

St. Sebastian Education Committee Meeting Minutes for January 19, 2010 and Comment Form

Present: Paul Hohl, Lisa Pieper, Joe Viste, Clair Mitchell, Terese Shelledy, Chris Marcoux, Mary Beth McBride-Doyle, Melinda Runnoe, Sherri Walker, Kristin Koch, Patty Walsh – Home & School liaison, Christina Snapp – Parish Council liaison

Excused: Christopher Zollicoffer, Alfredo Cintron

Principal's Report

Budget -- Paul reviewed the budget proposals from the Parish listening session. The income projections for Scrip and Home & School were conservative compared to last year's actual figures. There was additional discussion about the regular contributions. There is a general opinion that tithing has not been emphasized parish-wide and there should be an education process with new parish members and re-education process with our existing parish members about the tithing concept. Reliance solely on written materials has not been effective. A more effective means of communicating the tithing concept is from the pulpit. Teacher salaries are at the low end of District 12 School teacher salaries. This is the main reason that we may not necessarily succeed at getting the top candidate for a vacant position. The educational service fee could be considered for an increase. The social worker position adds \$6500 to the expenses.

Staff Changes – Paul will need to fill a long-term sub position in middle school math.

School Choice – There are new changes in the program budget rules that we are prepared to implement.

Distinguished Graduate (s) – Jerry and Margo Haig will be awarded the Distinguished Alumnae Award for their contributions in the middle school forensic program.

Middle School Travel – The 6th grade class will make their annual trip to Camp Edwards. The Chicago trip for 7th grade is still in the planning stages and the final payment for the 8th grade D.C. trip is due for their March trip.

The Homework Club is up and running.

The Exemplary Schools application submitted by Paul was not selected for inclusion in this year's program.

Open House Update

Several volunteers will staff the activity tables and provide hospitality for the school Open House. Students will also assist in touring prospective families through the school at the January 31st event.

Committee Connections

Home & School Update – Patty Walsh reported that 2 new AED machines have been installed in the school lobby and the gathering space of the church. To date, there are 35 staff members trained to use the equipment. The grade liaisons are making reminder calls to current families to attend the Open House.

2009-2010 Goals and Work Groups

- **Best of Class** – Additional feedback is being obtained from school families by Sherri and Kristin. Some of the start up issues with the classes that combine in the afternoon have been resolved.
- **Marketing and Promotion** – Open House is scheduled for January 31, 2010. A post card was mailed to prospective families in mid-January. The yard signs are about ready to go and can be used year round. Paul provided arch marketing materials to the committee that may be useful at other times of the year as well as during Open House.

New Business

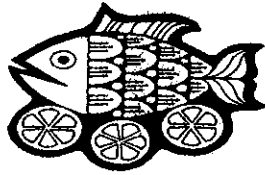
Remember, the Education Committee would like to have ad hoc members to add their expertise or voice to our subcommittee/work groups. If you are interested in any of the above topics, please contact members of the work group or subcommittee.

Next meeting: February 23rd. We do not have a volunteer for prayer and snack for this meeting. Paul Hohl will attend the Parish Council meeting on February 1st.

Submitted by Chris Marcoux

As always, if you have any comments, return them to the School Office-c/o Education Committee. If you would like a response, please include your name. Thank you.

FISH FRY



Please join us for our Home and School sponsored *Fish Fry*, on Friday March 5, 2010. Thank you to all the regular volunteers and all the 6th grade parents who have signed up to help. Please review the volunteer list below as this will serve as your reminder of the shift you have volunteered to work. Please call Maddalena Stephenson at 259-5012 if you have any questions.

March 5, 2010		6 th Grade Fish Fry		Bold =Regular
Thursday prep 6-8:30pm Need 6	Friday set up 1:30-4:30pm Need 5	Friday dinner 4-7:30pm (need 35)	Friday clean up 7:30-10:00pm (need 17-18)	
Janelle Pruhs Beth Park Stacey Mabbet Rebecca Hoey Laura Mullen [Need 1 more volunteer]	Tracey Weigel Shelly DePalma Lisa Sherer (until 3:00) Lani Ramos Marco Ramos Julie Baudhuin	Sue Olson Melanie McCauley Sherri Walker Tod Macareno Laura Ewig Dean Lex Mark Krier Dan Schley Steve Lamers Tim Heeley Jim Lustig Jim Zaffiro Rob Stephenson Christine Koch Tom Kertscher Trudy Yang Kristen Bosse John Treacy Ben Koch	Beth Neumann Deb Mamerow Matt Lichucki Barb Blaney Tim Desotelle Frank Swanson Steve McCauley Jon Park Greg Kozina Mary Madigan Eric Mabbett Jill Macareno Thomas Struck Jon Reetz Jeff Sobczak	Peter Daleiden David Pruhs Tom Yanisch Dennis Hauf John Loew Matt Bohlmann Maddalena Stephenson Wendy Swanson Bert Wright Dan Walker Anthony Bosch James Pieper Kevin Mullen Wayne Hug
Desserts: (2 dozen is the quantity for each donation, homemade is appreciated.) The following families have agreed to bring desserts: Mullen, Baudhuin, Bosse, Pieper, Gratz, Lustig, Lichucki, Kristi Snapp, Hug, Delgadillo, Kelly Young, Michelle Mitten [Need 3 more dessert donations]				

**4th through 7th graders
and parents!**

*Have you ever wondered what
St. Seb's Forensics is all about?*

Come and see!

**When our St. Seb's State Forensics CHAMPIONS
perform *just for you* at the . . .**

FORENSICS FRENZY

MONDAY, MARCH 8

7:00-8:30 pm

7:00– Meet in the Church for an introduction to Forensics

7:15– See Forensics pieces performed – Second Floor of School

8:00 – Gather in the Church Hall to get your questions answered at the
“Talk Back” (the team will answer questions)



Health Department

Tom Barrett
Mayor

Bevan K. Baker, FACHE
Commissioner of Health

Raquel M. Filmanowicz
Health Operations Administrator

Family and Community Health Services

web site: www.milwaukee.gov/health

February, 2010

Dear Parent or Guardian,

H1N1 is still circulating in our community and remains the most common strain of influenza. The Centers for Disease Control and Prevention (CDC) recommends vaccination as the most effective way for all persons to avoid getting the H1N1 influenza.

Nurses from the City of Milwaukee Health Department will be providing FREE H1N1 vaccinations within the next month at your child's school. If your child has not yet received an H1N1 vaccination, or if your child is under 10 years of age and was recommended to receive a second H1N1 vaccination, this is an opportunity for your child to be protected from H1N1 influenza.

An immunization consent form is attached to this letter. In order for your child to be vaccinated, please complete both sides of the enclosed H1N1 influenza consent form. You must mark ("X") **yes or no** to the 14 health questions and sign the consent form at the bottom of side 2. Return this signed consent form to your child's school by **March 5, 2010**. The clinic has been scheduled for March 10th from 10:00a.m. to 2:00p.m..

Thank you.

Think Health. Act Now!



16716

Medical History and Consent to Receive Novel H1N1 Influenza Vaccine

PLEASE PRINT CLEARLY

Health Insurance? Medicare Medical Assistance Private No Health Insurance
(BadgerCare, Medicaid, Etc.)

Name of Insurance _____ Insurance#/ForwardCard#: _____

Part I. Personal Information for Person to Receive Vaccine

Last Name _____ First Name _____ M.I. _____

Street Address _____ Apt/Unit Number _____

City _____ State _____ Zip code _____ Primary Phone _____

Date of Birth (MM/DD/YYYY) _____ Gender: Male Female
Check One Age _____ in (check one) _____ years _____ months

Race: You may mark (X) more than one:

- American Indian/Alaska Native Asian Black/African American
 Native Hawaiian/Other Pacific Islander White

Ethnicity: You may mark (X) only one:

- Hispanic or Latino/a
 Not Hispanic or Latino/a

For people younger than 18 years of age:

Name of Parent or Guardian

Last Name _____ First Name _____ M.I. _____

Mother's Maiden Name _____

For Official Use Only

Screening

Clinic Location / Site Code: _____ Eligible for vaccination today: Yes No
Vaccines eligible to receive: Sanofi Pasteur Novartis Medimmune GSK CSL
Screener's Signature _____ Date: _____

Administration

Manufacturer:
 Sanofi Pasteur Novartis Medimmune GSK CSL
Dose: .2 ml(nasal) .25 ml .5 ml
Site: NASAL RD LD RT LT

Lot # (Place sticker here)

Administered by: _____
Date: _____ / _____ / _____

Name of Person Receiving Vaccine _____
 (Last, First, Middle Initial)

Age of Person Receiving Vaccine: _____

Part II. Medical Information: Mark (X) "Yes" or "No" for questions 1-14

Is / Does the person receiving the vaccine today:

1. Sick / running a fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have a serious allergy to foods, medications, ointments, latex, eggs, gelatin; Thimerosal (mercury-containing product) or an other substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have a history of seizures, convulsions, epilepsy, Guillain-Barre or any other nervous system or brain problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have a history of serious problems or reactions (including neurological symptoms) with previous immunizations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have a bleeding disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have asthma, or had one or more episodes of wheezing in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have long term health problems such as heart, lung, kidney or liver disease, or metabolic diseases such as diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have a weak immune system (including HIV, AIDS, cancer, kidney disease, leukemia, or medications such as steroids)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have close contact with anyone with a severely weakened immune system that requires a protective environment (for example, anyone with a recent bone marrow transplant)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. A child or adolescent on long term aspirin therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Received any other vaccines within the last 28 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Currently taking antiviral medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have a serious blood disorder (such as sickle cell)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR OFFICIAL USE ONLY

Education: Medical Information Comments

Part IV. Consent

I have been given a copy and have read about INFLUENZA and the INFLUENZA VACCINE. I believe I understand the benefits and risks of the vaccine. I have been instructed about reasons a person should not get this vaccine, and I (or the person named above, for whom I am authorized to make this request) am not experiencing any condition that would be a reason to not get the requested vaccine. In accordance with Wisconsin State Statute 252.04 and Chapter HFS 144, I understand that all immunization-related information may be shared with Milwaukee Public Schools and the State of Wisconsin. I consent to entry of client's vaccination records into the Wisconsin Immunization Registry. I agree to allow immunization information to be released to our family physician, any medical referral service, and/or insurance companies. My signature below also permits the City of Milwaukee Health Department (MHD) to bill Medicaid (Title 19) or Medicare for all applicable immunization services. I will not be asked to pay for any services provided by the MHD related to this vaccination, and I have been offered a copy of the MHD Notice of Privacy Practices.

Patient/Legal Guardian Signature _____

Date _____



All Saints Music Education **St. Sebastian School Music Lesson Program**

March 3, 2010

Dear Parents and Students,

All students in grades 3-8 are invited to enroll in instrumental music lessons. Learning to play a musical instrument can provide a lifelong skill that builds confidence, increases concentration, and enhances social development and self esteem. Students in grades 3-8 are eligible to begin piano/ keyboard instruction. Students in grades 4-8 are also eligible to begin band instrument and guitar lessons. Among the band instruments that students may select are flute, clarinet, saxophone, trumpet, trombone, and drums.

Each student will receive a specialized 30 minute group or 20 minute individual lesson once per week. The music lessons are held at school and scheduled during the school day. Students will experience the enjoyment of learning the language of music as well as all of the techniques necessary to play the instrument of their choice. Opportunity for ensemble activity and concert participation is offered. Musical instruments are available for rental or purchase through local music stores.

The lesson fee for the music program is \$120.00 per 8 lesson term. A \$35.00 registration/materials fee will cover all standard educational items needed throughout the school year. Fees for additional students in a family are reduced to \$90.00 per 8 lesson term with a \$15.00 registration/materials fee. Lessons begin the week of March 15.

To enroll in the lesson program please complete and return the attached form, along with the registration/lesson fees, to the school office.

Please contact us with any questions you may have. We invite you to join us for an exciting year of music making!

Musically Yours,

Mr. Corey Klunk
Program Director
(414)463-2020

All Saints Music Education -Enrollment Form- St. Sebastian School

Yes, I will enroll my child in the Music Lesson Program. Please include the registration/materials and 8 lesson fee in the amount of \$155.00 (\$105.00 second student fee.) Make checks payable to All Saints Music Education. Please return this form to the school office

Student Name: _____

Grade: _____ Phone #: _____

Address: _____

City: _____ Zip Code: _____

Instrument Choice: _____

Parent/Guardian Signature: _____ Date: _____