



WEEKLY UPDATE

MONSIGNOR SLADE CATHOLIC SCHOOL
120 Dorsey Road · Glen Burnie, Maryland 21061 · 410-766-7130

Volume 2, Issue 2

August 10, 2018

Next week's calendar:

Saturday, 8/10/18—HASA Sports Cards & Collectibles Show, 9am-3pm, Cafeteria

Tuesday, 8/14/18—School Supply Packet Pick-up/Sale, 3-7pm, Used Uniform Sale/Exchange, 3-7pm

Wednesday, 8/15/18—School Supply Packet Pick-up/Sale, 9am - 12pm

Thursday, 8/16/18—School Supply Packet Pick-up/Sale, 3-7pm,

Saturday, 8/18/18—New Family Brunch, 9-11am, Auditorium

SAVE THE DATE!

Family Spaghetti Night will be held this year on September 20, 2018, from 5-7:30 p.m. More information to fol-



FROM THE CAFETERIA:

The Abundance Café is now open at Monsignor Slade Catholic School!

Please see the information attached regarding ordering information for our new lunch service through Abundance Catering. We have also attached the weekly menus through the month of September for your convenience.

Important News and Notes:

2018-2019 School Hours: MSCS doors will open at 7:30 a.m. for students to enter. They will proceed directly to homeroom. Middle school students will begin class at 7:45 a.m. and classes for grades K-5 will begin at 8:00 a.m. Middle school will be considered late after 7:45 a.m., and grades K-5 will be considered late after 8 a.m. Dismissal from school will begin at 2:45 p.m.

School Supplies Packet Pick-up/Sale: The school supplies pick-up and sale for the 2018-2019 school year begins this week. The school store will be open Tuesday, August 14 through Thursday, August 16 and Monday, August 20. For your convenience, the school store hours are: Tuesday, August 14, and Thursday, August 16, from 3 p.m. – 7 p.m., and Wednesday, August 15, and Monday August 20 from 9 a.m. – 12 p.m.

Hospitality Chairpersons Needed: Because hospitality for events at Slade has become such a large undertaking, we have decided to create a few sub-committees:

Committee #1 - ~~Host New Parent's Night and 2 Open House Dates~~ FILLED
Committee #2 – Host Donuts with Dad and Muffins with Mom (2 days each)
Committee #3 – Host Grandparents' Day (2 days)

The Committee Chairperson will be responsible for purchasing needed supplies, set-up to include making coffee and punch, serving and clean-up for your events. You must be VIRTUS/STAND compliant for these positions, and you will receive credit toward your family service hour commitment for the school year.

If you are interested, please contact Kathie Sullivan at 410-766-7130, ext. 104, or email k.sullivan@mssladeschool.com.

Piano player needed: We are seeking a piano player for our monthly student Masses. If interested, please contact Mrs. Kathie Sullivan, Support Programs Coordinator, at 410-766-7130, ext. 104, or k.sullivan@mssladeschool.com.

Ice Cream Social: Come join your fellow classmates and teachers for our ice cream social on **Thursday, August 30, from 6:00 - 7:00 p.m.** in the auditorium. If you and your children are planning to attend, please see the attached flyer for sign-up information.

Uniform Logos: As a reminder, middle school boys may continue to wear grey pants through the 2019-2020 school year. The Roadrunner gym wear may be worn through the 2018-2019 school year. The Rocking Cross logo has been completely phased out.

Visit us on the Web!
www.msladeschool.com

Important News and Notes (continued):

The AOB Office of Risk Management, in conjunction with the Division of Schools, is pleased to once again offer a **Student Accident Insurance** program for all school families, including Pre-K, for the school year 2018-2019. At a very low cost, this accident coverage is an excellent way to defray the costs so many families incur when an accident occurs, especially since there are no deductibles. The brochure attached provides a very clear explanation of the coverage options. Please take a few moments to review the brochure attached, and determine if this coverage can provide a cost-effective supplement to your family's insurance portfolio.

Grade Level Reminders:

Incoming Seventh Grade – Please be reminded that it is mandatory for all incoming seventh graders to have one additional TDap and one meningococcal vaccination before school begins in the fall. Your child will not be able to begin seventh grade without having these additional vaccines. When your child receives the vaccinations, please make sure to provide a copy of the immunization to the school registrar as soon as possible so that we can update his or her record before the start of the school year. Copies of the immunization record can either be sent to the office by fax to 410-787-0594, or you can email it to the school registrar, Mrs. Joanna Buchanan, at j.buchanan@msladeschool.com.

Advancement Announcements:

Would you like to get a head start on your service hours? Volunteer to assist at the New Family Welcome Brunch on August 18, 2018 from 8:30 a.m. - 12 p.m. We are seeking current families and students to come represent Monsignor Slade and act as a welcoming committee for our incoming families. Students should be in uniform. Please contact Mrs. Hilmer, c.hilmer@msladeschool.com.

Seeking Advancement Committee members: Do you have experience in marketing, sales, fundraising, volunteer management or are simply committed to helping Monsignor Slade grow? The Advancement Committee meets once a month on a Tuesday evening. We need friend-raisers! If interested, please reach out to Mrs. Hilmer in the Advancement Office at c.hilmer@msladeschool.com.

Connect us with Slade alumni! We are seeing graduates from the class of 1959, 1969, 1979, 1989, 1999, and 2009-- please ask alumni you know to complete an alumni inquiry at www.msladeschool.com/alumni.



Mission Statement

The mission of Monsignor Slade Catholic School is to promote Catholic faith and intellectual development in our students. We do this by teaching about and modeling the precepts of the Catholic faith, as well as challenging our students with a rigorous course of study. We do this so that they will use their faith, knowledge, and skills to shape their futures positively and work for the benefit of the whole society.

Monsignor Slade Catholic School

Ice Cream Social



Date: Thursday August 30, 2018

Time: 6:00 – 7:00 p.m.

Where: Monsignor Slade Catholic School

Who: Pre-K4 – 8th grade students

Come and meet your teachers, while enjoying a refreshing summer treat.

All homeroom lists will be posted.

Please RSVP by August 23rd, with the number of family members attending to Mrs. Winter, at b.winter@mssladeschool.com



Our 9/11 Worldwide Freedom Harvest Food Drive will kick-off on August 30. Please consider bringing canned food donations to the Ice Cream Social in support of the worthy cause. Thank you for any support you can provide!!

SCHOOL STORE – 2018-2019 SCHOOL SUPPLY LIST

Below is a list of the school supplies which the various grades will be using this coming school year. The Pre-K 4 through 3rd grade students are required to purchase **all** of their supplies from our school store. There will be two packages for each of the other grades. Packet #1 **must** be purchased from our school store. The items listed in Packet #2 are required, but may be purchased elsewhere.

Any item listed in the packet that is marked with an asterisk (*) will be distributed by the teacher.

The school store will be open Tuesday, August 14 through Thursday, August 16 and Monday, August 20. For your convenience, the school store hours are:

Tuesday, August 14 and Thursday, August 16 from 3 pm – 7 pm.

Wednesday, August 15, and Monday August 20 from 9 am – 12 Noon.

The cost of the required student supply packet will be charged to your FACTS account on August 1, 2018, unless you have made alternate payment date arrangement with Mrs. Kathie Sullivan by July 20, 2018.

The optional supply packets will be available for purchase by cash or check. You may charge the cost to your FACTS account if you contact Mrs. Sullivan by July 20, 2018. The cost will then be added to your FACTS account for payment on August 1, 2018.

PRE-K 4 PRICE \$44.00

Must be purchased at our school store.

1 - book bag	1 - plastic pencil box	1 - 4 oz. Crayola school glue
1 - pair of scissors	3 - beginner pencil with eraser	3 - Elmer's glue stick
3 - boxes of triangular crayons	1 - #2 pencils	2 - black dry erase markers – chisel tip
	1 - Crayola markers	

KINDERGARTEN PACKET #1 PRICE \$53.00

Must be purchased at our school store.

1 - box of 24 crayons	1 - beginner pencil with eraser	1 - 4 oz. Crayola school glue
1 - pair of scissors	4 - #2 pencils	3 - black dry erase markers – fine tip
1 - folder	1 – Crossover pencil grip	1 - 2-pocket folders with clasps
1 - box of triangular crayons	2 - Dab 'n Stick glue	1 - Rosary*
1 - crayon holder box	1 - pink eraser	1 - End of Year Tee Shirt*
1 - jumbo pencil case	1 - My Story Journal	1 - Scholastic News subscription*
1 - manuscript copybook	1 - Story Journal	1 - National Geographic magazine*
		1 set of computer headphones*

KINDERGARTEN PACKET #2 PRICE \$22.00

NEW STUDENTS (Returning students purchased in Pre K-4)

Must be purchased at our school store.

1 - book bag

GRADE 1 PRICE \$45.00

Must be purchased at our school store.

NO MECHANICAL PENCILS

1 – Class Work folder	1 - pair of scissors	12 - #2 pencils*
2 - pocket folders	1 - Crayola twistables crayons	1 - asst. color marble copybook*
2 - manuscript copybooks	1 - pink eraser	2 - 2-pocket folder with clasps*
4 - black dry erase markers –chisel tip	2 - Elmer's glue sticks	1 - Scholastic News subscription*
1 - jumbo pencil case	1 - box of 24 crayons	3 - My Story Journals*
	1 - assignment book	

GRADE 2 \$41.00

Must be purchased at our school store.

NO MECHANICAL PENCILS

- | | | |
|-------------------------------|----------------------------|--|
| 1 - assignment book | 2 - Elmer's glue stick | 2 - primary copybooks |
| 1 - jumbo pencil case | 1 - yellow highlighter | 2 - asst. color marble copybooks |
| 1 - 4 oz. Crayola school glue | 1 - box of 24 crayons | 2 - My 2 nd Grade Story Journal |
| 1 - pair of scissors | 24 - #2 pencils | 3 - black dry erase markers – chisel tip |
| 1 - triangle pencil grip | 1 - box of colored pencils | Handwriting Paper* |
| 2 - pink erasers | 1 - Class Work folder | 1 - Scholastic News subscription* |

GRADE 3 \$53.00

Must be purchased at our school store.

NO MECHANICAL PENCILS

- | | | |
|--|-------------------------------|-------------------------------------|
| 1 - plastic closed portfolio w/pockets | 2 - black marble copybook | 1 - 12" ruler* |
| 2 - cursive copybooks | 1 - jumbo pencil case | 1 - pkg. 3x5 white index cards* |
| 4 - asst. color marble copybooks | 1 - 4 oz. Crayola school glue | 2 - classroom baskets with handles* |
| 1 - tablet of loose leaf paper | 1 - pair of scissors | 1 - Writing Process folder* |
| 1 - assignment book | 1 - Elmer's glue stick | 1 - Scholastic News Subscription* |
| 1 - plastic 2-pocket folder | 1 - yellow highlighter | Handwriting Paper* |
| 1 - dry erase marker - chisel tip | 1 - box of 24 crayons | |
| 12 - #2 pencils | 1 - box of colored pencils | |

GRADE 4 PACKET #1 PRICE \$53.00

Must be purchased at our school store.

NO MECHANICAL PENCILS

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|----------------------------------|---------------------------------|--------------------------------------|
| 1 - plastic 2-pocket folder | 2 - tablets of loose-leaf paper | 2 - classroom baskets with handles* |
| 5 - asst. color marble copybooks | 1 - assignment book | 1 - Scholastic News subscription* |
| 2 - black marble copybook | 2 - 2-pocket folders | 1 - Storyworks subscription* |
| 1 - recorder (flutophone) | 1 - Boomerang folder | 1 - novel fee for required reading** |
| | 1 - Math Tools folder | |

GRADE 5 PACKET #1 PRICE \$52.00

Must be purchased at our school store.

NO MECHANICAL PENCILS

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|----------------------------------|---------------------------------|--------------------------------------|
| 1 - journal | 1 - 2-pocket folder | 2 - classroom baskets with handles* |
| 2 - blue marble copybook | 1 - 4-pocket project organizer | 1 - Scholastic News subscription* |
| 3 - asst. color marble copybooks | 1 - plastic 2-pocket folder | 1 - Storyworks subscription* |
| 1 - tablets of loose-leaf paper | 1 - 2-pocket folder with clasps | 1 - novel fee for required reading** |
| 1 - assignment book | | |

GRADES 4 & 5 PACKET #2 PRICE \$14.00

These are required items, but may be purchased anywhere.

- | | | |
|--|--------------------------------|------------------------|
| 1 - jumbo soft pencil case ONLY! | 1 - set of colored pencils | 1 - Elmer's glue stick |
| 3 - red pens | 1 - pair of scissors | 4 - #2 pencils |
| 1 - 6 inch ruler | 1 - pkg. assorted highlighters | 1 - box of 24 crayons |
| 1 - pkg. 3x5 white index cards (100 ct.) | | |

GRADE 6 PACKET #1 PRICE \$76.00

Must be purchased at our school store.

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|---------------------------------|-----------------------------|--------------------------------------|
| 15 - 2-pocket folders w/clasps | 1 - book cover | 1 - graph paper pack |
| 2 - blue marble copybooks | 1 - assignment book | 1 - pair of safety goggles* |
| 1 - 5-subject spiral notebook | 1 - plastic 2-pocket folder | 1 - Jr. Scholastic subscription* |
| 1 - 3-subject spiral notebook | 1 - 2-pocket folder | 1 - novel fee for required reading** |
| 1 - plastic portfolio w/pockets | 1 - assorted color copybook | 8 oz. Model Magic * |
| 2 - flair pens | | |

GRADE 6 PACKET #2 PRICE \$16.00

These are required items, but may be purchased anywhere.

NO MECHANICAL PENCILS

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|--|----------------------------|-------------------------------------|
| 1 - jumbo soft <u>zipper pencil</u> case ONLY! | | 1 - pencil sharpener |
| 3 - blue or black <u>erasable</u> pens | 1 - set of colored pencils | 1 - yellow highlighter |
| 4 - #2 pencils | 1 - pair of scissors | 2 - tablets of loose leaf paper |
| 2 - red pens | 1 - Elmer's glue stick | 1 - 6" ruler (w/metric & customary) |

GRADE 7 PACKET #1 PRICE \$71.00

Must be purchased at our school store.

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|--|----------------------------------|--------------------------------------|
| 1 - pocket folder | 1 - 1" hard plastic binders | 3- jumbo book cover |
| 1 - blue marble copybooks | 1 - pkg. plastic pocket dividers | 1 - assignment book |
| 1 - assorted color copybook | 1 - graph paper pack | 1 - Jr. Scholastic Subscription* |
| 1 - pkg. 4x6 colored index cards | 1 - 1-subject spiral notebook | 1 - Science Lab fee** |
| 1 - pkg. 3x5 white index cards | 1 - 3-subject spiral notebook | 1 - novel fee for required reading** |
| 4 - 2-pocket plastic folders with clasps | 3 - 2-pocket plastic folders | |

GRADE 8 PACKET #1 PRICE \$81.00

Must be purchased at our school store.

1 - pocket folder	3 - blue marble copybooks	1- 2-pocket plastic folder
1 - assignment book	1 - pkg. plastic pocket dividers	1 - Jr. Scholastic subscription*
1 - graph paper pack	2 - asst. color marble copybook	1 - Science Lab fee**
2 - pkg. 4x6 colored index cards	1 - 5-subject spiral notebook	1 - novel fee for required reading**
1 - 1" hard plastic binder	1- jumbo book cover	
10 -2-pocket plastic folders with clasps		

GRADES 7 & 8 PACKET #2 PRICE \$19.00

These items are required, but may be purchased anywhere.

1 - jumbo pencil case	1 - set of colored pencils	2 - red pens
3 - blue or black pens	1 - pair of scissors	4 - tablets of loose-leaf
1 - yellow highlighter	1 - Elmer's Glue Stick	1 - 6" ruler (w/metric & customary)
4 - #2 pencils (may use disposable mechanical)		

NO MARKERS OR WHITE-OUT!

ADDITIONAL ITEMS:

Nap Mat – Full Day Pre K 4 \$29.00
3-yd. roll clear contact paper \$4.25
Stretchable covers for textbooks \$3.00

PLEASE NOTE THE FOLLOWING:

Due to Health Department regulations, each child must have his/her own **headphones to use in the Computer Lab**. Your child's headphones will be labeled with his/her name and kept in a plastic, ziploc bag in the Computer Lab. The headphones are used through 2nd grade at Monsignor Slade. Students in grades 3 -8 may continue to use the purchased headphones or may use ear buds purchased on their own. Also, due to Health Department regulations, each child must have his/her own **safety goggles to use in the Science Lab**. Safety goggles will be labeled with the student's name and kept in a plastic, ziploc bag in the Science Lab. Goggles are supplied in the 6th grade and are used throughout the student's middle school years at Slade.

* Packet item will be distributed by the teacher

** **Included in the cost of the packet for grades 4-8, there is a novel fee for required reading. The cost of these novel fees are as follows:** Grade 4 - \$7.00, Grade 5 - \$9.00, Grade 6 - \$20.00, Grade 7 - \$16.00, Grade 8 - \$18.00. This money is collected at the time your packet is purchased; however, the novels will be distributed by your student's teacher.

Included in the required packet for grades 7 & 8 is a \$7.00 **Science Lab fee** used to offset supplies used in the Science Lab.



ORDERING LUNCH ONLINE WITH ABUNDANCE:

- Free – there is no cost to register, even if you never place an order;
- Easy to use – online instructions and tutorial videos to get you started;
- Accurate – our daily reports ensure we serve exactly what was ordered and your children consistently receive their favorite foods;
- Peace of mind – know what your children are eating each day;
- Convenient – pay online using VISA or MasterCard and avoid sending your children to school with money;
- Flexible – order as little or as much as you like – no minimums required and orders can be placed as far in advance as menus are posted;
- Cancellations are easy – simply call or email by 8:00am the day of to receive a credit.

We have posted a sample, no-cost menu for you to practice with this summer. And, as our way of welcoming you to Abundance, ***each family that registers before August 1st will be given a \$5.00 credit for each child!*** Here is the link to get started:

<http://abundancecateringcompany.h1.hotlunchonline.net>

PLEASE NOTE:

- You cannot “load” your account with money to make purchases in the cafeteria. This is not a debit-style lunch account and any credits issued to your lunch account will automatically apply to your next online purchase;
- The menu offered online each day will be identical to the menu offered in the cafeteria;
- There is a rolling two-day deadline for placing orders – for example, if you want to order lunch for Tuesday, September 4th, you will need to place your order before midnight on Sunday, September 2nd. Lunch for Wednesday, September 5th would need to be placed before midnight on Monday the 3rd, and so on;
- You may place orders for as far in advance as we have menus posted;
- The September and October menus will be posted by August 15th – you will receive an email when they are live;
- There is a 5% service fee for online ordering to cover the cost of the platform used as well as credit/debit fees.

WE LOOK FORWARD TO FEEDING YOUR CHILDREN!

The Abundance Café at Monsignor Slade Catholic School



Lunch Menu

Week of September 3, 2018

A la Carte Daily Offerings

Hot Entrées - Prices Below

Daily Special - Entrée Only \$3.50
(Unless otherwise noted.)

Chicken Breast Nuggets
5 for \$2.25 ♦ 8 for \$3.00
Chicken Tenders (2) \$2.50

Sandwiches & Wraps*

Half \$2.75 ♦ Whole \$3.50

Turkey & Provolone Wrap
Buffalo Chicken Wrap
Chicken Caesar Wrap

Chicken Salad on White or Whole Wheat

Tuna Salad on White or Whole Wheat

Entrée Salads* \$4.00

Chicken Caesar Salad
BBQ Ranch Chicken Salad

Sides* - Prices Below

Soft Pretzel w/Cheese Dip \$2.75

Fries/Tots/Wedges \$2.00 (1 cup)

Daily Special - Side Only \$1.85
(Unless otherwise noted.)

Garden or Fruit Salad \$1.75

Seasonal Whole Fruit \$0.85

String Cheese Stick \$0.75

Strawberry or Straw/Banana Yogurt \$0.85

Cookie \$0.75

Brownie \$1.00

Drinks \$0.85

2% White Milk - 8 oz carton

1% Chocolate Milk - 8 oz carton

Water - 8 oz bottle

Lemonade - 8 oz carton

\$5.00 Meal Specials

Monday

SCHOOL CLOSED

LABOR DAY

Tuesday

EARLY DISMISSAL

NO LUNCH

Wednesday

Chicken Penne[†] Alfredo

Steamed Broccoli

Choice of Fruit

Choice of Drink

Pizza Thursday

Pepperoni or Cheese Pizza (1 slice)

A La Carte: 1 for \$2.00 ♦ 2 for \$3.50

Tater Tots (1/2 cup)

Pineapple Chunks

Choice of Drink

Friday

Homestyle Meatloaf

Macaroni & Cheese

A La Carte: 1/2 cup \$1.25 ♦ 1 cup \$2.00

Steamed Green Beans

Choice of Drink

* Variety offered will vary daily. It's recommended you order online if a particular wrap, sandwich, entrée salad, or side dish is desired.

[†] Gluten-free available with online order.

The Abundance Café at Monsignor Slade Catholic School



Lunch Menu

Week of September 10, 2018

A la Carte Daily Offerings

Hot Entrées - Prices Below

Daily Special - Entrée Only \$3.50
(Unless otherwise noted.)

Chicken Breast Nuggets
5 for \$2.25 ♦ 8 for \$3.00
Chicken Tenders (2) \$2.50

Sandwiches & Wraps*

Half \$2.75 ♦ Whole \$3.50

Turkey & Provolone Wrap
Buffalo Chicken Wrap
Chicken Caesar Wrap
Chicken Salad on White or Whole Wheat
Tuna Salad on White or Whole Wheat

Entrée Salads* \$4.00

Chicken Caesar Salad
BBQ Ranch Chicken Salad

Sides* - Prices Below

Soft Pretzel w/Cheese Dip \$2.75
Fries/Tots/Wedges \$2.00 (1 cup)
Daily Special - Side Only \$.85
(Unless otherwise noted.)
Garden or Fruit Salad \$1.75
Seasonal Whole Fruit \$.85
String Cheese Stick \$.75
Strawberry or Straw/Banana Yogurt \$.85
Cookie \$.75
Brownie \$1.00

Drinks \$0.85

2% White Milk - 8 oz carton
1% Chocolate Milk - 8 oz carton
Water - 8 oz bottle
Lemonade - 8 oz carton

\$5.00 Meal Specials

Monday - Breakfast for Lunch

French Toast Sticks (5)
A La Carte \$2.75

Sausage Link
Hash Brown Patty
Choice of Drink

Tuesday

Meatballs in Gravy (8)
A La Carte: 5 for \$2.75 ♦ 8 for \$3.50

Buttered Egg Noodles
A La Carte: 1/2 cup \$1.00 ♦ 1 cup \$1.75

Steamed Green Beans
Choice of Drink

Wednesday

BBQ Chicken Drumsticks (2)
A La Carte: 1 for \$2.75 ♦ 2 for \$3.50

Baby Carrots w/Ranch Dip
A La Carte \$1.50

Apple Slices
Choice of Drink

Pizza Thursday

Pepperoni or Cheese Pizza (1 slice)
A La Carte: 1 for \$2.00 ♦ 2 for \$3.50

Tater Tots (1/2 cup)
Pineapple Chunks
Choice of Drink

Friday

Chicken & Cheese Soft Tacos (2)
A La Carte: 1 for \$2.75 ♦ 2 for \$3.50

Salsa Rice
A La Carte \$1.50

Choice of Fruit
Choice of Drink

* Variety offered will vary daily. It's recommended you order online if a particular wrap, sandwich, entrée salad, or side dish is desired.

The Abundance Café at Monsignor Slade Catholic School



Lunch Menu

Week of September 17, 2018

A la Carte Daily Offerings

Hot Entrées - Prices Below

Daily Special - Entrée Only \$3.50
(Unless otherwise noted.)

Chicken Breast Nuggets

5 for \$2.25 ♦ 8 for \$3.00

Chicken Tenders (2) \$2.50

Sandwiches & Wraps*

Half \$2.75 ♦ Whole \$3.50

Turkey & Provolone Wrap

Buffalo Chicken Wrap

Chicken Caesar Wrap

Chicken Salad on White or Whole Wheat

Tuna Salad on White or Whole Wheat

Entrée Salads* \$4.00

Chicken Caesar Salad

BBQ Ranch Chicken Salad

Sides* - Prices Below

Soft Pretzel w/Cheese Dip \$2.75

Fries/Tots/Wedges \$2.00 (1 cup)

Daily Special - Side Only \$.85

(Unless otherwise noted.)

Garden or Fruit Salad \$1.75

Seasonal Whole Fruit \$.85

String Cheese Stick \$.75

Strawberry or Straw/Banana Yogurt \$.85

Cookie \$.75

Brownie \$1.00

Drinks \$0.85

2% White Milk - 8 oz carton

1% Chocolate Milk - 8 oz carton

Water - 8 oz bottle

Lemonade - 8 oz carton

\$5.00 Meal Specials

Monday

Cheese Tortellini in Marinara Sauce

Garlic Toast

Sliced Peaches

Choice of Drink

Tuesday

Corn Dog Nuggets (8)

Baby Carrots w/Ranch Dip

A La Carte \$1.50

Seasoned Potato Wedges (1/2 cup)

Choice of Drink

Wednesday

EARLY DISMISSAL

NO LUNCH

Pizza Thursday

Pepperoni or Cheese Pizza (1 slice)

A La Carte: 1 for \$2.00 ♦ 2 for \$3.50

Tater Tots (1/2 cup)

Pineapple Chunks

Choice of Drink

Friday

Buffalo or BBQ Chicken Bites

A La Carte: 5 for \$2.75 ♦ 8 for \$3.50

Seasoned Potato Wedges (1/2 cup)

Watermelon

Choice of Drink

* Variety offered will vary daily. It's recommended you order online if a particular wrap, sandwich, entrée salad, or side dish is desired.

The Abundance Café at Monsignor Slade Catholic School



Lunch Menu

Week of September 24, 2018

A la Carte Daily Offerings

Hot Entrées - Prices Below

Daily Special - Entrée Only \$3.50
(Unless otherwise noted.)

Chicken Breast Nuggets
5 for \$2.25 ♦ 8 for \$3.00
Chicken Tenders (2) \$2.50

Sandwiches & Wraps*

Half \$2.75 ♦ Whole \$3.50
Turkey & Provolone Wrap
Buffalo Chicken Wrap
Chicken Caesar Wrap

Chicken Salad on White or Whole Wheat
Tuna Salad on White or Whole Wheat

Entrée Salads* \$4.00

Chicken Caesar Salad
BBQ Ranch Chicken Salad

Sides* - Prices Below

Soft Pretzel w/Cheese Dip \$2.75
Fries/Tots/Wedges \$2.00 (1 cup)
Daily Special - Side Only \$.85
(Unless otherwise noted.)

Garden or Fruit Salad \$1.75
Seasonal Whole Fruit \$.85
String Cheese Stick \$.75
Strawberry or Straw/Banana Yogurt \$.85
Cookie \$.75
Brownie \$1.00

Drinks \$0.85

2% White Milk - 8 oz carton
1% Chocolate Milk - 8 oz carton
Water - 8 oz bottle
Lemonade - 8 oz carton

\$5.00 Meal Specials

Monday

Cheese Quesadilla Pizza
Steamed Corn
Apple Slices
Choice of Drink

Tuesday

Penne* & Meatballs in Marinara Sauce
Garlic Toast
Steamed Green Beans
Choice of Drink

Wednesday

Chicken Sliders (2)
A La Carte: 1 for \$2.75 ♦ 2 for \$3.50
Seasoned Potato Wedges (1/2 cup)
Orange Wedges
Choice of Drink

Pizza Thursday

Pepperoni or Cheese Pizza (1 slice)
A La Carte: 1 for \$2.00 ♦ 2 for \$3.50
Tater Tots (1/2 cup)
Pineapple Chunks
Choice of Drink

Friday

Toasted Cheese Sandwich
Tomato Soup
A La Carte \$1.50
Watermelon
Choice of Drink

* Variety offered will vary daily. It's recommended you order online if a particular wrap, sandwich, entrée salad, or side dish is desired.



Volunteers Needed

Volunteers are needed for this year's Race for Slade. The Race for Slade, RFS, will be held on Friday, September 28th, from 8 a.m. – 2 p.m., on the Slade field. You can earn service hours while having fun and helping our race to be a big success!

****Please consider giving a few hours for the kids. In order for this event to be a success, we need as many volunteers as possible. ****

~~Must be compliant with VIRTUS/STAND training~~

There are 3 shifts available for race day:

7:30 a.m. – 2 p.m. (there will be a lunch break)

7:30 a.m. – 11 a.m.

11 a.m. – 2 p.m.

Please contact Rochelle Crapster to sign up, or for more information, at (443) 306-4658 or slademom2223@aol.com

2018-2019 Student Accident Coverage

Serviced by: **K&K Insurance Group, Inc.** Phone: 855-742-3135

**Remember to visit our website for faster enrollment: www.studentinsurance-kk.com
Online Enrollment—Secured Accident Coverage can be purchased any time throughout the year.**

ACCIDENT ONLY COVERAGE: The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that treatment by a qualified, licensed Physician begins within 60 days from the date of Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the Maximum Benefit per service as shown below.

SCHEDULE OF BENEFITS: *Maximum Benefits Paid As Specified Below. Medically Necessary and Reasonable Charges are based on the 75th percentile.*

Compare and Choose	Low Option Accident Only	High Option Accident Only
Maximum Benefit:	\$25,000 (For Each Injury)	\$25,000 (For Each Injury)
Deductible:	\$0	\$0
Inpatient		
Room & Board:	Up to \$150 per day/ Semi-private room rate	80% of Reasonable Charges/ Semi-private room rate
Hospital Miscellaneous:	\$600 maximum per day	\$1,200 maximum per day
Registered Nurse:	75% of Reasonable Charges	100% of Reasonable Charges
Physician's Visits: <i>(Benefits are limited to one visit per day and do not apply when related to surgery)</i>	\$40 first day/\$25 each subsequent day	\$60 first day/\$40 each subsequent day
Outpatient		
Day Surgery Miscellaneous:	\$1,000 maximum	\$1,200 maximum
Physician's Visits: <i>(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)</i>	\$40 first day/ \$25 each subsequent day	\$60 first day/ \$40 each subsequent day
Outpatient Physical Therapy: <i>(Benefits are limited to one visit per day)</i>	\$30 first day/\$20 each subsequent day/ 5 days maximum	\$60 first day/\$40 each subsequent day/ 5 days maximum
Emergency Room Services: <i>(Treatment must be rendered within 72 hours from the time of the injury)</i>	\$150 maximum	\$300 maximum
X-Rays:	\$200 maximum	\$600 maximum
Diagnostic Imaging Services:	\$300 maximum	\$600 maximum
Laboratory:	\$50 maximum	\$300 maximum
Prescription Drugs:	\$75 maximum	\$200 maximum
Injections:	No Benefits	No Benefits
Orthopedic Braces & Appliances:	\$75 maximum	\$140 maximum
Inpatient and/or Outpatient		
Surgery Fees: <i>(Limited to primary procedure per injury)</i>	\$1,000 maximum	\$1,200 maximum
Anesthetist:	20% of Surgery Allowance	25% of Surgery Allowance
Assistant Surgeon:	20% of Surgery Allowance	25% of Surgery Allowance
Ambulance:	\$300 maximum	\$800 maximum
Consultant:	\$200 maximum	\$400 maximum
Dental Treatment due to Injury to Teeth: <i>(For Injury to sound, natural teeth only)</i>	\$10,000 maximum per policy term	\$10,000 maximum per policy term
Replacement of Eye Glasses, Contact Lenses or Hearing Aids that are broken as a result of a Covered Injury:	100% of Reasonable Charges	100% of Reasonable Charges
Durable Medical Equipment:	No Benefits	No Benefits
Maternity:	No Benefits	No Benefits
Complication of Pregnancy:	No Benefits	No Benefits

Expenses for the following are not covered: Prosthetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

This policy contains an excess provision. Benefits will not be paid under the Basic Accident Medical Expense for Covered Expenses to the extent that they are collectible under another Health Care Plan.

*Details of these benefits may be found in the Master Policy on file at the School District. **NOTE:** This is a brief summary of the benefits and not a contract. A Master Policy has been provided to your school district that contains all of the provisions, limitations and exclusions and qualifications of the insurance benefits. The Master policy is the contract and will govern and control the payment of benefits.*

Choose Your Coverage Plan: *One-Time Payment For Accident Coverage*

PLEASE NOTE - FOR COVERAGE PLANS LISTED BELOW

Coverage Effective Date: A person's coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.

Coverage Termination Date: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year. All coverage ceases if the policyholder cancels the policy or when the person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.

	Low Option	High Option
24-Hour Accident (Students & Employees) Around-the-clock/anywhere in the world. Before, during and after school. Weekends, vacation and all summer including summer school. School sponsored and extracurricular sports excluding High School Football.	\$82.00	\$122.00
24-Hour Accident (Summer Only Coverage, Students Only) Summer begins on the first day after the school year ends. Summer ends the first day of the next school year.	\$27.00	\$38.00
At-School Accident (Students & Employees) During the regular school term, on school premises while school is in session. Direct and uninterrupted travel to and from home and scheduled classes. School Sponsored and supervised activities and sports excluding High School Football. Travel to and from school sponsored and supervised activities and sports while in a school furnished or approved vehicle.	\$26.00	\$35.00
High School Football (Full Year) Play or practice of regularly scheduled football. Consult your Athletic Department for enrollment instructions.	\$134.00	\$205.00
High School Football (Spring Only Rates) For new players who participate in spring training and not already insured under Football Coverage. Sports seasons are defined by your state high school athletic association.	\$59.00	\$87.00
High School Football and At-School Accident (Covers all athletics)	\$160.00	\$240.00
High School Football and 24-Hour Accident (Covers all athletics)	\$216.00	\$327.00

Facts about the Policy

1. WHO IS ELIGIBLE: students of the policyholder who make the required premium contribution for the coverage selected are eligible. Student status continues after graduation and between school years unless the person enrolls at a different school district.
2. The Master Policy on file with the school district is a non-renewable policy.
3. This is a limited benefit policy.
4. COVERAGE EFFECTIVE DATE: A person's coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.
5. COVERAGE TERMINATION DATE: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year.
All coverage ceases if the policyholder cancels the policy or when person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.
6. LATE ENROLLMENT: Coverage may be purchased at any time during the school year. There is no premium reduction for any individual who enrolls late in the year
7. CANCELLATION: Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event a Covered Person enters the Military Service.
8. STUDENT TRANSFER: The policy continues to be in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.

1799(MD_MB_ENG_02/18)

Enroll online at:

www.StudentInsurance-kk.com

or by mail using attached enrollment form.

1. Complete and detach the enrollment form.
2. Make check or money order payable to Nationwide Life Insurance Company. Do not send cash. The Company is not responsible for cash payments.
3. Write your child's name on your check or money order.
4. Mail completed enrollment form with payment back to:
**K&K Insurance Group,
P.O. Box 2338
Fort Wayne, IN 46801-2338**
5. Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
6. Keep this brochure for future reference. Individual policies will not be sent to you.

Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information.

Administered by:

K&K Insurance Group, P.O. Box 2338,
Fort Wayne, IN 46801-2338

 Cut out card and retain for your records

STUDENT INSURANCE CARD

Student's Name _____

If premium has been paid, the student whose name appears above has been insured under a Policy issued to:

School District: _____

Accident Only Coverage: 24-HOUR 24-HOUR (Summer Only Coverage)

AT-SCHOOL FOOTBALL FOOTBALL (Spring Only)

Paid by Check # _____ Amount Paid: _____ Date Paid: _____

Policy # _____

Underwritten by: Nationwide Life Insurance Company
Claims Questions: K&K Insurance Group, Inc.
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917

Policy Exclusions and Limitations for Accident Only Coverages

The following exclusions apply to any and all Benefits and any applicable Riders, unless otherwise specifically referenced. **We will not pay Benefits for:**

1. An Injury or Loss that is:
 - a. caused by war or any act of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of military nature (which does not include acts of terrorism);
 - b. caused while the Insured is serving full-time active duty (more than 31 days) in any Armed Forces;
 - c. caused by participating in a riot or violent disorder;
 - d. the result of an Insured's taking part in committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act;
 - e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician's instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. Conviction is not necessary for determination of being "under the influence."; or
 - f. intentionally self-inflicted, including suicide or attempt thereof, while sane or insane.
2. An Injury or Loss that is the result of travel or flight (including getting in or out, on or off) in any aircraft except solely as a fare-paying passenger in a commercial aircraft, or as a passenger in a Policyholder chartered aircraft, provided such aircraft has a valid and current airworthiness certificate and is operated by a duly licensed or certified pilot, and while such aircraft is being used for the sole purpose of transportation and such travel is listed as a Covered Activity in the Schedule of Benefits.
3. Any Accident where the Insured is the operator and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
4. An Accident that occurs while:
 - a. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
 - b. riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including but not limited to automobiles, trucks, motorcycles, ATV's, snow mobiles, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft. Motorized Vehicle does not include a Medically Necessary motorized wheelchair, unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.
5. Medical or surgical treatment, diagnostic or preventative care of any Sickness, except for treatment of pyogenic infection that results from an Accidental Injury or a bacterial infection that results from the Accidental ingestion of contaminated substances.
6. Any Heart or Circulatory Malfunction, whether or not known or diagnosed, except as may be otherwise covered under the Policy or unless the immediate cause of such malfunction is external trauma.

Additional exclusions for the Accident Medical Expense Benefit and any applicable Riders: **We will not pay Benefits for:**

1. Expenses Incurred for services or treatment rendered by a Physician, Nurse or any other Provider who is:
 - a. employed or retained by the Policyholder, or its subsidiaries or affiliates;
 - b. the Insured, or the Insured's Family Member.
2. Expenses Incurred for charges which the Insured would not have to pay if he/she did not have insurance or for which no charge is made.
3. Expenses Incurred for charges which are in excess of Reasonable Charges.
4. That part of medical expenses payable by any automobile insurance Policy without regard to fault.
5. Expenses Incurred for any treatment that is considered to be experimental by the American Medical Association (AMA) or the American Dental Association (ADA).
6. Expenses Incurred for the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids, unless Injury has caused impairment of sight or hearing or unless repair or replacement of existing eye glasses, contact lenses or hearing aids is necessary as a result of a covered Injury.
7. Expenses Incurred for new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits, if applicable.
8. Expenses Incurred for personal comfort or convenience items including, but not limited to, Hospital telephone charges, television rentals, or guest meals.
9. Expenses Incurred for or in connection with Custodial Care, unless otherwise specified in the Schedule of Benefits.
10. Expenses Incurred for supervision of an anesthetist.
11. Expenses Incurred for Durable Medical Equipment rental in excess of the purchase price.
12. Expenses Incurred for subsequent repairs and replacement of prosthetic devices.
13. Expenses Incurred for any condition covered by any Workers' Compensation Act, Occupational Disease law or similar law.

Accident Only Definitions:

Injury A bodily injury which is:

1. directly and independently caused by specific Accidental contact with another body or object;
2. a source of loss that is sustained while the Insured Person is covered under this Policy and while he or she is taking part in a Covered Activity.

For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions:

1. Malfunction must occur before age 65 while the Insured is taking part in a Covered Activity; and

2. The symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to the Insured and within 48 hours of having taken part in a Covered Activity; and
3. Such Insured has not, within one year prior to the date of participation in the Covered Activity, been medically diagnosed with, or received any medication for, any myocardial infarction, angina pectoris, coronary thrombosis, hypertension, heart attack, or a cerebral vascular incident.

For the Accident Medical Expense Benefit, Injury also includes repetitive motion injuries resulting from participation in a Covered Activity. Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernias, tennis elbow, tendonitis, bursitis, and muscle tears. The repetitive motion injury must be diagnosed by a Physician and occur within 30 days of participation in a Covered Activity.

All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered as one Injury.

Accidental Death & Specific Loss Benefits:

The Aggregate Limit is \$500,000 and is the maximum amount payable for claims incurred for all Insureds under the Policy which are caused by any one Incident that occurs when the Policy is in force. If this limit is not sufficient to pay the total of all such Claims, then the Benefit payable to any one Insured will be determined in proportion to our total aggregate limit of liability. This Aggregate Limit of Liability applies only to Accidental Death and Specific Loss Benefits.

Life	\$10,000
Both arms or both legs	\$10,000
Both hands and both feet	\$10,000
One arm and one leg	\$10,000
One hand and one foot	\$10,000
Either both hands or both feet	\$10,000
Speech and hearing in both ears	\$10,000
The sight of both eyes	\$10,000
The sight of one eye and either one hand or one foot	\$10,000
Either one arm or one leg	\$7,500
Either one hand or one foot	\$5,000
Speech or hearing in both ears	\$5,000
Sight of one eye	\$5,000
Hearing in one ear	\$2,500
Both the thumb and index finger of one hand	\$2,500

Cobertura de accidentes para estudiantes 2018-2019

Servicio prestado por: **K&K Insurance Group, Inc.** Teléfono: 855-742-3135

Recuerde visitar nuestro sitio web para una inscripción más rápida: www.studentinsurance-kk.com
Inscripción por Internet —La Cobertura de accidentes garantizada se puede comprar en cualquier momento durante todo el año.

COBERTURA SOLO PARA ACCIDENTES: La Póliza ofrece beneficios por pérdida debido a una Lesión cubierta hasta un Beneficio máximo de \$25,000 por cada Lesión. Siempre que el tratamiento a cargo de un Médico calificado y matriculado comience en el término de 60 días a partir de la fecha de la Lesión, se pagarán beneficios por los Gastos médicos cubiertos incurridos dentro de las 52 semanas a partir de la fecha de la Lesión, hasta el Beneficio máximo por servicio según se muestra a continuación.

PROGRAMA DE BENEFICIOS: *Los Beneficios máximos se pagan según lo especificado a continuación. Los Cargos razonables y necesarios por razones médicas están basados en el percentil 75.*

Compare y elija	Opción baja de Solo accidentes	Opción alta de Solo accidentes
Beneficio máximo:	\$25,000 (por cada lesión)	\$25,000 (por cada lesión)
Deducible:	\$0	\$0
Paciente hospitalizado		
Habitación y comidas:	Hasta \$150 por día/ tarifa de habitación semiprivada	80% de los cargos razonables/tarifa de habitación semiprivada
Varios del hospital:	\$600 como máximo por día	\$1,200 como máximo por día
Personal de enfermería registrado:	75% de los cargos razonables	100% de los cargos razonables
Consultas médicas: <i>(Los beneficios se limitan a una consulta por día y no aplican cuando la consulta se relaciona con una cirugía)</i>	\$40 primer día/\$25 cada día subsiguiente	\$60 primer día/\$40 cada día subsiguiente
Paciente ambulatorio		
Procedimientos quirúrgicos ambulatorios varios:	\$1,000 como máximo	\$1,200 como máximo
Consultas médicas: <i>(Los beneficios se limitan a una consulta por día y no aplican cuando la consulta se relaciona con una cirugía o fisioterapia)</i>	\$40 primer día/ \$25 cada día subsiguiente	\$60 primer día/ \$40 cada día subsiguiente
Fisioterapia para pacientes ambulatorios: <i>(Los beneficios se limitan a una consulta por día)</i>	\$30 primer día/\$20 cada día subsiguiente/ máximo de 5 días	\$60 primer día/\$40 cada día subsiguiente/ máximo de 5 días
Servicios en la sala de emergencias: <i>(El tratamiento se debe realizar en el término de 72 horas desde que se produce la lesión)</i>	\$150 como máximo	\$300 como máximo
Radiografías:	\$200 como máximo	\$600 como máximo
Servicios de diagnóstico por imágenes:	\$300 como máximo	\$600 como máximo
Laboratorio:	\$50 como máximo	\$300 como máximo
Medicamentos recetados:	\$75 como máximo	\$200 como máximo
Inyecciones:	No hay beneficios	No hay beneficios
Aparatos y dispositivos ortopédicos:	\$75 como máximo	\$140 como máximo
Paciente hospitalizado y/o paciente ambulatorio		
Aranceles de cirugía: <i>(Limitado al procedimiento primario por herida)</i>	\$1,000 como máximo	\$1,200 como máximo
Anestesiista:	20% de la prestación por cirugía	25% de la prestación por cirugía
Auxiliar quirúrgico:	20% de la prestación por cirugía	25% de la prestación por cirugía
Ambulancia:	\$300 como máximo	\$800 como máximo
Asesor:	\$200 como máximo	\$400 como máximo
Tratamientos dentales debido a Lesiones en los dientes: <i>(Para Lesiones en dientes naturales y en buen estado)</i>	Máximo de \$10,000 por período de póliza	Máximo de \$10,000 por período de póliza
Reemplazo de anteojos, lentes de contacto o audífonos que se rompen como consecuencia de una Lesión cubierta:	100% de los cargos razonables	100% de los cargos razonables
Equipos médicos duraderos:	No hay beneficios	No hay beneficios
Maternidad:	No hay beneficios	No hay beneficios
Complicación del embarazo:	No hay beneficios	No hay beneficios

No se cubren los gastos de los siguientes rubros: Dispositivos protésicos, trastornos mentales y nerviosos, atención de la salud en el hogar, inyecciones.

Esta póliza contiene una disposición de exceso. No se pagarán beneficios en virtud de los Gastos médicos básicos por accidente por gastos cubiertos en la medida en que sean pagaderos en virtud de otro Plan de atención médica.

*Los detalles de estos beneficios se pueden encontrar en la Póliza maestra archivada en el distrito escolar. **NOTA:** Este es un breve resumen de los beneficios y no es un contrato. Se le ha entregado al distrito escolar una Póliza maestra que contiene todas las disposiciones, limitaciones, exclusiones y calificaciones de los beneficios del seguro. La Póliza maestra es el contrato que registrará y controlará el pago de los beneficios.*

Elija su plan de cobertura: *Pago único para cobertura de accidente*

OBSÉRVESE – PARA LOS PLANES DE COBERTURA ENUMERADOS A CONTINUACIÓN

Fecha de entrada en vigencia de la cobertura: La cobertura de una persona entra en vigencia cuando la compañía recibe la solicitud completada y la prima, o en la fecha de entrada en vigencia de la póliza emitida a su escuela o distrito escolar, la fecha que sea posterior.

Fecha de vencimiento de la cobertura: La cobertura finaliza cuando se cumplen doce meses de vigencia de la cobertura o el primer día del año escolar siguiente, la fecha que sea anterior. Se extinguirá toda la cobertura si el titular de la póliza cancela la póliza o cuando la persona deja de reunir los requisitos necesarios. La extinción de la cobertura por cualquier motivo no afectará a ninguna reclamación que tenga lugar antes de la finalización de la cobertura.

	Opción baja	Opción alta
Accidente las 24 horas (alumnos y empleados) A toda hora/en cualquier parte del mundo. Antes, durante y después del horario escolar. Los fines de semana, vacaciones y todo el verano, incluidos los cursos de verano. Deportes patrocinados por la escuela y extracurriculares, queda excluido el fútbol americano de preparatoria.	\$82.00	\$122.00
Accidente las 24 horas (cobertura solo durante el verano, solo estudiantes) El verano comienza el primer día después de que termina el año escolar. El verano termina el primer día del año escolar siguiente.	\$27.00	\$38.00
Accidente en la escuela (alumnos y empleados) Durante el período lectivo regular, en las instalaciones de la escuela durante las horas de clase. Traslado directo e ininterrumpido desde y hacia el hogar y las clases programadas. Actividades y deportes patrocinados y supervisados por la escuela; queda excluido el fútbol americano de preparatoria. Traslados desde y hacia actividades y deportes patrocinados y supervisados por la escuela en un vehículo proporcionado o aprobado por la escuela.	\$26.00	\$35.00
Preparatoria Fútbol americano (Todo el año) Juego, práctica o partidos de fútbol americano regulares programados. Consulte con el Departamento de Deportes a fin de obtener las instrucciones para la inscripción.	\$134.00	\$205.00
Preparatoria Fútbol americano (tarifas exclusivas para la primavera) Para los jugadores nuevos que participan en el entrenamiento de primavera y todavía no están asegurados en virtud de la Cobertura de fútbol americano. La asociación de atletismo de las preparatorias de su estado define las temporadas de deportes.	\$59.00	\$87.00
Preparatoria Fútbol americano y Accidentes en la escuela (Cubre todas las disciplinas atléticas)	\$160.00	\$240.00
Preparatoria Fútbol americano y Accidente las 24 horas (Cubre todas las disciplinas atléticas)	\$216.00	\$327.00

Datos sobre la Póliza

- ¿QUIÉNES REÚNEN LOS REQUISITOS? Son elegibles los alumnos del titular de la póliza que efectúan el aporte requerido en concepto de prima para la cobertura seleccionada. La condición de alumno se mantiene después de la graduación y entre los años escolares, a menos que la persona se inscriba en otro distrito escolar.
- La Póliza maestra archivada en el distrito escolar es una póliza no renovable.
- Esta es una póliza de beneficios limitados.
- FECHA DE ENTRADA EN VIGENCIA DE LA COBERTURA: La cobertura de una persona entra en vigencia cuando la compañía recibe la solicitud completada y la prima, o en la fecha de entrada en vigencia de la póliza emitida a su escuela o distrito escolar, la fecha que sea posterior.
- FECHA DE VENCIMIENTO DE LA COBERTURA: la cobertura finaliza cuando se cumplen doce meses de vigencia de la cobertura o el primer día del año escolar siguiente, la fecha que sea anterior.
Se extinguirá toda la cobertura si el titular de la póliza cancela la póliza o cuando la persona deja de reunir los requisitos necesarios. La extinción de la cobertura por cualquier motivo no afectará a ninguna reclamación que tenga lugar antes de la finalización de la cobertura.
- INSCRIPCIÓN TARDÍA: La cobertura se puede comprar en cualquier momento durante el año escolar. No habrá ninguna reducción de prima para ninguna persona que se inscriba más avanzado el año.
- CANCELACIÓN: La Cobertura en virtud de la Póliza no se cancelará y, por consiguiente, las primas no se podrán reembolsar después de la aceptación por parte de la Compañía. Sin embargo, se reembolsarán en forma prorrateada las primas en caso de que una Persona cubierta ingrese en el Servicio Militar.
- TRASLADO DEL ALUMNO: La póliza continúa vigente en cualquier parte del mundo si la Persona cubierta se muda antes del vencimiento de la cobertura.

Inscríbese por Internet en:

www.StudentInsurance-kk.com

o por correo mediante el formulario de inscripción adjunto.

- Complete y recorte el formulario de inscripción.
- Emita el cheque o el giro postal pagadero a Nationwide Life Insurance Company. No envíe dinero en efectivo. La Compañía no se hace responsable de los pagos en efectivo.
- Escriba el nombre de su hijo en el cheque o giro postal.
- Envíe por correo el formulario completado con el pago a:
**K&K Insurance Group,
P.O. Box 2338
Fort Wayne, IN 46801-2338**
- El cheque cancelado, la facturación de la tarjeta de crédito o el talón del giro postal serán su comprobante y la confirmación del pago.
- Conserve este folleto para consultar en el futuro. No se le enviarán pólizas individuales.

Política de privacidad

Sabemos que su privacidad es importante para usted y nos esforzamos por proteger la confidencialidad de su información personal no pública. No revelamos ninguna información personal no pública sobre nuestros clientes o exclientes a nadie, excepto según lo permita o exija la ley. Consideramos que mantenemos las salvaguardias físicas, electrónicas y procedimentales apropiadas para garantizar la seguridad de su información personal no pública.

Administrado por:

K&K Insurance Group, P.O. Box 2338,
Fort Wayne, IN 46801-2338

 Recorte la tarjeta y consérvela para sus registros

TARJETA DE SEGURO DEL ALUMNO

Nombre del alumno _____
Si se ha pagado la prima, el alumno, cuyo nombre aparece más arriba, ha sido asegurado en virtud de la Póliza emitida para:

Distrito escolar: _____

Cobertura solo para accidentes: 24 HORAS 24 HORAS (cobertura solo durante el verano)
 EN LA ESCUELA FÚTBOL AMERICANO FÚTBOL AMERICANO (solo primavera)

Pagado con el cheque N.º _____ Cantidad pagada: _____ Fecha de pago: _____
N.º de póliza _____

Suscrito por: Nationwide Life Insurance Company
Preguntas sobre las reclamaciones: K&K Insurance Group, Inc.
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917

Exclusiones y limitaciones de la póliza para Coberturas de solo accidentes

Las siguientes exclusiones aplican a todos los Beneficios y todas las Cláusulas adicionales pertinentes, a menos que se mencione explícitamente lo contrario. **No pagaremos Beneficios por:**

- Una Lesión o Pérdida que:
 - sea causada por una guerra o cualquier acto de guerra, declarada o no declarada, sea civil o internacional, o cualquier conflicto armado importante entre fuerzas organizadas de naturaleza militar (lo que no incluye actos de terrorismo);
 - sea causada mientras la Persona asegurada presta servicio activo a tiempo completo (más de 31 días) en cualquier rama de las Fuerzas Armadas;
 - sea causada por la participación en una revuelta o disturbio violento;
 - sea el resultado de la participación de la Persona asegurada en la perpetración o intento de perpetración de un delito grave, la intervención en cualquier acto ilícito u ocupación ilegal o la perpetración o provocación de cualquier acto ilícito;
 - se produzca porque la Persona asegurada está bajo la influencia de cualquier droga, narcótico, psicotrópico o sustancia química (a menos que sea recetado por un Médico y se lo utilice de acuerdo con las indicaciones del Médico) según lo definen las leyes de la jurisdicción en la que se produjo la Lesión accidental. No es necesario una condena para determinar si se está "bajo la influencia de..."; o
 - se autoinflija intencionalmente, lo que incluye suicidio o intento de suicidio, en estado de sano juicio o no.
- Una Lesión o Pérdida que sea resultado de un viaje o vuelo (que incluye entrar, salir, subir o bajar) en cualquier aeronave excepto y exclusivamente como pasajero que paga su pasaje en una aeronave comercial, o como pasajero en una aeronave contratada por el Titular de la póliza, siempre que dicha aeronave tenga un certificado de aeronavegabilidad válido y vigente y sea operada por un piloto autorizado o con la debida licencia, y mientras dicha aeronave sea utilizada exclusivamente con fines de transporte y dicho viaje se consigne como una Actividad cubierta en el Programa de beneficios.
- Todo Accidente donde la Persona asegurada sea el operador y no posea una licencia de operador de vehículo a motor válida y vigente (excepto en un Programa de formación de conductores).
- Un Accidente que se produzca durante:
 - la participación en cualquier actividad peligrosa, incluidos los deportes de vehículos de nieve, vehículos todo terreno (vehículos todo terreno o vehículos con ruedas similares), embarcaciones personales, paracaidismo acrobático, buceo, submarinismo, vuelo en ala delta, exploración de cuevas, salto elástico (bungee), lanzamiento en paracaídas o alpinismo;
 - el viaje en, la conducción de o la prueba de un vehículo a motor utilizado en una carrera o competencia de velocidad, deporte, trabajo de exhibición o prueba de manejo. Para los fines de esta disposición, Vehículo a motor significa todo medio de transporte o vehículo autopropulsado, que incluye, entre otros, automóviles, camiones, motocicletas, vehículos todo terreno, motos de nieve, tractores, carros de golf, motopatines, cortadoras de césped, equipos pesados utilizados para excavar, barcos y embarcaciones personales. El concepto Vehículo a motor no incluye una silla de ruedas motorizada necesaria por razones médicas, a menos que dicha actividad esté explícitamente consignada como una Actividad cubierta en el Programa de beneficios.
- Tratamiento médico o quirúrgico, atención de diagnóstico o preventiva de cualquier Enfermedad, excepto el tratamiento de una infección piógena que sea consecuencia de una Lesión accidental o una infección bacteriana resultado de la Ingestión accidental de sustancias contaminadas.
- Toda Insuficiencia cardíaca o circulatoria, sea conocida o no o esté diagnosticada o no, excepto según se cubra de otro modo en virtud de la Póliza o a menos que la causa inmediata de dicha insuficiencia sea un traumatismo externo.

Otras exclusiones para el Beneficio de gastos médicos por accidente y toda Cláusula adicional pertinente: **No pagaremos Beneficios por:**

- Los Gastos por servicios o tratamientos prestados por un Médico, Enfermero o cualquier Proveedor que:
 - sea empleado de o esté contratado por el Titular de la póliza o sus subsidiarias o filiales;
 - sea la Persona asegurada o un Integrante de la familia de la Persona asegurada.
- Los Gastos incurridos por cargos que la Persona asegurada no pagaría si no tuviera el seguro o servicios por los que no se cobra ningún cargo.
- Los Gastos incurridos por cargos que superan los Cargos razonables.
- La parte de los gastos médicos pagaderos por cualquier Póliza de seguro automotor sin tener en cuenta la culpa.
- Los Gastos incurridos por cualquier tratamiento que la American Medical Association (AMA) o la American Dental Association (ADA) consideren experimental.
- Los Gastos incurridos por la inspección, indicación, compra o ajuste de anteojos, lentes de contacto o audífonos, a menos que la Lesión haya causado el deterioro de la vista o la audición, o a menos que sea necesario reparar o reemplazar los anteojos, lentes de contacto o audífonos en uso como consecuencia de una Lesión cubierta.
- Los Gastos incurridos por dentaduras postizas, puentes, implantes dentales, bandas o frenos u otros aparatos dentales, coronas, fundas, incrustaciones *inlay* u *onlay* y empastes nuevos, su reparación o reemplazo, o cualquier otro tratamiento de los dientes o las encías, excepto como resultado de una Lesión y hasta el Máximo de cobertura odontológica que figura en el Programa de beneficios, si corresponde.
- Los Gastos incurridos por artículos para la comodidad o el confort personal, que incluyen, entre otros, cargos por llamadas telefónicas en el Hospital, alquiler de televisores o comidas para las personas de visita.
- Los Gastos incurridos por o a propósito de Atención personal no médica, a menos que se especifique lo contrario en el Programa de beneficios.
- Los Gastos incurridos por la supervisión de un anestesista.
- Los Gastos incurridos por el alquiler de Equipos médicos duraderos que superen el precio de compra.
- Los Gastos incurridos por la posterior reparación y reemplazo de dispositivos protésicos.
- Los Gastos incurridos por cualquier afección cubierta por alguna Ley de Compensación de los Trabajadores, Ley de Enfermedades Ocupacionales o ley similar.

Definiciones de Solo accidentes:

Lesión Una lesión física que:

- está directa o independientemente causada por un contacto accidental con otro cuerpo u objeto;
- es una fuente de pérdida sufrida mientras la Persona asegurada está cubierta en virtud de la Póliza y mientras esa persona participa en una Actividad cubierta.

Para todos los Beneficios, Lesión incluye Insuficiencia cardíaca y circulatoria, con sujeción a las siguientes condiciones:

- La Insuficiencia se debe presentar antes de los 65 años de edad mientras la Persona asegurada participa en una Actividad cubierta; y

- Un médico trata el o los síntomas de dicha insuficiencia en primera instancia mientras la Póliza está vigente con respecto a la Persona asegurada y en el término de 48 horas de haber participado en una Actividad cubierta; y
- A dicha Persona asegurada, en el término de un año antes de la fecha de la participación en la Actividad cubierta, un médico no le ha diagnosticado, ni ha recibido medicamentos para, infarto de miocardio, angina de pecho, trombosis coronaria, hipertensión, ataque cardíaco o incidente cerebrovascular.

Para el Beneficio de gastos médicos por accidente, Lesión también incluye lesiones por movimientos repetitivos como consecuencia de la participación en una Actividad cubierta. Las lesiones por movimientos repetitivos incluyen, entre otras, esguinces, torceduras, hernias, codo de tenista, tendinitis, bursitis y desgarros musculares. La lesión por movimientos repetitivos debe ser diagnosticada por un Médico y se debe producir dentro de los 30 días de participar en una Actividad cubierta.

Todas las Lesiones sufridas en un Accidente, incluidas todas las afecciones relacionadas y los síntomas recurrentes de estas Lesiones, se considerarán una sola Lesión.

Beneficios por Muerte accidental y pérdida específica:

El Límite global es de \$500,000 y es la cantidad máxima que se puede pagar por reclamaciones incurridas para todos los Asegurados en virtud de la Póliza que resultan de un Incidente cualquiera que se produce cuando la Póliza se encuentra vigente. Si este límite no fuera suficiente para pagar el total de todas dichas Reclamaciones, el Beneficio que se debe pagar a cualquier Asegurado se determinará proporcionalmente a nuestro Límite global total de responsabilidad. Este Límite global de responsabilidad aplica únicamente a los Beneficios por Muerte accidental y Pérdida específica.

Vida	\$10,000
Ambos brazos o ambas piernas	\$10,000
Ambas manos y ambos pies	\$10,000
Un brazo y una pierna	\$10,000
Una mano y un pie	\$10,000
Ambas manos o ambos pies	\$10,000
El habla y la audición en ambos oídos	\$10,000
La visión de ambos ojos	\$10,000
La visión de un ojo y una mano o un pie	\$10,000
Un brazo o una pierna	\$7,500
Una mano o un pie	\$5,000
El habla o la audición en ambos oídos	\$5,000
La visión de un ojo	\$5,000
La audición de un oído	\$2,500
El dedo pulgar y el índice de una mano	\$2,500

Formulario de inscripción (Año escolar 2018-2019)

Apellido del alumno: _____
 Nombre del alumno: _____
 Segundo nombre del alumno: _____ Fecha de nacimiento: _____
 Dirección: _____
 Ciudad: _____ Estado: _____ Código postal: _____
 Nombre del distrito escolar (obligatorio): _____
 Nombre de la escuela: _____
 Grado: Prekinder/Preescolar Kindergarten/Escuela primaria Escuela secundaria Preparatoria/Nivel más alto
 Firma del padre/madre o tutor: _____
 Fecha: _____ Dirección de correo electrónico: _____ Número de teléfono: _____

Opciones del Plan de seguro para estudiantes — Marque su elección:

Planes de cobertura solo para accidentes	Opción baja	Opción alta
24 HORAS	<input type="checkbox"/> \$82.00	<input type="checkbox"/> \$122.00
24 HORAS Solo durante el verano	<input type="checkbox"/> \$27.00	<input type="checkbox"/> \$38.00
EN LA ESCUELA	<input type="checkbox"/> \$26.00	<input type="checkbox"/> \$35.00
Preparatoria COBERTURA DE FÚTBOL AMERICANO Todo el año	<input type="checkbox"/> \$134.00	<input type="checkbox"/> \$205.00
Preparatoria COBERTURA DE FÚTBOL AMERICANO Solo durante la primavera <i>Para jugadores nuevos</i>	<input type="checkbox"/> \$59.00	<input type="checkbox"/> \$87.00
Preparatoria FÚTBOL AMERICANO y EN LA ESCUELA <i>Cubre todas las disciplinas atléticas</i>	<input type="checkbox"/> \$160.00	<input type="checkbox"/> \$240.00
Preparatoria FÚTBOL AMERICANO y 24 HORAS <i>Cubre todas las disciplinas atléticas</i>	<input type="checkbox"/> \$216.00	<input type="checkbox"/> \$327.00

Adjuntar el cheque por el pago total pagadero a: **Nationwide Life Insurance Company**. Se aceptan cheques, giros postales o tarjetas de crédito. **NO ENVÍE DINERO EN EFECTIVO**

TOTAL ADJUNTO: \$ _____

1854 (MD_MB_SPA_2/18)

Adjuntar el cheque por el pago total pagadero a: **K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338**

Complete esta sección únicamente si desea pagar con tarjeta de crédito

Nombre completo según figura en la tarjeta

Nombre: _____ Inicial del segundo nombre: _____ Apellido: _____

Dirección de facturación (si es distinta de la anterior)

N.º de calle _____ Dirección _____ N.º de apto. _____

Ciudad: _____ Estado: _____ Código postal: _____

Número de la tarjeta: Fecha de vencimiento: Mes: Año:

Firma del titular de la tarjeta:

La compañía no emite reembolsos ni acepta responsabilidad por los pagos en efectivo. (Si el banco por cualquier motivo rechaza un cheque o una tarjeta de crédito, el seguro quedará invalidado.)

August 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5 BINGO Knights of Columbus Doors open—12:30 p.m. Early Bird—1:00 p.m. Games begin—1:30 p.m.	6	7	8	9	10	11 HASA Sports Cards & Collectibles Show 9 a.m.— 3 p.m.
Edu-Care and Extended Care CLOSED						
12	13	14	15	16	17	18 New Family Brunch 9-11 a.m.
SCHOOL STORE OPEN Pick up school supply packets for your students during these days.						
		Store hours: 3-7pm	Store hours: 9am-12pm	Store hours: 3-7pm		
		Used Uniform Sale 3-7pm				
19 BINGO Knights of Columbus Doors open—12:30 p.m. Early Bird—1:00 p.m. Games begin—1:30 p.m.	20 School Store open: 9am-12pm	21	22 HASA Executive Board Mtg. 6:30 p.m.	23	24	25
26	27	28	29 New Parent Night for all new parents of students gr. 1-8—6:30 p.m. Back-to-School Night Pre-K and Kindergarten par- ents—6:30 p.m. School Store open: 6-8 pm	30 Ice Cream Social 6-7 p.m. 9/11 Food Drive begins	31	