



Please join us for the first

PMO MEETING

Sunday September 8th
3pm in the Teacher's Lounge




You are invited to come and learn all about the Holy Cross Parent Ministry Organization, opportunities to get involved and the positive change you can make in the lives of our school and students!

Parents, grandparents, teachers and staff can all be a part of the PMO. Children are also welcome to play in the gym during meetings!

We would love to see you there!

If you have questions- email us at pmo@defianceholycross.org



ST. MARY MEGA RAFFLE

ENTER FOR A CHANCE TO WIN

Need not be
present to
WIN!!

\$10,000!
2nd Prize - \$2,500
3rd Prize - \$1,000

Drawing:
September 8
4PM!

ONLY 400 TICKETS SOLD! \$100 Per Ticket

300 Tickets Sold	200 Tickets Sold	100 Tickets Sold
1st Prize \$7,500	1st Prize \$5,000	1st Prize \$2,500
2nd Prize \$1,500	2nd Prize \$1,250	2nd Prize \$625
3rd Prize \$750	3rd Prize \$500	3rd Prize \$250

ALL SALES ARE FINAL! TICKET PURCHASE IS NON-REFUNDABLE. First place winner agrees to allow St. Mary Catholic Church to use their name & image in future marketing mediums without compensation. Winners are responsible for all taxes & fees.

072



A message from Mrs. Reinhart



*Mass on Wednesday
August 28th will be
planned by Grade 6.
(Mass begins at 9:30am)
(No shorts at Mass)*

CEO Award
(Chief Example for Others)
** Matias Maxson **

Lunch Accounts

We were able to secure a grant that allows us to offer free standard lunches to all students this year! As in the past, there are stipulations. If your student is only getting a milk, that is not free and extras are also not free.

Before School Care

Before School Care starts at 7:30am, you must enter through the bus loop on South Clinton St. and drop off your students at the gym doors. If students are on the playground, they can be dropped off there. Please always check in with the aide on duty.

After School Care

After School care ends at 5:30pm this year. There will be a late fee assessed for anyone that is picked up after this time. Invoices will go home in the first M&M of the month for the previous month's charges. For example, invoices for August will go home in the M&M on September 9th.

Important Dates

* Monday August 26th *

*First Day of School:
K & Young 5s*

* Thursday August 29th *

First Day of School PK 3

* Friday August 30th *

First Day of School PK 4

* Monday September 2nd *

No School- Labor Day

* Wednesday October 2nd *

Fall Picture Day

Pre-K

We would like to apologize again for the confusion about PreK start dates. The "2024-2025 School Calendar" is the best tool to use when looking for specific dates. This calendar was available at Open House, went home in last week's M&M, and is also available on the school's website at www.defianceholycross.org. If ever in doubt, please do not hesitate to contact the office. Thanks!

Fundraising Opportunities

Don't forget to sign up for the fundraising opportunities offered by Kroger and Chief!

Cafeteria

We are looking for volunteers to help serve and clean up, no cooking, from 11:30-1:30. Please contact the office if interested!

Ed Choice

If you have not yet applied for Ed Choice, please do so ASAP!

Mass Days

Uniforms must be worn to mass. Shorts/Skorts are not permitted on mass days. If students are not in uniform and we do not have a size available for them to change into, parents will be called to bring appropriate attire. Students are welcome to bring shorts to change into after mass. Thank you.

Option C

We will be using Option C again this year. You will receive a flyer in next week's M&M with login information. If you have any questions please contact Mrs. Sampson, thanks!

St. Mary Mega Raffle

St. Mary is selling raffle tickets for a chance to win up to \$10,000!! Tickets are \$100 each. If interested please contact the office or St. Mary's Parish Office.

Enclosures:
St. Mary's ticket info
Mobile Dentist
Autism Awareness Flyer

Backpack Buddy Program

Parent Release of Information and Permission Form

Dear Parent/Guardian:

We are continuing a program that provides students supplemental food for the weekend. Anyone that is in Kindergarten through Fifth Grade *and* on Free or Reduced-Priced Lunches is eligible. Please disregard this form if you are not interested in the program. If you are interested in this program, please check the following box 'yes' and complete the information needed below:

- Yes. I DO want information from my Free and Reduced-Priced School Meals Application (Or Direct- Certification process, if applicable) shared with the Backpack Buddy Program.

Child's Name: _____ Lunch Number _____ Grade ____ Teacher _____

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Child's Name: _____ Lunch Number _____ Grade ____ Teacher _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Address: _____

Email Address: _____

Return this form to: Katelyn Ruiz -Holy Cross Catholic School



United Way of
Defiance County

The Backpack Buddy program is sponsored by United Way of Defiance County

***** Application due by **Friday, Sept 2nd** *****



Health Partners of Western Ohio Dental & Vision Outreach Consent Form

PLEASE SIGN AND RETURN TO SCHOOL



Our Outreach Team will be coming to your school and offering vision and dental services. Regular dental and vision check-ups are an important part of overall health. We will bill Medicaid and Private Insurance. The dental visit will be considered a preventive visit through your insurance company. If your child has no health coverage there will be NO charge. Our center can help sign you and your family up for insurance, if eligible. The program is open to all children.

YES, I give my informed consent for my child to participate in the School-Based Outreach Program.

Please check which services you wish for your child to participate in:

Dental Only Vision Only Both Dental and Vision

Please complete the rest of this form, **PRINT & SIGN at the bottom** and return it to school.

Child's First Name: _____ Child's Last Name: _____

Child's Date of Birth: ____/____/____ Female Male Child's SSN: _____ - _____ - _____

School Name: _____ Grade ____ Rm # ____ Teacher: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____ County: _____

Race/Ethnicity (Circle all that apply): White Black/African American Hispanic Asian Pacific Islander/Hawaiian Native American/Alaskan Native Other

Does your child have any serious health problems? Yes No If YES, please explain: _____

Does your child have any allergies? (i.e.: acrylics/plastics/bees/latex, etc.) Yes No Please List: _____

Medicaid Plans

Circle plan your child has and fill in Billing Information



Member ID # _____

Medicaid # (MMIS) _____

Private Insurance Plans

Name of Dental Plan: _____

ID # _____ Group # _____

Insurance Holder Name: _____

Insurance Holder DOB: _____

Insurance Holder SSN: _____

Claim Address: _____ Phone # _____

Employer: _____

Name of Vision Plan: _____

ID # _____ Group # _____

Insurance Holder Name: _____

Insurance Holder DOB: _____

Insurance Holder SSN: _____

Claim Address: _____ Phone # _____

Employer: _____

I have read and completed the information on this consent form and my signature below gives consent for treatment and is valid for the life of the student. I have read and understand the Notice of Privacy Practices on the back of this form and know that a copy is available from the school office or hpwohio.org. This form, when signed and filled in, contains Protected Health Information and the information is to be protected according to the Health Insurance Portability and Accountability Act. I authorize Health Partners staff to provide dental and vision services at school to the above-named child. I authorize my child to be treated through both in-person and remote evaluation. I understand that appropriate technologies will be utilized when the provider is in a location remote from my child. The dental services include an exam, cleaning, fluoride, sealants, and the application of Silver Diamine Fluoride as needed. (The use of Silver Diamine Fluoride may discolor any cavities to a brown or black color. SEE BACK FOR DETAILS.) The vision services include a full vision exam, dilation drops as necessary, and prescription glasses. I give consent for Health Partners staff to collaborate with school staff especially when additional dental and/or vision treatment is necessary to ensure my student receives follow-up care.

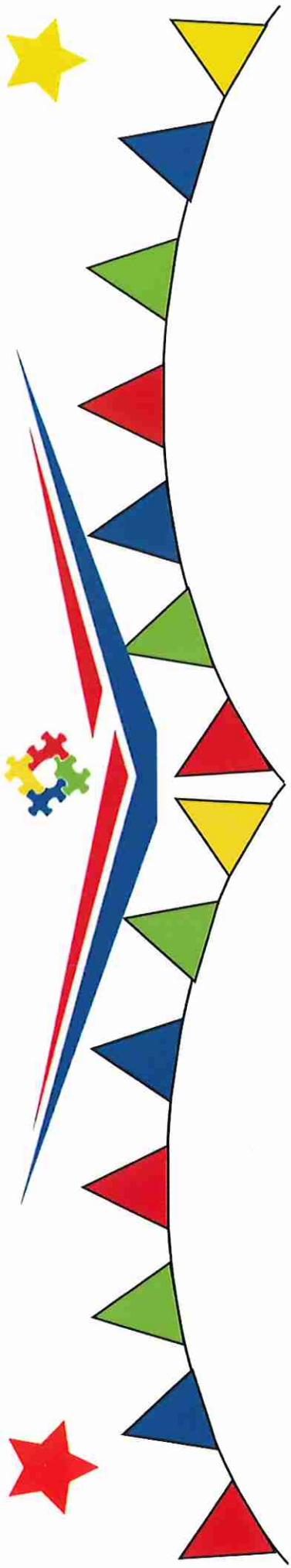
Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name _____

To find a medical or dental office near you, please visit our website at www.hpwohio.org.

Dental Outreach: 567-825-0226

Vision Outreach: 419-516-0799



BUCKEYE ROOFING & EXTERIORS

JOIN US FOR THE 3RD ANNUAL

"See The Able, Not The Label"
Autism Awareness Event

September 7, 2024 | 12-4pm

1990 Baltimore St.
Defiance, Ohio 43512

- Food Trucks
- Donation Raffle
- Face Painting
- Bounce House
- Sensory Station
- Balloon Animals

