



St. Michaels University School

Outstanding preparation for higher learning and for life.

Junior School Registration Package 2011-2012

Our Mission

Our school seeks the excellence in all of us, with passion and compassion. We are a community shaped by the pursuit of truth and goodness, providing outstanding preparation for higher learning and for life.

St. Michaels University School – Junior School
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Table of Contents

Table of Contents	1
Introduction	2
School Supplies for September 2011	3
Primary (Grades 1-3) School Supplies	3
Grade 4 Stationary Needs	4
Grade 5 Stationary Needs	5
SMUS Medical Information Form	6
Part 1	6
Part 2	7
Off-Campus Activity Consent	8
Sport Acknowledgement of Risk and Consent	9
After School Routine	10
After School Care	11
Registration in After School Care	13
Transportation	16
School Bus Schedule	17



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Introduction

May 10, 2011

Dear Junior School Parents:

The material enclosed in this package should be read through carefully and the forms for the 2011-2012 school year fully completed and returned to us as soon as possible before June dismissal (in order that we may collate all information before school begins in September).

It is very important that all health information regarding your child is current and that we have an emergency contact number (other than parents) in case of illness or accident.

Thank you for your attention to this important matter.

Best regards,

Nancy J. Richards, M.Ed.
Director of the Junior School



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School Supplies for September 2011

Primary (Grades 1-3) School Supplies

May 10, 2011

Dear Primary Parents:

The Kindergarten, Grade 1, 2 and 3 classes will again have a single charge for school supplies for the school year 2011-2012.

These supplies include, but are not limited to: pencils, erasers, notebooks, felt markers, art media, some workbooks, etc.

This fall, the Kindergarten, Grade 1, 2 and 3 teachers will inform you of the cost of supplies that have been purchased in bulk for the children. The amount will be charged to your school account. It will be a one-time payment for the entire year.

If you have any questions, please speak to your child's present teacher.

Best Regards,

M. Lincoln
A. Galloway
N. Duffus
B. Hawes



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Grade 4 Stationary Needs

Please bring all labelled supplies to school at the start of term. Extra supplies will be stored at school.

- 3 black fine-lined Sharpie pens
- 1 pencil sharpener (with collector)
- 1 pkg. 24 coloured pencils
- 1 pkg. 12 or 24 coloured felt pens
- 6 white Staedler erasers
- 6 UHU large purple glue sticks
- 1 30 cm ruler (no metal)
- 12-16 HB pencils
- 1 small pair scissors
- 1 small pencil case to contain many supplies (capable of fitting inside a desk)
- 1 set of headphones for use with a computer (new students only)
- 1 ziploc bag containing (deck of cards, 2 die, whiteboard marker, whiteboard eraser)

Please **do not** buy:

- mechanical pencils
- whiteout
- binders

All notebooks, duotangs, and paper will be supplied by the school and charged to the students.

Other necessary supplies include:

- 1 painting smock (T-shirt which pulls over head) with name tag
- 1 draw-string gym bag for gym strip purchased at the Campus Shop
- hang-up knapsack (there is not room in the hallway for other bags)
- Reusable lunch bag and beverage containers (Reduce, reuse, recycle policy prohibits plastic/paper bags, juice boxes, etc.)

Please label all materials with student's name for the first day of school and replenish supplies as needed throughout the year.

Thanks,

Ms. Rees
Ms. Sandquist



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Grade 5 Stationary Needs

Grade 5 students should bring sufficient supplies to start the term. For example: four pencils, two erasers, and two glue sticks. The remainder should be stored in a supply box at home so students can replenish their supplies over the year.

- 3 black fine-lined Sharpie
- 1 pencil sharpener with collector (not battery operated)
- 1 pkg. 24 coloured pencils
- 1 pkg. 12 or 24 coloured felt pens
- 6 white Staedler erasers
- 6 UHU large purple glue sticks
- 1 30 cm ruler
- 12-16 HB pencils
- 1 large pair scissors
- 1 small box to contain many supplies (capable of fitting inside a desk)
- 1 headphones for use with a computer
- 1 ziploc bag containing: deck of cards, & 2 die
- 18 tab dividers
- 4 pkgs. (200 sheets per pkg.) lined paper
- 4 (minimum) Expo dry erase pens * Low odor
- 1 highlighter (any colour)

Please **do not** buy:

- mechanical pencils
- whiteout
- binders, notebooks and duotangs (we will choose appropriate items and charge to the students)

Other necessary supplies include:

- water bottle
- 1 painting smock (T-shirt which pulls over head) with name tag
- 1 draw-string gym bag for gym strip purchased at the Campus Shop
- hang-up knapsack (there is not room in the hallway for other bags)
- Reusable lunch bag and beverage containers (Reduce, reuse, recycle policy prohibits plastic/paper bags, juice boxes, etc.)

Please label all materials with student's name for the first day of school and replenish supplies as needed throughout the year.

Ms. Eden & Mrs. Yorath



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MEDICAL INFORMATION FORM

This medical form is to be completed by a parent or guardian on behalf of the student. It provides SMUS, staff, instructors and designates with important information needed to deal with emergencies and for the planning of activities and trips. Information revealed on this form will be considered confidential. **Please use a pen to fill in this form.**

STUDENT NAME: _____ **AGE:** _____ **M/F:** _____ **GRADE:** _____ **STUDENT #:** _____
PHONE: (____) _____-_____ **DATE OF BIRTH:** _____ **BOARDING HOUSE:** _____

EMERGENCY CONTACT: (eg. Parent or Guardian)

NAME: _____ **RELATIONSHIP:** _____
ADDRESS: _____ **CITY:** _____ **POSTAL CODE:** _____
HOME PHONE: (____) _____-_____ **CELL or WORK:** (____) _____-_____ **FAX:**(____) _____-_____

ALTERNATE EMERGENCY CONTACT: (eg. Grandparents, Extended Family)

NAME: _____ **RELATIONSHIP:** _____
HOME PHONE: (____) _____-_____ **CELL or WORK:** (____) _____-_____ **FAX:**(____) _____-_____

MEDICAL INSURANCE: (check the appropriate box and complete the information)

CARE CARD #: _____
 PRIVATE MEDICAL INSURANCE: Company Name _____ Policy # _____
Insurance Company Phone # _____
FAMILY DOCTOR: _____ **PHONE:** (____) _____-_____

DATE OF LAST TETANUS SHOT: _____

ALLERGIES: Do they have any allergies? (Peanuts, Dairy, Anaphylactic reaction to bee stings, Medications. etc)

None Yes, They are allergic to: _____
Describe what happens (symptoms) when they have a reaction: _____

What do they do in the event of a reaction? _____

Do they carry any of the following:

EPI-PEN PUFFER/INHALER MEDIC ALERT

SPECIAL DIET: Do they require a special diet? (lactose intolerant, vegetarian, vegan, etc)

No Yes, Please describe it: _____

EYESIGHT: Do they wear glasses? (check the appropriate box and complete the information)

No Glasses Contacts Prescription: L _____ R _____

PHYSICAL CONDITION: How often do they participate in regular exercise? (check the appropriate box)

1-2 times/week or less 3-4 times/week almost every day



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RECENT INJURIES OR ILLNESSES: Have they had any recent injuries or illnesses and/or have they been under a Doctor's Care in the last 12 months?

- No
- Yes, What for? Describe in detail. _____

CHRONIC DISABILITY OR ILLNESS: Do they have any chronic disability? (high blood pressure, heart condition, epilepsy, diabetes, headaches, nosebleeds, fainting, asthma, hay fever, emphysema. etc)

- No
- Yes, Describe in detail. _____

MEDICATIONS: Are they taking any medications?

- No
- Yes, What are the medications for? _____
What are the side-effects of each medication? _____

PSYCHOLOGICAL LIMITATIONS: Do they have any psychological limitations? (fear or water, heights)

- No
- Yes, Describe in detail: _____

ARE THERE ANY OTHER FACTORS THAT MAY AFFECT THEIR PARTICIPATION IN PROGRAMMES?

- No
- Yes, Describe in detail: _____

SWIMMING ABILITY: How would you describe their swimming ability? (check the appropriate box)

- They can't swim
 - They are comfortable in the water, but are not a strong swimmer
 - They can swim 100 m or four lengths of 25 m pool without stopping
 - They can swim 400 m in the pool without stopping
- Swimming/Life-Guarding Certifications: (please list if any) _____

PARENT/GUARDIAN CONSENT

The undersigned, as the parent(s) or guardian(s), having answered the questions on this form with my son/daughter, hereby:

- a) Certify that the information listed on this form is complete and comprehensive
- b) Authorize SMUS, SMUS staff, instructors and designates to use this information
- c) Authorize the trip leaders to consent to medical treatment for the student by any qualified medical practitioner as may be necessary in the event of an emergency.

PARENT/GUARDIAN: Print Name: _____ Signature: _____ Date: _____

Checked by:



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Level 1 and 2 Off-Campus Activity Acknowledgement Of Risk and Consent

Please use pen to fill in this form.

Student Name: _____

Age: _____

Grade: _____

Student No.: _____

Throughout the year, SMUS Staff coordinate a wide range of off-campus activities for students. The Directors, Board of Governors and Staff recognize the value of these activities for the educational, athletic and experiential benefits they provide to students. There is also an understanding that the safety of all participants should always be the primary concern. The preparation requirements of different off-campus trips vary, from a relatively simple example: a class activity in the area surrounding the school; to a much more complex one: an international music festival tour.

Therefore, activities are separated into 3 levels based on location, duration and type of activity. Each level reflects a specific set of pre-trip preparation requirements and parent information, which corresponds with the increased level of risk associated with the activity. This Acknowledgement of Risk and Consent form applies to level 1 and level 2 activities only. For level 1 activities, parents may not receive any additional information. Information for level 2 activities will be sent to House parents of boarding students and parents of day students. For level 3 activities, parents will be provided with additional information.

Level 1 Activities:

Level 1 Activities have the following characteristics:

- Of one day or less in duration within the normal academic school day
- Within the vicinity of the school
- Involves activities with no increased level of risk (the same as what one would expect at school)

Examples of Level 1 activities include but are not limited to:

- Science, Art, Geography or other class activity in the vicinity of the school
- Non-contact daytime sporting event

Level 2 Activities:

Level 2 Activities have some or all of the following characteristics:

- Of one day or less in duration but **not** entirely within regular school hours
- Take place within the Greater Victoria and Southern Vancouver Island area and require transportation
- May involve activities with a **minimal** increase in level of risk

Examples of Level 2 activities include but are not limited to:

- Daytime activities that require transportation
- Museum trips, Imax movies
- Evening Drama or Music rehearsals and performances
- Non-contact evening or weekend day sporting event at another school or in the vicinity of SMUS
- Boarding House activities with minimal level of increased risk
- After-school Intramural activities with minimal level of increased risk

Parent/Guardian Acknowledgement of Risk and Consent:

The undersigned, as the parent(s) or guardian(s) of the student, having reviewed the information on this form about Level 1 and Level 2 activities, hereby:

- a) Consent to the student participating in the type of activities defined as Level 1 and Level 2.
- b) Recognize and understand the inherent risks associated with these types of activities including but not limited to the hazards of vehicle travel, accident/illness in places without nearby medical facilities, weather and other circumstances beyond the control of St. Michaels University School employees, related parties and agents.
- c) Authorize the trip leaders to consent to medical treatment for the student by any qualified medical practitioner as may be necessary in the event of an emergency.

Parent/Guardian Name (please print): _____

Signature: _____

Date: _____



Sport Acknowledgement of Risk and Consent

Please use pen to fill in this form.

Student Name: _____ Age: _____ Grade: _____ Student #: _____

Throughout the year, SMUS students are invited to join sports teams. The Directors, Board of Governors, Staff and Coaches recognize the value of these sports teams for the educational, athletic and experiential benefits they provide to students. There is also an understanding that the safety of all participants should always be the primary concern.

While attempting to minimize the risk of injury in each sport, SMUS also feels it is important to inform parents of the nature and frequency of injuries that students may sustain while participating in specific sports. It must also be recognized that the nature and extent of injuries are also dependent on the behavior and actions of the individual player. **We encourage parents to call the coaches of the respective sport or the Junior School Assistant Director to discuss risks and injuries and measures taken to alleviate or reduce them.**

Type of Injury	Low Severity	Moderate Severity	High Severity
	<ul style="list-style-type: none"> bumps, bruises scrapes, abrasions, minor cuts minor sprains 	<ul style="list-style-type: none"> sprains mild concussions cuts major bruises broken small bones 	<ul style="list-style-type: none"> severe concussions eye injuries long bone fractures spinal cord injuries
Sports Group	Frequency of Injury		
Indoor gym games, Badminton, Track & Field, Cross-country Running, Swimming	Frequent	Rare	Rare
Soccer, Field Hockey, Basketball Gymnastics	Frequent	Occasional	Rare

Definitions

Frequency of Injury:

- Frequent:** This type of injury can occur at almost every game / event / class
- Occasional:** This type of injury may occur a number of times each year.
- Rare:** This type of injury may occur but does not happen every year.

Severity of Injury:

- Low:** Injuries requiring only basic first aid, which typically heal with no long-term problems. Participants typically continue participating in the activity.
- Moderate:** Injuries of this magnitude may require more than basic first aid, possibly including a visit to the hospital. Participants typically are not able to continue playing in the activity and require some time off from the activity to heal.
- High:** This type of injury typically requires immediate additional medical care at the infirmary or hospital and may require long-term rehabilitation. Students are not able to continue playing in the activity and the injury may restrict their ability to participate in this and other activities in the future.

Parent/Guardian Acknowledgement of Risk and Consent:

The undersigned, as the parent(s) or guardian(s) of the student, having reviewed the information on this form, hereby:

- Consent to the student participating in the SMUS sports program, including practices and games at SMUS and day trips to other locations on Vancouver Island and the Lower Mainland.
- Understand that certain sports have a higher frequency and severity of injury.
- Recognize and understand the inherent risks associated with these types of activities including but not limited to the hazards of vehicle travel, accident/illness in places without nearby medical facilities, weather and other circumstances beyond the control of St. Michaels University School employees, related parties and agents.
- Authorize the trip leaders to consent to medical treatment for the student by any qualified medical practitioner as may be necessary in the event of an emergency.
- I do not want my son/daughter to participate in the following sports:** _____

Parent/Guardian Name (please print): _____ Signature: _____ Date: _____



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After School Routine

Student Name: _____ Grade _____

1. Will be collected each day from S.M.U.S. - Junior School by _____

2. Has permission to be picked up by the following alternate people: _____

3. Has permission to walk home on _____

4. Has permission to ride his or her bicycle home on _____

5. Will be catching the school bus on _____

Should there be a change on any day in this routine, I will notify the school office by a note or telephone call.

- **Children, who are not picked up by 3:35 p.m. will go into the After School Care Program, if registered, or must wait at the office until they are picked up.**

I am fully aware of the Junior School policy on this matter.

Parent/Guardian Signature

Date

**** This form will be kept on file in the school for the school year specified.**

St. Michaels University School, Junior School, 820 Victoria Avenue, Victoria, BC V8S 4N3
Telephone (250) 598-3922



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After School Care

Dear Parents:

The After School Care Program, under the leadership of Cynthia Pearce, has had another very successful year and welcomed some new staff members to its roster. As we want to continue to have flexibility with both fulltime and drop-in attendance, we ask that you read the following guidelines for After School Care attendance.

After School Care Routine-Fees

After School Care for Kindergarten begins at 3:00 pm and runs to 5:30 pm. Grades 1 to 5 After School Care begins at 3:15 and runs to 5:30 pm. There is a \$12.00 flat rate for attendance whether your child is attending one hour or three. Parents will be billed monthly and fees are dependent upon the number of days your child has attended in the billing period. While we do not bill for days that your child is absent on a scheduled day, we do require notification by 12:00 pm the day of the absence, or you will be billed for that day. This allows us to be flexible with our drop-in attendance by not holding a spot that could have been otherwise used.

Snacks

During the After School Care routine, the children are provided snacks on most days, which can vary from apples, oranges, bananas, watermelon, grapes, cheese and crackers, bagels, muffins, popcorn, popsicles or, as a special treat, cookies. We do adhere to the no peanut rule that the school implements and maintain a healthy snack rule. We are very aware of children's allergies and are happy to have "allergy treats" brought in by the parents and stored for the kids in lieu of snacks or treats that ASC may serve.

Computer Use

During the winter months, due to inclement weather, After School Care students may spend time on the computers in the lab. We adhere to the same Internet Use Policy as the whole school and monitor the children in the lab. Students are allowed to play sanctioned games that meet with and adhere to Computer and Internet Policies.

Pick up Policy

In order for your child to attend the After School Care program you will need to fill out a set of registration forms that provide ASC staff with all pertinent information in regards to your child. You will need to keep these forms updated as to phone number changes, alternative pick-ups and any other information changes. This is the responsibility of the parent. If you have arranged for someone other than yourself to pick up your child from the facility, please inform the ASC staff by email or a **written note** sent with your child as they will **not** be released otherwise. Please inform the person who will be picking up your child that they will need to bring photo ID with them regardless of their relationship to the child. Just having the child identify the alternate pick up will **NOT** be enough. I cannot stress how important written consent for release is; as staff will **NOT** release your child to someone they have not been notified of pick up.



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If these forms are filled out at the beginning of the school year, then all that needs to be done to prepare for an unexpected appointment or a car break down, is a quick phone call to the After School Care phone voicemail at 250-519-7329. A verbal request for After School Care from your child to the home form teacher or from parents to the child's home form teacher is **not** enough to secure a drop-in space for After School Care. A phone call to the school is **essential** for securing a space.

* If your child will be attending After School Care on a set daily basis, please remember to notify the ASC staff **if they will not be attending**, due to illness or an appointment or any other reason. This allows accommodate for other parents to use the drop-in service.

Attached, you will find a form for regular attendance and a registration form. Even if you only plan to use this service occasionally, please fill in the forms and return them to Ms. Williams in the office, as it will cut down on any paperwork you may face if you are trying to make last minute arrangements for child care.

We appreciate your cooperation in this matter.

Yours sincerely,

Nancy J. Richards, MEd
Junior School Director



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Registration in After School Care

(Attach a photo of child)

Date of Enrollment: (y/m/d) _____

Name of Child:

Surname Given Name Middle Names

Name child responds to: _____ Sex: M F

Address: _____

Date of Birth: (y/m/d) _____ First day of attendance:
(y/m/d) _____

Parent/Guardian: _____

Place of work: _____ Phone: _____

Local: _____

Home Address: _____

Parent/Guardian: _____

Place of work: _____ Phone: _____

Local: _____

Home Address: _____

Medical Information:

Family Doctor: _____

Phone: _____

Medical Insurance Plan Number: _____ Date

Effective: _____

Alternate Person to Call/Pick-up Child in Case of Emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Persons (other than parent/guardian and emergency contact) authorized to pick up child from our facility on an ongoing basis:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Persons NOT Permitted Access to Child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Are there Custody Orders? Yes No

If yes, attach documentation



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Names of Other Children Living at Home:

Name: _____ Date of Birth: (y/m/d) _____

Name: _____ Date of Birth: (y/m/d) _____

Does this child have any known health problems/medical disabilities? Yes No

If yes, attach documentation

List any communicable diseases child has had:

Any allergies? Yes No

If yes, attach special instructions to follow in the event of an allergic reaction and list

allergies: _____

Basic Schedule and Record of Immunization as Submitted by Parent/Guardian

(attach Immunization Record or record the dates)

First Visit (y/m/d)	Fourth Visit (y/m/d)
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Measles
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Meningococcal C Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Hepatitis B	Fifth Visit (y/m/d)
<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Diphtheria
<input type="checkbox"/> Meningococcal C Conjugate	<input type="checkbox"/> Pertussis
Second Visit (y/m/d)	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Haemophilus Influenza Type b (hib)
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Measles, Mumps, Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Pneumococcal Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	4 to 6 years of age (y/m/d)
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Diphtheria
<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Pertussis
Third Visit (y/m/d)	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Tetanus	Other Immunizations:
<input type="checkbox"/> Polio	y/m/d
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	y/m/d
<input type="checkbox"/> Hepatitis B	y/m/d
<input type="checkbox"/> Pneumococcal Conjugate	



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By my signature below I acknowledge the following:

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED.

Parent/Guardian Signature: _____ **Date:** _____

Caregiver Signature: _____ **Date:** _____



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Transportation

Dear Junior School Parents:

We would like to take this opportunity to inform new families, and to remind returning families, that the school offers daily, morning and afternoon school bus pick up and drop off. These routes are provided for your convenience at a very reasonable cost. The areas that are covered are wide ranging, from Langford to North Saanich to Oak Bay, and various points in between. The current routes can be viewed on the school web-page (www.smus.ca). If you go to the Menu at the bottom where it says, “Current Parents”, then “Campus Services”, then “Transportation”, you’ll find maps with pick-up/ drop-off times, and other useful information.

Our routes are laid out based on demand and past parent requests so please contact our Transportation Department at 250-370-6150 or sharon.comeau@smus.bc.ca if you have any questions or comments. Final decisions for routes and times will be made by September of the coming school year.

The students love riding the bus with their friends and we encourage you to leave your car in the garage and take advantage of this service. With the price of fuel as high as it is, and the effort we are all making to “go green”, we feel this is a very worthwhile alternative.

Sincerely,

Sharon Comeau
Manager of Transportation Services

