

News and Notes

September 9, 2020

Dear Holy Family Parents,

We have successfully completed the first days of school. It is so wonderful to see the children and hear the laughter on the playground. Thank you for entrusting your children to us. For our virtual learners, it has been great to see you as well. Thank you for following the protocol at arrival and dismissal. We will continue to pray for all our families. Stay healthy and know that we are Holy Family Strong!

God Bless you,
Mrs. Ubl Principal

- **Town Hall Meeting with Medical Professionals**

September 9 th	6:30 pm	Preschool - 3 rd
September 10 th	6:30 pm	4 th - 8 th

Mrs. Ubl sent the Zoom link last week.

- **Picnic and Concert on the Field:** We look forward to seeing everyone this Saturday, September 12th. [Click here](#) to register.
- **Lamppost Pizza Fundraiser:** Dine out September 9th and September 12th. Proceeds will benefit HFCS. Please see the attached flyer for more information.
- **Drop Off/Pick Up Procedures:** To clarify, morning drop off is between 7:30 to 8:00 am for all grades. For pick up please adhere to the staggered time pick up schedule.

Red	A-H	2:50 pm	(Glassell Lot)
Blue	Q-Z	3:00 pm	(LaVeta Lot)
White	I-P	3:10 pm	(Glassell Lot)

- **Charleston Wrap Fundraiser:** On Tuesday, September 15th, we are officially kicking off our fundraiser with Charleston Wrap. Due to COVID, this year all purchases will be made online and all items will be shipped directly to your home. You will be receiving a catalog and prize guide, which will be sent home with your child on September 15th. 7th and 8th grade families can pick up the catalog at school or follow the instructions on the attached flyer to register your child and shop the online catalog. Students who send online invitations to friends and family will receive a small prize (delivered to your student's teacher). We will not be collecting coupons this year, but students are still eligible to win prizes based on number of items sold. 40% of your sales will apply to your fundraising obligation. The sale runs through October 6th. If you have any

questions, please text Merritt LaVigna at 714.856.9677 or Katie O'Connor at 714.425.6429. The attached flyer has information on registering your child. Thank you for your participation.

- **Back to School Nights via Zoom:** You will be receiving a Zoom invite from your teachers.

September 14 th	6:00 pm	1 st
	7:00 pm	2 nd
September 15 th	6:00 pm	5 th
	7:00 pm	6 th
September 16 th	6:00 pm	3 rd
	7:00 pm	4 th
September 17 th	6:00 pm	K
	7:00 pm	TK, 7 th and 8 th

- **Student Emergency Kit:** List is attached. Please have into classroom by Friday, September 17th.
- **Technology Tuesday:** Starts Tuesday, September 22nd. The flyer is attached.
- **HFCS has Spirit!!** We would love to show our community our HFCS Spirit! Please send us your in class and remote learner first day of school photos. We would love to share these pictures on our HFCS Facebook and Instagram pages. Please email your pictures to Mrs. Canton at lcanton@holyfamilyk8.org
- **Student Medication Forms:** There are 2 forms, one for school and one for daycare. Please complete the form that pertains to your student. If your student goes to daycare after school you will need to complete both forms.
- **Media Release Form:** Please complete the attached form and return to school.



HFCS Days at Lamppost Pizza

11 AM-8 PM

Wednesday, September 9th

Saturday, September 12th

Lamppost Pizza
1829 E. Chapman Ave
Orange, Ca.92867
(714) 744-5992
lamppostpizzaorange.com

Mention HFCS and show this flyer when you order, and Lamppost will donate 25% of the proceeds to our school!



ATTENTION! Please REGISTER NOW for Holy Family Cathedral School's fundraiser!

It's super easy! Please help support our fundraiser by following the steps below to register online today. When you register, we'll know you're committed to supporting our fundraiser and helping us reach our goals. To help our organization even more, send 10 email invitations to friends & family and spread the word about our need for help. With over 2,500 gift ideas, supporters can shop and check-off their holiday gift-list, all while supporting our important cause.

Will you follow the instructions below and register today? It's easy, it's simple, and it's important!

Here's how to register today and help us spread the word!

Invite friends and family (even if they're out of town), online orders ship directly to the purchaser!

Organization ID: 16297



Step 1: REGISTER at www.charlestonwrapstore.com (use organization ID to the left)



Step 2: Use our Email-Invite Generator to invite out-of-town friends & family to shop and support! Plus, share your unique invite links via text and social media.



Participant

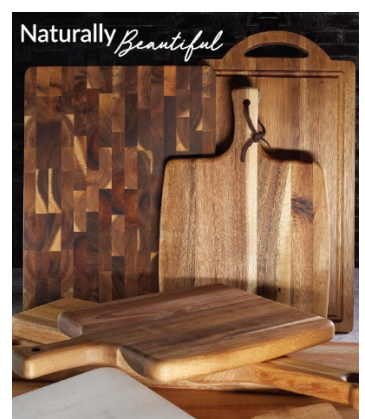
Ultra-Heavy Gift Wrap



Personalization



Holiday Décor





Holy Family Cathedral School

Marie Ubl
Principal

Christ Chase
Vice Principal

Student Emergency Kit

Dear Parents,

We have worked hard to have in place Emergency Plans for the children and staff at Holy Family Cathedral School. Annually we review and update our emergency/disaster plans.

This year we are asking each family to provide their child/children with an Emergency/Comfort Kit. This kit may be used for fire/earthquake and lockdown emergencies. We believe this kit will be more appealing to the children than the freeze dry bars used in the past. This kit is meant to add a touch of comfort.

In a one gallon ziplock bag, labeled with your child's **first name, last name and room number** outside of the bag, please include **only** the following:

1. Two 6 oz pouches of juice – no boxes please
2. Small packets of snacks that are commercially vacuum packed and preserved. (ex. dried fruit, beef jerky, granola bars, cheese crackers). Place the snacks in smaller baggies. NO loose snacks that attract ants. Please avoid peanut snacks and carefully check expiration dates. Snacks should last thru June 2021
3. Small packets or travel pack of handy wipes
4. Optional – you may include a writing pad, pencil, a small book to read or a set of cards
5. A note from you explaining to your child to follow the teachers' directions, that you will pick him/her up as soon as you possibly can, remain calm and not to worry
6. A family picture

Emergency kits will be returned at the end of the school year so that you can replace outdated items for the following school year. We thank you for your assistance. All emergency bags will be due by **Friday, September 17.**

Sincerely,

Marie Ubl
Principal

Hey, there Holy Family...

**Join us for HFCS Technology Tuesday days
this year and wear your SPIRIT SHIRT with**

Jeans:

Sept. 22

Oct. 20

Nov. 17

Dec. 15

Jan. 19

Feb. 16

March 16

April 20

May 18

June 15



*The above dates for each month, students will be able to wear the HFCS Spartan Spirit shirt with jeans, jean capris, jean shorts or a jean skirt.

TECHNOLOGY TUESDAY

The fee is \$10.00 for the year
(this fee does not include a spirit shirt)

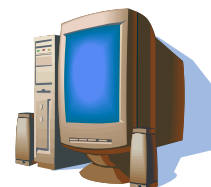
Student Name: _____ Rm _____

Student Name: _____ Rm _____

Student Name: _____ Rm _____

Amount: _____

(Please turn into your classroom)





School: Holy Family Cathedral
 Address: 530 S Glassell Ave
 Phone: 714-538-6012 School Website: holyfamilyk8.org

Elementary Release Form
Publications, Video, Internet Consent, Technology Presentations and Release Agreement

Holy Family Cathedral School supporters, students, parents and friends occasionally are asked to be part of school publicity, publications, technology presentations and/or public relations activities. In order to guarantee personal privacy and ensure your agreement to participate, Holy Family Cathedral School asks that you sign and return this form to the school.

Agreement

I hereby authorize Holy Family Cathedral School to use my and my student's name, picture, art, written work, voice, verbal statements, portraits (video or still) and technology presentations for purposes of school presentations, yearbook, public relations, public information, school marketing and promotion, publicity, and instruction.

With respect to publication on School Web pages, Holy Family Cathedral School agrees that:

- Students will not be identified by personal details other than first name, or first name and first initial of last name, unless the website area that holds student's information is password protected from the World Wide Web.)
- Where text on a page is not associated with an accompanying image (for example, list of honor roll students or scholarship award winners), only first name and first initial of last name of students will be used.
- Holy Family Cathedral School will promptly comply with any request by the undersigned to remove any photograph or text featuring his or her child.
- No other personal information relating to a student or minor will be published.

In signing this agreement, I understand, acknowledge, and agree that:

- ❖ No monetary or other consideration shall be due or owing in connection with this agreement or any use authorized hereby;
- ❖ Holy Family Cathedral School shall be entitled to use the foregoing materials in subsequent years;
- ❖ This agreement may be terminated at any time with written notice.

○ Please Print All Information Clearly

Name of Parent _____

List all students and their grade for (school year 2020-2021)

Student Name _____ Grade: _____

Student Name _____ Grade: _____

Student Name _____ Grade: _____

Student Name _____ Grade: _____

I CONSENT to the above agreement.

Parent Signature _____ Date: _____

OR

I DO NOT consent to the above agreement, with the understanding that my student(s) **Will NOT** be in the school yearbook, any publications or any other media referenced in this document.

Parent Signature _____ Date _____

Holy Family Cathedral School
Medication Administration Permission Form/Rev.1

Child's Name _____ Child's Grade _____ DOB ___/___/___

Physician Request for Medication Administration

Reason for Medication: _____

Medication (dose/route/frequency): _____

Date to discontinue medication: _____

Allergies: _____ Possible side effects: _____

Special Instructions: _____

Disposition of student following medication:

*Return to class *Rest x ___ minutes *Home * Dr's Office *Hospital

The school nurse or non-medical school personnel, under the direction of the school nurse, will administer this medication. The medication will be administered during school hours only.

Physician's Signature: _____ **Date:** _____

Physician Use Only

Parent/Guardian Request for Medication Administration

I have reviewed and accept the above information and request that the medication be administered to my child, _____, during school hours, in accordance with our physician's written instructions. The school nurse or non-medical school personnel, under the direction of the school nurse, will administer this medication. I authorize the school nurse to consult with my physician regarding my child's medication administration as needed.

Parent/Guardian Signature: _____ Date: _____

Medications must be in the original, pharmacy-labeled container. You may request from your pharmacist two containers-one for school and one for home.

Medication returned to: _____ Date: _____

Medication Administration at School

1. All medication must be in its original container. Prescription medicine must have a pharmacy label on it. You can request that your pharmacist provide you with two containers-one for home and one for school. Medication must be delivered to school by parent or other responsible adult.
2. All medications, including "over the counter" medications and herbal supplements, must have a completed "Medication Administration Permission" (MAP) form accompanying it. Both physician and parent/guardian must sign it. It can be **scanned and emailed to jfletcher@holyfamilyk8.org** if needed. A separate form is required for each medication.
 - In absence of a MAP, a doctor can send a note but it must include the following:
 - i. Student's name and date
 - ii. Diagnosis
 - iii. Medication, dose, route and frequency
 - iv. Time medicine is to be given
 - v. Number of days to give
 - vi. Allergies/Related past medical history
3. Students are not permitted to carry any medicine on their person or in their backpacks. This includes cough drops and inhalers.
4. All liquid medication must be accompanied by appropriate measuring device.
5. If pill splitting is required to obtain the correct dose of medication to be administered, only pills that are scored may be split, scored pills may be split in half only, and a commercial pill splitting device should be used for correct splitting.

NOTE: Whenever there is a change in medication, dosage, time, or route the parent/guardian and authorized health care provider must complete a new form.

Holy Family Cathedral **Day Care**
 Medication Administration Permission Form

Child's Name _____ Child's Grade _____ DOB ___/___/___

Physician Use Only

Physician Request for Medication Administration

Reason for Medication: _____

Medication (dose/route/frequency): _____

Date to discontinue medication: _____

Allergies: _____ Possible side effects: _____

Special Instructions: _____

Disposition of student following medication: *Rest x ___ minutes *Home * Dr's Office
 *Hospital

Non-medical school personnel will administer this medication. The medication will be administered during day care hours only.

Physician's Signature: _____ **Date:** _____

Parent/Guardian Request for Medication Administration

I have reviewed and accept the above information and request that the medication be administered to my child, _____, during day care hours, in accordance with our physician's written instructions. I am aware that the school nurse is not in any way involved in providing after school medical care for students. Parents need to make independent arrangements with Day Care, making them aware of their student's needs and any medicine requirements. Non-medical daycare personnel will administer this medication.

Parent/Guardian Signature: _____ Date: _____

Medications must be in the original, pharmacy-labeled container. You may request from your pharmacist two containers-one for school and one for home.

Medication returned to: _____ Date: _____

Medication Administration at School

1. All medication must be in its original container. Prescription medicine must have a pharmacy label on it. You can request that your pharmacist provide you with two containers-one for home and one for school.
2. All medications, including "over the counter" medications and herbal supplements, must have a completed "Medication Administration Permission" (MAP) form accompanying it. Both physician and parent/guardian must sign it. It can be **scanned and emailed to ljones@holyfamilyk8.org** if needed.
 - In absence of a MAP, a doctor can send a note but it must include the following:
 - i. Student's name and date
 - ii. Diagnosis
 - iii. Medication, dose, route and frequency
 - iv. Time medicine is to be given
 - v. Number of days to give
 - vi. Allergies/Related past medical history
3. Students are not permitted to carry any medicine on their person or in their backpacks. This includes cough drops and inhalers.