



STCA WEEKLY MEMO

RE: Week 2 Happenings

DATE: 9.10.2018

Greetings St. Therese Parents/Guardians!

We are off to a great start with 155 students (likely 156 as of tomorrow) as we enter our second week of school! Week 1 has come and gone, and here are a few important happenings and action steps that require either your attendance or attention.

1. **MANDATORY Back-to-School Curriculum Night – Wednesday, 9/12 6pm-7:45pm**
  - **Preschool-5<sup>th</sup> Grade Parents report to classrooms at 6pm** for their individual class presentations. They will gather in the church at 7:00pm. The business of the meeting will end at 7:30pm.
  - **6<sup>th</sup>-8<sup>th</sup> Grade Parents report to the church at 6:15pm** and will head to classrooms at 6:45pm. All classroom sessions will end by 7:45pm. \*8<sup>th</sup> Grade Parents will return to homeroom to discuss the high school process from 7:45-8:15pm.
  - There is no childcare for the event, so please do not bring children at this time as this is for parents and guardians only. If arrangements cannot be made, contact your child's teacher to arrange a time to meet/receive information. If you are a single parent and the only way you can attend is with your child with you, please contact the office and we will try to find support for you.
  
2. **Breakfast Program – Print Orders for September, Online Orders Coming Soon**

Coach Cliff kicked off our breakfast program today for the school year. All orders will take place online this year. However, to help with this adjustment, we've made print orders available for the first month.

  - Breakfast starts at 7:40am. Students must arrive AT/AFTER 7:40am and BEFORE 8:00am or they will be charged for BSC services.
  - Please contact the caterer with questions about your orders ([jenkins.c98188@gmail.com](mailto:jenkins.c98188@gmail.com) or 206-261-4889), and the office with questions regarding logistics.
  
3. **Lunch Program – Order Online NOW**

Our Hot Lunch Program with Lunch Ladies Catering began today, Monday, September 10. **To order, please register your child(ren) on the website: <https://lunchladiescatering.boonli.com/login>** (NOTE: There is NO print ordering or orders running through campus this year.). **The password for our community is: STCA256.** All orders will be done online and there are no print forms like in year's past - this is a contracted service not a service run by STCA. Please bookmark this site for future use.

All questions should be directed toward Ms. Wendy Szabo, our caterer. She can be reached via e-mail (CCed here) at [w-szabo@hotmail.com](mailto:w-szabo@hotmail.com) or via phone at 425.444.9573. **If your question is about your rate, please send an e-mail to both Ms. Wendy and me as I confirm all rates based on reported incomes from our tuition assistance application process.**
  
4. **Medication Release Forms and Immunization for Kindergarten, 6<sup>th</sup> Grade, and ALL NEW STUDENTS** – These two forms are going home today with students. Please return ASAP. All revised/updated immunization forms are due by October 1, 2018.

**Thank you for your attention to these matters – and we look forward to seeing you on campus Wednesday night!**

Blessings,

Mr. DeBoer

**Clear Blue  
Catering,  
Inc.**

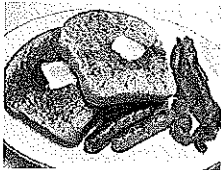
*September 2018*

*Breakfast is served from 7:45am to 8:00am  
daily.*



**Monday**

Pancakes, Sausage/ Hash brown, fresh fruit  
and juice or milk



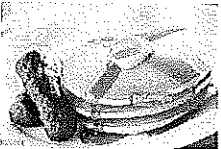
**Tuesday**

French Toast, Sausage/ Hash brown, fresh  
fruit and juice or milk



**Wednesday**

Sausage Cheese Biscuit, Hash Brown, fresh  
fruit and juice



**Thursday**

Pancakes/Waffles, Hash brown/ Sausage,  
fresh fruit and juice or milk



**Friday**

Cold or Warm Cereal, fresh fruit milk or  
juice. Donuts served select Fridays.

*Healthy eating habits play a key factor when it comes to growing children and developing  
great minds. Clear Blue Catering provides nutritious satisfied appetites in a great  
environment that will assist in providing a productive educational experience.*



Breakfast is served from **7:45am to 8:00am**. Pre-orders are charged at **\$2.50** per breakfast. Same day orders are **\$4.00** per meal

## **Clear Blue Catering, Inc.**

*September 10-28, 2018*

Meals are provided by Clear Blue Catering. We **strongly recommend pre-orders** for the week or month. Please return order and payment to the STCA front desk or with breakfast staff. Pre-orders will be accepted every Friday for weekly orders or up to the last day of the month for monthly orders. Cash, checks and money orders are accepted. Make **checks payable Clear Blue Catering**. There will be a \$30.00 NSF fee charged for returned checks. For any questions please contact us at 206-261-4889 or [breakfast@stcaseattle.org](mailto:breakfast@stcaseattle.org).

**Circle choice dates or check monthly.** Please list any dietary needs on your child's order form. (NS = No School)

Week 1	M- 9.10	T- 9.11	W- 9.12	Th- 9.13	F- 9.14
Week 2	M- 9.17	T- 9.18	W - 9.19	Th- 9.20	F- 9.21
Week 3	M- 9.24	T- 9.25	W - 9.26	Th- 9.27	F-9.28

Student(s) Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Number of Breakfasts \_\_\_\_\_ X \$2.50 per Breakfast = \$ \_\_\_\_\_

\_\_\_\_\_ Monthly **15 Days** X \$2.50 per Breakfast = **\$37.50 DUE**

**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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**THIS PORTION TO BE COMPLETED BY THE PHYSICIAN/DENTIST**

<u>Name of Medication</u>	<u>Dosage</u>	<u>Methods of Administration</u>	<u>Time of Day to Be Taken</u>
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\_\_\_\_\_

If given prn specify the length of time between doses \_\_\_\_\_

Inhalers: \_\_\_\_\_  
Indicate if student must carry on his/her person

Epi-Pen: \_\_\_\_\_  
Indicate if student must carry on his/her person

Possible side effects of medication \_\_\_\_\_

Emergency procedure in case of serious side effects \_\_\_\_\_

I request and authorize that the above-named student be administered the above- identified medication in accordance with the instructions indicated above from \_\_\_\_\_ to \_\_\_\_\_ (not to exceed current school year) as there exists a valid health reason, which makes administration of the medication advisable during school hours.

\_\_\_\_\_  
Date of Signature Physician/Dentist Signature

Telephone Number: \_\_\_\_\_ Name: \_\_\_\_\_  
Print or Type

**Please Note: If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.**

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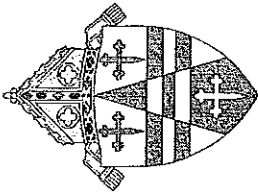
**THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN**

I request/authorize the school to administer medication to the above identified student in accordance with the doctor's instructions for the period from \_\_\_\_\_ to \_\_\_\_\_ (not to exceed current school year). I understand that every effort will be made by school staff to administer the medication in a timely manner.

Permission to carry inhaler and/or Epi-Pen (please circle)

\_\_\_\_\_  
Date of Signature Parent/Guardian Signature

Telephone number: \_\_\_\_\_ (home) \_\_\_\_\_ (work)



# STUDENT MEDICATION, SCHOOL YEAR: 20\_\_ - 20\_\_

STUDENT NAME \_\_\_\_\_ TEACHER \_\_\_\_\_

MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_

TIME \_\_\_\_\_ Rx BEGINS \_\_\_\_\_ Rx ENDS \_\_\_\_\_

<b>SEPTEMBER</b> 01 _____ 11 _____ 21 _____ 02 _____ 12 _____ 22 _____ 03 _____ 13 _____ 23 _____ 04 _____ 14 _____ 24 _____ 05 _____ 15 _____ 25 _____ 06 _____ 16 _____ 26 _____ 07 _____ 17 _____ 27 _____ 08 _____ 18 _____ 28 _____ 09 _____ 19 _____ 29 _____ 10 _____ 20 _____ 30 _____	<b>OCTOBER</b> 01 _____ 11 _____ 21 _____ 02 _____ 12 _____ 22 _____ 03 _____ 13 _____ 23 _____ 04 _____ 14 _____ 24 _____ 05 _____ 15 _____ 25 _____ 06 _____ 16 _____ 26 _____ 07 _____ 17 _____ 27 _____ 08 _____ 18 _____ 28 _____ 09 _____ 19 _____ 29 _____ 10 _____ 20 _____ 30 _____ 31 _____	<b>NOVEMBER</b> 01 _____ 11 _____ 21 _____ 02 _____ 12 _____ 22 _____ 03 _____ 13 _____ 23 _____ 04 _____ 14 _____ 24 _____ 05 _____ 15 _____ 25 _____ 06 _____ 16 _____ 26 _____ 07 _____ 17 _____ 27 _____ 08 _____ 18 _____ 28 _____ 09 _____ 19 _____ 29 _____ 10 _____ 20 _____ 30 _____	<b>DECEMBER</b> 01 _____ 11 _____ 21 _____ 02 _____ 12 _____ 22 _____ 03 _____ 13 _____ 23 _____ 04 _____ 14 _____ 24 _____ 05 _____ 15 _____ 25 _____ 06 _____ 16 _____ 26 _____ 07 _____ 17 _____ 27 _____ 08 _____ 18 _____ 28 _____ 09 _____ 19 _____ 29 _____ 10 _____ 20 _____ 30 _____ 31 _____
<b>JANUARY</b> 01 _____ 11 _____ 21 _____ 02 _____ 12 _____ 22 _____ 03 _____ 13 _____ 23 _____ 04 _____ 14 _____ 24 _____ 05 _____ 15 _____ 25 _____ 06 _____ 16 _____ 26 _____ 07 _____ 17 _____ 27 _____ 08 _____ 18 _____ 28 _____ 09 _____ 19 _____ 29 _____ 10 _____ 20 _____ 30 _____ 31 _____	<b>FEBRUARY</b> 01 _____ 11 _____ 21 _____ 02 _____ 12 _____ 22 _____ 03 _____ 13 _____ 23 _____ 04 _____ 14 _____ 24 _____ 05 _____ 15 _____ 25 _____ 06 _____ 16 _____ 26 _____ 07 _____ 17 _____ 27 _____ 08 _____ 18 _____ 28 _____ 09 _____ 19 _____ 29 _____ 10 _____ 20 _____	<b>MARCH</b> 01 _____ 11 _____ 21 _____ 02 _____ 12 _____ 22 _____ 03 _____ 13 _____ 23 _____ 04 _____ 14 _____ 24 _____ 05 _____ 15 _____ 25 _____ 06 _____ 16 _____ 26 _____ 07 _____ 17 _____ 27 _____ 08 _____ 18 _____ 28 _____ 09 _____ 19 _____ 29 _____ 10 _____ 20 _____ 30 _____ 31 _____	<b>APRIL</b> 01 _____ 11 _____ 21 _____ 02 _____ 12 _____ 22 _____ 03 _____ 13 _____ 23 _____ 04 _____ 14 _____ 24 _____ 05 _____ 15 _____ 25 _____ 06 _____ 16 _____ 26 _____ 07 _____ 17 _____ 27 _____ 08 _____ 18 _____ 28 _____ 09 _____ 19 _____ 29 _____ 10 _____ 20 _____ 30 _____
<b>MAY</b> 01 _____ 11 _____ 21 _____ 02 _____ 12 _____ 22 _____ 03 _____ 13 _____ 23 _____ 04 _____ 14 _____ 24 _____ 05 _____ 15 _____ 25 _____ 06 _____ 16 _____ 26 _____ 07 _____ 17 _____ 27 _____ 08 _____ 18 _____ 28 _____ 09 _____ 19 _____ 29 _____ 10 _____ 20 _____ 30 _____ 31 _____	<b>JUNE</b> 01 _____ 11 _____ 21 _____ 02 _____ 12 _____ 22 _____ 03 _____ 13 _____ 23 _____ 04 _____ 14 _____ 24 _____ 05 _____ 15 _____ 25 _____ 06 _____ 16 _____ 26 _____ 07 _____ 17 _____ 27 _____ 08 _____ 18 _____ 28 _____ 09 _____ 19 _____ 29 _____ 10 _____ 20 _____ 30 _____	<b>PARENT REQUEST ON FILE</b> <b>PHYSICAN REQUEST ON FILE</b> <b>DOSAGE CHANGE [NOTE DATE]</b>	



# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> Grade / Child Care Entry

Office Use Only:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Cert. of Exemption on file?  Yes  No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_ Sex: \_\_\_\_\_

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature Required \_\_\_\_\_ Date \_\_\_\_\_

**Documentation of Disease Immunity**  
*Healthcare provider use only*

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it **MUST** be verified by a healthcare provider

I certify that the child named on this CIS has:

- a verified history of Varicella (Chickenpox).
- laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	_____
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	_____
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	_____

Licensed healthcare provider signature \_\_\_\_\_ Date \_\_\_\_\_  
(MD, DO, ND, PA, ARNP)

Printed Name \_\_\_\_\_

	Date	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
<b>Required Vaccines for School or Child Care Entry</b>						
♦ DTaP / DT (Diphtheria, Tetanus, Pertussis)						
♦ Tdap (Tetanus, Diphtheria, Pertussis)						
♦ Td (Tetanus, Diphtheria)						
♦ Hepatitis B						
□ 2-dose schedule used between ages 11-15						
• Hib ( <i>Haemophilus influenzae</i> type b)						
♦ IPV / OPV (Polio)						
♦ MMR (Measles, Mumps, Rubella)						
• PCV / PPSV (Pneumococcal)						
♦ Varicella (Chickenpox)						
□ History of disease verified by IIS						
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

**Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.**

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: [waisrecords@doh.wa.gov](mailto:waisrecords@doh.wa.gov) or 1-866-397-0337.

**To fill out the form by hand:**

- #1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.
- #2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
- #3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
  - If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
  - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
- #4 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. You must provide lab reports with this CIS.

**Reference guide for vaccine abbreviations in alphabetical order**

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, Pertussis	VAR / VZV	Varicella
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine				
DTP	Diphtheria, Tetanus, Pertussis	Hib	Haemophilus influenzae type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine				
Flu (IV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Roia (RV) / RV5	Rotavirus				
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria				

For updated list, visit <https://forpress.wa.gov/doh/cpir/web/homepage/completeistofvaccinenames.pdf>

**Reference guide for vaccine trade names in alphabetical order**

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActiHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)		
Adacel®	Tdap	Fluceivax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	Rotateq®	Rotavirus (RV5)		
Afluria®	Flu	FluLaval®	Flu	HibITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td		
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenb®	MenB		
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twimix®	Hep A + Hep B		
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	Hep A		
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella		
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B				

For updated list, visit <https://forpress.wa.gov/doh/cpir/web/homepage/completeistofvaccinenames.pdf>

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).