



"Where We All Come Together."
Holy Cross & St. Katharine Drexel

Kaukauna Catholic School System Family Newsletter

January 22, 2009

Catholic Schools Week

We will be celebrating CSW January 25-31. This year's theme is "Catholic Schools Celebrate Service," which underscores the commitment of KCSS to serving the community and helping students learn how to make the world a better place. Please look for a schedule of activities attached to this newsletter.

Scholastic Book Fair

Lights! Camera! Book Fair! St. Al's will be showcasing a nice selection of young reader books next week. Why not help St. Al's build classroom libraries and improve our children's reading skills by purchasing a book or two. Our hours will be January 26: noon - 3:15 pm, January 27: 1:30 - 3:15 pm, January 28: 7:30 - 8:30 am, January 29: 7:30 - 8:30 am; additional times by appointment, 766-5199.

KCSS students participate in an exciting media opportunity

Six area Catholic school systems along with the Green Bay Diocese pooled resources and were able to produce media clips expressing how we as a school system celebrate service in our communities. Watch for our KCSS students on WFRV-TV 5 as they will be featured at various times daily during the next several weeks.

KCSS Registration Forms

Today you will receive KCSS registration forms for the 2009-2010 school year for grades K-8 and also our preschool and pre k programs. If you are in no need for the 3 & 4 year old registration form please pass it on to someone who might be interested in our early childhood program.

Younkers Community Day Spring Event

It's that time of year again for the Younkers Community Day Spring Event. This year the sale will be held on Saturday, February 28. Tickets will be available starting Friday, January 23 through Thursday, February 26.

Mister Z's Fundraiser

Orders are due back January 27. Payment due when your order is picked up 9:00-10:00 a.m. on Saturday, February 21.

Seroogy Candy Bar Sale

The candy bar pick up is at Holy Cross on February 6 from 3-5 p.m. Seroogy money is due February 26. Call Claire Opsteen with any questions 759-0663.

Box Tops for Education

St. Aloysius campus received a check this week for \$677.00 Thank you for saving your box tops and to Beth Voet for chairing this project at St. Aloysius campus. Keep on clipping!

Ski Club

Just a reminder of our trip on Friday January 23, 2009. The bus will be leaving Holy Cross parking lot at 11:40 a.m. We expect to be back at 6:30 p.m. Please be prepared to leave right after school. Any questions, contact Jane Eiting, 766-2814 or janeiting@yahoo.com

Help!!

St. Aloysius campus is looking for volunteers to cover some days in February - May for playground and hot lunch. Please call the SA campus office at 766-5199 if you can help.

Strategic Planning

We had our last Strategic Planning committee meeting last week. I want to thank those of you that were on the committee and made a commitment to attend several evening meetings. Thank you to Lynn Zwick for keeping us organized, informed and on track!

Thank You from Susan Schuh

Thank you for all your prayers, kind words, and support with the recent loss of my mom. She did not leave home, she went home.

Looking Ahead

Friday 1-23-09

*Crazy Dress Day (Summer in Winter)
11:30 am Dismissal / In-service in pm
Ski Club Bus Leaves 11:45 am @ HC
End of Second Quarter
BRAVO 7:00 pm Xavier Fine Arts Center*

Saturday 1-26-09

*BRAVO 2:00 pm Xavier Fine Arts Center
BRAVO 7:00 pm Xavier Fine Arts Center*

Sunday 1-25-09

Catholic Schools Week Kickoff

Monday 1-26-09

*Jeans & School Spirit Day
Cards delivered to neighbors
Book Fair 12:00-3:15
Beach Bash Meeting 7:00 pm @ SA*

Tuesday 1-27-09

*Mister Z's Fundraiser Ends
Diocesan Catholic Schools Week Mass
Movie from Home & School
Book Fair 1:30-3:15
Board of Trustees 6:30 pm @ HC*

Wednesday 1-28-09

*Celebration of Vocations
Book Fair 7:30 am - 8:30 am*

Thursday 1-29-09

*All System Liturgy 8:45 am @ HC (5A)
Buddy activity
Open House at HC after Liturgy-3:00
Open House at SA 11:00-3:00
Book Fair 7:30 am - 8:30 am
Report Cards Go Home*

Sunday 2-1-09

SKD Chicken Dinner 10:00 am - 1:00 pm

Mission Statement

Kaukauna Catholic School System – Excellence in Education and Catholic Faith

KCSS PRESCHOOL / PREKINDERGARTEN PARENT NAME (S) _____
REGISTRATION FOR THE SCHOOL YEAR _____ **Last Name** _____ **First Name** _____
2009 - 2010

OFFICE USE ONLY

Reg. Fee Paid _____ **Date** _____
Check No. _____ **Cash** _____

PLEASE INCLUDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE WITH NONREFUNDABLE REGISTRATION FEE OF \$50.00 / STUDENT WITH A KCSS FAMILY MAX OF \$100.00

Pre K (4 & 5 year olds) are eligible for bussing.

Preschool (3 & 4 year olds) are not eligible for bussing.

SECTION ONE: PARENTS/GUARDIAN INFORMATION

Salutation: Mr. ____ Dr. ____ Other _____
 Father's Name: _____
 Address: _____
 City: _____ Zip: _____
 Home Phone: _____
 Father's Religion: _____
 Employment: _____
 Work Phone: _____
 Cell Phone (if applicable): _____
 E-mail Address (if applicable): _____
 Occupation: _____
 School District: Kaukauna _____ Other _____
 Child(ren) lives with: Mother ____ Father ____ Both ____ Other _____

Mrs. ____ Ms. ____ Dr. ____ Other _____
 Mother's Name: _____
 Address: _____
 City: _____ Zip: _____
 Home Phone: _____
 Mother's Religion: _____
 Employment: _____
 Work Phone: _____
 Cell Phone (if applicable): _____
 E-mail Address (if applicable): _____
 Occupation: _____
 Will use District bus service: yes ____ no ____

STUDENT 1

SECTION TWO

STUDENT 2

Name: _____ M / F

Name: _____ M / F

Birthdate: _____

Birthdate: _____

Preschool Sessions* (3 & 4 year olds)**

_____ Tues./Thurs. AM ONLY 8:10 - 10:55 AM
 _____ Mon./Wed. AM ONLY 8:10 - 10:55 AM
 _____ Tues./Thurs. PM ONLY 12:10 - 2:55 PM
 _____ Fri. AM (Added Third Session) 8:10 - 10:55 AM

Prekindergarten Sessions* (4 & 5 year olds)**

_____ Tues./Wed./Thurs. AM 8:10 - 10:55 AM
 _____ Tues./Wed./Thurs. PM 12:10 - 2:55 PM
 _____ Fri. AM (Added Fourth Session) 8:10 - 10:55 AM
 _____ Fri. PM (Added Fourth Session) 12:10 - 2:55 PM
 _____ M - F AM Five Day Session 8:10 - 10:55 AM

*****SESSIONS WILL BE HELD IF ENROLLMENT WARRANTS IT.**

SECTION THREE: TUITION & PAYMENT PLAN

1 Weekly Session per school year	\$550.00	I will pay: (check one)
2 Weekly Sessions per school year	\$840.00	_____ In Advance
3 Weekly Sessions per school year	\$1070.00	_____ Monthly: 10 Payments 9/15- 6/15
4 Weekly Sessions per school year	\$1190.00	
5 Weekly Sessions per school year	\$1280.00	

(CHECKS ARE MADE PAYABLE TO KAUKAUNA CATHOLIC SCHOOL SYSTEM)

\$50.00 Registration Fee is applied to tuition. (non-refundable)

Please sign below to state that you agree with the above mentioned payment terms.

 Parent/Guardian Signature

 Date

Thank you.

LAST _____ **FIRST** _____

RETURN BY: 1st Monday of February: Non-refundable registration fee/\$50 per student (family max \$100), deducted from tuition

Returned by 1st Monday of March: One half of the non refundable, registration fee will be deducted from tuition.

Returned After the 1st Monday of March: Non-refundable registration fee will not be deducted from tuition.

New Families will have their non-refundable registration fees deducted from tuition.

\$40 discount per child if tuition is paid in full by September 15, 2009

Please note: Registrations returned by 1st Monday of February will be guaranteed a placement.

OFFICE USE ONLY

Reg. Fee Paid: _____ **Date:** _____
Check No. _____ **Cash** _____

SECTION ONE: PARENT/GUARDIAN INFORMATION

Salutation: Mr. ____ Dr. ____ Other _____

Mrs. ____ **Ms.** ____ **Dr.** ____ **Other** _____

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

City: _____ **Zip:** _____

City: _____ **Zip:** _____

Home Phone: _____

Home Phone: _____

Father's Religion: _____

Mother's Religion: _____

Parish Membership: HC ____ SK ____

Parish Membership: HC ____ SK ____

Out of Parish Fee of \$600 will be added to your statement until membership is established at either parish.

Employment: _____

Employment: _____

Work Phone: _____

Work Phone: _____

Cell Phone (if applicable): _____

Cell Phone (if applicable): _____

E-mail Address (if applicable): _____

E-mail Address (if applicable): _____

Occupation: _____

Occupation: _____

School District: Kaukauna ____ Other ____

Will use District bus service: yes ____ no ____

Child(ren) lives with: Mother ____ Father ____ Both ____ Other _____

SECTION TWO: STUDENT INFORMATION
(Please list your KCSS students oldest to youngest)**

Legal Name: _____ **M / F**

Legal Name: _____ **M / F**

Birth Date: _____ **Entering Grade:** _____

Birth Date: _____ **Entering Grade:** _____

Birth Place (City/State): _____

Birth Place (City/State): _____

Legal Name: _____ **M / F**

Legal Name: _____ **M / F**

Birth Date: _____ **Entering Grade:** _____

Birth Date: _____ **Entering Grade:** _____

Birth Place (City/State): _____

Birth Place (City/State): _____

**** St. Aloysius Campus K – 2**

Holy Cross Campus 3 – 8

(OVER)

SECTION THREE: TUITION AND FUNDRAISING BILLING

K-Full Day _____ X \$1,300 = _____

K-Half Day _____ X \$900 = _____
 (Pending Enrollment)

1 – 2 children (Gr. 1 – 8) _____ X \$1,970 = _____

3rd child (Gr. 1 – 8) (\$75 Discount) @ \$1,895 = _____

4th child (Gr. 1 – 8) (\$100 Discount) @ \$1,870 = _____

5th child (Gr. 1 – 8) (\$150 Discount) @ \$1,820 = _____

Out of Parish Fee (\$600.00 if applicable) = _____

Fundraising Commitment \$200/family = \$ 200

Volunteer Commitment (Choose below)

_____ 10 hours/family or _____ \$100 = \$ 100

I will pay (check one):

_____ Annual on or before orientation day

_____ Monthly: 10 payments 9/15 – 6/15

_____ 50%tuition/50%KCSS _____ 100% to KCSS

TOTAL _____

❖ I am willing to pay an additional \$ _____ toward the total cost (\$ 4,480.00 per child) of my child(ren)'s education. (This is a tax-deductible contribution. Contact the office for a receipt.)

_____ I am requesting Tuition Assistance. \$ _____ Tuition Assistance given (office use only)

Tuition Assistance

Financial assistance continues to be available for families of students in grades K-8. To apply, a family must complete the FACTS Grant and Aid Application, paper applications will be made available upon request. Families can complete the form online at www.factstuitionaid.com. Application must be completed by April 30, 2009. All applications are strictly confidential. There is no tuition assistance available for preschool, pre-kindergarten or half day kindergarten.

Please sign below to state that you agree with the above mentioned payment terms (See KCSS Parental Commitment Policy #4042, included.)

 (Parent/Guardian Signature)

 (Parent/Guardian Signature)

 (Date)

 (Date)

**** Both parents' signatures are required.**

I am interested in the KCSS Child Care Program. _____ Yes _____ No

I am interested in the KCSS Child Care Program during the summer. _____ Yes _____ No

I am interested in the KCSS Before/After School Care Program. _____ Yes _____ No

I am interested in the KCSS Preschool/Prekindergarten Programs. _____ Yes _____ No

Kaukauna Catholic School System
Catholic Schools Celebrate Service

Holy Cross Campus
220 Doty Street
Kaukauna, WI 54130
766-0186



St. Aloysius Campus
2401 S. Main Avenue
Kaukauna, WI 54130
766-5199

CATHOLIC SCHOOLS

- Sunday**
January 25 **Catholic Schools Celebrate Service: In Our Parish**
Cards of appreciation handed out to parishioners after Liturgy
† Look for KCSS student participation in a special way at Liturgies this weekend
† KCSS Student Choir will lead the singing at Holy Cross at 9:15 Liturgy
- Monday**
January 26 **Catholic Schools Celebrate Service: In Our Community**
Prayer: And the king will say to them in reply, "Amen, I say to you, whatever you did for one of these least brothers of mine, you did for me." (Matthew 25:40)
† School Spirit Day – jeans and schools colors
† Thank you cards delivered to our neighbors
† Book Fair at St. Aloysius Campus, Noon – 3:15 p.m.
- Tuesday**
January 27 **Catholic Schools Celebrate Service: In Our Students**
Prayer: For we are his handiwork, created in Christ Jesus for the good works that God has prepared in advance, that we should live in them. (Ephesians 2:10)
† Diocesan Catholic Schools Week Liturgy at Prince of Peace, Green Bay at 10:00 with collected donations to St. John the Evangelist Shelter in Green Bay to be offered at Liturgy – Eighth grade class representing KCSS
† Popcorn and a Movie from our Home and School
† Book Fair at St. Aloysius Campus, 1:30 p.m. – 3:15 p.m.
- Wednesday**
January 28 **Catholic Schools Celebrate Service: In Our Vocations**
Prayer: Therefore, my beloved brothers be firm, steadfast, always fully devoted to the work of the Lord, knowing that in the Lord your labor is not in vain. (1 Corinthians 15:58)
† Sisters, Priests, Deacons invited to lunch and into classrooms
† Book Fair at St. Aloysius Campus 7:30 a.m. – 9:00 a.m.
- Thursday**
January 29 **Catholic Schools Celebrate Service: In Our Nation**
Prayer: Tell them to do good, to be rich in good works, to be generous, ready to share. (1 Timothy 6:18)
† All System Liturgy at Holy Cross at 8:45
† Treat from Xavier High School to our students
† Write letters to service people with buddies
† Open House, public invited all day at both campuses
† Book Fair at St. Aloysius Campus 7:30 a.m. – 8:30 a.m.
- Friday**
January 30 **Catholic Schools Celebrate Service: In Our Faculty, Staff and Volunteers**
Prayer: Do not neglect hospitality, for through it some have unknowingly entertained angels. (Hebrews 13:2)
† Kids Present 1:45 at St. Aloysius (preschool – grade 2)
† Game Day 1:00 at Holy Cross (grades 3-8)

LIGHTS! CAMERA! BOOK FAIR!

READING MAKES YOU A STAR



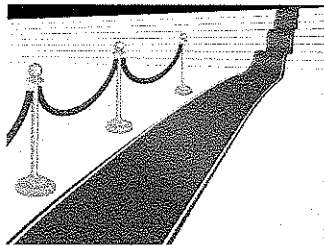
<http://bookfairs.scholastic.com/homepage/sacampus>

St. Aloysius invites you to attend a special reading event at our school...a Scholastic Book Fair! A child's life can be positively influenced by exposure to quality books, and the Book Fair has many to choose from. Come and browse the selection of young reader books.

While there why not help the school build classroom libraries and improve children's reading skills by purchasing books through the Classroom Wish List and One for Books programs.

Dates and Hours

Monday, January 26	noon – 3:15 pm
Tuesday, January 27	1:30 pm- 3:15 pm
Wednesday, January 28	7:30 am - 9:00 am
Thursday, January 29	7:30 am – 8:30 am
Additional times by appointment, 766-5199	



Attention Pre-School & Child Care Families

KCSS will once again be participating in the Younkers Community Day One-Day Sale. The sale will be held on Saturday, February 28th from 7am – 9pm.

You are invited to participate in this fundraiser which will raise funds for KCSS and enable you to earn money, which you can apply to your tuition or your Child Care bill.

How it works is 50% of your sales will be applied to your tuition or child care bill while the other 50% will go directly to KCSS.

The Younkers tickets are \$5.00 each so \$2.50 is applied toward tuition or child care and \$2.50 goes to KCSS.

Please read the attached flyer for more information regarding the event.

We hope you can take advantage of this wonderful opportunity!!!

If you have questions please call Lisa Hartjes at 759-0311 with questions.

Thank you!

Yunker's Community Day Event

Saturday, February 28th
7AM - 9PM

Kaukauna Catholic School System will be participating in the *Yunkers Community Day Event* held at all Yunkers in the state of Wisconsin. This is a wonderful opportunity for KCSS and families to meet the fundraising requirement (Grade K-8).

Beginning Friday, January 23rd KCSS Schools will sell coupon booklets for the *Community Day Event* for \$5.00 each. Only Booklets purchased before the end of day Thursday, February 26th will be applied to your fundraising requirement. Please help us by purchasing coupon booklets and selling some to family and friends.

Here's how it works: Yunker's coupon booklets will be sold for \$5.00 each. The booklets will include a \$10.00 off coupon which can be used towards items valued at \$10.00 or more. Also included are 4- 20% off coupons (some limitations do apply). Multiple booklets are encouraged if you will be purchasing multiple items.

100% OF THE MONEY COLLECTED FROM PRE-EVENT TICKETS SOLD BY KCSS IS KEPT BY KCSS and will be applied to your family's fundraising requirement (Grade K-8)

**** PRE-SELL **** Back by popular demand will begin on Sunday, February 22nd, you can pre-select/hold your merchandise in advance. **Remember** you must have with you a purchased coupon booklet to receive the additional \$10 or 20% off at the time of pre-sale. Ask the department clerk for a list of sale prices.

KCSS has won the "top seller" award in the past. Let's try to reach that goal again!!!

Please contact Lisa Hartjes at 759-0311 with any questions.

Thank You!

***** Please detach and send payment to any KCSS school, *****

Family Name:

Last _____ First _____

Address _____

Phone _____

Number of tickets _____ x \$5 = _____

Please check one: Send home with _____ in Gr. _____ or I will pick up _____

10:00 pm to 7:00 am

Heart of the
Valley YMCA

Friday Night

Feb. 13-14



Middle & High School ONLY

*Sponsored by CYMA
Catholic Youth
Ministers' Association*

Here's the 411

- ✓ **Swimming**
- ✓ **Sport Courts**
- ✓ **Food**
- ✓ **Movies**
- ✓ **Bring your friends!**

*Admission \$15
includes pizza,
ice cream, & pop*

**Have a "Winter Blast" at our
Rockin' Lock-In!**

Directions to Heart of the Valley YMCA:
441 to CE (College Ave.) Go East on CE toward
Kimberly. Turn left on Railroad St., right on
Kennedy, and past the apartment building, and
you'll see the YMCA.

Lock-In is open to **ALL** students in Middle and High School *only*, and appropriate behavior is expected, regardless of parish or church affiliation. Permission slip and release form required. Food is provided. Submit your permission form with payment as noted below. **DEADLINE IS Feb. 4th**, and is strictly enforced. Registrations on a first come, first served basis. No refunds unless event is cancelled (e.g. weather). Contact Jonathan Elmer at 766.3510 or jelmer@holycrosskaukauna.com . Checks made payable to **CYMA!**

* **Permission slip found at:**

http://www.holycrosskaukauna.org/pdf/youth_ministry/YM_permission_slip-medical_release.pdf or at Holy Cross webpage in the Youth Ministry section.

Hunter Education Class

Sponsored by Mills Fleet Farm and Twin City Rod & Gun Club

Registration: February 25 at Saber Lanes, 1330 Midway Road,
Menasha from 6:00pm to 7:00pm
(No Pre-registration)

Accepting first 80 students

Cost for the Gun Safety class is \$10.00
Cost for optional Bow Safety class is \$10.00

A parent or guardian must accompany the student during the registration time to sign the registration card. This class is for students who will be 12 and over this hunting season.

Prospective students must call the DNR at 1 (888) 936-7463 to obtain a customer ID number prior to registration.

**Class will be held at Maplewood Middle School
1600 Midway Road, Menasha.**

Class will start at 6:00 pm on March 4 and run to 8:30 pm.

Please do not call the school. For any additional questions call:
Joe Delieu at (920) 450-3048 or
email to delieu@sbcglobal.net

Gun Certification Class
March 4
March 11
March 18
March 25
April 1

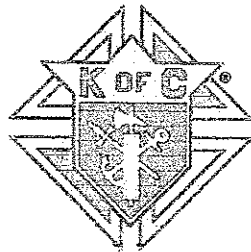
Bow Hunting Class
April 8
April 15

Range Day is Mandatory and will be held at the Twin City Rod and Gun Club on Saturday, March 28 from 7:00 am until Noon.

Students will fire live ammunition on Range Day at Twin City Rod & Gun Club.

Knowledge Contest

February 21



8:00 AM

Kaukauna Council #1033 is once again hosting the annual KNIGHTS OF COLUMBUS KNOWLEDGE CONTEST

All students in grades 5-8 residing in Kaukauna or attending schools within Kaukauna Area School District boundaries are welcome. Preregistration is required on our website: www.kofc1033.org

The Knights of Columbus Knowledge Contest consists of timed, written tests in math and spelling. Each grade receives a different test. Completed tests are retained for scoring and advancement, with awards being distributed at the end of the event. Typically the event lasts under two hours, but the time varies depending on attendance.

Both our local and regional competitions will be at the St. Mary site of St. Katherine Drexel Parish. Local champions will be invited back to compete in the regional contest on March 14th for a chance to advance to the state level and win prizes. All local participants will earn two *Columbus Credits*, with the top performers in each group earning 10 *Columbus Credits* (award details are on the website).

Participants may enter through the doors at the inner corner of the parking lot on Eighth Street and Main Avenue, then proceed to the basement where the event will take place in the cafeteria and social hall. Registration begins at 8:00 AM and the competition will begin no later than 8:30 AM. Please be sure to check the website for updates and contact information.



Kaukauna Catholic School System

Permission Form – Field Trip

January 22, 2009

Dear Parent/Guardian:

We are planning to visit our neighbors around St. Aloysius campus as a Catholic Schools Week activity. We will walk around the block and leave a project to share with those who live near us to let them know how much we enjoy being their neighbor. This will involve residences located on Main Avenue, St. Mary's Place, Hendricks Avenue, and Ann Street and will take about 1 hour.

Students in grade 2 will walk around the block on Monday, January 26, 2009. They will leave St. Aloysius Campus at 1:45 p.m. and return approximately at 2:45 p.m.

No cost. Please sign the permission slip below and send to school by Friday, January 23, 2009.

If you have any questions, please feel free to contact Susan Schuh at school (766-5199).

Sincerely,

Jeanine Leege

I (We) give _____ permission to walk around the block to St. Aloysius campus neighbors located on Main Street, St. Mary's Place, Hendricks Avenue, and Ann Street, in Kaukauna on January 26, 2009. I (We) hereby release and save harmless Kaukauna Catholic School System its employees, and volunteers from any and all liability and from any and all injury occurring as a result of this trip.

I (We) may be reached at _____ or call _____

at _____ between 1:45 p.m. and 2:45 p.m.
(Departure Time) (Return Time)

Parent / Guardian

Date

No Chaperones are needed.

Please complete both sides!

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I _____, request that the parish allow my/our son/daughter

Parent or Guardian Name

(Child's Name)

to participate in this parish activity that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Aloysius Campus of the Kaukauna Catholic School System

Name of Parish/School

A brief description of the activity follows:

Type of event: CSW Reaching Out Activity

Location(s): Kaukauna - Main Avenue, St. Mary's Place, Hendricks Avenue, Ann Street

Individual in charge: Mrs. Helen Kortz

Duration of activity: 45 minutes

Mode of transportation to and from event: walking

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Aloysius Campus of KCSS

Name of Parish/School

its officers, directors and agents, and the Catholic Diocese of Green Bay, coaches, chaperones, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

- Copy to Parent/Guardian
- Copy to Parish/School Permanent File

OVER

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____
Phone: _____ Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Catholic Diocese of Green Bay, coaches, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence. Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child:

- _____
 Copy to Parent/Guardian
 Copy to Parish/School Permanent File



Kaukauna Catholic School System

Permission Form – Field Trip

January 22, 2009

Dear Parent/Guardian:

We are planning a trip to Holy Cross in Kaukauna to celebrate Catholic Schools Week with an all system liturgy. Students and faculty will come together to praise God as one school. We will also be doing a buddy activity and having cookies compliments of Xavier High School after the liturgy at Holy Cross Campus. Students **will not** have liturgy on Tuesday at St. Aloysius Campus.

Students in grades Pre K – 2 will travel by bus on Thursday, January 29, 2009. They will leave St. Aloysius Campus at 8:30 a.m. and return approximately at 10:45 a.m.

The cost for the bus is \$0. Please sign the permission slip below and send to school by Monday, January 26, 2009. Students will need to be dressed properly for church.

If you have any questions, please feel free to contact Susan Schuh at school (766-5199).

Sincerely,

Jeanine Leege

I (We) give _____ permission to go to the Holy Cross Campus in Kaukauna on January 29, 2009. I (We) hereby release and save harmless Kaukauna Catholic School System its employees, and volunteers from any and all liability and from any and all injury occurring as a result of this trip.

I (We) may be reached at _____ or call _____

at _____ between **8:30 a.m.** and **10:45 a.m.**
(Departure Time) (Return Time)

Parent / Guardian

Date

No Chaperones are needed.

Please complete both sides!

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I _____, request that the parish allow my/our son/daughter

Parent or Guardian Name

(Child's Name)

to participate in this parish activity that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Aloysius Campus of the Kaukauna Catholic School System

Name of Parish/School

A brief description of the activity follows:

Type of event: Catholic Schools Week All System Liturgy

Location(s): Holy Cross Campus

Individual in charge: Mrs. Jeanine Leege & Teachers

Duration of activity: 2 hours & 15 minutes

Mode of transportation to and from event: Kobussen Bus

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Aloysius Campus of KCSS

Name of Parish/School

Its officers, directors and agents, and the Catholic Diocese of Green Bay, coaches, chaperones, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

- Copy to Parent/Guardian
- Copy to Parish/School Permanent File

OVER PLEASE!

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____
Phone: _____ Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Catholic Diocese of Green Bay, coaches, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence. Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child:

- Copy to Parent/Guardian
 Copy to Parish/School Permanent File