



## **Enrollment Packet for 2020-2021**

### **Contents:**

- 1. Enrollment Packet**
- 2. Mission Statement & Admission Policy**
- 3. Registration Form\***
- 4. Health Record/Medical Treatment Release Form\***
- 5. After-School Transportation & Publicity Authorization/Ethnicity**
- 6. Tuition Assistance Policy and Qualifying Guidelines**
- 7. Tuition Assistance Application Form\*\***
- 8. George & Mary Kremer Foundation Application\*\***
- 9. Tuition Schedule**
- 10. Tuition Contract**
- 11. Tuition Contract continued**
- 12. Mandatory Parental Involvement/Service Hours Policy**
- 13. Parental Involvement & Fundraising Contracts**
- 14. Concussion Information/Physical Education Information Sheet**
- 15. Concussion Information/Physical Education Permission Form**

**\*Only one enrollment packet need be completed per family; however, pages 3 and 4 must be completed separately for each student you wish to enroll at St. Mary's Catholic School.**

**\*\*Complete only if applicable**

# Mission Statement

Guided by the Holy Spirit and in partnership with the parents, St. Mary's School is committed to teaching the knowledge of the faith centered in the person of Jesus Christ. The values and traditions of the Catholic faith are integrated into a comprehensive academic program where each child can develop spiritually, intellectually, emotionally, socially and physically. In a safe, joyful, and diverse environment, St. Mary's School will teach its students the value of their Catholic heritage while respecting the traditions of students of other faith.

*\*Our Mission Statement is reviewed annually. Please contact the administrator if you have any questions or recommendations regarding our Mission Statement. Revised 1/22/2013*

## **ADMISSIONS POLICY:**

St. Mary's School is open to any child whose parents/guardians desire a Christian education for their child.

Students will be admitted to St. Mary's Catholic School according to the following criteria:

1. **January 1<sup>st</sup>-15<sup>th</sup>:** registration will be accepted for the upcoming school year starting with children of existing St. Mary's Catholic School families, Preschool-8.
2. **January 16<sup>th</sup> -30<sup>th</sup>:** registration will be open to Catholic parishioners of The Diocese of Marquette, Preschool-8.
3. **February 1<sup>st</sup>:** registration will open to the public, Preschool-8.

\*A non-refundable fee for all students, Preschool-8<sup>th</sup> grade will be required at the time of registration to reserve a spot. The registration fee is \$150.00 per student. **For families registering BEFORE April 1<sup>st</sup>, the registration fee will be discounted to \$75.00 per student.**

If classes become filled to capacity, any openings that occur will be filled from a waiting list. The waiting list will be compiled on a first come, first served basis.

Registrations will not be taken after the first day of school except in the case of families new to the area or under certain considerations with consultation of the St. Mary's Education Commission. New students will not be admitted into Grade 8 except under special circumstances and in consultation of the School Commission.

**Birth certificate and immunization record must be provided to complete enrollment for all new students.**

**Preschool students must be 4 years old by September 1st.** Any openings that occur will be filled from a waiting list. The waiting list will be compiled on a first come, first served basis. We are not accepting students who turn 4 after September 1<sup>st</sup>.

**Kindergarten students must be 5 years old by September 1st** of the year they intend to enter Kindergarten. Exceptions are made for children whose birthday falls on or before December 31<sup>st</sup> and show readiness, verified by a formal assessment and preschool teacher recommendation. Kindergarten entrance is based on the age policies as stated above, **not** upon completion of a preschool program.

**Transfer students:** Transfer students shall be admitted to a grade upon evidence of having satisfactorily completed previous grade levels.

Revised: 7/18/2019

**\*Please fill out  
1 PER child**

Date Paid \_\_\_\_\_  
Initials \_\_\_\_\_  
\*office use only

### Registration Form

#### Student Information

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Grade in Fall \_\_\_\_\_ Preschool \_\_\_\_\_  
Primary Student address \_\_\_\_\_  
City/Zip \_\_\_\_\_

Is your child a returning St. Mary's Catholic School Student YES NO

A New Student YES NO

\*\*\*New students please attach a copy of Birth certificate and immunizations

#### Family Information

##### **Parent/Guardian**

Full Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Occupation \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Religion \_\_\_\_\_  
Address \_\_\_\_\_

##### **Parent/Guardian #2**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Driver's Lic \_\_\_\_\_

Driver's Lic \_\_\_\_\_

#### Parish Information

\_\_\_\_\_ St. Mary's \_\_\_\_\_ St. Joseph's Other \_\_\_\_\_

\_\_\_\_\_ Non-Catholic

Are you registered in the indicated parish \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

When you claim Catholic parishioner status, unless you are new to the area, know that before the reduced tuition rate is applied, our office will first confer with the parish you claim in order to determine if you have been attending or involved in some way. Involvement at one of the parishes means not *only* that you are registered, but also that you are attending Mass there. We will check to see if there is some record of your attendance at Mass, verified by the contribution envelopes, **OR** involvement at Mass as either a lector, Eucharistic minister, usher, musician, choir member, or having your child altar-serve.

**Returning families:** if you have not been active at the parish you claim, your tuition rate will be that of a non-parishioner.

**If you are new to the area:** you need to register at a parish and get involved.

#### New students please complete this section:

List all schools previously attended School Year Grade School City/State

**Health Record/Medical Treatment Release Form**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Does your child have any chronic illness? YES NO Name of illness \_\_\_\_\_

Identify dates and causes of any operations, hospitalizations, significant injuries your child may have/had:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any activity restrictions, including Physical Education class? YES NO

If Yes-what are his/her restrictions? \_\_\_\_\_

My child is in good health YES NO

My child is current on all immunizations YES NO  
St. Mary's has a copy of my child's immunization records YES NO

Wear glasses YES NO Date of last eye exam \_\_\_\_\_

Has a trouble hearing YES NO

Is there anything else we should be aware of? YES \_\_\_\_\_ NO

List allergies, medications

\_\_\_\_\_  
\_\_\_\_\_

Please provide your name, address and phone number(s) and 2 people we can call in an emergency if you cannot be reached:

Parent Name Address Phone #

\_\_\_\_\_  
\_\_\_\_\_

**Medical Treatment Release Authorization:**

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause a disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

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

**After school transportation/publicity authorizations/ethnicity form**

Students name(s): \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Transportation - Please check any that apply:

\_\_\_ My child will walk home or to a day care provider

\_\_\_ Attend the After School Program

\_\_\_ Be picked up by parent/guardian or day care provider

\_\_\_ Other: \_\_\_\_\_

If your child is being picked up by someone other than the parent/guardian, please write all the names and telephone numbers of the person(s) who have authorization to pick up your child.

**If your child is not picked up by 3:10 pm, we will call the people on this list.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Are there any special circumstances that we should know of? If a special after school arrangement exists that is not listed on this paper, please notify your child's teacher immediately in writing. YES NO

**Picture/internet authorization**

May we take your child's picture for use in the school newsletters, yearbooks, multi-media presentations, brochures, flyers, social media sites, or for administration purposes? YES NO

May we post pictures of your child on the school's website which is public? YES NO

May we post pictures of your child on social media if we do NOT include names? YES NO

May we publish your name, address, and phone in the school directory? YES NO

May we give your name and email to our Home and School Association? YES NO

Special instructions:

**Ethnicity/Race**

The following information is *optional* but it helps our school for specific grants and also allows for our school to participate in the share-time programs with the Sault Area Schools.

\_\_\_ Caucasian/White \_\_\_ Hispanic/Black \_\_\_ American Indian/Native Alaskan \_\_\_ Hispanic/White

\_\_\_ Asian \_\_\_ Multi Race \_\_\_ Black \_\_\_ Native Hawaiian/Pacific Islander \_\_\_ Middle Eastern

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## Tuition Assistance Policy and Qualifying Guidelines

Federal Income Requirements used as guidelines in assessing tuition assistance for families are in the table below. These income requirements will be followed, but extenuating circumstances will be considered. Please disclose unusual family situations in writing when applying for financial assistances as one of our goals is to help all families who have financial needs.

### Federal Income Eligibility Guidelines

Total Family Size	Maximum Annual Income to Receive Financial Assistance	
	Reduced (Lunch)	Free (Lunch)
1	\$23,107	\$16,237
2	\$31,284	\$21,983
3	\$39,461	\$27,729
4	\$47,638	\$33,475
5	\$55,815	\$39,221
6	\$63,992	\$44,967
7	\$72,169	\$50,713
8	\$80,346	\$56,459
For each additional family member add:	\$8,177	\$5,746

### **Tuition Assistance Requirements:**

- **Each returning family must validate how they volunteered during the previous year to be eligible to receive tuition assistance. If required hours were not met, tuition assistance will not be granted for the following school year. All hours must be completed by June 30 of current school year.**
- **Each Catholic family is to be actively involved in their parish; parish priests will validate this activity. If active involvement the previous year is not validated, tuition assistance may not be granted for the following school year. Involvement at one of the parishes means not *only* that you are registered, but also that you are attending Mass there. We will check to see if there is some record of your attendance at Mass, verified by the contribution envelopes, **OR** involvement at Mass as either a lector, Eucharistic minister, usher, musician, choir member, or having your child altar-serve.**
- Families who qualify for free (F) or reduced (R) school lunches, according to the Federal Income Eligibility Guidelines, qualify for tuition assistance at SMCS. Families who do not fall under these guidelines but are in need of assistance due to extenuating circumstances, i.e. unexpected medical bills, loss of employment, etc., must be explained in writing and attached to the completed Tuition Assistance Application Form, and requested income documentation, no later than May 15<sup>th</sup>. If no justification is given in writing, the application will be immediately denied.
- Current St. Mary's Catholic School families, who wish to apply for tuition assistance for the following year, must submit the Tuition Assistance Application Form and a copy of Income Tax Return 1040 form and/or other Income forms, no later than May 15.
- Tuition Assistance Applications from new families enrolling after May 15 are due by August 15; assistance based on availability.

### **Tuition Assistance Procedures:**

- All tuition assistance funds received by May 31 will be applied to the upcoming school year. Tuition Assistance funds received after this date will be held in a liability account until they can be applied to the following school year.
- Tuition Assistance will be calculated via a Diocese of Marquette formula that uses specific demographic information including marital status, number of school age children, number of parents who work, and adjusted gross income.
  - Qualifying families for free lunch under Federal Income Eligibility Guidelines will pay \$650.00 per school year, regardless of the scholarship calculation.
  - Families who qualify for reduced lunch under the Federal Income Eligibility Guidelines will pay one-half of the total family tuition and will be given second consideration
  - The tuition assistance process will be confidential to the school secretary, school administrator, and the tuition award committee
  - All tuition amounts must be paid in installments through FACTS.



**George and Mary Kremer Foundation**  
**Parent Application for Student Grant**

**Only one form is required per family and is to be filled out by parents or guardians.**

This form should be filled out and signed by the parents or guardians of students selected to receive a tuition grant. This form should be returned to the school (not the Foundation office) together with a copy of the parent's 2019 Income Tax Return Form 1040 or other applicable income verification. (Copies of supporting IRS schedules are not required).

**APPLICATIONS SUBMITTED WITHOUT INCOME VERIFICATION WILL NOT BE ACCEPTED**

Name (s): \_\_\_\_\_  
 (Student) (Student) (Student) (Student)

**\*\*Only list names of students in household applying for tuition assistance.**

Student's Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (w/ area code) \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Name of Father or Guardian Name of Mother or Guardian

List all dependents of head of household and relationship to head of household:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Dependent Relationship to Head of Household Dependent Relationship to Head of Household

3. \_\_\_\_\_ 4. \_\_\_\_\_  
 Dependent Relationship to Head of Household Dependent Relationship to Head of Household

5. \_\_\_\_\_ 6. \_\_\_\_\_  
 Dependent Relationship to Head of Household Dependent Relationship to Head of Household

7. \_\_\_\_\_ 8. \_\_\_\_\_  
 Dependent Relationship to Head of Household Dependent Relationship to Head of Household

Name of Father's Employer: \_\_\_\_\_ Annual Income\$ \_\_\_\_\_

Name of Mother's Employer: \_\_\_\_\_ Annual Income\$ \_\_\_\_\_

Other Sources of Income (child support, alimony, welfare, disability):

List Sources: \_\_\_\_\_ Annual Amount\$ \_\_\_\_\_

TOTAL HOUSEHOLD INCOME FOR 2019 = \$

**NOTE: Please attach a copy of your Federal Income Tax Return Form 1040 or Other Income Verification for 2019.**

**NOTE: ALL ITEMS MUST BE COMPLETED, OR THIS APPLICATION WILL NOT QUALIFY.**

We certify that the information contained on this application is correct, and hereby grant the Advisory Board of the George and Mary Kremer Foundation and whichever firm they employ, permission to obtain such information and to verify this credit inquiry and any applicable credit report. We also grant them the right to view our income tax return for the tax year 2019 and use it to verify the information above.

We also certify that this child/children is/are needy according to the guidelines established by the George and Mary Kremer Foundation (household income does not exceed the Federal Food Program's Maximum Family Income for Reduced Priced Meals of \$47,638 per year for a household size of 4 or less as increased by \$8,177 for each additional family member over the number of 4 residing in the household).

\_\_\_\_\_  
 Signature of Father or Guardian

\_\_\_\_\_  
 Signature of Mother or Co-Guardian



## Tuition Schedule 2020- 2021

Registration		Tuition	10 Monthly Payments (Sept-June)	12 Monthly Payments (July-June)
<u>Parishioner Rate</u>				
1 <sup>st</sup> Child	\$75	\$2766	\$276.60	\$230.50
2 <sup>nd</sup> Child	\$75	\$2196	\$219.60	\$183.00
3 <sup>rd</sup> Child	\$75	\$1384	\$138.40	\$115.33
<u>Non Parishioner Rate</u>				
1 <sup>st</sup> Child	\$75	\$4128	\$412.80	\$344.00
2 <sup>nd</sup> Child	\$75	\$3554	\$355.40	\$296.17
3 <sup>rd</sup> Child	\$75	\$2609	\$260.90	\$217.42

### Pre-School Rates

Per Child	\$3608	\$360.80	\$300.67
-----------	--------	----------	----------

**\*FACTS Management Company annual fee of \$45 will apply per family, for families paying throughout the year (the figures above are examples of payment plans, however, FACTS has the flexibility of providing different plans which best meet your needs) FACTS \$0 fee for a family paying onetime full tuition amount  
Tuition late/missed payment fee \$40**

The registration is \$150.00 per student; **EARLY REGISTRATION BEFORE April 1<sup>st</sup>, \$75.00 per student.**

**Registration Fee is due at the time of Registration.  
The monthly payments do not include the Registration Fee.**

### **IMPORTANT**

Families claiming parishioner status must be able to demonstrate active participation in the life of the parish through weekly use of tithing envelopes and their presence at Sunday Mass.

**Parishes will verify active membership before the beginning of the school year.**

FAMILY NAME: \_\_\_\_\_  
Last First Name(s)

## ST. MARY CATHOLIC SCHOOL TUITION CONTRACT

For the **2020-2021** school year, I commit myself to pay the tuition and fees as follows:

(A) Tuition (transfer this figure from local adjustment sheet) \$ \_\_\_\_\_

Fees (transfer this figure from local adjustment sheet) \$ \_\_\_\_\_

<b>TOTAL GROSS TUITION &amp; FEES FOR THE YEAR WILL BE:</b>	\$ _____
---	----------

Scrip Credit (\$ \_\_\_\_\_)

Tuition Assistance/Scholarship Credit (\$ \_\_\_\_\_)

**TOTAL NET TUITION** \$ \_\_\_\_\_

Please choose one of the payment options below:

\_\_\_ Option 1: **One-time full amount payment**

\_\_\_ Payment will be made directly to FACTS

\_\_\_ Option 2: **Monthly payments**

\_\_\_ Payments will be made directly to FACTS

**I agree to enroll in FACTS Management System for the processing and collection of tuition and fees for the 2019-2020 school year.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent, Guardian or Person who is Financially Responsible

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Pastor

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Principal

**ST. MARY CATHOLIC SCHOOL  
LOCAL ADJUSTMENTS  
2020-2021 School Year**

	Participating	Catholic	Non-Participating Catholic Non-Catholic
# of Children Enrolled	PRE-K	K-8	PRE-K
1 child only			
2 <sup>nd</sup> child			
3 <sup>rd</sup> child or more			

Names(s) of Student(s)	Grade Entering	Tuition

<b>TUITION FOR THE YEAR WILL BE:</b>	\$ _____
<b>(A) transfer this figure to the tuition contract</b>	

Fees:

Registration Fee (due at time of application) \$ \_\_\_\_\_

FACTS Tuition Fee (\$0 fee for tuition paid-in-full in one payment -OR- Onetime \$10 fee for two payments -OR- Onetime \$45 fee for scheduled payments) \$ \_\_\_\_\_

<b>FEES FOR THE YEAR WILL BE:</b>	\$ _____
<b>(B) transfer this figure to the tuition contract</b>	

**Tuition Commitment Statement (Please check one statement and sign commitment)**

\_\_\_\_\_ I am a **parishioner** of \_\_\_\_\_ Catholic parish. I have read and signed the Tuition Contract in my Registration Packet. **Families claiming parishioner status must be able to demonstrate active participation in the life of the parish through the weekly use of tithing envelopes and their presence at Sunday Mass. Your parish representative will sign the Tuition Contract as verification of active participation.**

\_\_\_\_\_ I am a **non-parishioner**. I have read and signed the Tuition Contract in my Registration Packet.

\_\_\_\_\_  
Printed Name Printed Name

\_\_\_\_\_  
Parent Signature Date Parent Signature Date

\*Only 1  
PER family

# Mandatory Parental Involvement/Service Hours Policy

St. Mary's Catholic School considers its parent involvement/service as a very special resource. Parental support and involvement/service are essential for St. Mary's Catholic School to continue to provide quality programs and unique opportunities for our children. Studies have shown parental involvement/service to be directly related to student academic performance, enhancing self-esteem, improving student behavior and attendance. One of the most important things we can do for our children is to allow them to see parents and teachers working together.

Parental involvement/service is also essential for keeping tuition costs as low as possible as well as creating the family atmosphere which is so important to the school mission. At St. Mary's Catholic School, each **family** is required to give a minimum of 30 hours annually of involvement/service. Failure to fulfill this commitment may prevent the student from returning to St. Mary's Catholic School the following school year. Parents **MUST** contact the Principal if extenuating circumstances prevent them from fulfilling this commitment.

**Families who do not complete their Involvement/service hours will be charged \$20/hour for every hour not fulfilled, to be paid in full prior to June 30, the closing of the academic fiscal year.**

It is the responsibility of the parents to record their own involvement/service hours using the recording method available. Involvement/service hours can be earned by parents or relatives 18 years of age or older.

**All individuals completing involvement/service hours in our school will need to complete the VIRTUS training ~ "Protecting God's Children". A background check and DHS central registry clearance report will be required to be on file as well prior to starting involvement/service hours.**

### Scholarship/Tuition Assistance Requirements:

Each returning family must validate how they completed their involvement/service hours during the past school year to be eligible to receive scholarship or tuition assistance.

### Confidentiality:

Confidentiality is of the utmost importance in your association with teachers and students. What you see or hear at the school is private. Students you observe in the classroom or school cannot be discussed with other parents (even that child's parents), faculty or staff. You must always refer any questions regarding students at St. Mary's Catholic School to the child's teacher or Principal.

### Discipline:

When completing involvement/service hours, one is not to discipline students. Discipline is solely the responsibility of the teacher. Those in the role of assisting during their involvement/service hours always works under the direction of the teacher to HELP, not replace the teacher. If the teacher is unavailable, you, as assistant, may appropriately address safety and behavior issues, and inform the teacher immediately about these issues. However, any consequences for behavior are the responsibility of the teacher, not the assistant.

There are many opportunities for you to become involved at St. Mary's Catholic School - please contact the front office, classroom teacher or HASA Involvement/Service Coordinator to see how you can get involved. **We are grateful for the dedication and commitment of all our families to St. Mary's Catholic School.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



# JACKPOT RAFFLE

## *Fundraising Contract*

The Jack Pot Raffle is a mandatory fundraiser. The money generated from the fundraiser is a component of our budget. Therefore, everyone is required to participate or to pay an equivalent in lieu of participating in the fundraiser. Each family is required to sell 25 tickets or make a single payment of \$500. If you choose to make the single payment, it is due at the time you register your child for school (you will then be able to keep 25 tickets for yourself to enter the drawing).

I/We \_\_\_\_\_ WILL PARTICIPATE IN THE JACKPOT RAFFLE AND SELL 25 TICKETS BY THE RAFFLE DEADLINE.

I/We \_\_\_\_\_ WILL BE PAYING \$500 IN LIEU OF PARTICIPATION IN THE JACKPOT RAFFLE.

Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_

Students Name(s) \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We understand and agree parent involvement and fundraising are important parts of St. Mary's Catholic School. I/We accept my/our responsibility to fulfill requirements set forth by the School Commission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent and Student-Athlete Concussion Information Sheet\*

**WHAT IS A CONCUSSION?** A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

**WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?** Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

**DID YOU KNOW?** • Most concussions occur without loss of consciousness. • Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion. • Young children and teens are more likely to get a concussion and take longer to recover than adults.

**SYMPTOMS REPORTED BY ATHLETE:** • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not “feeling right” or is “feeling down”

**SIGNS OBSERVED BY COACHING STAFF:** • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes • Can’t recall events prior to hit or fall • Can’t recall events after hit or fall

**CONCUSSION DANGER SIGNS** In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs: • One pupil larger than the other • Is drowsy or cannot be awakened • A headache that gets worse • Weakness, numbness, or decreased coordination • Repeated vomiting or nausea • Slurred speech • Convulsions or seizures • Cannot recognize people or places • Becomes increasingly confused, restless, or agitated • Has unusual behavior • Loses consciousness (even a brief loss of consciousness should be taken seriously)

**WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?** 1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play. 2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional. 3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

**WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?** If an athlete has a concussion, his/her brain needs time to heal. While an athlete’s brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

\*This information comes from the Centers for Disease Control and Prevention, “Heads Up, Concussion”, [www.cdc.gov](http://www.cdc.gov)

