

Student Start-Up Packets

SCHOOL YEAR
2026/2027

SSCM



Faith, Family...Future!

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2019 National
Blue Ribbon School

SS. Cyril & Methodius School "Student Start-Up" Packet 2026/2027

SUMMER OFFICE HOURS ~

(June 2 - June 30) ~ Monday thru Thursday (9:00 a.m. to Noon)

(July 1 - July 12) ~ Office will be closed.

(July 13 - July 31) Tuesday thru Thursday (9:00 a.m. to Noon)

(August 4 - August 6) ~ Tuesday and Thursday (9:00 a.m. to 2:00 p.m.)

(August 10) ~ Regular hours begin (7:00 a.m. to 3:00 p.m.)

Voice messages and emails will be checked regularly!

PLEASE COMPLETE THE FORMS BELOW AND RETURN THEM TO THE OFFICE BY JUNE 11~

INFORMATIONAL LETTERS ENCLOSED

*Forms are subject to change

- School Contract * COMPLETE AND RETURN TO SCHOOL OR EMAIL
- Student Contact/Health Form * COMPLETE AND RETURN TO SCHOOL OR EMAIL
- Home Language Survey * COMPLETE AND RETURN TO SCHOOL OR EMAIL
- School Technology
- 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* RETURN ORDERS TO LINA'S EMBROIDERY
- Bus Transportation Request * COMPLETE AND RETURN TO SCHOOL OR EMAIL BY JUNE 26
- Lunch Program Information * COMPLETE AND RETURN TO SCHOOL OR EMAIL
- PSO Information * COMPLETE AND RETURN TO SCHOOL OR EMAIL
- FACTS Explanation Letter
- Tuition Assistance Letter
- Tuition Rates / School Fees
- School Code of Conduct
- School Calendar
- Uniform Recycling Program Information/Order Form
- Comet Club Before and After-School 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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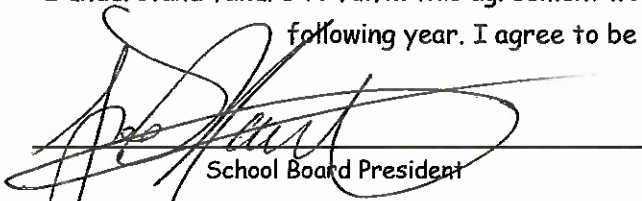
SS. CYRIL AND METHODIUS SCHOOL CONTRACT

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
- 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.
- 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 \$25.00 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.



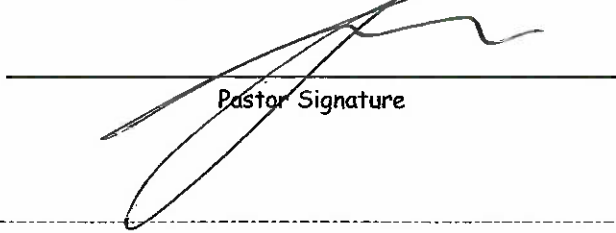
School Board President

Parent/Guardian Signature

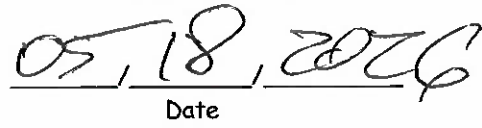


Principal Signature

Print Last Name



Pastor Signature



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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Home Language Survey

The State requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below and return this survey to the school office.

Student's Name: _____

Is a language other than English spoken in your home?

_____ Yes _____ No

Which language? _____

Does your child speak a language other than English?

_____ Yes _____ No

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Parent / Legal Guardian Signature

_____/_____/_____

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 2026/2027 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,
Mr. Dan Turney
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.

- YES
- 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 2026/2027 ACADEMIC YEAR.

Parents Signature

____/____/_____
Date

SS. Cyril & Methodius Order Form

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

SS. Cyril & Methodius 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
<i>T-shirt short sleeve (cotton)</i>	Red									\$8	
<i>T-shirt long sleeve (cotton)</i>	Red									\$10	
<i>Sweatshirt (cotton)</i>	Red									\$15	
<i>T-shirt short sleeve (polyester)</i>	Red									\$10	
<i>Hooded sweatshirt (polyester)</i>	Red									\$27	
<i>Mesh shorts (polyester)</i>	Graphite									\$15	
<i>Sweatpant (cotton)</i>	Charcoal									\$25	
<i>Sweatpant (polyester)</i>	Graphite									\$30	

TOTAL: \$ _____ Check # _____

Please Print Clearly

Place Qty Desired in Size Box

Orders due by June 30th, 2026

Mailing address:
**1134 State Street,
 Lemont IL 60439**

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



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:	<input type="checkbox"/> Oakwood School (Early Childhood/PK)	<input type="checkbox"/> Oakwood School (Grades K-1)
	<input type="checkbox"/> River Valley School (Grades 2-3)	<input type="checkbox"/> Central School (Grades 4-5)
	<input type="checkbox"/> Old Quarry Middle School (Grades 6-8)	
Non-Public School:	<input type="checkbox"/> St. Al/St. Pat	<input type="checkbox"/> SS Cyril
	<input type="checkbox"/> Everest	

LAST Name of Student	FIRST Name of Student
----------------------	-----------------------

GRADE	BIRTHDATE ____/____/____
-------	-----------------------------

GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE NUMBER
---	--------------

ADDRESS (including "Street", "Drive", etc.)	CITY ZIP	STATE
---	-------------	-------

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.)

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.

<i>Office Use Only</i>	
<input type="checkbox"/> New Student <input type="checkbox"/> Address Change	Student Start Date _____
<input type="checkbox"/> EC-AM <input type="checkbox"/> EC-PM	Student ID _____
Residency approved by _____	Sent/Emailed to Transportation _____



SSCM LUNCH PROGRAM

SSCM offers a daily Hot Lunch/Milk Program for our PK – 8th grade students!! The lunch and milk service is provided by a local Lemont restaurant ~ Mama D's. Mama D's offers a variety of choices for entrees, side items and treats. Milk options (2% white or low-fat chocolate) are offered as well.

The cost per lunch is \$5.25 (drink is not included). Milk cost is \$.55

Mama D's partners with Boonli, a fast, secure and easy-to-use online ordering system that allows parents/guardians the ability to view the lunch menu, order, and prepay for student lunches/milk from a smartphone, tablet or computer.

Lunches/milk are served daily throughout the school year.

ONLINE ORDERING is open from the 1st through the 15th of the month prior.

Monthly menus and ordering information is sent home regularly through the weekly VRE.

In addition to the daily lunch/milk program, SSCM offers a **SPECIAL LUNCH program**. A separate form is included to order the special lunches or can also be found on the school website.

The daily lunches/milk are **NOT offered** on the days we serve special lunches.

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

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



WELCOME THE SSCM LUNCH PROGRAM...



Ordering has never been easier!

Mama D's and SS. Cyril and Methodius partner with BOONLI. Boonli offers families a secure, fast, and user-friendly way to manage school meal orders and more.

LET'S GET STARTED

- Visit <https://mamadslunchprogram.boonli.com> and bookmark the page for easy access.
- Click on "Create an Account" and enter the password: SSCM1
- Fill in your details to set up your account, then click "Submit."
- Add profiles for each person you'll be ordering for. Once done, click "I'm Done."
- Sign in to start placing your orders!

FAQ / PROGRAM INFORMATION

- **FOOD and POLICY** (Missed/Late Orders, Credits, and Changes/Cancellations):
email: gardner.kim@stcyril.org
- **TECHNICAL SUPPORT** (help navigating the site) email: support@boonli.com
- **PAYMENT INFORMATION:** Debit Card, Credit Card: Visa, MasterCard & Discover
- **MERCHANT NAME: Boonli LLC** (Please Note: this name will display on your bank/credit card statement)
- **ANNUAL REGISTRATION FEE:** A \$10.00 fee is charged with your first order only so that we can offer a program online.
- **PROCESSING FEE:** A nominal processing fee is charged so that we can offer our program online.

KEY FEATURES

- **BROWSE AND ORDER WITH EASE:** Access the full menu, place orders, from any device, smartphone, tablet, or computer.
- **FLEXIBLE ACCOUNT MANAGEMENT:** Manage multiple students, track order history, and monitor balances all in one place.
- **BENEFITS FOR FAMILIES:** Anytime, Anywhere Access: Place orders at your convenience, whether at home or on the go.



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 2026/27 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 **\$ 206.00**

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 2026/27

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	Extra	Total for
	Lunches	"X"	Extras
8/26 & 10/14,	\$6.00 x 4		\$20.00
1/20, 2/9~FREE & 4/28			
Sub-Total	\$24.00		
CIRCLE: CHEESEBURGER or HAMBURGER			
LUNCH + EXTRA TOTAL			

SUB DAY	Cost of	Extra	Total for
	Lunches	"X"	Extras
8/19, 12/16 & 5/19	\$6.00 x 3		\$15.00
Sub-Total	\$18.00		
CIRCLE: HAM or TURKEY			
LUNCH + EXTRA TOTAL			

THANKSGIVING FEAST ~ 11/20	
Cost PER Student	
TOTAL	\$7.00

MAMA D's DAY	Cost of	Extra	Total for
	Lunches	"X"	Extras
10/21, 2/24 & 4/21	\$7.00 x 3		\$18.00
Sub-Total	\$21.00		
CIRCLE: BEEF or CHICKEN STRIPS			
LUNCH + EXTRA TOTAL			

CHICK-FIL-A	Cost of	Extra	Total for
	Lunches	"X"	Extras
9/16, 10/28 & 3/17	\$8.00 x 3		\$21.00
Sub-Total	\$24.00		
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 Monthly**

HOT DOG DAY	Cost of	Extra	Total for
	Lunches	"X"	Extras
9/9, 10/7, 11/11 & 12/9	\$6.00 x 7		\$35.00
1/27~FREE, 3/10, 4/14 & 5/12			
Sub-Total	\$42.00		
LUNCH + EXTRA TOTAL			

*** Pizza Day offered Monthly**

PIZZA DAY	Cost of	Extra	Total for
	Lunches	"X"	Extras
9/4, 10/2, 11/4 (WED), 12/4, 1/15, 2/5, 3/5	\$5.00 x 9		\$27.00
4/9 & 5/7			
Sub-Total	\$45.00		
CIRCLE: CHEESE, SAUSAGE or PEPPERONI			
LUNCH + EXTRA TOTAL			

PASTA DAY	Total for
	Lunches
9/23, 2/17, & 3/24	\$6.00 x 3
Total	\$18.00
CIRCLE: BUTTER or SAUCE	

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 ~ sscmcomets@stcyril.org
 (\$ 206.00 if all items are ordered - DOES NOT INCLUDE EXTRAS)

2026/27

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 19 – SUB Day	JAN 27 – STUDENT APPRECIATION <i>FREE HOT DOG Day</i>
AUG 26 – BURGER Day	FEB 5 – PIZZA Day
SEPT 4 – PIZZA Day	FEB 9 – MARDI GRAS <i>FREE BURGER Day</i>
SEPT 9 – HOT DOG Day	FEB 17 – PASTA Day
SEPT 16 – CHICK-FIL-A Day	FEB 24 – MAMA D's Day
SEPT 23 – PASTA Day	MAR 5 – PIZZA Day
OCT 2 – PIZZA Day	MAR 10 – HOT DOG Day
OCT 7 – HOT DOG Day	MAR 17 – CHICK-FIL-A Day
OCT 14 – BURGER Day	MAR 24 – PASTA Day
OCT 21 – MAMA D's Day	APR 9 – PIZZA Day
OCT 28 – CHICK-FIL-A Day	APR 14 – HOT DOG Day
NOV 4 – PIZZA Day (WED)	APR 21 – MAMA D's Day
NOV 11 – HOT DOG Day	APR 28 – BURGER Day
NOV 20 – THANKSGIVING FEAST	MAY 7 – PIZZA Day
DEC 4 – PIZZA Day	MAY 12 – HOT DOG Day
DEC 9 – HOT DOG Day	MAY 19 – SUB Day
DEC 16 – SUB Day	LATE MAY ~ SCHOOL PICNIC (Grades 1 - 7)
JAN 15 – PIZZA Day	
JAN 20 – BURGER Day	



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.

Any parent or caregiver is welcome to attend and vote during the monthly PSO meetings.

Each year, PSO dues help make all of this possible- school assemblies, student treats, teacher appreciation events, and fun family gatherings. These extras help create the vibrant, connected community that makes SSCM such a special place.

This year's PSO dues are \$35 per family

You can pay via cash/check or having the funds taken out of your August FACTS account. If you pay with cash or check, please write your name and 'PSO Dues' on an envelope and give it to the school office.

There are many ways to get involved with the PSO

- Attend our monthly PSO meetings on the 2nd Tuesday of every month
- Lookout for newsletters from PSO@stcyril.org with volunteer opportunities and updates
- Email us if you're interested in getting involved or learning about PSO positions, email us at PSO@stcyril.org

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

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.

Thank you for your support—we truly couldn't do it without you!

Warmly,
The SSCM PSO Board

2026 Parent School Organization Dues

How are you paying? (circle one)

Cash

Enclosed Check

Bill to FACTS Account

Family Name: _____

Mother's Name: _____

Mother's Email: _____

Father's Name: _____

Father's Email: _____

1st Child's Name: _____ Grade: _____

2nd Child's Name: _____ Grade: _____

3rd Child's Name: _____ Grade: _____

4th Child's Name: _____ Grade: _____

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 psso@stcyril.org with any questions!

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FACTS Management

Dear Parent ~

For the 2026/2027 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 offers 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 2026/2027 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 Lynn Bailey at LBailey@sscmlmont.org

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,
Mr. Daniel Turney
Principal

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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 2026/2027 school year.

For the 2026/2027 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 2026/2027 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 Mr. Daniel Turney, 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 2026/2027

Students K-8	Tuition Total with Fees 2026/2027
1 Child Parishioner	\$7,800.00
1 Child Non-Parishioner	\$11,715.00
2 Children Parishioner	\$13,223.00
2 Children Non-Parishioner	\$18,553.00
3 Children Parishioner	\$17,216.00
3 Children Non-Parishioner	\$22,265.00
4 Children Parishioner	\$19,384.00
4 Children Non-Parishioner	\$26,196.00

**TUITION INCLUDES THE FOLLOWING SCHOOL FEES:
(TECHNOLOGY, SUPERVISION, FUNDRAISING, AND BOOKS)**

Pre-School 3- and 4-Year-Old	Tuition total with fees 2026/2027
5 Full Days	\$7,800.00
5 Half Days	\$3,900.00

***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 2026/2027

(FEES INCLUDED IN TUITION COSTS)

Item Breakdown	Fees
Technology	\$300.00
Supervision	\$100.00
Fundraising	\$225.00
Book Fee (Per Student)	\$145.00
SUB TOTAL	\$770.00
TOTAL (Per Student)	
One Student	\$770.00
Two Students	\$915.00
Three Students	\$1060.00
Four Students	\$1205.00

Preschool	Fee
Preschool 3 and 4	\$145.00

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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.

SS. CYRIL & METHODIUS SCHOOL

2026-2027 School Calendar

Approved 3-20-26

July 2026						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2026						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2026						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2026						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2026						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2026						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January 2027						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						





February 2027						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2027						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2027						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2027						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June 2027						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

-  School Closed/Holidays
-  Teacher In-Service Day (NO SCHOOL for students)
-  Half Day
-  First and Last Day of School
-  NO PM Bus Service
-  No BUS SERVICE



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	

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SS. Cyril and Methodius School – Comet Club Program Registration Form

Dear SS. Cyril and Methodius Parents ~

We are excited to continue our Comet Club Program- a safe, supportive, and enriching environment for your child beyond regular school hours! Whether you're a working parent, have a busy schedule, or simply want your child to benefit from structured time for learning and play, our program is designed with your family's needs in mind.

Our caring staff will guide students through homework help, fun activities, and faith-based enrichment that reflects the values of our school community.

We encourage you to take advantage of this valuable resource. Space is limited, so register early!
Please return your completed form to the front office...
2026-2027 School Year

 **Location:** SS. Cyril and Methodius School, Lemont, IL

 **Program Start Date:** Monday, August 17

 **Hours of Operation:** Before School: 6:30 AM – 7:20 AM
After-School: 2:15 PM – 5:30 PM

Student Information

- Student Name: _____
Grade (2026-2027): _____ Date of Birth: ____/____/_____
- Student Name: _____
Grade (2026-2027): _____ Date of Birth: ____/____/_____
- Student Name: _____
Grade (2026-2027): _____ Date of Birth: ____/____/_____
- Student Name: _____
Grade (2026-2027): _____ Date of Birth: ____/____/_____
- Allergies or Medical Conditions:

Parent/Guardian Information!

- Parent/Guardian Name(s): _____, _____
- Contact Number(s): _____, _____
- Email Address: _____
- Emergency Contact Name: _____
- Emergency Contact Number: _____

Program Enrollment Options

(Circle one or both) Before -School Care (6:30-7:20 AM) After-School Care (2:15-5:30 PM)

Please check the days and times your child will attend Comet Club...

Monday Tuesday Wednesday Thursday Friday

I would like my child to attend Full Week (M-F) for Before/After School

Program Fees

There is a \$50 REGISTRATION FEE (per child) to cover the cost of supplies for the year. The HOURLY FEE for our Comet Club Before or After-Care is \$6.00 an hour for the first child and siblings are an additional \$5.00 per hour. This is billed in 1/2 hour increments. A late fee of \$10.00 per child will be automatically charged after 5:30 PM. All hours will be calculated weekly, and charges will be added to your FACTS account each Friday.

Relax and feel assured your child is in the hands of our staff while you attend to your needs!

Authorization & Signature

I acknowledge that I am registering my child for the Comet Club Before or After-School Program at SS. Cyril and Methodius School.

I understand and agree with the policies, payment requirements, and procedures set forth by the program.

Parent/Guardian Signature: _____

Date: ____/____/____

Please reach out to me with any questions or concerns ~

Sincerely,
Mr. Daniel Turney
Principal

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 2026

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, 2026.

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,

Mr. Daniel Turney
PRINCIPAL

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?		Yes No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)		Yes No
Child wakes during night coughing?		Yes No	Hospitalizations?		Yes No
Birth defects?		Yes No	When? What for?		
Developmental delay?		Yes No	Surgery? (List all.)		Yes No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.		Yes No	When? What for?		
Diabetes?		Yes No	Serious injury or illness?		Yes No
Head injury/Concussion/Passed out?		Yes No	TB skin test positive (past/present)?	Yes*	No
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 <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____			Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate Other		
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Information may be shared with appropriate personnel for health and educational purposes.		
Ear/Hearing problems?		Yes No	Parent/Guardian		
Bone/Joint problem/injury/scoliosis?		Yes No	Signature		
			Date		

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 <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>					

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
Nose				Neurological
Throat				Musculoskeletal
Mouth/Dental				Spinal Exam
Cardiovascular/HTN				Nutritional status
Respiratory		<input type="checkbox"/> Diagnosis of Asthma		Mental Health
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> 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** _____



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. <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> 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 _____ (Month/Day/Year) Gender _____ Grade _____

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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal exam (vitreous, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pupillary reflex (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Binocular function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accommodation and vergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Color vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glaucoma evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oculomotor assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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 _____



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 _____

Signature _____

Date _____

<p>Consent of Parent or Guardian</p> <p>I agree to release the above information on my child or ward to appropriate school or health authorities.</p> <p>_____</p> <p style="text-align: center;">(Parent or Guardian's Signature)</p> <p>_____</p> <p style="text-align: center;">(Date)</p>
--

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

SPORTS REGISTRATION FORM

~ REGISTRATION /SIGN UP

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

Dear Parents,

May 2026

The Athletic Commission is planning a full athletic program for the 2026-2027 school year. SSCM is a member of the Tri-County Catholic Conference (TCC). The conference has developed 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 through 8 for Basketball and Volleyball

Following is the Sports Registration form for the 2026-2027 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 as follows...

Volleyball ~ June 1, 2026

Basketball and Cheerleading ~ September 1, 2026

Fall Soccer ~ August 26, 2026

Spring Soccer ~ January 22, 2027

***This is a firm date since we must reply to the conference with our intent to participate in the conference athletic program, especially when declaring for girls' volleyball which is played in the fall.**

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 - Kevin Notter

Member at Large - Rick DiBartelo

Member at Large - Michael Lichner

Member at Large - Nick Karko

Volleyball Coaches Coordinator - Amy Grubisic

Basketball Coaches Coordinator - John Tracy

Girls Basketball Representative - Vacant

Boys Basketball Representative - Vacant

School Administration Representative -

John Brady

**SS. Cyril and Methodius Athletic Commission
2026/2027 Sports Registration Form**

Family Name _____ Cell Number _____

Email Address _____

<u>Child's Name</u>	<u>2026/2027 Grade</u>	<u>Sport</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Participation Fees (include a family pass to all home athletic functions)

Amt. Paid	Participation Fees
	\$175.00 - Grades 3-8 Sports Participation Fee first child-first sport
	\$ 75.00 - Grades 3-8 Sports Participation Fee first child-each additional sport
	\$125.00 - Grades K-8 Sports Participation Fee second child-each sport
	\$ 87.50 - Grades K-8 Sports Participation Fee third or fourth child-each sport
	\$125.00 - Grade K-4 Soccer
	\$100.00 - Parent Participation Fee (per family fee refunded at end of season if commitment to work as scheduled was fulfilled). This is a per family fee. Failure to fulfill the commitment to work as scheduled will increase the Parent Participation Fee to \$200 for the following season.
\$100.00	
	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 the athletes.

Signature of Parent/Guardian

_____/_____/_____
Date

For Athletic Commission Use Only:

_____ Date Received

_____ Check Number

_____ Registration Form

_____ Initials

_____ Contract



■ 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?				



PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- 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?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Hear? <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (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 <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

° 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