



St. Joan of Arc School

Grounded in Faith, Focused on the Future

November 2, 2022

Dear SJA Families,

We are excited to share that St. Joan of Arc was featured on the CBS News on Sunday evening sharing information about our butterfly garden and our efforts to help save the Monarch Butterflies. [Click here](#) to watch the story.

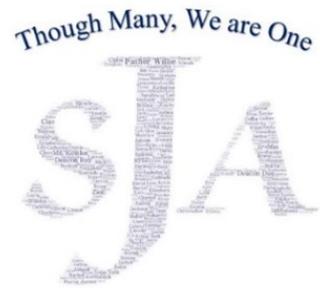
Tonight is Eat Out Night at Pat’s Pizza sponsored by HSA. Please present the flyer that students brought home yesterday or is attached to this email. SJA receives credit for all deliveries, carry out and eat in orders.

Building plans are beginning to move forward, updates in the weekly newsletter will reflect any changes that may affect drop off and pick up procedures.

Reminder that the school office is closed from 2:45pm to 3:10pm in order for dismissal to occur smoothly and safely. If your child has early dismissal, please pick them up before 2:45pm or you will need to wait until after dismissal is complete.

Thank you for your cooperation and support of our school.

God Bless,
Ms. Dianne Kestler
Principal



Important Dates:

November 8	Liturgy 8:30am Grade 5 – Tuesday Donations for Food Pantry
November 10	Flu and Vaccine Clinic – Parish Hall 10:00am – noon.
November 11	Veteran’s Day
November 13	Faith Formation – All About Advent
November 14 - 18	Bookfair
November 15	Liturgy 8:30am Grade 4 - Tuesday Donations for Food Pantry
November 18	Grandparents and Special Friends Day 11:00am 12:05 Dismissal
November 21	Parent Conferences 4:00pm to 7:00pm
November 22	Parent Conferences 1:00pm to 4:00pm 12:05 dismissal - No aftercare
November 23 - 25	School Closed – No aftercare
November 27	Parish Advent Breakfast 9:00am – 11:00am 1 st Sunday of Advent

Grant & Aid Applications

2023-2024 Grant & Aid Applications opened on November 1, 2022. You may access the application by clicking [here](#). Please be sure to complete your application early as the deadline is February 28, 2023 NO EXCEPTIONS. Should you have any questions please contact Pam Franke at pfranke@stjoanarc.org.

Parent Conferences

Parent conferences will be held on Monday, November 21 from 4:00pm to 7:00pm and Tuesday, November 22 from 1:00pm to 4:00pm. All conferences will be virtual. Teachers will post a Sign Up Genius with available times today.

STEM

Notre Dame of Maryland University School of Education is hosting our annual STEM festival on November 6th from 9am-12pm. This event is for all ages. See attached flyer for details.

Grandparents/Special Friends Day

Grandparents and special friends are invited to attend our prayer service on November 18th at 11:00am in the Church. The Book Fair will be open after the prayer service for purchasing.

Volunteers

Teachers can use volunteers to help during lunch and recess time. If you are interested, please contact your child's teacher. Remember all volunteers must be VIRTUS trained. Please [click here](#) to learn more.

Yearbook

We are looking for a parent(s) that would like to help work on the 22-23 yearbook. We need help importing student pictures, organizing pictures and designing the pages. Please contact Mrs. Way at hway@stjoanarc.org.

Uniforms

Students begin to wear Winter Uniform on November 1. Please be sure that your student is in correct uniform each day. Winter uniform policy is attached.

HSA

Thank you to everyone who volunteered and participated in Charleston Wrap, Trunk or Treat and the Eat Out Night at Pat's Pizza. Your support for our school is greatly appreciated.

Community News

Aberdeen Police Dept. is making an effort to revive their K-9 program and need votes for grant money in order for that to happen. Go to the [Aberdeen Advocate](#) to help support our police department.

Christmas in Aberdeen – December 3

Aberdeen's 45th Christmas Street Activities will be held on Dec. 3, see the attached Flyer for details.

Parish News

Free Flu Shot Clinic – November 10

A FREE flu shot clinic will be held at St. Joan of Arc Parish on Thursday, November 10th from 10:00am to Noon, downstairs from church in the Parish Hall. In addition to the latest influenza vaccine, you can also get your COVID-19 booster shot and pneumonia vaccine. All you have to do is bring your ID and your insurance card if you have one.

You can also shorten your visit by printing out and completing the attached Consent Form.

Veteran's Day Mass – November 11

On Friday, November 11th we will have a special mass at 8:30 AM to honor and thank all of our veterans. Active duty and retired military, law enforcement, firefighters and first responders are encouraged to wear their uniforms, while all others are encouraged to wear red, white & blue!

Ground Breaking

On October 19th, 2022, our groundbreaking ceremony was held at St. Joan of Arc to mark the beginning of construction on our new Parish Life Center and Prayer Chapel addition to the church.

Enjoy this commemorative [video](#) of highlights from this important day in the history of our parish!

SJA Good Samaritan Pantry

SJA students are collecting the following items during the month of November!
Each **Tuesday**, please consider bringing in the donations assigned to your grade.



GRADE	DONATION Small sizes!
Prekindergarten & 7 th grade	Toothbrushes, toothpaste, deodorant
Kindergarten & 6 th grade	Body wash, shampoo, laundry detergent (prefer Tide pod type detergents)
1 st grade & 5 th grade	Cans of potatoes or green beans, can openers
2 nd grade & 4 th grade	Applesauce, juices, cans of peaches or pears
3 rd grade & 8 th grade	Cans of soup, tuna, or spaghetti sauce

Let's all help to support the needs of those in our community!

All Donations due by Tuesday, Nov. 15, 2022



SJA 2022 RESTAURANT NIGHT KICKOFF!

*Mention St. Joan of Arc School at
Pat's Pizza in Aberdeen*

220 S PHILADELPHIA BLVD, ABERDEEN, MD 21001

**WEDNESDAY NOVEMBER 2,
10AM-10PM**

Informed Consent for Immunization with Inactivated & Live Vaccines

Last Name	First Name	Middle	Date of Birth	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary
Home Address			City	State	Zip Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell
Vaccine(s) requested: <input type="checkbox"/> Flu <input type="checkbox"/> COVID-19 <input type="checkbox"/> Pneumonia <input type="checkbox"/> Shingles <input type="checkbox"/> Tetanus <input type="checkbox"/> Other(s): _____		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline to State (Unknown)		Medicare patients only: Last 4 digits of SSN: _____ Medicare Part B ID#: _____	
Which arm do you prefer for vaccine? <input type="checkbox"/> Left <input type="checkbox"/> Right		Race: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Two or More <input type="checkbox"/> Other		Email address: _____ Primary Care Provider Name: _____ Phone: _____ Address: _____	

Screening Questions – IF COMPLETED ONLINE, REVIEW ANSWERS WITH PATIENT TO ENSURE NO CHANGES

	Yes	No
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any allergies to medications, food or vaccines? If yes, please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction or fainted after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a medical condition or take medication(s) that may weaken your immune system? (e.g. cancer, leukemia, HIV, active shingles, take prednisone, oral steroids, anticancer or antiviral drugs)	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever received a dose of COVID -19 vaccine? (COVID-19 only) If yes, which product did you receive? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> J&J Date(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
6. For women: Are you pregnant or are you considering becoming pregnant in the next month?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a seizure disorder or a brain disorder? (Tdap only)	<input type="checkbox"/>	<input type="checkbox"/>

Immunization Needs	Yes	No	Unsure
8. Please check all that apply to you: <input type="checkbox"/> Asthma or lung disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> Tobacco Smoker <input type="checkbox"/> 65 Years or older. Have you ever received a PNEUMONIA vaccine? If yes, when and what kind(s)? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Patients 50 and older or immunocompromised: Have you ever received the SHINGLES vaccine? If so, what date(s): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How many years has it been since your last TETANUS vaccine? _____ yrs			<input type="checkbox"/>
11. Patients 19 to 59 years old: Have you received a hepatitis B vaccine series?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Patients under 46: Have you received the HPV (Human Papillomavirus) vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Patients aged 11 to 23: Have you received a meningitis vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Please indicate which vaccine(s) you would like more information about? <input type="checkbox"/> Hepatitis A <input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Travel Vaccines <input type="checkbox"/> Childhood Vaccines <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unsure: would like an assessment done of potential vaccination gaps or needs			

Live Vaccines Only (chickenpox, cholera, intranasal flu, MMR® II, rotavirus, oral typhoid, and yellow fever)	Yes	No
15. Have you received any vaccination in the past 4 weeks? If yes, please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
16. During the past year, have you received a transfusion of blood or blood products, been given a medicine called immune (gamma) globulin, or had radiation therapy?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you had your thymus gland removed or a history of problems with your thymus such as myasthenia gravis, DiGeorge syndrome, or thymoma? (yellow fever only)	<input type="checkbox"/>	<input type="checkbox"/>
18. Are you currently taking any antibiotics or antimalarial medications? (oral typhoid only)	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have a history of thrombocytopenia or thrombocytopenia purpura? (MMR® II only)	<input type="checkbox"/>	<input type="checkbox"/>
20. For age under 18: Are you taking aspirin or an aspirin containing medication? (intranasal flu only)	<input type="checkbox"/>	<input type="checkbox"/>

Informed Consent: Please read and sign.

By my signature below, I consent to the administration of the vaccine(s) by a pharmacist or a supervised student pharmacist or technician, or other authorized person, where permitted by law or state/federal guidance, employed or contracted by Albertsons Companies or one of its affiliated pharmacies and to be contacted at the number provided above regarding other immunizations for which I am due or eligible to receive. The above information is true and correct. I attest I meet eligibility criteria for the vaccination (if any); if I am the parent/guardian of the minor patient, I attest the minor patient meets eligibility criteria for the vaccination. I also release Albertsons Companies and its subsidiaries, affiliates, officers, directors, employees, and agents from all liability, including acts of omission or commission, resulting, or arising from my receipt or the minor's receipt of this vaccination. I understand: 1) I have voluntarily chosen to receive the vaccination. 2) **Non-COVID vaccine:** I authorize Albertsons Companies to submit a claim for reimbursement on my behalf to Medicare or any other contracted third-party payor; if the claim is denied, I understand I will be responsible for payment; 3) I am of legal age and authorized to execute this consent form or I am the parent/guardian of the minor patient. 4) I will immediately alert the pharmacist of any medical conditions which may adversely affect my personal health or effectiveness of the vaccine. 5) I have been counseled about potential side effects after vaccination, when they may occur, and when and where I should seek treatment. I am responsible for following up with my physician at my expense if I experience any side effects. 6) I should remain in the area for observation for 15 minutes unless I have a history of an immediate allergic reaction of any severity to a vaccine or injectable therapy or if I have a history of anaphylaxis due to any cause, I should remain in the area for observation for 30 minutes after the vaccination. If I leave the area without waiting, I acknowledge that I am doing so at my own risk and against the advice of the professional who administered the vaccine. 7) I have read, or have had read to me, the Vaccine Information Statement(s) ("VIS") or Emergency Use Authorization ("EUA") provided for the vaccine(s) to be administered. I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I understand the benefits and risks of the vaccine(s). 8) I have been offered and/or provided a copy of the company's Notice of Privacy Practices in compliance with the Health Insurance Portability and Accountability Act (HIPAA). 9) This vaccination, including any vaccination granted additional privacy protections under state or federal law, is subject to reporting by my pharmacy or its business associate to an immunization registry, which may share my immunization data with others, and to my primary care physician, the authorizing physician, or the local Department of Health, if applicable, and I authorize these disclosures. (New Jersey Only: I authorize ___ do not authorize ___ reporting of my receipt of this vaccination to my primary care provider I understand that failure to check authorize/do not authorize will serve as authorization.) (South Dakota, Maine, Massachusetts, and New Hampshire only: I understand I have the right to object to the sharing of my data to the above-mentioned parties through such registries.)

X
Signature of Patient or Parent/Guardian of Minor Patient (put relationship to minor) _____ **Printed Name** _____ **Date** _____

Upcoming season's flu shot before Sept 1st, check which applies: Child < 18 years old Pregnant (3rd trimester) unable to return at later date for vaccination

Below for Pharmacy Use Only:

Vaccine Name	Lot #	Expiration Date	Manufacturer	Dose (ml)	Dose #	Route	Site (circle)	VIS/EUA Pub. Date
COVID-19(_____)					#____	IM	R / L Deltoid	
Flu (_____)						IM	R / L Deltoid	
Shingrix®			GSK	0.5	<input type="checkbox"/> 1 <input type="checkbox"/> 2	IM	R / L Deltoid	2/4/2022
Prevnar 20®			Pfizer	0.5	1	IM	R / L Deltoid	2/4/2022
							R / L _____	
							R / L _____	

WA ONLY: Substitution Permitted: _____ **Dispense as Written:** _____

Ordering RPh Signature: _____ Name of Administrator: _____ Admin/VIS Provided Date: _____ <input type="checkbox"/> NPP Offered Counseling (Please circle): Accepted / Declined	RxBIN: _____ PCN: _____ Group #: _____ ID#: _____ Medical (Name, ID#, Group#, Payer ID - if UHC): _____ <input type="checkbox"/> Offsite Clinic Clinic Name: _____ Clinic Address: _____
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Aberdeen's 45th Christmas Street Sat, Dec. 3rd

“Christmas in Candyland

Activities Include

Breakfast

Grace United Methodist Church
7:00-11:00 am. Dine in or carry out
Tickets available at the door.

Street Entertainment

West Bel Air Ave @ Parke St.
Starting at 2:00 pm.

Christmas Craft Fair

Aberdeen Fire Department
9:00 am till 2:00 pm.
Shop Unique gifts

Aberdeen Museum

18 Howard St. - Open House
10:00 am till 5:00 pm.
Live music 1:30 - 2:00pm

Festival of Trees, Wreaths & Garlands

Aberdeen Activity Center
Friday 6pm-9pm
10:00 am - 3:00 pm.
Bid/buy fully decorated tree.

PARADE

Begins at 3:00 pm
Greet Mr. & Mrs. Claus and
Many other special characters and guest.

St. Paul's Lutheran Church
Christmas Concert w/Charlie Zahn
Refreshments start at 5:30
Concert starts at 7:00pm

Amusements, Food Trucks, Tree Lighting

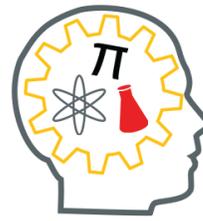
Festival Park, we light our huge tree after the parade, visit with Santa, or our balloon artist, get hot chocolate & cookies, try your luck at our scratch offs, have fun in the bounce houses and obstacle courses. **Wristbands are required for the amusements! They may be purchased in advance online & picked up at Aberdeen Public Library 11/28-12/1 5pm**

<https://www.aberdeence.org/product-page/wristbands-christmas-street>.

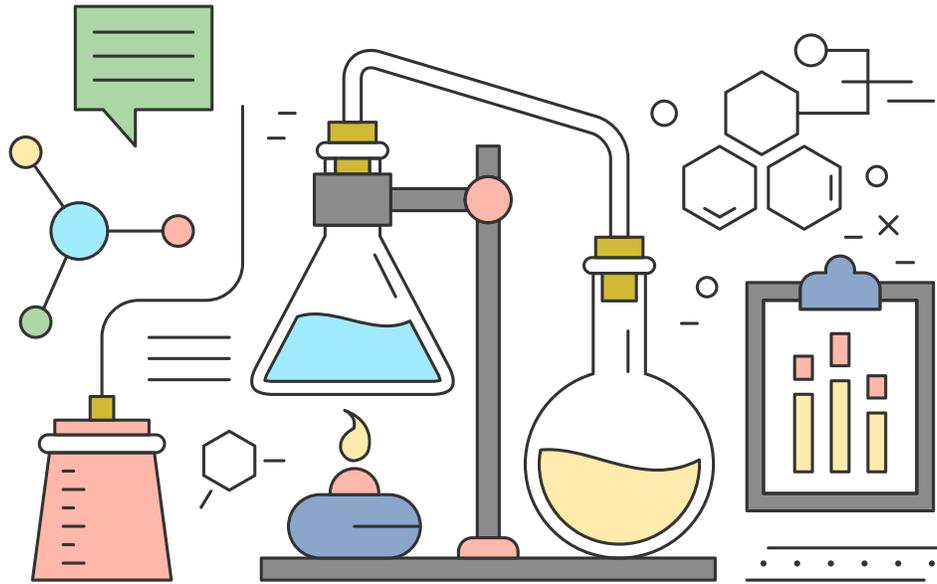
You can also purchase wristbands, Friday at the Activity Center from 6-9pm and Saturday at the Main Street Tent in Festival Park.

Wristbands are \$10.00 per person. (non refundable - no replacements)

Notre Dame of Maryland University is a proud participant and sponsor in:



MARYLAND
STEM
FESTIVAL



STEM

FAMILY FUN FAIR **preK-12**

November 6, 9:00 AM – 12:00 PM

Doyle Formal

Bring the whole family for a series of fun-filled drop-in events that give kids an opportunity to collaborate with one another to solve engineering and design tasks. Our event is sponsored by NDMU's School of Education and is run by the Leadership in Teaching: STEM program's faculty and students.

Free & Open to the Public | Contact: Lisa Pallett » lpallett@ndm.edu



NOTRE DAME OF MARYLAND UNIVERSITY

4701 North Charles Street, Baltimore MD 21210

SJA Winter Uniform

PREK FALL/WINTER UNIFORMS (Nov. 1; March 31)

Girls and Boys

- Short or long sleeve navy uniform polo shirt
- Khaki elastic waist pants; no snaps, buttons, zippers or belts (No jumpers for PreK)
- Navy cardigan sweater with SJA logo or Navy ¼ zip fleece pullover with SJA logo
- Solid color black or white tennis shoes with Velcro closure (no tie shoes)
- White socks that cover the ankle – no logos

GRADES K-5 FALL/WINTER UNIFORMS (Nov. 1; March 31)

Girls

- SJA plaid jumper (jumpers should be no more than 2 inches above the knee) with white peter pan collar blouse (cotton or polyester)
or
- Khaki slacks with SJA navy banded bottom shirt, or SJA navy polo shirt (tucked in and worn with brown or black belt)
- Navy tights, navy leggings with white or navy socks that cover the ankle, navy knee socks, white or navy socks that cover the ankle – no logos
- Navy cardigan sweater with SJA logo or Navy ¼ zip fleece pullover with SJA logo
- Uniform tan buck shoes
 - *Grade 1 wears solid color black or white tennis shoes or tan buck shoes*
 - *Kindergarten wears solid color black or white tennis shoes with Velcro closure (no tieshoes)*
- Jewelry: watches, 1 pair of small earrings worn in the earlobe, one ring, a religious cross medal worn on a thin chain
- No make-up
- ONLY clear/natural nail polish and natural nails are permitted
- No Smart watches are permitted

Boys

- Khaki trousers (worn with brown or black belt)
- Long or short sleeve navy blue SJA polo shirt (tucked in)
- White or navy socks that cover the ankle – no logos
- Navy sweater or vest with SJA logo or Navy blue ¼ zip fleece pullover with SJA logo
- Uniform tan buck shoe
 - *Grade 1 wears solid color black or white tennis shoes or tan buck shoe*
 - *Kindergarten wears solid color black or white tennis shoes with Velcro closure (no tieshoes)*
- Jewelry: watches, crosses or religious medals worn on a thin chain
- No Smart watches are permitted

MIDDLE SCHOOL Grades 6-8 FALL/WINTER UNIFORMS (Nov. 1; March 31)

Girls

- SJA plaid skirt or khaki slacks (worn with a black or brown belt)
- SJA navy blue banded bottom shirt or SJA navy polo shirt (tucked in)
- Navy tights, navy leggings with white or navy socks that cover the ankle Navy knee socks, white or navy socks that cover the ankle - no logos
- Navy sweater with SJA logo or Navy blue ¼ zip fleece pullover with SJA logo
- Uniform tan buck shoes
- Jewelry: watches, crosses or religious medals worn on a thin chain, one small pair earrings worn in the ear lobe or 1 pair of small hoop earrings, one ring
- No make-up
- Only natural nails are permitted with clear/natural nail polish
- No Smart watches are permitted

Boys

- Khaki trousers (worn with brown or black belt)
- Navy blue SJA long or short sleeve polo shirt (tucked in)
- Navy sweater with SJA logo or Navy ¼ zip fleece pullover with SJA logo
- White or navy socks that cover the ankle
- Uniform tan buck shoes
- Jewelry: watches, crosses or religious medals worn on a thin chain
- No Smart watches are permitted

Winter PE uniform (Nov. 1; March 31)

- Regular tennis shoes that tie or have Velcro closings are required
- White socks that cover the ankle – no logos
- Navy Crewneck sweatshirt with SJA logo
- Grey t-shirt, long or short sleeves, with SJA logo
- Navy uniform sweatpants with SJA logo
- No jewelry is permitted on PE days
- Parents should make sure that the student is dressed properly for weather conditions.