PARENT INFORMATION REMINDER

As we get ready to start the new school year there are a few reminders. We ask you kindly to read the **Parent Communication Packet** that is usually sent home by Option C every Thursday. Important information and events that you need to know are always included.

ALL absences MUST be reported by 8:45 a.m. For your convenience, the telephone messaging service **answers 24-7.** You may call anytime to report your absence. If the absence is not reported by that time, it is marked as "Negligence of Parent" on Option C.

If you have **any changes** to dismissal, such as car rider, bus rider, walker, Extended Care, from what your child was told in the morning, please call the Main Office by 2:25 p.m. Once dismissal begins, the telephone will not be answered until dismissal is over. It is best to call the Main Office instead of contacting the teacher by email. Teachers, at times, do not have the luxury of checking their messages because of teaching.

If your son or daughter needs to leave early for an appointment or any other reason, please notify the teacher or Main Office at the **BEGINNING** of the day. It is not fair to keep interrupting the education environment for these dismissals. We understand that emergencies arise, but please follow the policy that is requested.

If your child is experiencing symptoms of illness, please **do not** send them to school. It saves you, the parent/guardian the hassle of having to come pick them up and it also keeps the other students and teachers safe and healthy. Your child could be sent home if they arrive ill. If your child misses 3 or more consecutive days they will need a doctor's note upon returning.

These above items are meant for the health and safety of your child and others. We want to maintain a sound academic environment as well. Thank You for your attention regarding these matters. We look forward to the upcoming school year!



WELCOME BACK TO ST. ANNE SCHOOL

AUGUST 26, 2024

Dear Parents,

Please read the following informational points.

First day of school for Grades K-8, Monday August 26, 2024

1. Arrival and dismissal times for students:

Car Riders and Walkers will begin at 7:45 AM till 8:10 AM in the Community Center. Anytime after the 8:10 bell is "TARDY"

Bus Riders will either be dropped off in the school parking lot or by the side office door on Hickory Street.

Dismissal time for ALL students will be at 2:40 PM

Car Riders

Enter via Hickory Street, this is a one way from Easton Ave.

Row 1 proceed to Cloverleaf St. and stop at the sign posted car line.

Park only at the curb on the school side.

Rows 2,3,4 will stop at the one-way designated at Millard St.

In all we will form 4 lines for dismissal on Hickory Street.

Inclement weather may reduce line numbers.

Residents living on Hickory St. across from the school are permitted to curb parking on their side of the street. SAS cannot block this parking; however, those residents are not permitted access during PM dismissal time.

At no time your vehicle to be running if the driver is not seated behind the wheel.

Late pick up arrivals – the latest time to pick up your child is 3:10 pm (if there is no teacher or student outside on Hickory Street), Your child has been taken to Extended Care – not the Gym Entrance but the entrance across the parking lot. Extended Care fees will be charged – DO NOT CALL THE SCHOOL OFFICE



St. Anne School Extended Care

375 Hickory Street Bethlehem, PA 18017 (610) 317-6392

Registration Form

Registration Date	e	PLEASE FILL OUT COMPLETELY
	ration fee of \$35.00 per stud Care with this application.	ent must be submitted by check or money order payable
Please check the appro	oximate time(s) your student	t may attend Extended Care:
7:00am to 8:30ar	n (Preschool)	
7:00am to 8:00ar	n	11:00am to 6:00pm (Half-day Preschool) 2:00pm to 6:00pm (Full-day Preschool) 3:00pm to 6:00pm
Students Last Name		Student's First Name
Date of Birth	Male 🗆 Female 🖰 Nick	kname Grade/Homeroom
Medical / Additional Inf	formation: (anything else you f	eel like we should know about your student)
		eer like we should know about your studenty
Student's Interests		
Student's Fears		
Siblings (names, gr., and		
Parent/Guardian Infor	mation:	
Parent/Guardian 1 Name		Email
Home Address		
Home Phone		Cell Phone
Employer	2	Work Phone
Parent/Guardian 2 Name		Email
Home Address (if differer	nt from Parent 1)	
Home Phone (if different	from Parent 1)	Cell Phone
Employer		Work Phone
Parents: O Marri	ed [©] Divorced [©] S	Separated [©] Widowed [©] Single
If divorced or separated,	please indicate parent with lega	al custody

	pplicable)
Home Address	
Home Phone	Cell Phone
Employer	Work Phone
Stepparent or Legal Guardian 2 (if ap	oplicable)
Home Address	
Home Phone	Cell Phone
Employer	Work Phone
In case of emergency, please compossible)	ntact: (Please put someone other than the parents/guardians written a
	Cell Phone
Relationship to student	Alternate Phone
The following individuals are given pe	ermission to pick up
The following individuals are given performance (name(s) of students)	ermission to pick up
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Parental Consent Form

Please complete Part 1 OR Part 2 of this form

Part 1 - Authorization of Consent

In case of emergency involving my/our child and no parent can be reached I/we give our permission or con Extended Care personnel to arrange for my/our child to the Ne I/we authorize that the hospital's medical personnel to admini EMERGENCY MEDICAL CARE.	earest Emergency Room and
Parent/Guardian 1 Signature	Date
Parent/Guardian 2 Signature	Date
Part 2 - NON-Authorization of Consent I/we DO NOT give our permission or consent for emergency m child. In the event of illness or injury requiring treatment, I/w Extended Care personnel to take no action, or, to:	e wish the St. Anne School
Parent/Guardian 1 Signature	
Parent/Guardian 2 Signature	

Release Authorization

The individuals listed are authorized to	pick up my/our child			
at St. Anne School Extended Care. Sib	lings must be in 7th grade or higher to pick			
up their sibling from St. Anne School:	PLEASE INCLUDE PARENT/LEGAL			
GUARDIANS IN THIS LIST.				
Please Print Clearly!				
Name	Phone Number			
not be permitted to leave Extended Ca	ection of my child/children, he or she/they will re with anyone NOT included on the above staff of additions to or deletions from this			
December 1 C	Post of			
Parent/Guardian 1 Signature	Date			
Parent/Guardian 2 Signature	Date			



Contact Information;

Pam Oravec
prolunches@RCN.com

***Return Check Fee**

\$35

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Off	Pasts & Meatballs Dinner Roll	29	22	15	8
	Off				



PRO - LUNCH HOT LUNCH ORDER FORM

DATE:					
STUDENT'S FULL	NAME:				The state of the s
GRADE/HOMERO	OOM:	=			- Style
	# OF TICKETS	PRICE	TOTAL		
LUNCH	X	\$4.00			
EXTRA ENTRÉE	х	\$2.00		-	
DRINK	Х	\$.50		-	
	TOTAL AN	OUNT DUE	E:	-	
LUNCH MUST BE	URCHASED TO E	BUY AN EXT	TRA ENTRÉE		
SEND CHECK PA	YABLE TO PRO –	LUNCHES T	O SCHOOL OFFICE		
RETURN CHECK	FEE: \$30.00				
		PRO - I	LUNCH HOT LUNC	H ORDER FORM	
DATE:					
STUDENT'S FULL	NAME:		NO Section Control		· CH
GRADE/HOMERO	ООМ:				
	# OF TICKETS	PRICE	TOTAL		
LUNCH	Х	\$4.00]	-3
EXTRA ENTRÉE	Х	\$2.00		1	
DRINK	X	\$.50		1	
				7	

TOTAL AMOUNT DUE:

LUNCH MUST BE URCHASED TO BUY AN EXTRA ENTRÉE SEND

CHECK PAYABLE TO PRO – LUNCHES TO SCHOOL OFFICE

RETURN CHECK FEE: \$30.00



