



Our Lady of Perpetual Help

olphtoledo.org

Spring 2024

Dear Parent(s)/Guardian(s),

Thank you for making the investment in your children's future by sending them to OLPH. Tuition for the 2024-25 school year is \$6,500/yr.

There is an additional, one-time, Registration fee for each child. They are as follows:

1st student = \$150

2nd student = \$100

3rd student = \$50

(\$300 max)

* **Everyone** is required to pay registration fees, these are **NOT** a part of tuition.

By signing this form you agree to pay any tuition and registration fees assessed for the 24/25 school year.

I/We agree that all payments owed under this agreement will be paid by the invoice due date. I understand and agree that, regardless of what payment option is selected, I am personally responsible for the payments and for ensuring that the tuition and fees are paid in full.

Student(s) Name(s) _____

Parent Name _____

Signature _____ Date _____

Please sign and return to the school office with the non-refundable registration fee. If the registration fee is not paid in full by the first day of the 2024/2025 school year, your child will not be registered.

Thank you,
OLPH School
419-382-5696



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STUDENT REGISTRATION FORM 24/25 SCHOOL YEAR

Student 1 Name _____ **Grade entering** _____

Gender _____ **DOB** _____ **Ethnicity** _____ **Religion** _____

Is your child a New Student? YES NO

IF New Student, Copy of Birth Certificate

Is your child on a **Service Plan** or **IEP**? YES NO

Student 2 Name _____ **Grade entering** _____

Gender _____ **DOB** _____ **Ethnicity** _____ **Religion** _____

Is your child a New Student? YES NO

IF New Student, Copy of Birth Certificate

Is your child on a **Service Plan** or **IEP**? YES NO

Student 3 Name _____ **Grade entering** _____

Gender _____ **DOB** _____ **Ethnicity** _____ **Religion** _____

Is your child a New Student? YES NO

IF New Student, Copy of Birth Certificate

Is your child on a **Service Plan** or **IEP**? YES NO

Address _____

City _____ **State** _____ **Zip Code** _____

Public School District _____
(TPS, Maumee, Washington Local, etc.)

Public School Building _____
(Name of School your child would attend if not at OLPH, Harvard, Beverly, etc.)

Please complete other side →

Primary Parent/Guardian

Name _____ Relationship _____
Address _____
City _____ State _____ Zip Code _____
Cell _____ Work _____
Email Address _____

Secondary Parent/Guardian

Name _____ Relationship _____
Address _____
City _____ State _____ Zip Code _____
Cell _____ Work _____
Email Address _____

Emergency contact if parent cannot be contacted in an emergency

1 Name _____ Relationship _____

Cell _____ Work _____

2 Name _____ Relationship _____

Cell _____ Work _____

3 Name _____ Relationship _____

Cell _____ Work _____

If information contained herein is found to be untrue or omitted your registration may be redacted. I hereby attest that the information provided herein is true and correct to the best of my knowledge.

Parent Name

Signature/Date



TRANSPORTATION REQUEST & EMERGENCY CONTACT FORM for CHARTER & NON-PUBLIC – School Year _____

*In accordance with OAC 3301-83-08 (C) (16), it is required for each student to have a completed emergency contact form. Without this form, no student will be permitted to ride a school bus. In the event you move, a new form will need to be completed before any request will be processed. This will also serve as the initial transportation request, which will need to be completed and returned to TPS Transportation.

(Incomplete/non-legible forms will not be accepted)

STUDENT INFORMATION & EMERGENCY CONTACTS (PLEASE PRINT & COMPLETE FORM IN ITS ENTIRETY)

(NOTE: Only 1 student name per form. Forms containing more than 1 student name will be returned for correction)

School of Attendance: _____ Grade: _____
Student Name: _____ Date of Birth: _____
Home Address: _____ Apt#: _____ Zip Code _____
Parent/Guardian Name: _____ Relation to Student: _____
Home #: _____ Cell #: _____ Work #: _____
EMAIL Address: _____

(Must list 2 Emergency Contacts OTHER than parent/guardian listed above)

Emergency Contact 1 (Name) _____ Relation to student: _____ Phone#: _____
Emergency Contact 2 (Name) _____ Relation to student: _____ Phone#: _____

Please list any medical conditions, current medications or serious allergies transportation needs to be aware of _____

INFORMATION NEEDED FOR BUS STOP ASSIGNMENT

What transportation is needed? (indicate with "X") **Both AM & PM** _____ **AM ONLY** _____ **PM ONLY** _____

***The address you listed may not be the actual stop. Student(s) may be assigned to the nearest existing stop.**

(YES or NO) _____ (Initial Only) In the event of an emergency, I agree for my child to be treated by emergency medical personnel.

(YES or NO) _____ (Initial Only) I was provided Bus Rules and Eating & Drinking notices to go over with my student.

(YES or NO) _____ (Initial Only) I authorize my kindergarten/1st grade student to be released by bus driver without a parent, guardian or other family member present and will not hold **Trinity Transportation or TPS**, including any of their employees of any liabilities that may occur after my student has been released. **(It is the parent's responsibility to be present for the dismissal of their student and not a requirement by Ohio State law. However, this is a service we provide to ensure the safety of your kindergarten/1st grade student only, unless authorized by a parent/guardian. Any student that is 2nd grade and above may be released).**

***Signature:** _____ **Date** _____

*******PLEASE SUBMIT VIA EMAIL, PHYSICAL ADDRESS OR FAX*******

**TOLEDO PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT
5600 HILL AVE.
TOLEDO, OH 43615**

**PHONE NUMBER: 419-671-8541
FAX NUMBER: 419-671-8553
EMAIL ADDRESS: TRANSPORTATIONREQUEST@TPS.ORG**

OFFICE USE ONLY

STUDENT # _____ **DATE** _____
DISTANCE _____

Our Lady of Perpetual Help School
2255 Central Grove Toledo, OH 43614
419-382-5696 (p) 419-382-7360 (f)

Emergency Medical Form
For School Year 20 _____ to 20 _____

Student Name _____ DOB _____ M F Grade _____
Address _____ City _____ State _____ Zip _____ Home Phone _____

Parent/Guardian Information: (please order in preference of contact and order phone in preference)

Name _____ Phone #1 _____ Phone #2 _____ Relationship _____
Name _____ Phone #1 _____ Phone #2 _____ Relationship _____

List up to 4 other Family Members, Friends, to whom child can be released in case of accident/illness or early dismissal:

Name _____ Phone #1 _____ Phone #2 _____ Relationship _____
Name _____ Phone #1 _____ Phone #2 _____ Relationship _____
Name _____ Phone #1 _____ Phone #2 _____ Relationship _____
Name _____ Phone #1 _____ Phone #2 _____ Relationship _____

Medical Information:

Primary Physician _____ Phone _____
Primary Dentist _____ Phone _____
Medical Specialist _____ Phone _____

Confidential Health History

Current Health Conditions: _____

History of Hospitalization: _____

Childhood diseases (i.e. chicken pox): _____

Known Allergies, Reactions, and Recommended Actions: _____

Daily Medications/Doses and Reason: _____

Any other comments about child's health, development, behavior, family, or home life that you feel the school clinic should be aware of: _____

Sign Part 1 or Part 2

Medical Consent—Part I—To Grant Consent

In the event reasonable attempts to contact me have been unsuccessful, and/or my child's condition is life threatening, I hereby give my consent for:

1. The transportation of the child to the closest, most appropriate hospital by emergency services.
2. The administration of any treatment deemed necessary by the above name doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist.
3. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such.

Signature of Parent/Guardian _____ Date _____

Part II—Refusal to Grant Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish school authorities to take no action or to:

Signature of Parent/Guardian _____ Date _____

Please print clearly and press hard for duplication.

White copy = office, yellow copy = clinic, pink copy = teacher

Media Release Form

Throughout the school year students will be photographed and/or videotaped participating in classroom, church, and other activities. Our Lady of Perpetual Help would like to use these in our publications, such as, but not limited to, the church bulletin, school newsletters, yearbooks, website, Facebook or other media outlets for the promotion of the School and Church.

This release will remain in effect during the time that your student attends Our Lady of Perpetual Help unless written communication requesting a change is submitted to the school.

I have read and understand the Media Release Form.

Student Name/Grade

Student Name/Grade

Student Name/Grade

Student Name/Grade

Please check one box:

I grant consent for my child/ren to be photographed and/or video taped

I decline for my child/ren to be photographed and/or video taped

Parent Printed Name

Parent Signature

Date

2024-2025 Before and After School Program

Our before and after school program is available from 7:00AM-8:00AM and 3:00PM to 5:30PM. All participants will follow all of the practices, policies, and procedures outlined in the school's handbook. The program will require that students remain orderly inside the building or outside with an adult at all times (weather permitting and at the discretion of the adults supervising the program).

Snacks and drinks will not be provided this year.

Please Provide your student with their own snack/drink. If you would like to buy bulk for your child to leave at the school, you may do so and they will be labeled. Donations of snacks and/or drinks are welcomed.

Rates:

There is no registration fee. All student families who are in good standing are able to utilize the program. **Prior extended day balances need to be paid in full to participate.**

Before School Program: \$5.00 flat rate

After School Program : \$5.00 minimum first hour flat rate charge (per child)
\$1.25 every 15 minutes after the first-hour flat rate

Overtime: After 5:30 p.m. the rate increases to \$1 per minute.

Policies:

- ★ **Families will be billed bi-weekly.**
- ★ **Families are expected to pay online through FACTS.**
- ★ Students who are sent to extended care from the car line due to no pickup will be billed the same way as students who are registered for the program.
- ★ Students participating in extended care are expected to treat all other students and adults with respect, uphold the student code of conduct, and follow all school rules. Electronic devices are only permitted at the discretion of the extended day manager on duty. Disciplinary action may be taken for non-cooperative or misbehaved students.

2024-2025 Extended Program Registration

Parent/Guardian who is financially responsible for billing:

Student Name & Grade:

Student Name & Grade:

Student Name & Grade:

List any medical conditions or allergies that we should be aware of:

Parent/Guardian Name:

Parent/Guardian Phone Number:

Parent/Guardian Name:

Parent/Guardian Phone Number:

Your list of Emergency Contacts will be authorized to pick up your student from extended care. Emergency Contacts will also be contacted if your student has not been picked up by 5:30 p.m.

First Emergency Contact Name and Phone Number

Second Emergency Contact Name and Phone Number

Third Emergency Contact Name and Phone Number