THREE YEAR OLD
PRESCHOOL

&

FOUR YEAR OLD
PREKINDERGARTEN

OPEN HOUSE

8:30 ~ 10:30 a.m.
12:30 ~ 2:30 p.m.
3:00 ~ 6:00 p.m.

THURSDAY, NOVEMBER 29th, 2007

NO Registration Required

Check us out!

Certified Teachers for 3 year old and 4 year old programs.

ST. ALOYSIUS CAMPUS

KAUKAUNA CATHOLIC
SCHOOL SYSTEM
2401 MAIN AVENUE
KAUKAUNA
766-5199
www.kcssonline.org

Please use Ann Street Entrance

Parents,

Once again Home and School will be organizing Christmas Gifts for the teachers and staff in the form of Scrip. If interested please **fill out the attached form and return with money in an envelope marked Christmas Gift by Friday, November 30th. No gift forms will be accepted after November, 30th.** The gifts will be distributed on Friday, December 7th to allow the teachers/staff to order their Scrip in time for Christmas. Also attached is a page of cards for your family to fill out a personal message which will be given to each teacher so they know exactly which students the gift is from, the cards will be distributed with the gift. (Print as many copies as you need). If you have any questions please contact Wendy Simonis at 209-1958.

Thanks,
KCSS Home and School Association

Dear Parents,
For those who wish to participate, the Home School Association is coordinating the collection of money for St. Al's staff to be used for Christmas gift Scrip. If your family would like to be included, please list your students' name on the cards attached with a message. Then please indicate how you wish your total gift to be allocated to the various teachers and other staff members by filling in an amount by person **(EVEN DOLLAR AMOUNTS ONLY)**. Please place this paper and your gift amount in an envelope marked "CHRISTMAS GIFT" and return it to the office by **Friday, November 30**. The gifts will be presented on Friday, December 7 so that the scrip office can order the appropriate scrip by Christmas. If you have any questions please call Wendy Simonis at 209-1958. Thank you!

Family Name:_____ Amount:

Principal:	Mrs. Reider	_____
Teachers:		
Preschool:	Mrs. Ann Geiser	_____
Pre-K	Mrs. Lisa Ortner	_____
Kindergarten:	Mrs. Mary Murry	_____
First Grade:	Ms. Terre Myers	_____
	Mrs. Judy Johnson	_____
Second Grade:	Mrs. Helen Kortz	_____
Art:	Mrs. Donna Eddy	_____
Computer:	Mrs. Kathy Tisdale	_____
Learning Spec.:	Sr. Marie Goretti Marcelle	_____
Music:	Sr. Sally Dulak	_____
Physical Education:	Mrs. Mary Miller	_____
Staff:		
Secretary:	Mrs.Susan Schuh	_____
Librarian:	Mrs. Jan Biselx	_____
Teacher Aides:	Mrs. Donna Diedrich	_____
	Mrs. Cindy Diedrich	_____
	Mrs. Mary Krubsack	_____
	Mrs. Janice Wiedenhaupt	_____
Cafeteria Staff:	Mrs. Lois Wittman	_____
	Mrs. Paula Huelsbeck	_____
Maintenance:	Mr. Tom Kettleson	_____

Total Gift: _____

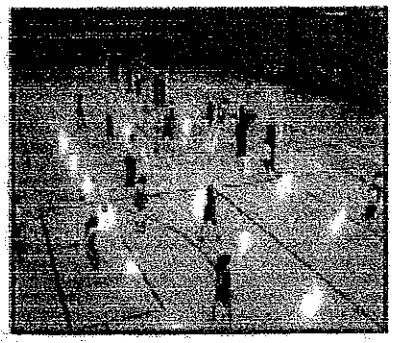
Dear Parents,
For those who wish to participate, the Home School Association is coordinating the collection of money for Holy Cross staff to be used for Christmas gift Scrip. If your family would like to be included, please list your students' name on the cards attached with a message. Then please indicate how you wish your total gift to be allocated to the various teachers and other staff members by filling in an amount by person **(EVEN DOLLAR AMOUNTS ONLY)**. Please place this paper and your gift amount in an envelope marked "CHRISTMAS GIFT" and return it to the office by **Friday, November 30**. The gifts will be presented on Friday, December 7 so that the scrip office can order the appropriate scrip by Christmas. If you have any questions please call Wendy Simonis at 209-1958. Thank you!

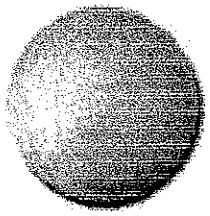
Family Name:_____ Amount:

Principal:	Mrs. Watson	_____
Teachers		
Third Grade:	Mrs. Sarah Egan	_____
	Mr. John Bizeau	_____
Fourth Grade:	Mrs. Sherry Rameker	_____
	Mrs. Becky Haen	_____
Fifth Grade:	Mrs. Terri Miller	_____
	Mr. Ken Wydeven	_____
Sixth Grade:	Mr. Joe Fryda	_____
	Mrs. Jennifer Wurth	_____
Seventh Grade:	Mrs. Laurie Pichee	_____
	Mrs. Jennifer Mau	_____
Eighth Grade:	Mrs. Tara Opsteen-Van Dyke	_____
	Mrs. Ann Vanden Wymelenberg	_____
Math/Computer	Mrs. Desiree Hurlbut	_____
Art:	Mrs. Donna Eddy	_____
Band:	Ms. Michelle DeGroot	_____
Computer:	Mrs. Kathy Tisdale	_____
Comp./Learning	Misss Judy Rogers	_____
Music:	Sr. Sally Dulak	_____
	Mrs. Sandra Albano	_____
Physical Education:	Mr. Jason Kleinschmidt	_____
Guidance:	Mrs. Stacey Heindel	_____
Spanish:	Mrs. Elissa Gaetzke	_____
Staff		
Secretary:	Mrs. Sue Vanderloop	_____
Librarian:	Mrs. Mary Van Domelen	_____
Teacher Aides:	Mrs. Kathleen Verhagen	_____
	Mrs. Mary Krubsack	_____
Cafeteria Staff:	Mrs. Pat Dercks	_____
	Mrs. Terry Van Zeeland	_____
	Mrs. Karen Tschimperle	_____
Maintenance:	Mr. Cletus Hubers	_____
	Mrs. Jane Kempen	_____

Total Gift: _____

VOLLEYBALL





Middle School Volleyball Clinic

This 6 week volleyball clinic will be instructed by the Fox Cities Elite Coaching staff. It consists of an hour and half of instruction that includes fundamentals and drills that will improve your skills.

WHO: Girls and Boys grades 7th - 8th
DATES: Tuesday, December 4, 2007 - January 22, 2008
No training on December 25 or January 1
TIMES: 5:00 - 6:30 pm
FEE: $90.00 per person

- **Program Code: VBC120407**

Please contact Marcia Biese at The Players Choice at 920-731-PLAY (7529) or at marciab@pcappleton.com

THE PLAYERS CHOICE
THE FOX VALLEY'S PREMIER INDOOR SPORTS EXPERIENCE
W3035 County Road JJ
Appleton, WI 54913
Phone 920.731.PLAY (7529)
Fax 920.731.5469
www.pcappleton.com

THE PLAYERS CHOICE
THERAPY CARE

Please detach bottom portion with payment and waiver on the back signed.

Please print using blue or black ink. One form per person.

PLEASE FILL IN PROGRAM CODE# FROM ABOVE. MUST BE FILLED IN → Program Code#

INDIVIDUAL REGISTRATION

Name _____ Date of Birth _____ Age _____ M or F

Parent's Name (for youth) _____

Address _____ City _____ State _____ Zip _____

Phone (home) _____ (work) _____ E-mail _____

TEAM REGISTRATION (if you plan to register the entire team)

Coach/Captain Name _____ Team Name _____ # of Team Members _____

Address _____ City _____ State _____ Zip _____

Phone (day) _____ (evening) _____ E-mail _____

DEPOSITS Individual $25 Team $100 AMOUNT OF PAYMENT $ _____ *We Accept*

PAYMENT TYPE *(Mark below payment type)*

☐ Cash ☐ Check # _____ ☐ Credit Card # _____ Exp. Date _____

Please SIGN the waiver on the back. Must be signed to participate in activities.
Children 17 & under need Parent or Legal Guardian signature.

*Please read, sign and return the bottom waiver **

LEAGUE POLICIES AND PROCEDURES

- **NO FOOD OR BEVERAGE CARRY-INS ALLOWED IN THE FACILITY**
- In order to be placed on the league schedule, teams will need to submit a $100.00 deposit one week prior to the league start date.
- Schedules will be posted on The Players Choice website prior to the first weeks game.
- Once schedule is produced, no refunds will be granted.
- All scheduling requests must be made in writing or emailed one week prior to the leagues start date. All requests will be taken into account but are not guaranteed.
- Once the schedule has been created and is on our website, The Players Choice cannot change or alter it under any circumstances. If for any unseen reason you are not allowed to play your game, it will be considered a forfeit and no make up game will be allowed.
- If you are unable to play a game please contact The Players Choice at least 48 hours prior to the game time.
- Balance of registration fee MUST be paid in full before the second game. Failure to do so will result in a forfeit and your team will not be allowed to participate that evening.
- A complete roster must be filled out. It may be printed off from The Players Choice website or by picking one up at the front counter. Rosters must be done prior to the first game. You may add and delete from the list up until your third game and then the roster is frozen. Please take into account injuries and other obligations of your team members.
- A waiver form MUST be filled out by all participants and be on file. This is a one time thing so if you have played in a previous league or event make sure you have one on file or you will not be allowed to participate.
- A player must have played in one regular season game to be able to play once playoffs/championship rounds have started.
- Fighting or disruptive behavior will result in immediate and potentially permanent suspension from the facility.
- Any teams habitually forfeiting games due to lack of players or no-shows may be removed from league schedule at The Players Choice discretion with no refund.
- All players paying the individual fee will be randomly assigned to teams by The Players Choice.
- Captains or team representative must sign registration that they understand and will relay this information to members of their team regarding payment, rosters, waivers, and conduct.

RELEASE AND WAIVER OF LIABILITYASSUMPTION OF RISK, AND INDEMNITY ANDARENTAL CONSENT AGREEMENT

In consideration of being permitted to participate in any way in the activities ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin and/or I/ THE MINOR'S PARENT AND/OR LEGAL GUARDIAN ACKNOWLEDGE, agree, and represent that I understand the nature of Activities and that I/The minor am/is qualified , in good health, and in proper physical condition to participate in such Activity. I/The minor further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. FULLY UNDERSTAND THAT: ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I/The minor incur as a result of my participation or that of the minor in the Activity. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE PC Appleton, LLC dba Players Choice, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. Also, I waive(s) all rights to any photos taken for use in any PC Appleton, LLC publication.

By Signing this form you acknowledge that you have read and understand the WAIVER and the LEAGUE POLICIES at Players Choice.

* Participant's Signature (only if age 18 or over) or Parent/Legal Guardian: _____ Date: _____

Glow Bowling
Wednesday, November 21
1-3 pm
Rusch's in Kimberly
$7 per child (shoes are included)

3-5 grade only

No Markers Please!

Please return money & slip by Tuesday, November 20

Chaperones are needed
Please call: Jane VandeYacht 766-5039
Sandy Schaubroeck 766-0733

Family Name_____
Number of children attending _____
I can chaperone ____