HCCS
Holy Cross Catholic School

Important Dates

* Wednesday October 29th *
Moms & Muffins
* Friday October 31st *
Halloween Parade
Trunk or Treat
* Wednesday November 12th *
Veteran's Day Mass
*Thursday November 13th *
World Kindness Day
* Thursday November 20th *
Picture Retakes
* 11/26-11/30 *
No School- Thanksgiving Break

Parish Pie Fundraiser

Please see the enclosed flyer for information about the Parish Pie Fundraiser!

Moms & Muffins

Reminder: Moms & Muffins is Wednesday October 29th.

Congratulations!!

Congratulations to Kinzley Elston & Estela Flores for winning the art contest from the St. Maximilian Kolbe Deanery. Congratulations to Luke Wolfrum for becoming Promedica Foundation's 2025 Junior Philanthropist of the Year and receiving the prestigious Emerald Award.
Great job Knights!!

Mass on Wednesday October 29th is planned by Grade 2.
(Mass begins at 9:30am)
(No shorts at Mass)

GoodDeeds Corner

* Braxton Sowder *

CEO Award (Chief Example for Others)

* Gabe Alford *
* Esmeralda Martinez *

A note from the Cafeteria

Enclosed you will find some very important information from the cafeteria. Please read it carefully and respond ASAP if the information applies to you. Thank you for your cooperation.

Halloween Parade

Our annual Halloween Parade will be Friday October 31st at 2:15pm. Please see the enclosed memo regarding costume restrictions.

Report Cards

We are sending home report cards every quarter. Please sign the outside of the envelope and return to the office by Friday October 31st for a non-uniform pass!

November Birthdays

2	Jacob Keller	K
5	Bryceton Bidlack	2nd
	Benjamin Flores	5th
7	Zeno Newton	5th
	Neveah Fuentes	1st
10	Roman Roehrig	2nd
12	Miss Miranda	
13	Luke Wolfrum	5th
17	Eli Lantz	4th
21	Ames Spallinger	PK
24	Matias Maxson	5th
25	Kaiser King	1st
26	Levi McCann	PK
	Lyndi McCann	PK
28	Rylan Goins	PK
	Rubi Roehrig	2nd
29	Lillian Osborne	1st

Trunk or Treat

Don't forget to join us this Friday October 31st from 5pm-7pm for PMO's 1st Trunk or Treat!! We are going to have a great time!

Pre-K Cookie Walk

Please see the enclosed flyer for more information about the Pre-K Cookie Walk!

Enclosures:
November lunch Menu
Note from the Cafeteria
Christmas Choir -St. John
Pie Order Forms
Student Council Bake Off
Pre K Cookie Walk Flyer
Grandparents Day Photos
Report Cards
Costume Memo

Holy Cross Student Council's

Bake Off

Think you have what it takes to be the best baker at Holy Cross? The Student Council is hosting a Bake-Off, and we want to taste your best treats! Students can enter one category: Cupcakes/Muffins, Cookies, or Brownies. The judging will take place on November 21st, and there will be one winner per category chosen by our Student Council and judges. To enter, turn in the form below by November 14th. Please bring your baked goods on the day of the contest (November 21st) on a disposable plate labeled with your name and category to Mrs. Tobias.

Please return the form to Mrs. Tobias by November 15th

Student Name: _____ Grade: _____

Parent Signature: _____ Date: _____

Category: ○ Cupcake/ Muffin ○ Brownies ○ Cookies

(Check which category you are enrolling)

LUNCH

NOVEMBER 2025

Defiance HCCS

MY SCHOOL BUCKS — PAY FOR MEALS ONLINE — MySchoolBucks.com

Monday	Tuesday	Wednesday	Thursday	Friday
3 Pancake Bites Potato Triangle Sausage Links Fruit Milk	4 Mac & Cheese Broccoli Fruit Milk	5 Meatball Sub Baked Beans Fruit Milk	6 Orange Chicken Rice Fruit Milk	7 French Bread Pizza Carrots/Celery Fruit Milk
10 Egg, Sausage & Cheese Sandwich Cheesy Potatoes Fruit Milk	11 Corn Dogs Carrots Fruit Milk	12 Chicken Fajitas Street Corn Fruit Milk	13 Hamburger Gravy Mashed Potatoes Peas Fruit Milk	14 Pizza Dark Geen Salad Fruit Milk
17 Pancakes Sausage Links Potato Triangle Fruit Milk	18 Grilled Cheese Broccoli/Cheese Soup Fruit Milk	19 Chicken Nuggets Mixed Vegetables Fruit Milk	20 Sloppy Joes Baked Beans Fruit Milk	21 Pizza Carrots/Celery Fruit Milk
24 Egg, Bacon & Cheese Sandwich Fries Fruit Milk	25 Turkey Gravy Mashed Potatoes Dressing Green Beans Fruit Milk	26 NO SCHOOL	27 HAPPY THANKSGIVING	28 NO SCHOOL

This institution is an Equal Opportunity Provider

Milk is provided with lunch

Bottled Water is available at cost

Extra milk is available at cost

Allergens Present. We cannot guarantee food is free of all allergens

Menu Subject to Change

Student Lunch: $3.25

Adult Lunch: $4.00

Bottled Water: $.75

Milk: $.60

HCCS
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HCCS HALLOWEEN PARADE

Date: Friday October 31st

Time: 2:15pm

Details: Students will "parade" their costumes around the outside of the school building. Parents are invited to come and watch and may take their student(s) home after the parade.

*Costumes:

-Costumes should not be worn to school as Friday is a gym day.
-Students will change shortly before the parade.
-Costumes should be Catholic School appropriate and should not contain blood or gore
- No inflatables
- No face paint
- No masks

*Teachers will be able to offer limited assistance, please make sure that the costume is easy enough for students to change into by themselves.

*Pre-K students will join the parade but will not wear costumes, please refer to the Halloween party information already sent home by your student's Pre-K teacher.

Happy Halloween!!!

A note from the Cafeteria

We are experiencing some changes in the cafeteria this year. It is necessary for us to follow the State guidelines more strictly and on a more consistent basis. That being said, any student with a food allergy must have a copy of the attached form, filled out and on file, along with a note from their health care provider that states specifically the foods they are not allowed to have. Unfortunately, according to the state, if we do not have a note from the doctor stating these restrictions, we cannot accommodate them. This includes food dyes, dairy, milk, etc. Please also note that if a student has a note restricting dairy, this will include all dairy, not just milk. These students will also be restricted from cheese, ranch, eggs, or anything else containing dairy products. We apologize for the inconvenience and will help in any way that we can. If your student does not have dietary restrictions, you do not have to fill out the attached form. Thank you for your cooperation.

If you have any questions or concerns, please contact:

Mr. Booher- cafe@defianceholycross.org

PIE FUNDRAISER

Der Dutchman Amish Bakery

Proceeds Benefit The Flock's Community Lunch

All pies are 9 inches and will come frozen with the exception of pumpkin & pecan which are baked & then frozen

Customer information:

Name: _____

Phone: _____

Email: _____

All Pies $20

Order Details:

Description	QTY	Price	Amount
Apple			
Blueberry			
Cherry			
Dutch Cherry			
Dutch Apple			
Peach			
Pumpkin - Baked			
Pecan - Baked			

Subtotal	
Total	

Payment method: Check Cash

All orders must be paid in full at the time of ordering
Orders will be ready for **pick up Tuesday, November 18**
3-PM - 5PM in the St Mary Parish Ministry Center
Pies MUST BE PICKED UP ON THE 18TH!
Checks payable to: St. Mary Catholic Church
Drop off orders to the St John & St Mary Offices

Special Diet Accommodation Form

Why am I being asked to complete this form?
Institutions or organizations who sponsor and operate a federally funded Child Nutrition Program must make reasonable substitutions to meals and/or snacks on a case-by-case basis for participants who are considered to have a disability that restricts their diet. * According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability. Sponsors are not required to accommodate special dietary requests that are not a disability. This includes requests related to religious or moral convictions or personal preference. If these requests are accommodated, sponsors must ensure that all USDA meal pattern and nutrient requirements are met. **This form must be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner**. Updates to this form are required only when a participant's needs change.

Part A: To be completed by parent/guardian

Student's full name:	Student's birthdate:
Parent/Guardian Name:	
Phone #:	Email address:

VOLUNTARY AUTHORIZATION:
Note to parent(s)/guardian(s)/participant: You may allow the director of the school to talk with the medical authority about this Special Diet statement by signing the Voluntary Authorization section below:
IN ACCORDANCE WITH THE PROVISIONS OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996 AND THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA), I HEREBY AUTHORIZE _____(NAME OF CHILD'S RECOGNIZED MEDICAL AUTHORITY) **TO RELEASE SUCH PROTECTED HEALTH INFORMATION OF MY CHILD AS IS NECESSARY FOR THE SPECIFIC PURPOSE OF SPECIAL DIET INFORMATION TO** _____ (NAME OF SCHOOL DISTRICT) **AND I CONSENT TO ALLOW THE RECOGNIZED MEDICAL AUTHORITY TO FREELY EXCHANGE THE INFORMATION LISTED ON THIS FORM AND IN MY CHILD'S RECORDS WITH THE SCHOOL DISTRICT AS NECESSARY. I UNDERSTAND THAT I MAY REFUSE TO SIGN THIS AUTHORIZATION WITHOUT IMPACT ON THE ELIGIBILITY OF MY REQUEST FOR A SPECIAL DIET FOR MY CHILD. I UNDERSTAND THAT I MAY RESCIND PERMISSION TO RELEASE THIS INFORMATION AT ANY TIME, EXCEPT WHEN THE INFORMATION HAS ALREADY BEEN RELEASED.**

Signature of parent or guardian: _____ Date: _____

Part B: To be completed by authorized professional
Please complete the section below on child's special dietary requirements. Be specific as possible and please attach any additional instructions on a separate sheet as applicable.

1) State the physical or mental condition/impairment(s) that affects student's diet (required):

1) Describe how the physical or mental condition/impairment(s) listed restricts the student's diet (required):

2) List foods to be omitted and substituted. Attach a sheet with additional instructions as needed.

Foods to be Omitted	**Foods to be Substituted** (Avoid specific brand names if possible)

Additional Modifications (complete as applicable):

Texture Modification (if applicable):
List foods that need the following change in texture. If all foods to be prepared in this manner, indicate "all"

Pureed:

Ground:

Chopped/cut up into bite size pieces:

Liquid Consistency (if applicable):
☐ Pudding Thick ☐ Honey Thick ☐ Nectar Thick ☐ Other (Please describe):

Adaptive Equipment (if applicable):
List any special equipment or utensils that are needed:

Additional instructions/comments:

REQUIRED SIGNATURE:

This form must be signed by a licensed physician, physician assistant, or advanced practice registered nurse. The medical authority should retain a copy of this document for their records.

Prescribing Authority Name & Credentials (print): _____

Signature: _____ Date: _____

Office/Clinic/Hospital Name: _____

Phone Number: _____ Fax Number: _____

USDA Non-discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
Program.Intake@usda.gov

This institution is an equal opportunity provider.

updated: 12/2023