan of Arc School staff as soon as possible, and my child MUST be picked up from the facility within thirty (30) minutes of being notified (or as soon as reasonably possible).

Symptoms include: Cough, Shortness of Breath, Chills, Muscle aches, Headache, Sore Throat, Loss of taste or smell, Diarrhea, Fever of 100.4 degrees Fahrenheit or higher.

Though many of these symptoms can also be related to non-COVID-19 issues, it is imperative that we proceed with an abundance of caution during this public health emergency. These symptoms typically appear two (2) to seven (7) days after being infected, so please take them seriously.

Response:

Yes No

5. I understand and agree that I am responsible for reporting to St. Joan of Arc School if my child, my Emergency Contacts, or I have been diagnosed with COVID-19, have symptoms of COVID-19, or otherwise have reason to believe they or I have contracted COVID-19. I further understand and agree that any child, emergency contact, or parent/guardian who wants to enter St. Joan of Arc School before completing a fourteen (14) day self-isolation period must present the designated administrator with a medical professional's certification of good health that clears the individual for return. The medical certificate will be forwarded to School Administration, who will consult with St. Joan of Arc School administration regarding whether the individual is able to enter the facility prior to completion of the 14-day period.

Response:

Yes No

6. I agree to wear a mask at all times while dropping off and picking up my child(ren) until notified otherwise by St. Joan of Arc School.

Response:

Yes No

7. I understand that I must complete a wellness screening questionnaire for my child(ren) prior to their entering the facility. I understand if I fail to complete this questionnaire, I will be required to complete the questionnaire prior to leaving the school's premises.

Response:

Yes No

8. I understand that my child will be required to wash their hands using Centers for Disease Control and Prevention-recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least twenty (20) seconds.

Response:

Yes No

9. I understand the importance of complying with state, county or local stay-at-home orders and social distancing orders, even when outside of care, in order to control my own and my child's exposure in the local community.

Response:

Yes No

10. I will immediately notify St. Joan of Arc School administration if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 4 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify St. Joan of Arc School administration if I am made aware that anyone from my place of employment is presumed positive or tests positive for COVID-19, and I have been physically present in my place of employment within the last fourteen (14) days.

Response:

Yes No

11. I acknowledge and agree that if my child is diagnosed with COVID-19, St. Joan of Arc School must notify the County Health Department and possibly the Maryland Department of Health.

Response:

Yes No

I certify below that I have read, understand, and voluntarily agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by St. Joan of Arc School may result in termination from St. Joan of Arc School's in-person classes. I acknowledge that enrollment of my child(ren) may be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Response:

Yes No

Student Name:

First

Middle

Last

Suffix

Preferred Name

Grade:

Parent/Guardian Signature

Your Full Name

Email Address

I agree to the terms and conditions specified herein



This form is in preview mode. Your answers will not be saved.

COVID-19 School Assumption of Risk Statement

indicates required fields

During these times of the novel coronavirus, we here at St. Joan of Arc School have been actively planning and working toward offering our normal in-person academic year, with appropriate precautions and measures in place that are consistent with applicable public health restrictions and guidance. Although challenges created by the coronavirus continue to develop and change almost daily and much remains uncertain, we are certain of the following:

1. The health, safety, and welfare of every member of the School community is our highest priority.
2. The novel coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization (WHO). Medical knowledge regarding COVID-19 continues to evolve, but COVID-19 is reported to be extremely contagious and is believed to spread through person-to-person contact and/or contact with contaminated surfaces and objects, possibly even in the air. The exact methods for spread, contraction, and infection are unknown and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and/or death.
3. The measures we take to protect the School community from COVID-19 will continue to be informed by the most up-to-date advice from federal, state, and local public health officials.
4. Even with the precautions and measures we implement, no one, including the School, can guarantee an environment without risk of the spread of COVID-19. It is simply not possible to do so. For more information about the nature of the virus, please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
5. In addition, minimizing the risk of COVID-19 spread or spread of any other disease is a shared responsibility. All members of the School community, including you and your student, must do their part. In addition to basic hand hygiene (frequent washing and sanitizing) and respiratory etiquette (not coughing into one's hand or in close proximity to others), this includes adhering to any measures that the School may deem appropriate, such as temperature checks, social distancing, wearing cloth face coverings, isolating or quarantining away from the School when required, and other precautionary measures. Your student's compliance is necessary not only for the safety of your student but also for the safety of others. Individuals should not enter the School campus if they have a fever or are exhibiting symptoms of COVID-19. For more information about symptoms, please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
6. If your student has any disability you think may require accommodations related to COVID-19 or if your student, because of underlying medical conditions, may be at increased risk, you should contact the school office to discuss further.
7. If your student enters the School campus, there is an inherent risk that your student could be exposed to and contract COVID-19. By allowing your student to enter the School campus, you indicate your acknowledgement of and agreement to accept and assume this risk on behalf of your student.

In the meantime, we encourage everyone to stay safe and pray for those affected by this worldwide pandemic. We kindly ask that you sign and date where provided to indicate your understanding and acknowledgement of the contents of this letter. In signing below, you merely acknowledge that you have received and reviewed this document and that you understand the inherent risks associated with COVID-19 to your student while your student is present on the School campus.

By my signature below, I acknowledge I have received the above warnings regarding the risks to my student of exposure to and contraction of COVID-19 while my student is present on the School campus. I further acknowledge and agree that by allowing my student to be present on the School campus and attend the School, I have assumed those risks on behalf of my student.

Student Name:

First

Middle

Last

Suffix

Preferred Name

Parent/Guardian Signature

Your Full Name

Email Address

I agree to the terms and conditions specified herein



St. Joan of Arc School
 230 S. Law St.
 Aberdeen, Maryland 21001
 410-272-1387

MEDICATION POLICY AND PERMISSION FORM

Any medication, including all over the counter medications, administered by the personnel of St. Joan of Arc School must be accompanied by written orders from a physician. The medication must be in a labeled, prescription bottle with specific instructions. At no time is a student to transport or have in his/her possession any medication.

Student's Name: _____ Birth date: _____
 Address: _____ Phone: _____
 Grade: _____ Allergies: _____

Physician's Authorization:

Medications: _____
 Dose: _____
 Time of administration: _____
 Method of administration: _____
 Duration of administration: _____
 Reason for administration: _____
 Side effects to be aware of: _____
 Any additional instructions: _____

Physician's signature: _____ Date: _____
 Phone: _____

Verbal Order: In certain instances a verbal order may be taken from a physician but this must be followed by a signed order within 48 hours.

Name of the physician: _____ Phone: _____

A verbal order was taken for the medication above by:

Signature: _____ Date: _____ Time: _____

Parent Permission:

I give my permission to the medical or other designated school personnel to administer the above medication to my child.

Parent's signature: _____ Date: _____



St. Joan of Arc School

230 South Law Street
Aberdeen, Maryland, 21001

Grounded in Faith, Focused on the Future

Phone (410)272-1387
Fax (410)272-1959
school@stjoanarc.org

EXTENDED DAY PROGRAM 2020 - 2021

The Extended Day Program is in operation on regular school days including scheduled half days and AOB Professional days as long as the 7+ attendance is reached. Parents will be billed monthly. We provide this service at a lower cost than most programs for parent convenience. The program operates under a letter of compliance from the State of Maryland and therefore meets all MSDE requirements.

***NOTE: A Registration form and Emergency Form are mandatory. These must be completed and submitted before the child is allowed to attend Extended Care. Your child cannot be admitted to Extended Care without these forms. A \$50 deposit is required for registration for any care other than Drop-In. Thank you.**

The **monthly** costs for the Extended Day Program are:

	1 Child	2 Children	3 Children
7:00-8:00AM	\$ 120.	\$ 210.	\$ 280.
3:10-4:10PM	\$ 120.	\$ 210.	\$ 280.
7:00-8:00AM and 3:10-4:10PM	\$ 185.	\$ 275.	\$ 345.
3:10-6:00PM	\$ 210.	\$ 310.	\$ 390.
Drop-in rates per hour	\$ 7.	\$ 12.	\$ 17.

EXTENDED DAY PROGRAM REGISTRATION FORM

Father/Guardian _____ Primary # _____

Address _____ Secondary # _____

e-mail address _____

Mother/Guardian _____ Primary # _____

Address _____ Secondary # _____

e-mail address _____

NAMES OF CHILDREN

GRADE IN SEPTEMBER

PLEASE INDICATE HOW YOU WILL BE USING THE EXTENDED CARE PROGRAM:

- | | | |
|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> Before School Care | <input type="checkbox"/> Monthly | <input type="checkbox"/> Drop-In |
| <input type="checkbox"/> After School Care (3:10-4:10PM) | <input type="checkbox"/> Monthly | <input type="checkbox"/> Drop-In |
| <input type="checkbox"/> After School Care (3:10-6:00PM) | <input type="checkbox"/> Monthly | <input type="checkbox"/> Drop-In |

Parent Signature _____ Date _____

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. 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 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	Phone Number(s)		
		Place of Employment: _____	C: _____	H: _____
		W: _____		
		Place of Employment: _____	C: _____	H: _____
		W: _____		

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 _____

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