



ST. MATTHEW LUTHERAN CHURCH AND EARLY CHILDHOOD CENTER (LCMS)
BOUNDLESS NEED, BOUNDLESS LOVE, BOUNDLESS HOPE

24500 N OLD MCHENRY RD.
HAWTHORN WOODS, IL 60047
C: 847/438-7709 ECC: 847/438-6103
WWW.STMATTS.NET

August, 2022

Dear Parents of St Matthew Early Childhood Center Students,

We look forward to welcoming you to St. Matthew Early Childhood this September.

Thank you for registering your child(ren) for the 2022-2023 school year and for completing the Registration Form earlier this spring. Enclosed in this envelope, you will find the entire 2022-2023 Registration Packet. Also, if your child will be using Extended Care on a regular basis next year, we kindly ask that you fill in the Extended Care portion of the 2022-2023 Registration Form. Most parents completed the Registration Form when Registration Fees were paid and you may disregard this form unless you need to request changes to your child's schedule or add Extended Care.

We ask that you complete the entire packet of forms and submit them to the school at your earliest convenience, and prior to the start of school on September 6.

Also included are the 2022-2023 School Calendar and the School Supply list. Please notify the school office if you have questions about any item(s) on the list.

If your child is new to St. Matthew, a copy of his/her Birth Certificate is required.

All students are also required to have a current physical and vaccination record on file. These items should be submitted to the school office prior to September 6.

Enjoy the summer and we will see you in September!

Blessings,

Becky Connolly

847-438-6103connolly@stmattsonline.com

**St. Matthew Lutheran Church & Early Childhood Center
2022-2023 Registration Forms**

Health Office Emergency Information

Student Name (Last) : _____ (First) _____

Address: _____ City: _____ Zip: _____

Home Phone: _____

Student Lives With: Mom _____ Dad _____ Both _____ Guardian _____

Date of Birth: _____ Gender: _____ Grade: _____

Mother Name: _____ Cell _____ Office _____

Father Name: _____ Cell _____ Office _____

In case of emergency, who should be called if parents cannot be contacted? Please give daytime phone numbers.

1. Name/Relation: _____ Phone: _____

2. Name/Relation: _____ Phone: _____

Doctor Name: _____ Phone: _____

In the event of an emergency and medical attention is necessary in the judgment of school authorities, do you authorize them to seek emergency medical services and transportation for your child?

Yes _____ No _____

Reasonable effort will be made to notify you or your emergency contacts after services have been initiated.

Parent/Guardian Signature: _____ Date: _____

Pick-Up Authorization

The following individuals are authorized to pick up my child after school, Extended Care pickup, or in case of an emergency or illness.

1. Name/Relation: _____ Phone: _____

2. Name/Relation: _____ Phone: _____

3. Name/Relation: _____ Phone: _____

4. Name/Relation: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

HEALTH INFORMATION – 2022-2023

Student Name: _____

Doctor: _____ Phone: _____

Parent/Guardian Signature: _____

Confidential Health Information	Check all that apply	Please explain any yes answers.
Allergies (Specify)	No ___ Yes ___	_____
Food (Specify)	No ___ Yes ___	_____
Environmental	No ___ Yes ___	_____
Seasonal	No ___ Yes ___	_____
Other Allergies (Specify)	No ___ Yes ___	_____
Asthma	No ___ Yes ___	_____
ADHD	No ___ Yes ___	_____
Bee Sting Allergy	No ___ Yes ___	_____
Bowel/Bladder Concerns	No ___ Yes ___	_____
Diabetes	No ___ Yes ___	_____
Emotional Concerns	No ___ Yes ___	_____
Heart Condition	No ___ Yes ___	_____
Hearing Concerns	No ___ Yes ___	_____
Glasses/Contacts/Vision Concerns	No ___ Yes ___	_____
Seizures	No ___ Yes ___	_____
Skin Condition	No ___ Yes ___	_____
Other (Specify)	No ___ Yes ___	_____
TREATMENTS		
Inhaler	No ___ Yes ___	_____
Epinephrine	No ___ Yes ___	_____
Other	No ___ Yes ___	_____
MEDICATION		
Medication taken at home	No ___ Yes ___	_____
Medication needed at school*	No ___ Yes ___	_____

*School Medication Authorization form must be on file in school office for medicine to be administered.

Medical information on this card and in your child’s health record may be shared with the educational staff to maintain your child’s health and safety in the school setting. St. Matthew Lutheran Church & Early Childhood Center is not responsible for any health concerns that are not addressed on this form.

Extended Care

Our Extended Care Program is for St. Matthew Lutheran School students who need care before or/and after school hours. The following programs will be offered for the 2022-2023 School Year. Please review and specify which program your child will need.

Morning Care

Preschool – School day begins at 8:30am. Children are allowed to enter school at 8:15am.

Morning care is available from 7:00am-8:30am. The rate for morning care is \$6.00 each day used.

After School Care

The school day ends at 2:30pm. After school care runs from 2:30pm – 5:00pm. The rate for after school care is \$6.00 per hour, per day used.

Billing

Billing for Extended Care is done on the 15th of each month. Payment is due on the 1st of the month and is considered late if payment is not received by the 15th of that month. There is a \$25.00 late fee added to the bill if not paid by the 15th.

Child's Name: _____

Grade: _____

Yes, my child will need the following:

Preschool Morning Care: _____

After School Care: _____

Parents Name: _____ Parent Signature: _____

Date: _____

2022-2023 School Year
PARENTAL CONSENT FORM – Photo, Video, Technology

Student Name _____ Age _____

Dear Parent / Guardian and Student:

This form allows you to consent to certain items regarding your child's enrollment at St. Matthew Lutheran Church & Early Childhood Center, including an agreement to abide by the Technology Tablet Agreement and a release of photographs.

iPads

The St. Matthew Lutheran Church & Early Childhood Center Technology Tablet Initiative is an agreement between the student, parent, & St. Matthew as to the responsibility of using one of the St. Matthew Lutheran Early Childhood Center iPads. We ask the parents have a conversation with their child regarding this agreement. The child as well as the parent are asked to sign this document and send back to school.

Photo Release

In the course of attending school, your child will be photographed and video-recorded by a variety of people and in a variety of situations. Your child might be the main subject of the video or photograph – when he/she is receiving an individual award, for example. Or, your child might appear only incidentally in a video or photograph – when he/she is standing with a group of students on stage at a concert when another child's parent/grandparent holds up a cell phone to record the concert, for example. Your child's artwork may be displayed or photographed, or a story written by your child may be displayed or published. Additionally, your child might appear in a video which is recorded in the classroom for the purpose of evaluating or training teachers on instructional techniques in a classroom. This form is intended to both notify you of these activities and to request any necessary permission.

1. Photographs/Video of Non-identified Students Taken at School Events/Activities

Parents, students, staff, media, the public and others are permitted and authorized to photograph and/or video-record certain school events/activities to which they may be invited as spectators, including, but not limited to: intramural and interscholastic athletic events, school plays, performances of the band or chorus, or other similar events/activities. Anyone in attendance at such an event shall have no reasonable expectation of privacy. St. Matthew Lutheran Early Childhood Center may use photographs and/or video of anyone present at such an event on any of the media sponsored by St. Matthew Lutheran Early Childhood Center, including, but not limited to: yearbooks, newsletters, website, Facebook, etc. St. Matthew Lutheran Early Childhood Center is not responsible for how others may use any such recordings they may make. No consent is needed from parents/guardians and no additional notice will be provided by St. Matthew. Any student (or student's parent) who objects to being photographed or video-recorded, upon timely written request, may be excused from participation in any such event.

2. Video of Non-Identified Students Taken for Instructional/Educational Purposes

As a general rule, students, parents, the public and the media may not video or audiotape classroom instruction or any other instructional activities that occur in school. However, teachers, principals, other school/church administrators educational consultants hired by St. Matthew, and students as part of their coursework may use audio and/or video-recording for legitimate educational or administrative purposes, including, but not limited to: evaluating performance, developing skills through self-assessment, training of instructional strategies and techniques to staff, accommodating the needs of staff or students with special needs. Students are not identified by their full name in any such video-recording. In the event a student (or student’s parent) objects to being video-recorded for this purpose, the student will participate in the lesson, but will be seated outside of the viewing range of the camera.

3. Photographs/Video of Identified Students or Identified Student Work

St. Matthew Lutheran Church & Early Childhood Center may publish photographs and/or video of students, or student work, and identify the involved student(s) by their full names on any of the media sponsored by St. Matthew Lutheran Church & Early Childhood Center including, but not limited to: yearbooks, newsletters, website, Facebook, etc. The publication of student names usually occurs when a student or group of students are being recognized for their academic or athletic achievements or some other extraordinary effort. St. Matthew Lutheran Church & Early Childhood Center also sometimes grants permission for these photographs/videos of identified students or identified student work to be published in local newspaper or broadcast by a local media outlet. Any student (or student’s parent) may opt out of the publication of such information by signing and returning the form below. Note that a student (or student’s parent) may opt out of the individual publication of his/her name, but if the student participates in an extracurricular team or activity, his/her name will be published along with the rest of the team/cast/group, his/her name will be published with any group photograph or his/her name, if worn on a jersey, may appear on video, or be broadcast.

I GRANT

I DO NOT GRANT

my permission for St. Matthew Lutheran Church & Early Childhood Center to publish (or release to media) my child’s name in connection with the publication of any photograph or video of my child or his/her student work. I understand that, if I do not grant my permission, my child may be excused from participation in any such event. I understand that a written request must be submitted to the school office in a timely manner to ensure my child will be excused from the participation in an event.

I GRANT

I DO NOT GRANT

my permission for St. Matthew Lutheran Church & Early Childhood Center to photograph or video-record my child in connection with the photographing or video-recording of a classroom for education/instructional purposes. I understand that, if I do not grant my permission, my child will participate in the lesson, but will be seated outside of the viewing range of the camera.

I understand that I may elect to revoke my consent at any time notifying the Early Childhood Center Director.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____



2022/2023 St. Matthew Volunteer Opportunities

Name: _____

Phone(s): _____

E-mail: _____

Child's Teacher: ___ Mrs. Leonard _____

The St. Matthew Lutheran Early Childhood Center needs your time and efforts to continue the success of our activities and build community spirit. All areas below need your support to be successful. Please check the areas that interest you and return to the office. If you have any questions, please either call or e-mail Marlleny Otachel at 847-438-6103 or otachel@stmattsonline.com. Thanks for all your support and for showing your terrific Eagle Spirit!

_____ **Room Parent(s):** Organize class parties (Masquerade, Valentine's Day), Birthday Party for Jesus, Teacher Appreciation Week, Silly Olympics.

_____ **Birthday Party for Jesus Christmas Celebration:** Help in preparing and serving food. Set-up, decorating, and clean-up help will also be needed.

_____ **Silly Olympics:** Assist with games and activities; Set-up and clean-up.

_____ **The Little Extras:** SML-ECC always looking for volunteers to contribute **store bought** goodies and items (baked goods, appetizers, drinks, etc.) for classroom parties and events. This is a great volunteer opportunity for working parents who may not be able to attend, but would like to participate by purchasing store bought/ready-made items to drop off with their child in the morning. (**"Store bought" food items request represents the Lake County Department of Health guidelines.**)

_____ **Parent Support (Year Long):** Help coordinate school events that SML-ECC hosts throughout the school year. – Fundraising - Event Coordinators - Family Events

DUE TO THE PANDEMIC Events may BE REVISED

Children who are not scheduled to attend on dates when parties /events are scheduled are invited to attend all parties/events from 8:30-11:00(morning session only)