
Welcome
SCHOOL YEAR
2025/2026

SSCM

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2019 National Blue Ribbon School

SS. Cyril & Methodius School "Student Start-Up" Packet 2025/2026

SUMMER OFFICE HOURS~

(June 4 - June 30) ~ Monday thru Thursday (9:00 a.m. to Noon)

(July 1 – July 31) ~ No scheduled office hours (Subject to change)

(Paperwork can be dropped off at the Parish Life Building located directly across from school 8:00 a.m. to 3:00 p.m.)

(August 5, August 7) ~ Tuesday and Thursday (9:00 a.m. to 11:00 a.m.)

(August 11- August 15) ~ Monday thru Friday (9:00 a.m. to 2:00 p.m.)

(August 18) ~ School begins (7:00 a.m. to 3:00 p.m.)

PLEASE COMPLETE THE FORMS BELOW AND RETURN THEM TO THE OFFICE BY JUNE 10 ~
Voice messages and emails will be checked regularly!

INFORMATIONAL LETTERS ENCLOSED

- School Contract * COMPLETE AND RETURN TO SCHOOL OR EMAIL
- Student Contact/Health Form * COMPLETE AND RETURN TO SCHOOL OR EMAIL
- School Chromebook Information
- VRE Permission * COMPLETE AND RETURN TO SCHOOL OR EMAIL
- Release Form * COMPLETE AND RETURN TO SCHOOL OR EMAIL
- Phys. Ed. Uniform Guidelines * COMPLETE AND RETURN TO SCHOOL OR EMAIL
- Phys. Ed. Uniform Order Form* ORDERS NEED TO BE RETURNED TO LINA'S EMBROIDERY BY JUNE 30
- Bus Transportation Request * COMPLETE AND RETURN TO SCHOOL OR EMAIL
- Special Lunch Information * COMPLETE AND RETURN TO SCHOOL OR EMAIL
- PSO Information * COMPLETE AND RETURN TO SCHOOL OR EMAIL
- FACTS Explanation Letter from the Principal
- Tuition Assistance Letter
- Tuition Rates / School Fees
- School Code of Conduct
- Year-At-A-Glance Calendar
- Uniform Recycling Program Information/Order Form
- Give Central Information
- Early Morning Care
- Medical Packet *COMPLETE AND RETURN TO SCHOOL OR EMAIL; NEW PRESCHOOL, KINDERGARTEN, 2 & 6 GRADE
- Sports Registration Packet * COMPLETE AND RETURN TO SCHOOL OR EMAIL

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SS. CYRIL AND METHODIUS SCHOOL CONTRACT

I, the undersigned, as parent or guardian of a child/children attending SS. Cyril & Methodius School, agree that Catholic education is important, and I will assume my responsibility at home and in our parish by example and inspiration with a strong and active faith life.

I also understand my responsibility to finance my child's/children's Catholic education and agree to meet the financial obligation stated in this contract. This procedure has been necessitated by the fact that the cost of educating each child is substantially higher than tuition fees, which accounts for only a small fraction of the total. I further understand that:

1) My family must be enrolled in FACTS Tuition Management and this signed school contract must be in the school file for my child to attend classes.
2) I understand that to be eligible for the registered/supporting member tuition category, I agree to make weekly church contributions. Supporting parishioner status is evaluated on a quarterly basis. I understand this is necessary as part of my child/children's school expense. I am aware that 8% of the weekly church contributions will help to subsidize the 2025/2026 school budget.
3) I understand that FACTS Tuition will monitor tuition payments monthly. In the event a family has not paid the required tuition for a period of two (2) months, the child/children from that family will be unable to attend school until all outstanding tuition payments are made current. Exclusion dates: 10/20, 11/17, 12/08, 1/20, 2/17, 3/16, 4/20, 5/18.
4) All financial obligations to the school must be current before a child will be considered for enrollment for the upcoming year.
5) Tuition payments are due monthly. The first tuition payment must be paid to FACTS during the month of August. The next ten (10) payments (Sept.-June) are due on or before my elected payment date.
6) A $35.00 fee per month is added to all late tuition payments by FACTS.
7) Eighth grade fees and tuition must be paid prior to graduation to receive their diploma.
8) All tuition must be paid by the last day of school to receive the report cards.

I understand failure to fulfill this agreement would jeopardize my child/children's placement in school the following year. I agree to be bound by the provisions stated above.

School Board President

Principal Signature

Pastor Signature

Parent/Guardian Signature

Print Last Name

____/____/____
Date

Student Contact/Health Information Form

Family Name _____

ONLY complete this form if any of the information has changed. If the information below has not changed, please check the box and sign the form at the bottom. You will not need to complete it. ☐

Home Address _____

City _____ State_____ Zip Code _____

Contact # _____ Primary Family Email _____

Father's Name _____ Cell Phone # _____

Father's Email _____

Mother's Name _____ Cell Phone # _____

Mother's Email _____

Child's Name (#1) _____Sex____ Grade_____ DOB_____

Please list all allergies and health concerns_____

_____

Please list all medication(s)_____

_____

Child's Name (#2) _____Sex____Grade_____DOB_____

Please list all allergies and health concerns_____

_____

Please list all medication(s)_____

_____

Child's Name (#3) _____Sex___Grade_____DOB_____

Please list all allergies and health concerns_____

_____

Please list all medication(s)_____

_____

Child's Name (#4) _____Sex____Grade_____DOB_____

Please list all allergies and health concerns_____

_____

Please list all medication(s)_____

_____

Please list someone *"other than yourself or your spouse"* as an Emergency Contact

Name_____**Phone #**_____

Name_____**Phone #**_____

(Choose ALL that apply to your child)
If your child is using different options, please provide additional details

CAR **BUS** **WALKER**

In the case of an Emergency, if you or your emergency contact(s) as indicated above cannot be reached and if in the judgement of the school authorities immediate and/or hospital is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital? YES_____ NO_____

As a parent and/or legal guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me.

_____ _____/____/_____

Signature / Mother **Print Name** **Date**

_____ _____/____/_____

Signature / Father **Print Name** **Date**

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SS Cyril & Methodius School Technology

In reviewing our current technology plan at SSCM, we will continue to standardize Chromebooks as the preferred platform for students to use in school. It has also been determined that SSCM will not support any tablet-based OS systems, Windows or Mac based computers, for student use in school going forward. The differences in the operating systems make it difficult for our staff to manage the learning experience for our students.

SSCM will continue to implement the "BYOD" (Bring Your Own Device) model for the 2025/2026 school year with the 5th, 6th, 7th and 8th grades. **Students in these grades will need to bring their own device to school each day.**

The Junior High students use their devices in a variety of ways throughout the school day. They are used in online Reading and Math programs, online schoolbooks, testing, school assignments, assessment testing, doing homework, etc.

The following are the minimum Chromebook specifications. These specs were found to be the best compromise between performance and cost. The information below is provided as a resource for parents. Parents may choose to purchase any make or model of Chromebook. The specifications are provided as a guideline.

Chromebook Minimum suggested specifications
(an educational model or ruggedized version preferred)

11" screen (or larger) 8gb's of RAM 32gb Internal Storage

USB port(s) Optional SD/MMC card port Optional HDMI

A protective carrying case (recommended)

Parents may purchase a Chromebook from any preferred store, or you may choose to purchase from one of our vendors, PC Nation, Brad Swidler at 847-504-2184 or online at pcnation.com.
The following link is for the model we purchase from PC Nation:
https://www.pcnation.com/lenovo-83g80001us-jp0216
Another resource that offers a variety of Chromebook models is www.micocenter.com located in Westmont.

Please reach out with any questions or concerns~
Thank you~

Chester Kiernicki
Technology

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VIRTUAL RED ENVELOPE "VRE"

Parents,

To conserve the amount of paper used during the school year, we will continue to use the Virtual Red Envelope (VRE) which comes electronically on Thursdays each week. This process will give you access to all the school information which you then can refer to as needed.

Please note from time to time we may still need to send some paperwork home

Please check-off below giving SSCM permission to send the information to you. In addition, fill in the family name along with the email addresses you prefer to receive the weekly school material. If you are currently receiving the information and wish NOT to change or add any emails, please note below.

Thank you,

Mrs. Shirley Tkachuk
Principal

Print FAMILY Name: _____

Name of the youngest child: _____

_____ I give SS. Cyril and Methodius School permission to send information to me on Thursdays through the electronic envelope.

I am currently receiving emails at the address/es that I would like to continue.

_____ YES

_____ NO

If NO, please continue…

New or added email address/es that I would like the VRE sent to weekly on Thursday…

_____

_____

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RELEASE FORM

PHOTO / VIDEO RELEASE ~

Children are occasionally photographed or videotaped throughout the school year. These photos/videos can be used on our Facebook page, school website, newspapers or displayed at school. None will be used for commercial purposes.

I give SS. Cyril & Methodius School consent to use images of my child for publicity purposes.

- o YES
- o NO

FIELD TRIP RELEASE ~

I give permission for my child to attend field trips while attending SS. Cyril & Methodius. My approval will remain effective for the entire school year. I understand that I will receive prior notice of trips that require a bus. All trips, including short walks around the local area will be properly supervised but advance notice may not always be possible.

Family Name ~

_____ # of Students in Family_____

List Students Name ~

_____ _____

_____ _____

Parent Signature ~ Date ~

_____ _____/_____/_____

*YOUR SIGNATURE INDICATES YOU HAVE AGREED TO ALL OF THE INFORMATION ABOVE.

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PHYSICAL EDUCATION UNIFORM GUIDELINES

For all Physical Education classes, students are required to wear SS. Cyril & Methodius School PE t-shirt, sweatshirt, shorts, or sweatpants, and gym shoes.

The proper uniform consists of red shirts and dark gray bottoms. Socks and shoes must be white, black, gray or red. Any combination of these colors is acceptable. No other color (neon, orange, blue, etc.) is allowed.

All gym shoes must be laced and properly tied during the school day. Please see the order form to purchase your PE uniforms from Lina's Embroidery or you may also stop in at Lina's located in Lemont, 1134 State Street, 630/243-1170 to see what she has in stock or to place your order.

Three unexcused uniform violation notices per trimester will result in detention.
Gym shorts "cannot" be worn during the months of October through April.

I HAVE READ AND AGREE TO ABIDE BY THE ABOVE LISTED UNIFORM GUIDELINES FOR THE 2024/2025 ACADEMIC YEAR.

_____ _____/_____/_____

Parents Signature Date

_____

Student Signature

LINA EMBROIDERY

St Cyril Gym Uniform

short sleeve cotton t-shirt

screen printed
Color: RED
Size: YS-YL, AS-AXL

$8

long sleeve cotton t-shirt

screen printed
Color: RED
Size: YS-YL, AS-AXL

$10

cotton sweatshirt

screen printed
Color: RED
Size: YS-YXL, AS-AXL

$15

athletic t-shirt

screen printed
Color: RED
Size: YS-YL, AS-AXL

$10

athletic hooded sweatshirt

screen printed
Color: RED
Size: YS-YL, AS-AXL

$27

athletic mesh shorts

screen printed
Color: GRAPHITE
Size: YS-YXL, AS-AXL

$15

cotton sweatpant open bottom

screen printed
Color: CHARCOAL
Size: YS-YXL, AS-AXL

$25

athletic sweatpant open bottom

screen printed
Color: GRAPHITE
Size: YS-YL, AS-AXL

$30

St Cyril School Gym Uniform

Family Name_____

Family Phone_____Email_____

ITEM	Color	YS 6-8	YM 10-12	YL 14-16	YXL 18-20	AS	AM	AL	AXL	Cost	TOTAL
T-shirt short sleeve (cotton)	***Red***									**$8**	
T-shirt long sleeve (cotton)	***Red***									**$10**	
Sweatshirt (cotton)	***Red***									**$15**	
T-shirt short sleeve (polyester)	***Red***									**$10**	
Hooded sweatshirt (polyester)	***Red***									**$27**	
Mesh shorts (polyester)	***Graphite***									**$15**	
Sweatpant (cotton)	***Charcoal***									**$25**	
Sweatpant (polyester)	***Graphite***									**$30**	

TOTAL: $_____Check #_____

Please Print Clearly **Place Qty Desired in Size Box**

Orders due by June 30th, 2025

Mailing address:
1134 State Street,
Lemont IL 60439

Payment Due to order. Make check payable to **LINA EMBROIDERY**

SCHOOL DISTRICT 113A LEMONT-BROMBEREK

Lemont-Bromberek Combined School District 113A
New Student Transportation Form

Please complete even if transportation is not desired.

Student's Name _____ **Birthdate** ____/____/____ **Grade Level** _____

A transportation form must be completed for each student. Students who live 1.5 miles or further from their school of attendance will be eligible for free bus service. If a student lives within 1.5 miles from school, parents should contact Kim Hayes, Director of Transportation, at KHAYES@SD113A.ORG or (630) 257-2286 extension 2801 to inquire if they qualify for bus service.

District 113A School:
- ☐ Oakwood School (Early Childhood/PK)
- ☐ Oakwood School (Grades K-1)
- ☐ River Valley School (Grades 2-3)
- ☐ Central School (Grades 4-5)
- ☐ Old Quarry Middle School (Grades 6-8)

Non-Public School: ☐ St. Al/St. Pat ☐ SS Cyril ☐ Everest

LAST Name of Student	FIRST Name of Student
GRADE	BIRTHDATE / /
GENDER ☐ Female ☐ Male	PHONE NUMBER
ADDRESS (including "Street", "Drive", etc.)	CITY STATE ZIP

If eligible, will your child require bus service for the school year?

☐ Yes ☐ No

If yes, please complete the sections below.

Parent/Guardian Name	Email Address
Emergency Contact Name	Emergency Contact Phone Number

If the morning pickup location or afternoon drop-off location is different from your home address, please complete the section below. Transportation services will be provided to only one address 5 days a week.

Daycare/Babysitter Address: _____

(This address must be within the District's boundaries and eligible for transportation.)

BUS ASSIGNMENTS FOR THE NEW SCHOOL YEAR WILL BE COMMUNICATED IN EARLY AUGUST.

TRANSPORTATION CHANGE REQUESTS WILL NOT TAKE IMMEDIATE EFFECT. PLEASE CONTACT THE DIRECTOR OF TRANSPORTATION WITH QUESTIONS AT 630-257-2286 EXT. 2801 OR EMAIL KHAYES@SD113A.ORG.

Office Use Only

☐ New Student ☐ Address Change

☐ EC-AM ☐ EC-PM

Residency approved by _____

Student Start Date _____

Student ID _____

Sent/Emailed to Transportation _____

DO 01/15/2025

SSCM LUNCH PROGRAM

SSCM offers a HOT LUNCH program to our PK – 8th grade students, served daily throughout the school year. Lunches/milk can be ordered on a monthly basis. Hot lunch is provided by Food Service Professionals (FSP). FSP partners with BOONLI to provide a secure, fast, and easy-to-use online ordering system that allows parents/guardians the ability to view the lunch menu, order, prepay and manage student lunches from their smartphone, tablet or computer.

FSP HOT LUNCHES/MILK begins Tuesday, 8/19.
Ordering for August lunches/milk will be open in JULY. Please watch for details in June.

In addition to the FSP hot lunch program, SSCM offers a SPECIAL LUNCH program. FSP lunches/milk are **NOT offered** on the days we serve special lunches.

If you have any additional questions or need further assistance, please contact Kim Gardner at gardner.kim@stcyril.org or 630-257-6488 ext. 11

Thank you for being a part of our SSCM school lunch program. ☺

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SPECIAL LUNCH INFO

There are a total of seven different special lunches offered each week throughout the year. The school year-end picnics and Thanksgiving Feast are also included on the order form. All students participate in the Feast and Picnics ~ even if you do not order special lunches, please return with payment for those events. The Special Lunch Order form for the 2025/26 school year is on the next page. Orders should be sent to the school office with payments via cash, check or zelle (sscmcomets@stcyril.org).

Each lunch includes a treat and drink plus the following:

Burger Day – McDonald's Burger (cheese or plain) & chips
Chick-Fil-A Day – Choice of Chicken Nuggets (8Ct), Mac & Cheese (Med) or Chicken Sandwich (plain) & chips
Hot Dog Day – Hot Dog & Fries
Mama Ds Day – Choice of 4" Beef or 3-pc Chicken Strips & chips
Pasta Day – Pasta (sauce or butter) & french bread
Pizza Day – Choice of Cheese, Sausage or Pepperoni (pie-cut slice)
Sub Day – 6" Sub (turkey or ham) & chips

Students have the option to order an "extra". An extra is an additional main item only. A second snack, treat or drink is NOT included. **"Extras" are not always available for purchase that day. Counts are figured in advance.**

Pre-school (all day) thru 4th grade receive a choice of water or juice.
5th grade thru 8th grade receive a choice of water, juice or caffeine-free sprite.

If a student orders **ALL** special lunches (***without any extras)*** plus the Thanksgiving Feast and the end of year picnics ~~ the total for the year is **$ 197.00**

Please be sure to **circle the selections** for **each child** (a **separate form** is needed for each child), send forms with cash or check made payable to **SSCM** to the school office or zelle (sscmcomets@stcyril.org).

Also please remember to make a copy of your child's order for next year.
If you have any questions, contact Kim Gardner, Lunch Program Manager at gardner.kim@stcyril.org Thank you!

SPECIAL LUNCH ORDER FORM 2025/26

NAME: _____ Grade: _____

Place an "X" in the box if your child would like to order an "EXTRA" - and update your TOTAL.

ALSO REMEMBER TO CIRCLE THE PREFERRED MEAL CHOICE !

BURGER DAY	Cost of Lunches	Extra "X"	Total for Extras
10/15, 1/21	$5.00 x 4		$12.00
3/18 & 4/22			
Sub-Total	$20.00		
CIRCLE: CHEESEBURGER or HAMBURGER			
LUNCH + EXTRA TOTAL			

SUB DAY	Cost of Lunches	Extra "X"	Total for Extras
8/27, 12/17	$6.00 x 3		$15.00
& 5/20			
Sub-Total	$18.00		
CIRCLE: HAM or TURKEY			
LUNCH + EXTRA TOTAL			

THANKSGIVING FEAST ~ 11/21	
Cost PER Student	
TOTAL	$7.00

MAMA Ds DAY	Cost of Lunches	Extra "X"	Total for Extras
10/22, 2/25	$6.00 x 3		$15.00
& 5/13			
Sub-Total	$18.00		
CIRCLE: BEEF or CHICKEN STRIPS			
LUNCH + EXTRA TOTAL			

CHICK-FIL-A	Cost of Lunches	Extra "X"	Total for Extras
9/17, 10/29	$7.00 x 3		$18.00
1/28~FREE & 4/1			
Sub-Total	$21.00		
CIRCLE: CK NUGGETS MAC & CHEESE CK SANDWICH			
LUNCH + EXTRA TOTAL			

SCHOOL PICNICS (END OF YEAR)	
Cost PER Student	
TOTAL	$7.00

*** Hot Dog Day offered Monthy**

HOT DOG DAY	Cost of Lunches	Extra "X"	Total for Extras
9/10, 10/8, 11/12	$6.00 x 8		$40.00
12/10, 1/14,			
2/17~FREE, 3/11,			
4/15 & 5/6			
Sub-Total	$48.00		
LUNCH + EXTRA TOTAL			

PASTA DAY	Total for Lunches
9/24,	$6.00 x 3
2/11,	
& 3/25	
Total	$18.00
CIRCLE: BUTTER or SAUCE	

*** Pizza Day offered Monthy**

PIZZA DAY	Cost of Lunches	Extra "X"	Total for Extras
9/5, 10/3,	$5.00 x 8		$24.00
11/5 (WED), 12/5,			
1/9, 2/4 (WED)			
3/6 & 5/1			
Sub-Total	$40.00		
CIRCLE: CHEESE, SAUSAGE or PEPPERONI			
LUNCH + EXTRA TOTAL			

Note: If a meal choice is not selected, the more popular item will be ordered.

Dates are subject to change. TOTAL: $ _____ CASH OR CHECK # _____ or ZELLE

($ 197.00 if all items are ordered - DOES NOT INCLUDE EXTRAS)

2025/26

SPECIAL LUNCH CALENDAR

FSP hot lunch/milk is not offered on these days.
If your child did not order on these dates, please be sure to send a lunch. Thank you!

AUG 27 – SUB Day

SEPT 5 – PIZZA Day

SEPT 10 – HOT DOG Day

SEPT 17 – CHICK-FIL-A Day

SEPT 24 – PASTA Day

OCT 3 – PIZZA Day

OCT 8 – HOT DOG Day

OCT 15 – BURGER Day

OCT 22 – MAMA D's Day

OCT 29 – CHICK-FIL-A Day

NOV 5 – PIZZA Day (WED)

NOV 12 – HOT DOG Day

NOV 21 – THANKSGIVING FEAST

DEC 5 – PIZZA Day

DEC 10 – HOT DOG Day

DEC 17 – SUB Day

JAN 9 – PIZZA Day

JAN 14 – HOT DOG Day

JAN 21 – BURGER Day

JAN 28 – STUDENT APPRECIATION
***FREE* CHICK-FIL-A Day**

FEB 4 – PIZZA Day (WED)

FEB 11 – PASTA Day

FEB 17 – MARDI GRAS –
***FREE* HOT DOG Day**

FEB 25 – MAMA D's Day

MAR 6 – PIZZA Day

MAR 11 – HOT DOG Day

MAR 18 – BURGER Day

MAR 25 – PASTA Day

APR 1 – CHICK-FIL-A Day

APR 15 – HOT DOG Day

APR 22 – BURGER Day

MAY 1 – PIZZA Day

MAY 6 – HOT DOG Day

MAY 13 – MAMA D's Day

MAY 20 – SUB Day

LATE MAY ~ SCHOOL PICNIC
(Grades 1 - 7)

Parent School Organization

The Parent School Organization (PSO) is made up of parent volunteers who organize school wide events and programs outside of the school's operational budget. These events enhance the school's curriculum, give students and families fun ways to socialize, and raise money for the school.

All families are automatically members and dues are a part of the yearly school fees. Any parent or caregiver is welcome to attend and vote during the monthly PSO meetings.

What is the purpose of the PSO?

1. To promote the welfare of youth in the home, school, church, and community, and to raise the standards of Christian living
2. To attain a closer relationship between parents and teachers
3. To supplement the means of securing equipment, material, and resources necessary for the proper support of the educational facilities of the school

How can I get involved?

- ➢ Attend monthly meetings
- ➢ Read PSO emails for news updates and sign up links
- ➢ Volunteer and donate for events and classroom activities
- ➢ Sign up for open positions & reach out if you'd like to help at PSO@stcyril.org
- ➢ Check out all of this and more at the PSO website- creating an account will verify that you're an SSCM family and give you access to all features

https://sscmpso.membershiptoolkit.com

What does the PSO do?

SSCM prides itself on being able to provide special experiences for students, staff, and families throughout the year. The PSO raises funds and coordinates parent volunteers for a variety of events: treats for the students during the school day, staff appreciation meals, game nights for families, the school play, assemblies, field trip buses, and more. Funds raised also go back to the school to help with teacher supplies and large needs like new equipment, technology, and programs.

Where do PSO funds come from?

The majority of PSO funds come from our annual Fundraiser gala. Additional money is raised from special events like Santa’s Secret Workshop and profit sharing nights with local restaurants. Some events are self-funded like the Daddy Daughter Dance and Mother Son event.

What happens at monthly PSO meetings?

Typically on the 2nd Tuesday of the month, the PSO meeting is when the Principal, PSO Board, and special guests update parents on what the PSO has been up to and what's coming up. This is the best way to stay up to date on what's happening in and out of school and connect with other parents. An agenda will be shared before each meeting. Also, each family who attends will get to participate in a special Dress Down Day that will be announced after each meeting.

SSCM ROOM PARENT COORDINATOR

The Parent School Organization relies heavily on our volunteers to achieve our goals ~

If you are interested in volunteering as a Room Parent Coordinator (RPC), please complete the form below and submit it to the school office. Candidates for RPC include Virtus approved moms, dads, grandparents, caretakers, or legal guardians. There will be opportunities to volunteer for events at the beginning of and throughout the school year.

To be a volunteer, you ABSOLUTELY need to be Virtus approved! (You can contact the school office for more information on Virtus training).

As RPC, you will be the main liaison for your respective class. The PSO's 2nd Vice President will be in contact to hand out a class binder and to discuss protocols. The RPC will then contact their grade level teachers and schedule to meet with them to discuss activities that will be happening in the classroom. The RPC will relay the information to the rest of the parents in the class. The RPC is responsible for events throughout the year.

Please keep in mind that many events throughout the year are reliant on our help as parents and know that we are very appreciative of your time, efforts, and dedication!

Yes! I am interested in being a Room Parent Coordinator!

Name_____

Email_____

Please circle… Mom Dad Other, please specify_____

Please circle grade of interest: PK3 PK4 K 1 2 3 4 5 6 7 8

In the event there is interest by more than one parent for the grade selected, are you willing to be the RPC for another grade?

YES NO If yes, please indicate the grade _____

Please contact the PSO at pso@stcyril.org with any questions!

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FACTS Management

Dear Parent ~

For the 2025/2026 school year, SS. Cyril & Methodius School will partner with the FACTS Management Company to help us manage tuition payments and provide the opportunity for families to apply for financial aid.

FACTS is approved by the Archdiocese of Chicago, used by many schools locally and over 7,000 schools nationally. We are happy to be working with them and are confident this program will offer greater efficiency for the school while providing convenience to families.

FACTS will offer our school the following benefits:

- You will be able to choose either the 5th, 15th or 25th of each month as your payment date for tuition payments. Automatic payments can be made from a checking or savings account or from a variety of credit cards.
- Along with multiple payment plans, your payments are processed securely through a bank-to-bank transaction.
- FACTS offer an optional benefit for only $22.50 per year per family. In the event of a death of the responsible party or spouse, the remaining tuition balance owed for the current school year is paid to the school.
- You may check your personal account or make payments online from the convenience of your home or office at any time.

All current FACTS accounts will be rolled over for the 2024/2025 school year. Please review your account to ensure that the monthly payment date method still meets your needs.

If you have any questions, please contact Mrs. Denise Duda at 630/257-2776 or contact me directly at 630/257-6488 ext. 21.

Thank you for your continued loyalty and support for SS. Cyril & Methodius School! We depend on your cooperation in our efforts to provide the highest quality education for your children. Your continued support is appreciated as we remain committed to our mission.

Sincerely,

Mrs. Shirley Tkachuk

SSCM

Faith, Family...Future!

www.school.stcyril.org

2019 National Blue Ribbon School

SS. CYRIL AND METHODIUS TUITION ASSISTANCE PROGRAM (TAP)

The Tuition Assistance Program (TAP) at SS. Cyril and Methodius School is now accepting requests for applications for financial assistance for the 2025/2026 school year.

For the 2025/2026 school year, SS. Cyril and Methodius School will use FACTS tuition management system. SSCM will utilize FACTS Financial Aid Application for financial aid awards from our Tuition Assistance Program. Please go to: https://online.factsmgt.com to begin the application. (See specific instructions below).
Note: There is a $30.00 fee for FACTS financial application.

Once your FACTS Financial Aid Application is complete, it will be evaluated. Our TAP Committee will get the results and then notify families in time for the 2025/2026 school year.

Please be aware that the Tuition Assistance Program was established as a temporary measure for families experiencing an event which affects their ability to maintain monthly tuition payments. Families are limited to tuition assistance for a 2 (two) year period.

Please contact Shirley Tkachuk, Principal, at 630/257-6488 ext. 21
with any questions or for further information.

To Use FACTS Financial Aid Application:

1) Go to: https://online.factsmgt.com
2) Select Parent Log in, then select Payment Plans/Financial Aid.
3) Next, either "Sign in" if you already have an account with FACTS or "Register" to create an account.
4) Go to FACTS "Grant & Aid" to begin your financial aid application. Continue to follow the prompts to complete the application process.
5) REMINDER: There is a one-time, $30.00 application fee to apply for financial aid.

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SS. CYRIL & METHODIUS SCHOOL TUITION RATES 2025/2026

Student K-8	Tuition Total with Fees 2025/2026
1 Child Parishioner	$ 7,490.00
1 Child Non-Parishioner	$11,255.00
2 Children Parishioner	$12,695.00
2 Children Non-Parishioner	$17,820.00
3 Children Parishioner	$16,525.00
3 Children Non-Parishioner	$21,380.00
4 Children Parishioner	$18,600.00
4 Children Non-Parishioner	$25,150.00

*FEES ARE ROUNDED TO THE NEAREST DOLLAR

Pre-School 3 and 4 Year Old	Tuition total with fees 2025/2026
5 Full Days	$6,646.00
5 Half Days	$3,323.00

*OTHER FULL AND HALF DAY OPTIONS ARE AVAILABLE FOR PRE-K STUDENTS. PLEASE CONTACT THE OFFICE FOR DETAILS.

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School Fees "Breakdown" 2025/2026

(These fees are already included in tuition cost)

Item Breakdown	Fees
Technology	$300.00
Supervision	$100.00
Fundraising	$225.00
Book Fee (Per Student)	$135.00
SUB TOTAL	$760.00
TOTAL (Per Student)	
One Student	$760.00
Two Students	$895.00
Three Students	$1030.00
Four Students	$1165.00

(These fees are already included in tuition cost)

Preschool	Fee
Preschool 3 and 4	$135.00

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SCHOOL CODE OF CONDUCT

SS. Cyril & Methodius School is a Christian community founded in God's love.
Mindful of the fact that God lives in each one of us,
we believe that everyone deserves to be treated in a respectful manner.

"Whatever you do to these, the least of my brother, you do unto me".
(Matthew 25:40)

In view of this philosophy, our focus and expectations are as follows…

~ What we believe in ourselves affects our relationships with others. Therefore, it is important that our self-respect be established and fostered.

~ Honesty and Integrity are at the very heart of God's people. Stealing, lying, destroying property or cheating in any form affects us all and will not be tolerated.

~ Cultural diversity is one of our most precious gifts. We will work always toward an appreciation of the richness that a diverse population brings to our lives.

~ Problems with relationships will inevitably occur. We trust that all members of our school community will work to resolve their conflicts in a "Just and Peaceful" manner. If these encounters are unsuccessful, intervention and assistance will be readily accessible.

~ We are all people of God. Hurtful behaviors such as name-calling, ridicule, bullying, mean-spirited teasing and making others feel excluded have no part in our dealings with others and are never acceptable.

~ God has given us intelligence in various forms, along with many other gifts. We will use those gifts to the best of our ability. We will accept the challenge to be the best people we can be.

~ Competition is a valued part of society. We will encourage a healthy balance between competition and cooperation in academics, sports, and other activities. We will always seek to be supportive of "win-win" situations.

SSCM School Year-At-A-Glance 2025/26

NOTE ~ EVENTS/DATES MAY CHANGE

AUGUST ~

11 Office opens 9-2pm
14 PARENT NIGHT in GYM ~ 6:30pm
18 SCHOOL BEGINS ~
PK and Kindergarten "Meet & Greet" ~ Grades 1-8 Drop Off 9am to 11am
Regular Office Hours Begin 7-3pm
19 FIRST FULL DAY, BUS SERVICE STARTS & HOT LUNCH /MILK PROGRAM BEGINS
21 Carnival Opens 6pm
22 Carnival – NO SCHOOL
23-24 CARNIVAL

SEPTEMBER ~

1 Labor Day NO SCHOOL
4 School Pictures
5 All School Opening Mass 8:15am
9 All School Mass 8:15am & PSO Meeting 6:30pm
16 All School Mass 8:15am
19 NO PM BUS SERVICE
23 All School Mass 8:15am
25 Dress Down for PSO Attendance & **Grading Ends for T1 Progress Reports**
26 Teacher In-Service NO SCHOOL

OCTOBER ~

2 T1 Progress Reports Go Home
7 All School Mass 8:15am
13 Columbus Day NO SCHOOL
14 All School Mass 8:15am & PSO Meeting 6:30pm
23 ½ Day – Parent/Teacher Conferences & NO PM BUS SERVICE
24 Picture Retakes/Groups Pics
28 All School Mass 8:15am
30 Dress Down for PSO Attendance
31 ½ Day & NO PM BUS SERVICE

NOVEMBER ~

6 Trimester 1 Ends & NO BUS SERVICE
7 NO SCHOOL – Teacher In-Service
10 Trimester 2 Begins
11 Grandparents' Day Mass 8:15am & PSO Meeting 6:30pm
13 T1 Report Cards Go Home
18 All School Mass 8:15am
20 Dress Down for PSO Attendance
21 Thanksgiving FEAST
24 NO BUS SERVICE
25 Prayer Service 9am & **NO BUS SERVICE**
26-28 Thanksgiving Brk NO SCHOOL

DECEMBER ~

4 8th Grade Graduation Pictures
6 High School Entrance Exams
9 All School Mass 8:15am
11 Santa's Secret Workshop
16 All School Mass 8:15am & Pre-K – 4th Christmas Music Concert 1pm
17 Pre-K & K Pageant 9am
18 School Pageant Grades 1-8 ~ 1pm
19 EARLY DISMISSAL 11am & NO PM BUS SERVICE
22-31 NO SCHOOL ~ Christmas/Break

JANUARY ~

5 SCHOOL RESUMES & **NO BUS SERVICE**
9 Grading Ends for T2 Progress Reports
13 All School Mass 8:15am
15 T2 Progress Reports Go Home
19 Martin Luther King ~ NO SCHOOL
20 All School Mass 8:15am & PSO Meeting 6:30pm
25 Catholic School's Week Opening Mass & Open House
29 Dress Down for PSO Attendance
30 CSW Closing Mass & Daddy/Daughter Dance

FEBRUARY ~

6 Teacher In-Service NO SCHOOL
10 All School Mass 8:15am & PSO Meeting 6:30pm
16 President's Day NO SCHOOL
17 Mardi Gras
18 Ash Wednesday
20 Trimester 2 Ends & FISH FRY
23 Trimester 3 Begins
24 All School Mass 8:15am
26 T2 Report Cards Go Home &
Dress Down for PSO Attendance
27 ½ Day – Optional Conferences & NO PM BUS SERVICE

MARCH ~

2 Casmir Pulaski NO SCHOOL
6 FISH FRY
10 All School Mass 8:15am & PSO Meeting 6:30pm
17 All School Mass 8:15am
20 FISH FRY
26 Dress Down for PSO Attendance
27 NO PM BUS SERVICE
30 NO BUS SERVICE
31 NO BUS SERVICE

APRIL ~

1-2 NO BUS SERVICE
3 Good Friday NO SCHOOL

APRIL CONTINUED ~

5 HAPPY EASTER
6-10 SPRING BREAK :)
13 School RESUMES
14 All School Mass 8:15am & PSO Meeting 6:30pm
17 Grading Ends for T2 Progress Reports
21 All School Mass 8:15am
23 T3 Progress Reports Go Home
30 Dress Down for PSO Attendance

MAY ~

5 May Crowning
8 Walk-A-Thon
12 Ribbon Mass
18 Music Concert Grades 5-8
19 Volunteer Appreciation Mass & PSO Meeting 6:30
20 7th & 8th Grade Awards Banquet
21 Dress Down for PSO Attendance
22 T3 Grading Ends, Last day for Dress Down Passes, PreK - K & 8th Grade Picnics, **NO PM BUS SERVICE & LAST DAY for FSP Hot Lunch**
25 Memorial Day NO SCHOOL
26 8th Grade Graduation & NO BUS SERVICE
27 PreK Fly Up & NO BUS SERVICE
28 Kindergarten Graduation & NO BUS SERVICE
29 NO BUS SERVICE

JUNE ~

2 School Picnics Grades 1-7 & **NO BUS SERVICE**
3 School Closing Mass, **T3 Report Cards Go Home & LAST DAY OF SCHOOL** (11am dismissal)

HAPPY SUMMER ☺

PLEASE NOTE ~ EVENTS/DATES ARE SUBJECT TO CHANGE APPROVED AS OF 4/1/25

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SSCM Uniform Recycling Program

Through the SSCM Uniform Recycling Program, school uniforms are available at no cost!
This program is supported by the PSO and made possible because of
volunteer parents like you 😊!

Donating Uniforms ~

Please send gently used uniforms to the SSCM Office in a bag labeled "Uniform Recycling." We ask uniforms to be washed and in decent condition (no rips, stains, etc.).

Requesting Uniforms ~

Complete an order form (available in the SSCM Office). We will do our best to fill uniform orders at the start of every trimester. Items will be sent home with your student.

Frequently Asked Questions ~

1) **Do I need to donate a uniform to get a uniform?**
   No, uniforms are completely free and there is no requirement to donate one.
2) **Is there a limit to how many items I can request at one time?**
   No, there is no limit, but we kindly ask you to order only what you need for the current school year and no more than what can be worn in one week (i.e., three dress uniforms and two P.E. uniforms).
3) **What if Uniform Recycling doesn't have items I need?**
   You will be contacted (via email or note) listing any unavailable items. You would need to purchase these items.

~ New School uniforms: Schoolbelles
10139 S. Harlem Ave, Chicago Ridge, IL. (708) 929-4695
www.schoolbelles.com

~ New P.E. uniforms: Lina Embroidery
1134 State St, Lemont, IL. (630) 243-1170
www.Linaembroidery.com

4) **Can I choose my own uniforms from the recycling classroom?**
   Yes, you can come to school and choose your own uniform pieces. Please contact the SSCM Office to arrange a time beforehand.
5) **What if I am unsure of the correct size?**
   We are happy to send home different sizes to try. Keep what works!
6) **How can I get involved in the Uniform Recycling Program?**
   Please contact the SSCM Office or a PSO Member

SSCM Uniform Recycling Order Form

Student Name: _____Grade_____

Parent/Guardian Email Address: _____

Directions: Please return the completed form to classroom teacher or the SSCM Office.
We will do our best to fill your requests!

Girls ~

ITEM/ GRADE	SIZES	QUANTITY
JUMPER (GRADES K-4)	4 5 6 7 8 9 10 12 14 16	
SKIRT (GRADES 5-8)	4 6 8 10 12 14 16 18 20	
VEST (GRADES 5-8)	S M L XL	
BLOUSE (ALL GRADES) (long or short sleeved)	S M L XL	
POLO (ALL GRADES)	S M L XL	
FLEECE (ALL GRADES)	S M L XL	
RED SWEATER (GRADES K-4)	S M L XL	

Boys ~

PANTS	4 5 6 7 8 9 10 11 12 14 16 18	
SHORTS	4 5 6 7 8 9 10 11 12 14 16 18	
POLO (long or short sleeve)	YXS YS YM YL YXL ~ AS AM AL AXL	
FLEECE	S M L XL	
BLUE SWEATER (K-4)	S M L XL	

ONLINE DONATING

SS. Cyril & Methodius Parish uses Give Central as our online donation service. Give Central is a safe, secure, and paperless way to make your contribution. It was designed specifically for Catholic churches and schools in the Chicago area and many parishes have found success with it. The site allows you to make automatic, repeating payments on a schedule that works best for you, using any credit card, debit card, or electronic bank account.

We believe that having a flexible online giving option will make it easier for many of you to support SS. Cyril & Methodius Parish. Please visit www.StCyril.org, click "Donate Now" or www.GiveCentral.org and take a few minutes to set up your donations!

Thank you for your generosity and support!

How to sign up for Give Central:

1. Go to www.GiveCentral.org and click on the "find your charity"!
2. Type SS Cyril & Methodius Parish {exactly as is}. Click the name when it appears. Click "View More" then click the event.
3. Follow the steps to "Make a Contribution" to which you want to donate. Enter the frequency, date to begin and dollar amount for each. Click "Add to My Gift Basket" or "Add More Events".
4. Check the donations you have entered and click "Continue".
5. Create your profile or donate as a guest.
6. Enter your credit card or electronic check information. Click "Continue".
7. Verify the payment method you wish to use for each event. Follow the prompts to finish signing up.

You can return to Give Central at any time to make changes to your donations or personal information. Click on the "Login" button on the homepage. Enter your username and password to access your profile.

If you would like help setting up your electronic donations, please call the Parish Office and we can provide you with the assistance or set it up for you via a designated enrollment form.

Please contact Denise Duda at the Parish Office at 630/257-2776
or via email at rectory@stcyril.org with any questions

SS. Cyril & Methodius School

Before School Care

EARLY MORNING CARE IS ON-SIGHT WITH A TEACHER IN A CLASSROOM. STUDENTS MAY COME AS EARLY AS 6:30 A.M. AND THEY STAY WITH THE TEACHER UNTIL THE FIRST BELL AT WHICH TIME THEY GO TO THEIR CLASSROOM. THE COST FOR EARLY CARE IS $50 PER TRIMESTER. YOU MAY USE EARLY CARE DAILY OR WHEN NEEDED. IF YOU ARE USING SCHOOL CARE AS NEEDED, A 24 HOUR NOTICE IS REQUIRED SO WE KNOW WHO TO EXPECT IN THE MORNING.

PLEASE COMPLETE THE FORM BELOW...

FAMILY NAME

_____

NAME OF CHILD/REN

_____ _____

_____ _____

TIME OF ARRIVAL_____

DAYS ATTENDING (PLEASE CIRCLE)... MON. TUES. WED. THURS. FRI.

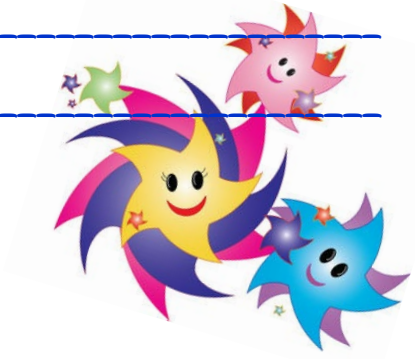
PARENT NAME_____

CELL PHONE # _____

ANY ALLERGIES...

_____

_____



Thank You!

MEDICAL PACKET

~ PHYSICAL FORM (PK, K, 6)

~ DENTAL FORM (K, 2, 6)

~ EYE EXAM FORM (PK, K)

~ IESA PHYSICAL FORM (1 thru 5, 7 & 8)

(IF PLAYING SPORTS/CHEERLEADING ONLY)

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PARENT OR GUARDIAN ~ MAY 2025

THIS LETTER IS A FRIENDLY REMINDER THAT IMMUNIZATIONS AND EXAMINATIONS ARE REQUIRED BY THE STATE OF ILLINOIS FOR ALL STUDENTS ENTERING INTO PRESCHOOL FOR THE FIRST TIME, KINDERGARTEN, SECOND GRADE, AND SIXTH GRADE. FORMS THAT NEED TO BE COMPLETED ARE ATTACHED.

PLEASE SEE THE FOLLOWING REQUIREMENTS FOR YOUR CHILD/CHILDREN ~

PRESCHOOL (FIRST TIME ENTERING SCHOOL) REQUIRES ~

~ PHYSICAL EXAMINATION (INCLUDING ALL VACCINATIONS)

KINDERGARTEN REQUIRES ~

~ PHYSICAL EXAMINATION (INCLUDING ALL VACCINATIONS)
~ DENTAL EXAM
~ EYE EXAM (IF YOUR CHILD DID NOT ATTEND OUR PRESCHOOL)

SECOND GRADE REQUIRES ~

~ DENTAL EXAM ONLY

SIXTH GRADE REQUIRES ~

~ PHYSICAL EXAMINATION (INCLUDING ALL VACCINATIONS)
~ DENTAL EXAM

GRADES (1, 3, 5, 7, 8) ~

~ IF YOUR CHILD WILL BE PLAYING A SCHOOL SPORT, INCLUDING CHEERLEADING, YOU WILL NEED A SPORTS PHYSICAL ON FILE.

THESE REQUIREMENTS AND FORMS MUST BE COMPLETED AND TURNED INTO THE SCHOOL OFFICE NO LATER THAN SEPTEMBER 1st , 2025.

ANY STUDENT THAT DOES NOT HAVE A COMPLETED REQUIRED MEDICAL FORM, EXEMPTION FORM, OR SPORTS PHYSICAL ON FILE BY THE DATE ABOVE SHOULD NOT BE ALLOWED TO ATTEND SCHOOL OR PLAY ANY SPORTS. THIS IS A REQUIREMENT MANDATED BY THE ILLINOIS SCHOOL CODE.

IF YOU HAVE ANY QUESTIONS REGARDING THE REQUIRED VACCINES, PLEASE CALL THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH AT (708) 633-8030.

THANK YOU FOR YOUR COOPERATION,

Mrs. Shirley Tkachuk

PRINCIPAL

State of Illinois
Certificate of Child Health Examination

Student's Name Last First Middle	Birth Date Month/Day/Year	Sex	Race/Ethnicity	School /Grade Level/ID#
Address Street City Zip Code	Parent/Guardian	Telephone # Home		Work

IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for *every* dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine / Dose	DOSE 1 MO DA YR	DOSE 2 MO DA YR	DOSE 3 MO DA YR	DOSE 4 MO DA YR	DOSE 5 MO DA YR	DOSE 6 MO DA YR
DTP or **DTaP**						
Tdap; **Td** or Pediatric **DT (**Check specific type)	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT
Polio (Check specific type)	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV
Hib Haemophilus influenza type b						
Pneumococcal Conjugate						
Hepatitis B						
MMR Measles Mumps. Rubella				**Comments:** * indicates invalid dose		
Varicella (Chickenpox)						
Meningococcal conjugate (MCV4)						
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose						
Hepatitis A						
HPV						
Influenza						
Other: Specify Immunization Administered/Dates						

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.
If adding dates to the above immunization history section, put your initials by date(s) and sign here.

Signature **Title** **Date**

Signature **Title** **Date**

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.
***MEASLES (Rubeola) MO DA YR** ****MUMPS MO DA YR** **HEPATITIS B MO DA YR** **VARICELLA MO DA YR**

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.
Date of Disease **Signature** **Title**

3. Laboratory Evidence of Immunity (check one) ☐Measles* ☐Mumps ☐Rubella ☐Varicella Attach copy of lab result.**
*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.
**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and *Maintained* by the School Authority.

Last	First	Middle	Birth Date (Month/Day/ Year)	Sex	School	Grade Level/ ID

HEALTH HISTORY **TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

ALLERGIES (Food, drug, insect, other)	Yes No	List:		**MEDICATION** (Prescribed or taken on a regular basis.)	Yes No	**List:**	
Diagnosis of asthma? Child wakes during night coughing?	Yes No Yes No			Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No		
Birth defects?	Yes No			Hospitalizations? When? What for?	Yes No		
Developmental delay?	Yes No						
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes No			Surgery? (List all.) When? What for?	Yes No		
Diabetes?	Yes No			Serious injury or illness?	Yes No		
Head injury/Concussion/Passed out?	Yes No			TB skin test positive (past/present)?	Yes* No	*If yes, refer to local health department.	
Seizures? What are they like?	Yes No			TB disease (past or present)?	Yes* No		
Heart problem/Shortness of breath?	Yes No			Tobacco use (type, frequency)?	Yes No		
Heart murmur/High blood pressure?	Yes No			Alcohol/Drug use?	Yes No		
Dizziness or chest pain with exercise?	Yes No			Family history of sudden death before age 50? (Cause?)	Yes No		
Eye/Vision problems? _____ Glasses ☐ Contacts ☐ Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Dental ☐ Braces ☐ Bridge ☐ Plate Other			
Ear/Hearing problems?	Yes No			Information may be shared with appropriate personnel for health and educational purposes. **Parent/Guardian Signature**		**Date**	
Bone/Joint problem/injury/scoliosis?	Yes No						

PHYSICAL EXAMINATION REQUIREMENTS **Entire section below to be completed by MD/DO/APN/PA**

HEAD CIRCUMFERENCE if < 2-3 years old **HEIGHT** **WEIGHT** **BMI** **BMI PERCENTILE** **B/P**

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) **BMI>85% age/sex** Yes☐ No☐ And any two of the following: **Family History** Yes ☐ No ☐
Ethnic Minority Yes☐ No ☐ **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes☐ No ☐ **At Risk** Yes ☐ No ☐

LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes ☐ No ☐ **Blood Test Indicated?** Yes ☐ No ☐ **Blood Test Date** **Result**

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm.

No test needed ☐ **Test performed** ☐ **Skin Test: Date Read** **Result: Positive** ☐ **Negative** ☐ **mm**_____
Blood Test: Date Reported **Result: Positive** ☐ **Negative** ☐ **Value**

LAB TESTS (Recommended)	Date	Results		Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)		
Urinalysis			Developmental Screening Tool		

SYSTEM REVIEW	**Normal**	**Comments/Follow-up/Needs**		**Normal**	**Comments/Follow-up/Needs**
Skin			**Endocrine**		
Ears		Screening Result:	**Gastrointestinal**		
Eyes		Screening Result:	**Genito-Urinary**		LMP
Nose			**Neurological**		
Throat			**Musculoskeletal**		
Mouth/Dental			**Spinal Exam**		
Cardiovascular/HTN			**Nutritional status**		
Respiratory		☐ Diagnosis of Asthma	**Mental Health**		
Currently Prescribed Asthma Medication: ☐ Quick-relief medication (e.g. Short Acting Beta Agonist) ☐ Controller medication (e.g. inhaled corticosteroid)			**Other**		

NEEDS/MODIFICATIONS required in the school setting

DIETARY Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
If you would like to discuss this student's health with school or school health personnel, check title: ☐ Nurse ☐ Teacher ☐ Counselor ☐ Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
Yes ☐ **No** ☐ If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in (If No or Modified please attach explanation.)
PHYSICAL EDUCATION **Yes** ☐ **No** ☐ **Modified** ☐ **INTERSCHOLASTIC SPORTS** **Yes** ☐ **No** ☐ **Modified** ☐

Print Name (MD,DO, APN, PA) **Signature** **Date**

Address **Phone**

State of Illinois
Illinois Department of Public Health

PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 665) states all children in kindergarten, second, sixth, and ninth grades of any public, private, or parochial school shall have a dental examination. The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination, sign, and date this Proof of School Dental Examination Form. If you are unable to get this required examination for your child, fill out a separate Dental Examination Waiver Form.

This important examination will let you know if there are any dental problems that require attention by a dentist. Children need good oral health to speak with confidence, express themselves, be healthy, and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of your child.

To be completed by the parent or guardian (please print)

Student's Name: Last	First	Middle	Birth Date: (Month/Day/Year)

Address: Street	City	ZIP Code

Name of School:	ZIP Code	Grade Level:

Parent or Guardian: Last Name First Name

Select from the below general racial category which most clearly reflects the student's recognition of his or her community or with which the student most identifies.

☐ White ☐ Black or African American ☐ Hispanic or Latino ☐ Asian
☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Two or More Races

---

To be completed by dentist

Date of Most Recent Examination:_____ (Check all services provided at this examination date)
☐ Dental Cleaning ☐ Sealant ☐ Fluoride treatment ☐ Restoration of teeth due to caries

Oral Health Status (check all that apply)

☐ Yes ☐ No **Dental Sealants Present on Permanent Molars**

☐ Yes ☐ No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

☐ Yes ☐ No **Untreated Caries —** At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

☐ Yes ☐ No **Urgent Treatment —** abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling.

Treatment Needs (check all that apply). Please list appointment date or date of most recent treatment completion date.

☐ **Restorative Care** — amalgams, composites, crowns, etc. Appointment Date:_____
☐ **Preventive Care** — sealants, fluoride treatment, prophylaxis Appointment Date:_____
☐ **Pediatric Dentist Referral Recommended** Treatment Completion Date:_____

Dental Office Address: _____ Office phone number: _____

Signature of Dentist _____ Date _____

State of Illinois
Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician (such as an ophthalmologist) who provides eye examinations be submitted to the school no later than October 15 of the year the child is first enrolled or as required by the school for other children. The examination must be completed within one year prior to the first day of the school year the child enters the Illinois school system for the first time. The parent of any child who is unable to obtain an examination must submit a waiver form to the school.

Student Name _____
(Last) (First) (Middle Initial)

Birth Date _____ Gender _____ Grade _____
(Month/Day/Year)

Parent or Guardian _____
(Last) (First)

Phone _____
(Area Code)

Address _____
(Number) (Street) (City) (ZIP Code)

County _____

To Be Completed By Examining Doctor

Case History

Date of exam _____

Ocular history: ❑ Normal or Positive for _____

Medical history: ❑ Normal or Positive for _____

Drug allergies: ❑ NKDA or Allergic to _____

Other information _____

Examination

	Distance			**Near**
	Right	Left	Both	Both
Uncorrected visual acuity	20/	20/	20/	20/
Best corrected visual acuity	20/	20/	20/	20/

Was refraction performed with dilation? ❑ Yes ❑ No

	Normal	Abnormal	Not Able to Assess	Comments
External exam (lids, lashes, cornea, etc.)	❑	❑	❑	_____
Internal exam (vitreous, lens, fundus, etc.)	❑	❑	❑	_____
Pupillary reflex (pupils)	❑	❑	❑	_____
Binocular function (stereopsis)	❑	❑	❑	_____
Accommodation and vergence	❑	❑	❑	_____
Color vision	❑	❑	❑	_____
Glaucoma evaluation	❑	❑	❑	_____
Oculomotor assessment	❑	❑	❑	_____
Other _____	❑	❑	❑	_____

NOTE: "Not Able to Assess" refers to the inability of the child to complete the test, not the inability of the doctor to provide the test.

Diagnosis

❑ Normal ❑ Myopia ❑ Hyperopia ❑ Astigmatism ❑ Strabismus ❑ Amblyopia

Other _____

Continued on back

State of Illinois
Eye Examination Report

Recommendations

1. Corrective lenses: ❑ No ❑ Yes, glasses or contacts should be worn for:
   ❑ Constant wear ❑ Near vision ❑ Far vision
   ❑ May be removed for physical education

2. Preferential seating recommended: ❑ No ❑ Yes

   Comments _____

   _____

3. Recommend re-examination: ❑ 3 months ❑ 6 months ❑ 12 months

   ❑ Other _____

4. _____

5. _____

Print name _____ License Number _____

Optometrist or physician (such as an ophthalmologist) who provided the eye examination ❑ MD ❑ OD ❑ DO

Address _____

_____

Phone _____

Consent of Parent or Guardian

I agree to release the above information on my child or ward to appropriate school or health authorities.

_____
(Parent or Guardian's Signature)

_____
(Date)

Signature _____ Date _____

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Printed by Authority of the State of Illinois
6/09

IOCI1271-09

PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

_____

_____

☐ Medically eligible for certain sports

_____

_____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

_____

_____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

_____

_____

Medications: _____

_____

_____

Other information: _____

_____

_____

Emergency contacts: _____

_____

_____

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

_____

Have you ever had surgery? If yes, list all past surgical procedures. _____

_____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

_____

_____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

_____

_____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (*CONTINUED*)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	**Yes**	**No**
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant *Staphylococcus aureus* (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (*CONTINUED*)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	**Yes**	**No**
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

1. Consider additional questions on more-sensitive issues.
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: Weight:		
BP: / (/) Pulse: Vision: R 20/ L 20/ Corrected: ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus aureus* (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

[a] Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SPORTS REGISTRATION FORM

~ REGISTRATION /SIGN UP

DEADLINE IS May 27, 2025

FOR VOLLEYBALL AND
FALL SOCCER

SS. Cyril and Methodius Athletic Commission
607 Sobieski St. / Lemont, IL 60439

Dear Parents, May 2025

The Athletic Commission is planning a full athletic program for the 2024/2025 school year. SSCM is a member of the Tri-County Catholic Conference (TCC). The conference is developing guidelines following state, regional, local, and archdiocesan guidelines.

Registration is now open for boys and girls in the following Sports ~

Grades K-8 for Co-ed Soccer

Grades 3-8 for Cheerleading

Grades 5-8 for Basketball and Volleyball

Following is the Sports Registration form for the 2025/2026 Sports Season! Please complete the form if your child(ren) wishes to participate in the athletic program. Please make check payable to the SS. Cyril and Methodius Athletic Commission and mark the envelope Sports Registration c/o Bob Villasenor.

The Athletic Commission realizes that during these challenging times, it may be difficult to include the registration fee. If it is not convenient to include payment with the registration form, please send in the registration form without payment by the deadline date. Enclose a note or contact Bob Villasenor (708-212-0088) to discuss payment options.

Registration deadline is Tuesday, May 27th, 2025!

*This is a firm date since we must reply to the conference with our intent to participate in the conference athletic program!

Thank you for your cooperation! If you have any questions, please contact me!

Sincerely,

Bob Villasenor, Athletic Director
708-212-0088

SS. Cyril and Methodius Athletic Commission Members

Treasurer – Vacant
Secretary – Beverly Marzec
Member at Large – Michael Moran
Member at Large – Rick DiBartello
Member at Large -Michael Lichner
Member at Large – Nick Karko
Member at Large – Kevin Notter
Volleyball Coaches Coordinator – Amy Grubisic
Basketball Coaches Coordinator – John Tracy
Girls Basketball Representative – Vacant
Boys Basketball Representative – Vacant
School Administration Representative – John Brady

2025/2026 Sports Registration Form

Family Name _____Number _____

Email Address _____

Child's Name	2025/2026 Grade	Sport
_____	_____	_____
_____	_____	_____
_____	_____	_____

Participation Fees ~

(includes a family pass to all home athletic functions)

Registration deadline is Tuesday, May 27th, 2025!

Amt. Paid	Participation Fees
	$150.00 Cheerleading; Grades 3-8
	$175.00 One Child – **One Sport**; Grades 5-8
	$ 75.00 One Child – **each additional sport**; Grades K-8
	$125.00 Two Children – **each sport**; Grades K-8
	No Charge Third or fourth child from the same family
	$125.00 Soccer Only; Grades K- 4 **(Do not add in Parent Participation fee)**
$100.00	$100.00 - Parent Participation Fee per family (Basketball and Volleyball) to be refunded at end of season if commitment to work as scheduled is fulfilled. Failure to fulfill the commitment to work as scheduled will increase the fee to $200 for the following season.
	TOTAL PAID

I authorize my child(ren) to participate in the S.S. Cyril and Methodius Athletic Program. I understand that this program is instructional for Grades K-4, 5, and 6 athletes and a minimum play time rule is in effect. I understand that for Grades 7 and 8 athletes, the program is competitive and there is no minimum playing time rule. I understand that my child(ren) will be required to regularly attend scheduled practices and games. I understand and accept the policy that absences and behavior issues could result in decreased playing time for my child. I agree to volunteer with admissions/concessions and other duties that may be required of the parents of athletes.

_____ _____/_____/_____

Signature of Parent/ Guardian *Date*

For Athletic Commission Use Only:

_____Date Received _____Check Number _____Registration Form

_____Contract _____Initials Revised 4/.2025