

ST. MONICA BACK-TO-SCHOOL INFORMATION



What's Included:

**IMMUNIZATION,
MEDICATION, &
ALLERGY FORMS**

HOT LUNCH

MAGAZINE SALE

SCRIP

SCHOOL STORE

SCHOOL TOTE BAGS

LUNCH DUTY

SCHOOL BAND

**NOTES FROM THE
SCHOOL OFFICE**

GYM SHIRTS

ANNUAL FUND

Welcome to SMS from the Home & School Association

Welcome to the 2021/2022 school year! As co-presidents of the St. Monica Home & School Association, we have compiled helpful information you will need to start the school year.

- Teacher announcements will be sent through email on August 25th. If you do not see an email on this date, please be sure to check your junk mail or spam folder to ensure that you receive this information.
- St. Monica "Welcome Day" (formerly Forms and Fees Day) will be Thursday, August 26th from 7:30 am until 11:30 am.
 - Visit your classroom, meet your teacher, drop off supplies
 - Setup lockers for students in 4th through 8th grades
 - Purchase SMS tote bags for kindergarten students
 - Purchase gym uniforms for students in 5th through 8th grades
 - Purchase school uniforms at the resale
 - Turn in Allergy, Immunization, Athletic forms
 - Learn about athletics, band, Scouts, Annual Fund, Milestones
- The following items will be sent home with your mail carrier this fall:
 - Calendar
 - Memory Book from 2020/2021 school year
- Each family with a child or children in full day school (K4 through 8th grade) will need to sign up for lunch duty. A link to signup is included in this packet.
- Individual school pictures will take place on September 10th (8th grade) and September 17th (K3-7th).
 - Students are photographed in dress clothes (no uniform)

Blessings,
Mary Burnett and Amy Lovejoy
2021/2022 Home & School Co-presidents

Do small
things with
great love



Mother Teresa

Immunization, Medication, & Allergy Forms

Immunization Form: Complete and return to the school office.

Prescription Medication Form:

Complete and return to the school office. Must be completed for prescription inhalers, epi-pens, and other physician prescribed medication that may need to be given while the student is at school.

Both forms can be found at the end of the newsletter.

Magazine Sale

The magazine sale is the kick-off fundraiser for the Home & School association. Our students sell magazine subscriptions to friends and family, with a portion of the sale coming back to our school.

New magazine subscriptions and magazine renewals are all accepted during this entirely online fundraiser.

Magazine sales will start on September 7th and go until October 1st.

Information will be sent home in the coming weeks.

Hot Lunch

This year St. Monica school will be using the School Eatery as our hot lunch provider.

You can order lunch through the School Eatery website or their app. Orders must be placed by 8:00am on the day your student will receive hot lunch.

Information on how to sign up for School Eatery and order your students' lunch can be found in a handout at the end of the newsletter.



Scrip

Scrip is a fundraising organization that supports St. Monica Home and School and your own tuition bill!

It is a self-spending fundraiser where parents are able to purchase electronic or physical gift cards from hundreds of retailers with a proceed going back to the school and family.

A link to sign up for Scrip is in the handout at the end of the newsletter.

School Store

The St. Monica School Store is a spirit shop where you can purchase useful and fun products to spread the SMS spirit!

We have everything from car stickers, popsockets, clothes, to hammocks for you to show off your school pride.

Check out the order form at the end of the newsletter to see all of our products and to place your order.

St. Monica's Home & School Association is a committee made up of parent volunteers that help organize many of our school's fundraisers and events.

Here are a few examples of what we help put together:

- School Auction
- Magazine Sale
- Christmas Ornament Sale
- Advent Breakfast
- Catholic Schools Week

We are always looking for more volunteers to help! [Here is a link to our Home & School SignUp to see our open opportunities.](#)

*What is Home
& School?*

SMS Tote Bags

A St. Monica favorite among our students and parents! Perfect for snow gear and just about anything else.

These zippered totes are approximately 17 inches wide and 15 inches tall.

Tote bags can be purchased in the school during Welcome Day for \$10 each. Cash or check will be accepted.



Annual Fund

The Annual Fund supports the school's operating budget. Here are the key points you need to know about this critical fundraiser:

- Helps to minimize tuition increases.
- Plays a significant role in our outstanding staffs' compensation.
- Allows us to maintain our operating budget in order to provide a strong, faith-based education.

[To donate to the Annual Fund click here!](#)

Lunch Duty

St. Monica school has 2 parents cover lunchroom duty each day.

Here are the requirements for sign up:

- Parents with a full day child in K4 or K5 should sign up for ONE lunch duty.
- Parents with a child in 1st-8th grades should sign up for TWO lunch duties.
- Parents of half-day students and full day K3 students will not need to sign up.
- Maximum signup for each family is TWO lunch duty shifts.

[Click here for the lunch duty sign up!](#)

Gym Uniform Shirts

Need a new gym uniform t-shirt? We've got you covered!

Students in 5th grade through 8th grade need to wear gym uniform shirts.

Shirts can be purchased in the school on Welcome Day for \$7 each. Cash or check will be accepted.

Notes From the School Office

The first week of school will have shortened days for our K3, K4, K5, and 1st grades. Here is their schedule:

Monday, August 30th

K3 - 8:15-10:10

K4 - 8:10-10:10

K5 - 8:10-11:15

1st - 8:10-12:30

Wednesday, September 1st

K3 Full Day - 8:15-12:15

K4 - 8:10-11:15

Tuesday, August 31st

K3 - 8:15-10:10

K4 - 8:10-10:10

K5 - 8:10-11:15

1st - 8:10-12:30

Thursday, September 2nd

K3 Full Day - 8:15-12:15

K4 - 8:10-11:15

- Friday, September 3rd: Regular school schedule for all grades.
- Monday, September 6th: No school.
- [Click here for the St. Monica school supply lists](#)
- [Need the academic calendar for the entire school year? Click here!](#)

Learn. Live. Love.



Uniform & Appearance Policy

Land's End Store: <https://www.landsend.com/shop/school/S-ytp-xe8> - School Number = 900029109

Girls: Jumper (Grades 4K - 4th Grade) and Skirt (Grades 5-8): Classic Navy Large Plaid

- Length of jumpers, shorts and skirts should be of a modest length; around mid-thigh.
- Girls may wear red, white, or blue tights or leggings under the uniform, no slacks. The leggings must be fitted to the ankle.

Slacks: Navy blue or tan dress slacks, twill or corduroy

Shorts: Navy blue or tan tailored walking shorts, no longer than the knee.

Shirts: Collared long or short sleeved, including: button front blouse, polo style, in knit or cotton fabric – not sweater/ribbed material. No large logos or logos on the back of shirts and/or sweaters will be permitted. All tops are to be tucked into the waist of skirts/slacks/shorts.

Solid colors: white, navy, red or light blue

Sweaters: Plain long sleeved button or zip up with crew or v-neck. No cropped style, regular hoods or embellishments permitted. Uniform shirts/blouses are to be worn under sweaters.

Solid colors: white, navy or red

Socks: Girls – Knee-high or ankle length socks. Solid colors: white, red or navy

Boys – No longer than mid-calf. Solid colors: white, red or navy. Logos should be small.

Shoes: All shoes must cover the entire foot, including heel and toes.

Hair: No unnatural colors or large accessories that would distract from learning. Boys' should not cover the ears.

Unacceptable Attire

- flip-flops; shoe heel higher than 1 inch
- leggings worn as slacks without a jumper, top or skirt that completely covers torso to mid-thigh
- T-shirt under uniform shirt that is not solid color (red, white or blue, gray)
- sweaters worn without collar of shirt showing
- denim or jeans style slacks or shorts
- shorts longer than top of knee
- shorts, dresses and/or skirts that are too short
- torn or dirty clothing
- cargo or flared pants
- low rise pants
- shirt tails hanging out
- heavy make-up - light make-up may be worn in Jr. High
- multiple piercings or body piercings
- thin spaghetti strap tank tops or "camis" worn on non-uniform days
- tight fitting and/or low-cut shirts or tops

IMMUNIZATION, MEDICATION, & ALLERGY FORMS

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN **30 DAYS AFTER ADMISSION**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

Step 1 PERSONAL DATA

PLEASE PRINT

| | | | | | |
|---|------------------------|------------------------------------|--------|------------------|-------------|
| Student's Name | Birthdate (MM/DD/YYYY) | Gender | School | Grade | School Year |
| Name of Parent/Guardian/Legal Custodian | | Address (Street, City, State, Zip) | | Telephone Number | |

Step 2 IMMUNIZATION HISTORY

List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE A (√) OR (X) except to answer the question about chickenpox, Tdap, or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

| TYPE OF VACCINE* | FIRST DOSE MM/DD/YYYY | SECOND DOSE MM/DD/YYYY | THIRD DOSE MM/DD/YYYY | FOURTH DOSE MM/DD/YYYY | FIFTH DOSE MM/DD/YYYY |
|---|--------------------------|---------------------------|---|---------------------------|--------------------------|
| DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis) | | | | | |
| Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td | | | | | |
| Polio | | | | | |
| Hepatitis B | | | | | |
| MMR (Measles, Mumps, Rubella) | | | | | |
| Varicella (Chickenpox) Vaccine <i>Vaccine is required only if your child has not had chickenpox disease. See below:</i> | | | | | |
| Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input type="checkbox"/> YES _____ Year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required) | | | Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply) <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If YES, provide laboratory report(s) | | |

Step 3 REQUIREMENTS

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

Step 4 COMPLIANCE DATA

STUDENT MEETS ALL REQUIREMENTS

Sign at Step 5 and return this form to school.

Or

STUDENT DOES NOT MEET ALL REQUIREMENTS

Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

- ☐ Although my child has **NOT** received **ALL** the required doses of vaccine, the **FIRST DOSE(S)** has/have been received. I understand that the **SECOND DOSE(S)** must be received by the 90th school day after admission to school this year, and that the **THIRD DOSE(S)** and **FOURTH DOSE(S)** if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

- ☐ **For health reasons** this student should not receive the following immunizations _____

SIGNATURE - Physician

Date Signed

- ☐ **For religious reasons**, I have chosen not to vaccinate this student with the following immunizations (check all that apply)

☐ DTaP/DTP/DT/Td ☐ Tdap, ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella

- ☐ **For personal conviction reasons**, I have chosen not to vaccinate this student with the following immunizations (check all that apply)

☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella

Step 5 SIGNATURE

This form is complete and accurate to the best of my knowledge. Check one: (I do ☐ I do not ☐) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student

Date Signed



Form
5141.5(b)

**MEDICAL PROVIDER AUTHORIZATION FORM
PRESCRIPTION MEDICATION**

| | |
|-----------------|--------|
| Student's Name: | DOB: |
| School: | Grade: |
| Diagnosis: | |

DAILY MEDICATION

| Medication: | Dosage: | Route: | Frequency: | Start Date: | Stop Date: | Side Effects: |
|-------------|---------|--------|------------|-------------|------------|---------------|
| 1. | | | | | | |
| 2. | | | | | | |

AS NEEDED OR PRN MEDICATION

| Medication: | Dosage: | Route: | Frequency: | Start Date: | Stop Date: | Side Effects: |
|-------------|---------|--------|------------|-------------|------------|---------------|
| 1. | | | | | | |
| 2. | | | | | | |

MEDICAL PROVIDER CONSENT

| | |
|--|-------|
| I authorize the school to give the above medication(s) to this student. | |
| Asthma Inhalers and Epi-Pens Only: This student and his/her parents have been instructed in self-administration and the student may carry an inhaler or Epi-Pen and self administer at school. Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Print Medical Provider Name: | Date: |
| Medical Provider Signature: | |

PARENT CONSENT

| | |
|---|-------|
| I give the school permission to administer the above medications as directed by the medical provider. Inhaler/Epi-Pen Only: My child may <input type="checkbox"/> or may not <input type="checkbox"/> carry and self-administer. | |
| Parent/Guardian Signature: | Date: |

As part of the authorization form, school personnel may contact the medical provider and parent with questions regarding the medication administration including clarification regarding dosage, side effects or indication of the medication(s) listed above.

Allergy Action Plan

Student Name: _____ Birth Date: _____
School: _____ Grade: _____ Teacher: _____

Place Student
Photo Here

ALLERGIC TO THESE ALLERGENS:

- ☐ **Has Asthma** (increases risk for severe reaction)
- ☐ **Severe Allergy previously/suspected—Immediately give epinephrine & call 911—** Start with Steps 2 & 3
- ☐ **Mild Allergy** – Itching, rash, hives – Give antihistamine, call school nurse and parent. Start with Step 1

► **STEP 1: IDENTIFICATION OF SYMPTOMS*** ◀

* Send for immediate adult assistance

Symptoms:

- If exposed to allergen, or allergen ingested, but **no symptoms**
- **Mouth** – Itching, tingling, or swelling of lips, tongue, mouth
- **Skin** – Hives, itchy rash, swelling of the face or extremities
- **Gut** – Nausea, abdominal cramps, vomiting, diarrhea
- **Throat** – Tightening of throat, hoarseness, hacking cough
- **Lung**** – Shortness of breath, repetitive coughing, wheezing
- **Heart**** – Faint, pale, blueness around mouth or nail beds, weak pulse, low B/P.
- **Other**** – _____
- If reaction is progressing (several of the above areas affected) give

Type of Medication to Give:

(Determined by physician authorizing treatment)

- | | |
|---|---|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine: Call 911 | |
| <input type="checkbox"/> Epinephrine: Call 911 | |
| <input type="checkbox"/> Epinephrine: Call 911 | |
| <input type="checkbox"/> Epinephrine: Call 911 | |

** Potentially life-threatening. – Note: The severity of symptoms can quickly change.

► **STEP 2: GIVE MEDICATIONS** ◀

Epinephrine: inject intramuscularly (check one) ☐ EpiPen® ☐ EpiPen Jr®

- If Epinephrine is given, paramedics must be called! **PROCEED TO STEP 3 BELOW.**

Antihistamine/other: give _____ (Medication name & amount) by _____ (route/method)

- Notify parents and school nurse • Observe for increasing severity of symptoms • Call 911 as needed

IMPORTANT: Do NOT depend on asthma inhalers and/or antihistamines to replace epinephrine in a severe reaction.

EpiPen Directions:

- a. Pull off the GRAY Safety Cap
- b. Place BLACK TIP near OUTER-UPPER THIGH
- c. Swing and jab firmly until hearing or feeling a click
- d. Hold EpiPen in place **10 SECONDS**, remove, massage area
- e. Dispose of in red sharps container or give to paramedics



- The EpiPen can be injected through clothing.
- The individual may feel his/her heart pounding.
- This is a normal reaction to the medication.

► **STEP 3: EMERGENCY CALLS** ◀

1. **CALL 911** – Seek emergency care. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call Parents or Emergency Contacts

Parent completes Parent and Emergency Contact Names and Information below:

| Parents/Emergency Contact Names: | Relationship: | Phone Number(s): |
|----------------------------------|---------------|------------------|
| a. _____ | 1.) _____ | 2.) () () |
| b. _____ | 1.) _____ | 2.) () () |

Parent/Guardian Signature _____ **Date** _____
(Required)

Physician completes form through Step 2

Physician Name (Printed) _____ **Phone Number:** () ()

Physician Signature _____ **Date:** _____
(Required)

This form must be renewed annually or with any change in medication.
The Prescription Medication Authorization Form must be completed in addition to this Allergy Action Plan

**HOT
LUNCH**



Dear Parents, Students and Staff,

We are happy to welcome St. Monica School to School Eatery's hot lunch program. Your menu will soon be available for ordering. Please head to our ordering platform to register your student/s for this school year.

Please note that School Eatery will be offering a CONTACTLESS delivery for school lunches this year, following the CDC recommendations and guidelines for all meal deliveries, keeping safety precautions our main priority.

Please sign up at <https://schooleatery.ahotlunch.com/login> and choose PARENTS CLICK HERE TO SIGN UP. You will receive an email to activate your account and will need a school code to add your children. **Your school code for the new software is STMS (all caps).**

To download our app (available on Apple iPhones), please search hotlunch and enter **schooleatery** (all lowercase and no spaces).



Once logged in, if you have any questions or need assistance, click on the Software Support option on the bottom left of your navigation panel or contact us by clicking the link to Chat with us.

We look forward to serving you this school year.

Warm regards,

SCHOOL EATERY

(800) 570-6755

EMAIL: schooleatery@yahoo.com

SCRIP FORMS

Earn free tuition credit! Scrip Program

The SCRIP program is a wonderful fundraising tool that allows you to buy gift cards from your favorite brands and earn on your daily purchases. Last year, contributing families helped earn \$5,000 for Home and School. The average tuition reimbursement per family was \$375, with some families earning up to \$1,300!!!

The program is simple to enroll in, easy to use and the best part, it's FREE. Please consider helping us with this important fundraising program.

How it works:

Shop 750+ top brands and immediately earn up to 20% on every gift card you buy. You can easily raise \$1,000 or more every year.

Raise money simply by doing everyday things—like grabbing your morning coffee or ordering dinner for the family. Use gift cards on large home and furniture purchases to earn even more.

How to get started

1. Fill out the [Scrip Participation Form](#) online.
2. Create an account on the [RaiseRight app](#) or at [ShopWithScrip.com](#) using our organization's enrollment code: **52D43A5F3141**

Seamlessly check out and receive eGift cards faster by securely paying online with a linked bank account or credit card.

Have questions? Contact: **Michelle Whitaker, Connie Place, or Molly Kanter at email scrip@stmonica.school.**

2021-22 St. Monica SCRIP Rewards Program

Enrollment Instructions

Have your bank routing and account numbers available

Step 1:

- Go to **www.shopwithscrip.com**

- Click on Create Account
 - Username: enter email address
 - Password: create your own

- Update User Information
 - Select Challenge Question #1:
 - Select Challenge Question #2:

PLEASE NOTE: Security answers are case/space sensitive. Use simple answers (ex. milwaukee).

- Enter St. Monica Non-Profit Enrollment Code: **52D43A5F3141**

You are at the Family Home Page

- Set Up PrestoPay Account
- Click on PrestoPay
- Click I Agree
- Enter Account Information
 - Enter Bank Name
 - Enter Account Name
 - Enter Routing number (number on left);
Account number (number on right)
 - Enter validation code provided on
screen, click next

(Print screen with explanation about 2 random amounts being deposited to your account within 2 business days)

Check your bank account statement and when you see 2 deposits from Great Lakes Scrip, go to Step 2.

Step 2:

- Go to **www.shopwithscrip.com**

- Click on Log In
 - Username: email address
 - Password: from Step 1
- At home page, click on PrestoPay
- When the PrestoPay screen appears, bank information appears. Click on boxes and enter the 2 deposit amounts from your online checking account statement.
- Select PIN #, click next

You have successfully verified your PrestoPay account information with our supplier.

You can enroll at www.shopwithscrip.com from home. For questions, contact Michelle Whitaker at scrip@stmonica.school.

2021-22 MONTHLY STANDING SCRIP ORDER FORM

Orders placed first Sunday of the Month

| | |
|---|------------------|
| Name: | Date: |
| Email Address: | Phone: |
| Shopwithscrip.com User Name: | Password: |
| PIN: | |
| WE WILL ORDER FROM ANY VENDOR LISTED AT www.SHOPWITHSCRIP.com | |

| VENDORS NOT LISTED BELOW | PROFIT % | DENOMINATION | QUANTITY | TOTAL \$ |
|--------------------------|----------|--------------|----------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Grocery Stores/Pharmacy

| | | | | |
|---|----|---------------------------------|--|--|
| Sendik's (Balistreri owned) | 5% | \$50 | | |
| Roundy's (Includes Pick n Save & MetroMarket) | 4% | \$25/\$50/\$100 (circle choice) | | |
| CVS Pharmacy | 6% | \$25/\$100 (circle choice) | | |
| Walgreens | 5% | \$25/\$100 (circle choice) | | |
| Meijer | 3% | \$25/\$50/\$100 (circle choice) | | |

Gas/Coffee

| | | | | |
|--------------------|------|----------------------------|--|--|
| BP | 1.5% | \$50/\$250 (circle choice) | | |
| Kwik Trip | 4% | \$25/\$100 (circle choice) | | |
| Dunkin Donuts | 3% | \$10 | | |
| Speedway | 4% | \$25/\$100 (circle choice) | | |
| Starbucks | 5% | \$10/\$25 (circle choice) | | |
| Stone Creek Coffee | 10% | \$10/\$25 (circle choice) | | |

Books and Entertainment

| | | | | |
|---------------------------|----|---------------------------------|--|--|
| Amazon | 2% | \$25/\$100 (circle choice) | | |
| Marcus Theatres | 8% | \$25/\$100 (circle one) | | |
| Barnes & Noble Bookstores | 9% | \$10/\$25/\$100 (circle choice) | | |
| iTunes | 5% | \$15/\$25 (circle choice) | | |

Restaurants

| | | | | |
|--------------------------|-----|--------------------------------|--|--|
| Brueggers | 7% | \$10 | | |
| California Pizza Kitchen | 8% | \$25 | | |
| City Market | 6% | \$10/\$25 (circle choice) | | |
| Panera | 8% | \$10/\$25/\$50 (circle choice) | | |
| Cousins Subs | 9% | \$10 | | |
| Culver's | 10% | \$10/\$25 (circle choice) | | |
| Highland House | 20% | \$25 | | |
| Qdoba | 7% | \$25 | | |

Specialty Stores

| | | | | |
|--------------------------------------|------|----------------------------------|--|--|
| Bayside Garden Center | 15% | \$50 | | |
| Best Buy | 3% | \$25/\$100/\$250 (circle choice) | | |
| Gap/Banana Republic/Old Navy/Athleta | 14% | \$25/\$100 (circle choice) | | |
| Kohl's (Ok to pay bill) | 4% | \$25/\$100 (circle choice) | | |
| Lands' End | 16% | \$25/\$100 (circle choice) | | |
| Target | 2.5% | \$25/\$100 (circle choice) | | |

| | | |
|--------------|---------------------------|----|
| ORDER TOTAL: | Payment through PrestoPay | \$ |
|--------------|---------------------------|----|

Signature of Parent or Guardian

Date:

**SCHOOL
STORE
ORDER
FORM**












***Spread the Spirit* with gear from the St. Monica School Store!**

Visit the [school store](#) on the SMS website to see details and place your orders.

Orders will be sent home with students as soon as possible.

Contact Jen Fitzgerald (jmdfitzgerald12@gmail.com) or

Christy Prekop (cprekop@gmail.com) with any questions.

| | | |
|--|--|---|
| <p>Baseball Hat - \$15</p>  | <p>Winter Hat - \$20</p>  | <p>Sweatshirt - \$15</p>  <p>Approved for daily wear at school, including Mass.</p> |
| <p>Socks - \$15</p>  <p>Approved for daily wear at school. Also great for sports!</p> | <p>Flannel PJ Pants - \$30</p>  | <p>Scrunchie 3-Pack - \$8</p>  |
| <p>Club/Sport Stickers - \$3</p>  <p>Show your pride with these laptop or water bottle stickers.</p> | <p>Car Stickers - \$5</p>  | <p>Backpack Pom Pom - \$8</p>  <p>Metal tag says SMS.</p> |
| <p>Pencil Case - \$8</p>  | <p>Popsocket - \$10</p>  | <p>Hammock - \$40</p>  |