



June 30, 2023

Hello Families,

I hope everyone is having an enjoyable summer. It's been very busy here at school. The floors have been waxed, carpets cleaned, and items being delivered for the new school year. I can't believe this will be the fourth year for preschool here Visitation. We have a few new staff members joining our team. Please welcome Mrs. Mary Beth Fritz, Mrs. Patty Thatcher, and Ms. Morgan Langdon to our preschool staff.

This year we will be switching to our new curriculum. The lead teachers attended a wonderful professional development in June at Mount Saint Joseph University. We were able to see how to implement *Joyful Discoveries*. This new curriculum is researched based on the science of reading. We will be introducing the children to literature based units while incorporating math, science, social studies, and foundational skills needed for reading. This curriculum will give our students great opportunities to explore and use their imagination. For these enriching experiences we are asking for your assistance. There are several specific items that are suggested to enhance your child's experience with each unit. I have created an Amazon Wish List if you would like to help us purchase these items for each classroom.teacher.

<https://www.amazon.com/registries/gl/owner-view/12CP8O1JA1D932share=false>

Attached to this letter are several links to forms that will need to be completed and returned to school by August 21st. Medical and physical forms are included and will need information from your child's doctor. Please remember that all forms will need to be returned before your child can start school. If you have already completed any of the online forms, please resubmit - there was a problem with the original link that was sent out to our new families. This issue has been resolved.

**Checklist of items needed before the first day of school**

- ☐ Preschool Pick up form [Preschool Pickup Form](#) (online)
- ☐ Getting to Know Your Child [Getting to Know Your Child Questionnaire](#) (online)
- ☐ Parent Roster Form (attached)
- ☐ Emergency Medical Form/Student Health History Form (attached)

Enjoy the remaining days of summer,

Janie McDonald  
Preschool Director

### Mark your calendar



Aug 11-13 Visi Fest  
Aug 21 Back to School Night, 6:00pm - 7:30pm  
Aug 21 All preschool forms are due  
Aug 28 First Day of School P4 students (Last name A-L)  
Aug 28 First Day of School PK students (Last name A-L)  
Aug 29 First Day of School P3 students (Last name A-L)  
Aug 29 First Day of School PK students (Last name M-Z)  
Aug 30 First Day of School P4 students (Last name M-Z)  
Aug 30 All PK students at school  
Aug 30 Bumblebee Class Teddy Bear Picnic 10:30-11:15 AM (family event)  
Aug 31 First Day of School P3 students (Last name M-Z)



For all preschool information go to  
<https://olvisitation.org/school/Join-Our-Family/Preschool>. From here you can explore our information tabs. Our calendar, newsletters, and handbook can be found under preschool publications.



### Important numbers

Preschool office (513) 347-4450  
Preschool Director's Line (513) 347-4450 ex: 2158  
Preschool Absent Line (513) 347-4450 press #1  
School office (513) 347-2222



If your child is not feeling well, please remember to email the teacher or call the preschool office before 8:00 AM. We need to list a reason for their absence. Make sure to keep all telephone numbers up to date in case of an emergency.

\*Please update your child's physical form and immunization record with the school nurse. This needs to be done yearly per the preschool licensing rules. If we need an updated form, you will be notified.

# 2023/2024 Preschool Calendar

AUGUST	16-18	Teacher In-service Days
	21	Back to School Night, 6:00pm - 7:30pm
	21	All preschool forms are due
	28	First Day of School P4 students (Last name A-L)
	28	First Day of School PK students (Last name A-L)
	29	First Day of School P3 students (Last name A-L)
	29	First Day of School PK students (Last name M-Z)
	30	First Day of School P4 students (Last name M-Z)
	30	All PK students at school
	30	Bumblebee Class Teddy Bear Picnic 10:30-11:15 AM
	31	First Day of School P3 students (Last name M-Z)
SEPTEMBER	1	All P4 students at school
	1	Firefly Class Teddy Bear Picnic 10:30-11:15 AM
	4	No School, Labor Day
	5	All P3 students at school
	11	Picture Day, P4 & PK
	13	Butterfly Class Teddy Bear Picnic 10:30-11:15 AM
	14	Caterpillar Class Teddy Bear Picnic 10:30-11:15 AM
	25	No School, Teacher In-service
OCTOBER	10	Picture Retake Day, P3 Pictures
	10-11	Preschool Pumpkin Patch
	12-13	No School, Fall Break
	27	No School, Teacher In-Service
	30	P4 & PK Fall Spooktacular
	31	P3 Fall Spooktacular
NOVEMBER	2	Kindergarten & Preschool Preview Night
	10	No School, Teacher In-Service
	20-21	Parent/Teacher Conferences
	20-24	No School, Thanksgiving Break
	28	Early Dismissal, 11:00 AM
DECEMBER	19	P3 Christmas party
	20	P4 & Pk Christmas party
	21	No School, Christmas Break begins

JANUARY	4	School Resumes
	12	P4 Snowflake Ball 6:00 PM-6:45 PM
	12	PK Snowflake Ball 7:00 PM- 7:45 PM
	15	No School, Martin Luther King Day,
	28	Catholic Schools Week begins
	29	No School, Teacher School of Faith
FEBRUARY	12	Walk Incentive Day
	14	P4 & PK Valentine's Day party
	15	P3 Valentine's Day party
	16-19	No School, Winter Break
	28	Early Dismissal, 11:00 AM
MARCH	4	No School, Teacher In-Service
	14	Bumblebee & Caterpillar Rm. Pizza Pal Lunch
	15	Butterfly & Firefly Rm. Pizza Pal Lunch
	29	No School, Good Friday
APRIL	1-7	No School, Easter Break
	29	No School, Teacher School of Faith
MAY	9	P3 Walkathon
	10	Early Dismissal 11:30, P4 & PK Walkathon
	16	P3 Field Day
	17	P4 & PK Field Day
	23	Early Dismissal 11:00 AM
	27	No School, Memorial Day
	28	Caterpillar Class End of Year Celebration 9:00 AM
	29	Bumblebee Class End of Year Celebration 9:00 AM
	29	Firefly Class End of Year Celebration 9:30 AM
	29	Butterfly Class End of Year Celebration 10:00 AM

# 2023-2024 Preschool Supply List

*due to current circumstances teachers reserve the right to add products throughout the school year*

Cardinal School Supply Kits are available for purchase. They will get the supplies and there will be a pick-up day at Visitation. Some items listed will not be available through Cardinal. These supply kits are available for Grades Preschool-8, and are completely optional. You are welcome to purchase your own supplies. [Click here to order your Cardinal School Kit](#)

**\*\* highlighted items are required by the teacher and optional to purchase with Cardinal school kits as an add on item**

- 3 - boxes of 24 count crayons and a plastic crayon box or a travel soap dish to store crayons
- 1 - box of Crayola colored pencils (P4 and PK class only)
- 2 - boxes of Crayola classic colors washable broad tip markers
- 1 - Soft pencil bag big enough for markers
- 1 - set of Crayola washable watercolors
- 1 - spiral notebook, 1 subject notebook, wide ruled (P4 and PK only)
- 1 - packages of baby wipes
- 2 - containers of Clorox wipes
- 2 - package of dixie cups (3 oz size)
- 1 - box of Ziploc bags (PK-Ziploc gallon, P3-Ziploc sandwich, P4-Ziploc gallon size)
- 1 - 2 pocket folder with prongs (5 star brand poly type) - label with your child's name
- 1 - (6 pack) Laddie Ticonderoga Pencils
- 10 glue sticks
- 1 - bottle of Elmer's School Gel Glue
- 1 - pair of Fiskars scissors (blunt tip)
- 2 - containers of playdough (any color)
- 1- box of tissues
- 2- rolls of paper towels
- velcro shoes, no lace up shoes
- \*extra set of clothes and underwear in a ziplock bag with child's name
- \*a canvas tote bag will be supplied for your child and can be

Picked up at the Back to School Night



# Parent Roster Permission Form

By signing below, each parent gives permission for their contact information (name and email address) to be shared with other preschool families in your child's classroom. This information is only shared with a written notice to the director and may only be picked up in person.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ give permission to Our Lady of the Visitation Preschool to include our information in the Preschool family roster. I understand that this family roster will be made available to only parents in my child's preschool class that have given permission to be included. I understand that I will need to ask the director, Janie McDonald, for a copy of the roster and I am the only person that is able to obtain this document. I understand that this document may NOT be sent home with my child or any other person.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(print)

Signature: \_\_\_\_\_  
(Parent roster permission)

\*updated 3/2023







My name is Stephanie Knapke and I am a full time Registered Nurse at Our Lady of the Visitation School. I would like to welcome your child to Preschool, and I am excited to meet them and help make their days at school successful!

The State of Ohio requires certain health and emergency information **prior** to the child's first day of preschool attendance, unless otherwise noted. The required forms are attached and include:

- **Emergency Medical Authorization and Health History Report** (This is a two sided document!) This is included in your digital preschool packet. **This must be returned on or before the first day of school.** You can also find a copy on the school website under [Visi Vitals>Nurse/Absences>Preschool](#)
- **Immunization Record (Provider to supply)** *\*\*Most doctor's offices will fax the immunization records upon your request.* You can simply call and ask for a copy of their immunizations to be faxed anytime between now and the first day of school.
- **Healthcare Provider Report (Attached)** All preschool students must have a current physical examination (Healthcare Provider Report) on file. This one page document must be received by Thursday, September 21, 2023 (within thirty days of the first day of attendance). In addition, this form must have been completed within twelve months of the first day of attendance. This form expires annually. A reminder letter will be sent to you as the expiration date comes near. *Oftentimes, the pediatricians' offices can fax this back to me upon completion.*

**Return the completed forms** on the first day of school, or sooner via fax. Failure to provide an updated Healthcare Provider Report, as mandated by state law, could result in the exclusion of your child from school.

**Will your child require any medication during the day?** Our Lady of the Visitation requires a doctor's order for both prescription and over the counter medications. Forms are available on the website under the [Nurse/Absences](#) tab or in the Nurse's office.

The required health and emergency information is in the best interest of every child attending the preschool program. Such requirements provide for the prevention and control of communicable diseases, appropriate management of children with special health needs, and access to parents/guardians or identified responsible adults in cases of emergency. If you have any questions or concerns or would like to discuss your child's special health needs, please feel free to contact me.

Stephanie Knapke, BSN, RN  
School Nurse, Our Lady of the Visitation School  
[sknapke@olvisitation.org](mailto:sknapke@olvisitation.org)  
Ph- 513-451-7207  
Fax-513-347-2225

Updated 3-23-PN

# **2023 - 2024 EMERGENCY MEDICAL AUTHORIZATION**

**This form must be filled out and returned on or before the first day of school**

SCHOOL DISTRICT: Archdiocese of Cincinnati

SCHOOL ATTENDING: **Our Lady of the Visitation**

(PLEASE PRINT):

STUDENT'S LAST NAME \_\_\_\_\_

STUDENT'S FIRST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

HOMEROOM TEACHER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S CELL \_\_\_\_\_

FATHER'S CELL \_\_\_\_\_

MOTHER'S EMAIL \_\_\_\_\_

FATHER'S EMAIL \_\_\_\_\_

**In the event of an emergency or to verify the absence of my child from school (if the school has not been notified by 8:30 a.m.)  
PLEASE CONTACT:**

1. \_\_\_\_\_  
Name Relation Phone # Email Address

2. \_\_\_\_\_  
Name Relation Phone # Email Address

2. \_\_\_\_\_  
Name Relation Phone # Email Address

## **PART I OR II MUST BE COMPLETED PART 1 TO GRANT CONSENT**

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Local Hospital \_\_\_\_\_ ER Phone # \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-name doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

\_\_\_\_\_  
Date Signature of Parent or Guardian Address

## **DO NOT COMPLETE PART II IF YOU COMPLETED PART I PART II**

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: \_\_\_\_\_

\_\_\_\_\_  
Date Signature of Parent or Guardian Address

**PLEASE COMPLETE OTHER SIDE**



HAMILTON COUNTY EDUCATIONAL SERVICE CENTER  
**STUDENT HEALTH HISTORY UPDATE**

**STUDENT** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **ROOM** \_\_\_\_\_

Please complete this form and return it to school as soon as possible. Having up-to-date health information allows better care and understanding of your child's needs if problems arise during the school day. If there are any future changes in your child's health status, please call the school nurse at 513-451-7207 or send a note to school. **Check all health conditions your child may have.**

☐ **ADD / ADHD**

☐ **ALLERGIES** or reactions to: (Please explain)

Food(s) \_\_\_\_\_

Medication(s) \_\_\_\_\_

Plant / Animal / Environmental / Seasonal \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ **ASTHMA** (Identify triggers)

\_\_\_\_\_

\_\_\_\_\_

Has your child ever needed emergency treatment for asthma?  
\_\_\_\_ YES \_\_\_\_ NO

☐ **BLADDER PROBLEMS** (Please explain)

\_\_\_\_\_

☐ **BOWEL PROBLEMS** (Please explain)

\_\_\_\_\_

☐ **CYSTIC FIBROSIS**

☐ **DIABETES** Age of diagnosis \_\_\_\_\_

☐ **EAR INFECTIONS** (frequently after age of 3)

Approximate date or age of last infection \_\_\_\_\_

Currently under the care of ENT? \_\_\_\_ YES \_\_\_\_ NO

Currently has PE tubes? \_\_\_\_ YES \_\_\_\_ NO

Date of last ENT appointment \_\_\_\_\_

☐ **EATING DISORDER**

☐ **EMOTIONAL/ BEHAVIORAL CONCERNS**

☐ **EYE PROBLEMS** (Please explain)

Wears glasses/contacts? \_\_\_\_ YES \_\_\_\_ NO

Date of last eye examination \_\_\_\_\_

☐ **HEADACHES** (frequent)

Migraines? \_\_\_\_ YES \_\_\_\_ NO

☐ **HEART CONDITION** (Please explain)

\_\_\_\_\_

☐ **KIDNEY DISEASE** (Please explain)

\_\_\_\_\_

☐ **MENSTRUAL PROBLEMS** (Please explain)

\_\_\_\_\_

☐ **PHYSICAL DISABILITY** (Please explain)

\_\_\_\_\_

\_\_\_\_\_

☐ **RECENT HOSPITALIZATION/SURGERY  
SIGNIFICANT INJURY** (Please explain)

\_\_\_\_\_

☐ **SICKLE CELL DISEASE** (not trait)

Date of last sickle cell crisis \_\_\_\_\_

☐ **SEIZURES / EPILEPSY**

Date of last episode \_\_\_\_\_

☐ **SPINAL CURVATURE** (scoliosis, etc. )

Currently under the care of an orthopedic doctor?

\_\_\_\_ YES \_\_\_\_ NO

☐ **TICS / NERVOUS TWITCHES**

My child takes the following daily medication(s) \_\_\_\_\_

My child takes the following medication(s) occasionally \_\_\_\_\_

Please identify any other health information not listed above that you believe school personnel need to be aware of \_\_\_\_\_

\_\_\_\_\_

☐ **NONE OF THE ABOVE APPLIES TO MY CHILD.**

This information may be shared with school personnel if it is pertinent to health and safety, educational progress and/or behavioral management plan.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Child's Name		Birthdate:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
OBJECTIVE DATA					
*Height: _____ ( _____ %) *Weight: _____ ( _____ %) *BMI: _____ ( _____ %) B P: _____ / _____					
* Reason Not completed( ex. Healthcare provider decision, insurance coverage, religious conviction) Allergies: _____					
SCREENING TESTS					
VISION Date _____ * If not completed, please explain below			HEARING Date _____ * If not completed, please explain below		
Screening equipment utilized: _____			Pure tone testing: 1200, 2000, 4000 (HZ) at 20 Decibels		
Distance Acuity OD: 20/ _____ OS: 20/ _____			Right ear <input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> not done		
Random Dot E/Stereopsis <input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> not done			Left ear <input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> not done		
Near Acuity <input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> not done			Typanometry/Impedance <input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> not done		
Child wears glasses? <input type="checkbox"/> yes <input type="checkbox"/> no			Other tests (specify) _____		
Tested with glasses? <input type="checkbox"/> yes <input type="checkbox"/> no			History of Otitis Media <input type="checkbox"/> yes <input type="checkbox"/> no // Insertion of PE tubes <input type="checkbox"/> yes <input type="checkbox"/> no Date: _____		
Referral made? <input type="checkbox"/> yes <input type="checkbox"/> no			Referral made? <input type="checkbox"/> yes <input type="checkbox"/> no		
Child wears hearing aid? <input type="checkbox"/> yes <input type="checkbox"/> no			Child wears hearing aid? <input type="checkbox"/> yes <input type="checkbox"/> no		
* Reason Not completed( ex. Healthcare provider decision, insurance coverage, religious conviction) _____			* Reason Not completed( ex. Healthcare provider decision, insurance coverage, religious conviction) _____		
SPEECH/LANGUAGE					
Speech assessment: <input type="checkbox"/> Done <input type="checkbox"/> Not done <input type="checkbox"/> Child has no discernible speech problem					
Child has possible problem with: <input type="checkbox"/> Articulation <input type="checkbox"/> Rhythm <input type="checkbox"/> Voice <input type="checkbox"/> Language					
Speech evaluation recommended: <input type="checkbox"/> Yes <input type="checkbox"/> No					
LABORATORY TESTS/Other tests					
<input type="checkbox"/> *Hemoglobin _____ <input type="checkbox"/> *Lead level _____					
Atlantoaxial Instability x-ray (required Down Syndrome): Date: _____ <input type="checkbox"/> Done <input type="checkbox"/> Not done					
*Reason Not completed( ex. Healthcare provider decision, insurance coverage, religious conviction) _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative					
PHYSICAL EXAMINATION: *Please include an updated copy of the immunization records with this form					
Date of examination: _____ <input type="checkbox"/> Essentially normal <input type="checkbox"/> Abnormalities as follows: _____					
Is this child able to participate fully in the following:					
A. Classroom and academic activities? <input type="checkbox"/> YES <input type="checkbox"/> NO					
B. Gross motor activities such as running, tumbling, climbing, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If limitations are advised, please specify those limitations: _____					
Other limitations or health concerns? _____					
IMMUNIZATIONS **Please include an updated copy of the immunization record with this form					
IMMUNIZATIONS::			EXEMPT FROM IMMUNIZATION:		
Complete for age <input type="checkbox"/> YES <input type="checkbox"/> NO			Religious exemption: <input type="checkbox"/> YES <input type="checkbox"/> NO Health Exemption: <input type="checkbox"/> YES <input type="checkbox"/> NO		
In Process <input type="checkbox"/> YES <input type="checkbox"/> NO			Other _____		
Explain: _____			*Per section 3313.671 of Ohio Revised Code an immunization waiver must be completed for all exemptions.		
PLEASE PRINT OR STAMP					
Healthcare provider name:			Healthcare provider signature:		
Address					
Phone			Date signed		

# Our Lady OF THE VISITATION ATHLETIC CLUB

Athletic opportunities for preschool, kindergarten and first grade students.



The overall objective of our athletic program is to compliment the Christian principles and disciplines taught in the classroom through organized activities where the participants can release their physical and mental energies.

Our Lady of the Visitation Athletic Club supports all of the sports at Visitation to pursue excellence and age appropriate fundamentals. Sports at Visitation help reinforce teamwork, sportsmanship and the importance of prayer and faith in every phase of our lives. VAC provides a wide variety of sports for boys and girls, from grades preschool to high school.

To sign up for a sport, find answers to common questions, or to find contact information for sports commissioners, please visit [VACSPORTS.COM](http://VACSPORTS.COM).



## LOLLIPOP SOCCER

### Ages:

4 and 5 year olds

### Sign Ups:

March

### Starts:

Mid-August

& runs for six weeks.

*Commitment is one day a week. The format is a 30 minute practice followed immediately by a 30 minute scrimmage of another Visi Lollipop team.*



## BOYS & GIRLS SOCCER

### Grades:

K thru 8th

### Sign Ups:

March

### Practices Start:

Early August

### Games Begin:

Late August



## CHEER

### Grades:

K thru 8th

### Sign Ups:

March

### Practices Start:

August

### Games Begin:

August



## FOOTBALL

### Grades:

K thru 8th

### Sign Ups:

March

### Practices Start:

Early August

### Scrimmage Games:

Mid August

### Games Begin:

Mid August



## WRESTLING

### Grades:

1st thru 8th

### Sign Ups:

March

### Practices Start:

November

### Matches Begin:

December



## TRACK AND FIELD

### Grades:

K thru 8th

### Sign Ups:

November

### Practices Start:

March

### Meets Begin:

March



## BASEBALL

### Ages: 4 years to 15 years

*\*must be 4 by Jan 1st/  
cannot be 16 Prior to May 1st*

### Sign Ups

5U - 15U: November

8U - 13U Evaluations:

August

### Practices Start:

5U - 15U: March/April

### League Games Begin:

5U - 15U: April



## SOFTBALL

### Grades:

Pre-K thru 8th

### Sign Ups:

November

### Practices Start:

Early April

### Games Begin:

Late April

Additional sports are offered to students in older grades, such as basketball, volleyball and golf. For more information please visit

**VAC SPORTS.COM.**