



National Junior Honor Society

As members of the National Junior Honor Society we made a pledge to service to our community. Out of this commitment came the idea for

The Snack Cart

We will be selling snacks each morning. The profits will be donated to a local community organization. Our first recipient will be

The People's Place

This is how it works.

1. Purchase a punch card for \$5.00 (Make checks payable to KCS)
 2. Each card will have twenty punches at a value of \$.25 cents.
 3. When the cart comes to your class you can make a purchase and your card will be punched. Prices will range from \$.25 to \$.75.
 4. Snacks will include a variety of chips, pretzels, fruit snacks, and popcorn.
 5. A limit of two snacks a day!!
-



Help us make an impact in our community!!!!

Snack Card Order Form

To Order Complete the Form and return with payment. Name _____

Grade _____



After School Lego Club

Pre-K-4th Grade

Do you like to build things? Join the KCS Lego Club!

Tuesdays- 3:15-4:15

Dates: October 29, November 5, 12, 19

Club facilitators: Mrs. Scanlon – Grades Pre-K-1
Mrs. Ressa – Grades 2-4

\$10 per student ~ 15 Student Maximum per group
Please make checks payable to Kingston Catholic School
Please return by October 22 along with payment to reserve your spot.

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## LEGO CLUB

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I give my child, \_\_\_\_\_, permission to remain after school for the Lego Club. I agree to pick up my child promptly at the specified time in the back parking lot. If someone other than the parent will be picking up my child, I am aware that I must send written consent to the school. I understand that all school rules and policies, in addition to those specific to the program, are in effect during after school activities at KCS. In the event of noncompliance, the principal Mrs. Albert will be notified and removal from the program may be necessary. As with all extracurricular activities, students must maintain satisfactory grades, behavior and attendance in all classes to participate in this program.

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_



# Do you like to sing??

## Join the KCS Choir

### Grades 3-8

Choir rehearsals begin Wednesday, October 16<sup>th</sup> from 3:15-4:15 under the direction of Mr. Anthony Carl. Mr. Carl has experience working with children's choirs ranging in age from 5-18. If you are interested in joining choir, please sign below and return this form to school by October 16<sup>th</sup>.

**The cost for choir is \$50 for the entire school year. Please make checks payable to Mr. Anthony Carl.**

I am looking forward to this being a great and musical year for all of us!!!!

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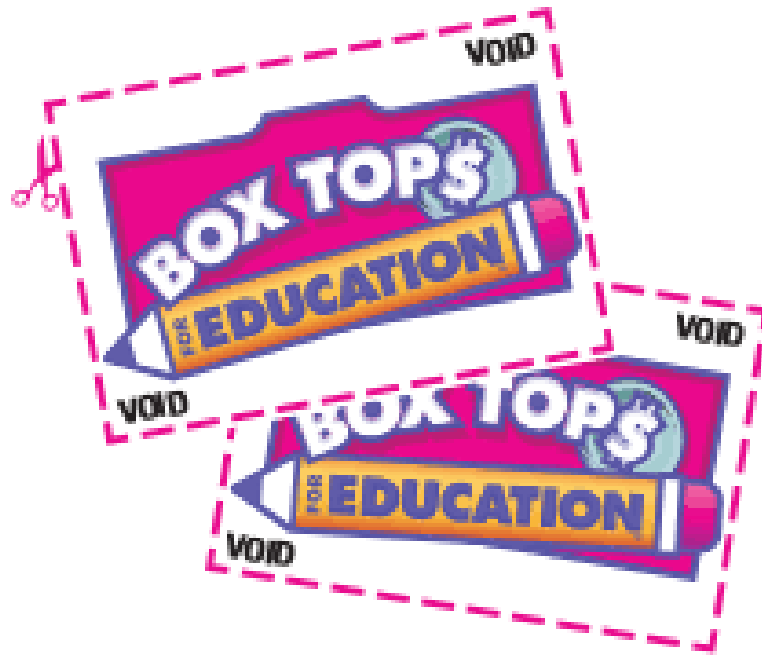
CHOIR

Name: _____ **Grade:** _____

I give my child, _____, permission to attend Choir. I understand that all school rules and policies, in addition to those specific to the program, are in effect during after school activities at KCS. In the event of noncompliance, the principal, Mrs. Albert, or the program facilitator, Mr. Carl, may remove students from the program. As with all extra-curricular activities, students must maintain satisfactory grades, behavior, and attendance in all of their classes to participate in this program.

Parent's Signature: _____ Date: _____

Emergency Contact: Name: _____ Phone #: _____



Send in your
Box Tops for Education
By
Monday,
October 21st!

Thank you!



KINGSTON CATHOLIC HOT LUNCH MENU
Week of October 14, 2019

NAME(S) & GRADE(S) _____

MONDAY

NO SCHOOL

TUESDAY

NO SCHOOL

WEDNESDAY

Chicken Fingers,
Chips, Dessert

Yogurt,
Applesauce, Dessert

THURSDAY

Meatball Sub,
Chips, Dessert

Bagel W/Cream Cheese,
Applesauce, Dessert

FRIDAY

Pizza
Veggie, Dessert

Yogurt
Applesauce, Dessert

- Each lunch is **\$5.00**.
- Please remember to put your child's name and grade on this menu.
- Please remember to include your check.

A second slice of pizza may be ordered along with the first for an extra \$1.00 (unfortunately the "seconds for a dollar" option is not available with any other lunch).

LUNCH MENU MUST BE IN BY *FRIDAY* MORNING ALONG WITH PAYMENT –
THANK YOU FOR YOUR COOPERATION *Lunch menus will not be accepted*
on Monday morning so please plan accordingly

The monthly menu can be found at www.kingstoncatholic.org

**KINGSTON CATHOLIC SCHOOL
WEEKLY SCHEDULE FOR EARLY DROP OFF**

*Early Drop off time is 7:30am
The Cost is \$15 per week*

FAMILY NAME _____

October 14, 2019

WEEK OF _____

Parent/Guardian, kindly indicate in the appropriate box name and grade,
And please mark the days you need early drop off.

Child's Name & Gr. Mon. Tues. Wed. Thurs. Fri.

	NO SCHOOL	NO SCHOOL			
Early Drop Off Time					

RETURN TO SCHOOL BY **Friday** ALONG WITH PAYMENT.

PARENT SIGNATURE _____

KINGSTON CATHOLIC SCHOOL WEEKLY SCHEDULE FOR EXTENDED DAY PROGRAM

FAMILY NAME _____

October 14, 2019

WEEK OF _____

Parent/Guardian - kindly indicate in the appropriate box name, grade and pick-up time.

Please X the days you need aftercare.


Child's Name & Grade	Mon.	Tues.	Wed.	Thurs.	Fri.
	NO SCHOOL	NO SCHOOL			
Pick up time					

RETURN TO SCHOOL BY **Friday** ALONG WITH PAYMENT.

PARENT SIGNATURE _____

For those parents who need a receipt other than your check, fill in the form below and tear it off for your records. This will serve as your receipt for the aftercare program:

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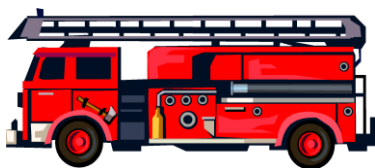


Kingston Catholic School Aftercare Receipt

Family Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Week Of: \_\_\_\_\_ # of Days Used: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check (Check #: \_\_\_\_\_)



## FIRE SAFETY PROGRAM

Monday, October 21, 2019

### *Grades Pre-k –3*

**PLEASE NOTE: A PERMISSION SLIP MUST BE SIGNED FOR EACH STUDENT. IF WE DO NOT HAVE A SIGNED PERMISSION SLIP, THE CHILD WILL NOT BE ABLE TO PARTICIPATE IN THE MOBILE CLASSROOM.**

***PLEASE RETURN BY October 16, 2019***

Dear Parent/Guardian(s):

Imagine you are a young child and you awake one night to find your bedroom filling with smoke. Your house is on fire! What would you do?

To make sure your child has the skills that can potentially save his/her life, we will be teaching burn prevention and fire escape in class. A key element of this learning process will include a tour at school of the Fire Safety House.

This mobile classroom is specially designed to teach children vital burn-prevention and fire escape techniques through a fun, safe simulation of common hazards. The Fire Safety House is equipped with a kitchen, bedroom and living room, which feature the types of dangers that children should look for.

In addition, the house fills with non-toxic smoke to teach children to crawl low to safety. A heated door helps children choose the right exit. And, a ladder on the second floor allows them to practice emergency escapes.

If your child suffers from asthma, other respiratory conditions or allergies that may be irritated by the non-toxic smoke please indicate that below before allowing him/her to tour the house.

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## FIRE SAFETY PROGRAM

Please make sure if you have more than 1 child, all names appear on the proper line.

### Grades Pre-K through 3

\_\_\_My child(ren), \_\_\_\_\_, may tour the Fire Safety House

\_\_\_My child(ren), \_\_\_\_\_, may not tour the Fire Safety House

\_\_\_My child(ren), \_\_\_\_\_, has/have an allergy or respiratory condition that may be irritated by the non-toxic smoke and should not be in the house during that part of the tour

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

\_\_\_\_\_  
Date





# Kingston Catholic School

*"Set the Night to Music"*

*Cocktail Party & Silent Auction*

**Saturday, November 9<sup>th</sup>, 2019**

**7PM-10PM**

**The Capital Tavern at Wiltwyck**

*All proceeds from this auction will help fund the enrichment programs for the students of Kingston Catholic School.*

**\$45 per person/\$85 per couple**

**HORS D'OEUVRES and HARVEST TABLE**

- Music through the Decades
  - Silent Auction
- Wine Pull and Raffles
  - Cash Bar

**For tickets, fill out the form below and return it to the main office by October 20<sup>th</sup>.**

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

# of Tickets: \_\_\_\_\_

Names of Attendees: \_\_\_\_\_

Grade(s): \_\_\_\_\_

Amount Enclosed:    Cash \_\_\_\_\_    Check \_\_\_\_\_ (Payable to Kingston Catholic School)



**WILL YOUR CLASS WIN??**

**Candy and Prizes Needed!**

2019 Halloween Candy and Prizes Collection Contest

Students/Families in **Grades PreK- 4** are asked to donate **Nut-Free** candy or small non-perishable items to be distributed to our little Trunk or Treaters during our Trunk or Treat Event on October 22<sup>nd</sup>.

The KCSFO will award a special Halloween treat to the class with the most participation, so please mark your donations accordingly.

Donations will be collected through Friday October 18th





## Registration Form

### (Only necessary for those supplying Trunks)

If you'd like to decorate your trunk or tailgate and hand out goodies with our little monsters, please complete the form and return to KCS. Registration forms are **REQUIRED** and our deadline for registration is **Friday, October 18<sup>th</sup>**!

Participation Requirements:

- Decorate your vehicle using a theme, avoiding gory or scary themes as event is for PK to 4<sup>th</sup> grade children.
- Event date **Tuesday October 22nd (Rain Date Thursday October 24<sup>th</sup>) 6 -7pm**
- Cars should arrive at **5:30pm** for set-up. Lot will be closed at **5:55pm** for student safety.
- Older students participating with Student Organizations or family sponsored vehicles are encouraged to dress up and participate in decorating fun, but will be encouraged to stay with parents or advisors at the vehicles as the trick-or-treating activity is for **Pre-K to 4<sup>th</sup> grade students**.
- We have asked for donations of prizes/candy/prepackaged snacks from families, and donations collected will be distributed at the time of the event as needed.

Please feel free to contact Melissa Zimmer with any questions, at [mazimmer@hotmail.com](mailto:mazimmer@hotmail.com)

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TRUNK OR TREAT REGISTRATION FORM

Return to KCS by October 18<sup>th</sup>, 2019

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

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Student/Grade or School Group: \_\_\_\_\_

# The Fifth Annual KCSFO



**October 22<sup>nd</sup>, 2019  
(Rain Date October 24<sup>th</sup>)**

**WHAT:** This family friendly event calls for volunteers to reserve a spot in the KCS parking lot to park, decorate their trunks/tailgates \* and students will come trick-or-treating to the trunks. Parents, faculty or KCS Student Organizations (Honor Society, Scouts, Student Council, **with required adult/faculty supervision**) are invited to reserve spots on a first come - first served basis. Older students and siblings of PK-4 students may hand out candy with a family sponsored vehicle.

**REGISTRATION FORMS ARE INCLUDED IN WEEKLY POSTING. ONLY THOSE RESERVING A PARKING SPOT/DECORATING A TRUNK NEED TO REGISTER.**

**WHO:** Trunk or Treat is open to all students in **Pre-K** through **4<sup>th</sup> Grade** accompanied by an adult. Students (and parents too!) can dress up in their Halloween costumes and trick- or - treat from car to car in the KCS parking lot. To ensure student safety, this is a closed event and only open to KCS families.

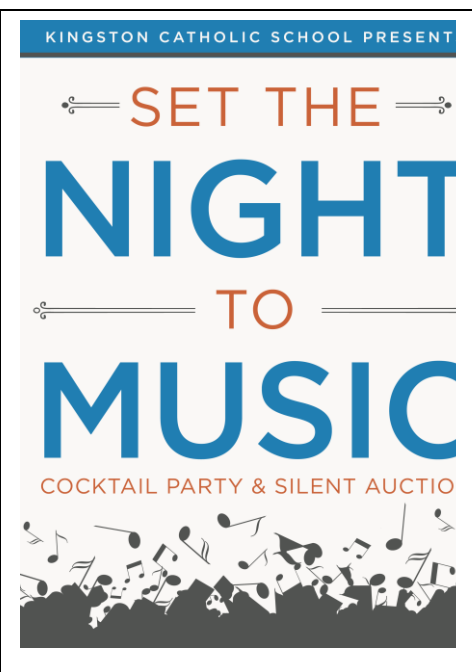
**WHERE:** KCS Back Parking Lot, Students may arrive through walkway entrance on Broadway. If parking on McEntee Street, please walk in front of school and enter lot from Broadway entrance.

**WHEN:** Tuesday October 22nd (Rain Date Thursday October 24<sup>th</sup>) 6 -7pm  
Cars may arrive at 5:30pm for set-up. Lot will be closed at 5:55pm for student safety.

**\* Prizes for BEST TRUNK THEMES will be awarded at the end of the event \***

**Donations of treats (prizes or pre-packaged snacks or candy) will be collected and distributed among the Trunks.**

Please Email Melissa [mazimmer@hotmail.com](mailto:mazimmer@hotmail.com) with any questions



# **Kingston Catholic School**

*“Set the Night to Music”*

*Cocktail Party & Silent Auction*

**Saturday, November 9<sup>th</sup>, 2019**

**7PM-10PM**

**The Capital Tavern at Wiltwyck**

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**\$45 per person/\$85 per couple**

**HORS D'OEUVRES and HARVEST TABLE**

- Music through the Decades
  - Silent Auction
- Wine Pull and Raffles
  - Cash Bar

For tickets, fill out the form below and return it to the main office by October 20<sup>th</sup>

Tickets can also be purchased online by contacting Kourtney Fall: [kourtneyfall@gmail.com](mailto:kourtneyfall@gmail.com)

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

# of Tickets: \_\_\_\_\_

Names of Attendees: \_\_\_\_\_

Grade(s): \_\_\_\_\_

Amount Enclosed: Cash \_\_\_\_\_ Check \_\_\_\_\_ (Payable to Kingston Catholic School)

Please contact Kourtney with any questions, [kourtneyfall@gmail.com](mailto:kourtneyfall@gmail.com)



*Please join us!*

# KCSFO MEETING

THURSDAY, OCTOBER 17<sup>th</sup>, 2019, 6:30-7:30 PM  
159 BROADWAY, KINGSTON NY 12401

**THE KINGSTON CATHOLIC SCHOOL FAMILY ORGANIZATION WOULD LIKE TO  
HEAR FROM YOU!**

**PLEASE COME JOIN US TO DISCUSS EVENTS, FUNDRAISERS AND MORE!**

**CHILD CARE WILL NOT BE AVAILABLE FOR THIS MEETING**

**(WE APOLOGIZE IN ADVANCE FOR THIS INCONVENIENCE, AND HOPE TO RESUME CHILD CARE  
FOR MEETINGS IN NOVEMBER)**





Catholic Youth Organization  
A Division of Catholic Charities Community Services

6 Adams Street, Suite 3 Kingston, New York 12401  
Tel. 845-340-9170 Ext. 107 Fax 845-340-9596



**Girls League Grades 3rd – 8th**

Monday Nights 6:00pm – 7:15pm

**Boys League Grades 3rd – 8th**

Tuesday Nights 6:00pm – 7:15pm

**Pre-K (4+) and Kindergarten**

Friday Nights 5:30pm – 6:15pm

**1<sup>st</sup> and 2<sup>nd</sup> Grades**

Friday Nights 6:15pm - 7:00pm

**The seasons will begin on:**

**Girls – Monday, December 2nd**

**Boys – Tuesday, December 3rd**

**Pre-K-2<sup>nd</sup> Grade – Friday, December 6th**

**All Practices and Games Located at the Catholic Charities Community Center  
Third Floor Gymnasium at 6 Adams Street, Kingston**

**Registration \$35.00 per child**

**\*\* Registration can also be found online at [www.ulstercyo.net](http://www.ulstercyo.net) \*\***

**Call of email Walter Gaceta at (845) 340-9170 ext 107 or [Walter.Gaceta@cccsos.org](mailto:Walter.Gaceta@cccsos.org) for more info**

**ULSTER COUNTY CYO Intramural Basketball  
2019 - 2020 REGISTRATION**

Female ☐

Male ☐

Player's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone No's.: \_\_\_\_\_

\*\*\*Adult Email: \*\*\* \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade in 2019/2020: \_\_\_\_\_

Catholic ☐ Non-Catholic ☐ Parish: \_\_\_\_\_

**\*\*\*T-SHIRT SIZE\*\*\***

|              |                                |                                 |                                |                                      |
|--------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------------|
| <b>YOUTH</b> | Small <input type="checkbox"/> | Medium <input type="checkbox"/> | Large <input type="checkbox"/> | Extra Large <input type="checkbox"/> |
| <b>ADULT</b> | Small <input type="checkbox"/> | Medium <input type="checkbox"/> | Large <input type="checkbox"/> | Extra Large <input type="checkbox"/> |

**AUTHORIZATION TO PARTICIPATE**

*I hereby give consent for my child/children to participate in the activities in CYO Intramural Basketball Program. I understand that there is a risk of injury to my child/children as a participant in the CYO Intramural Basketball Program, and I hereby assume the risk of my child/children's participation in such activities. In consideration of the CYO's acceptance of my child/children in the CYO Intramural Basketball Program, and to the extent permitted by law, I hereby agree to release and hold harmless the Archdiocese of New York, Catholic Charities of the Archdiocese of New York, the Archbishop of the Archdiocese of New York, Catholic Charities Community Services, Catholic Youth Organization, its parents and affiliates, and their respective trustees, directors, officers, employees, servants and volunteers from any and all responsibility, liability, claims, and/or demands arising out of my child/children's participation, specifically including any injury that may occur due to their negligence. In the event that I cannot be reached in an emergency, I give permission to the physician selected by CYO Intramural Basketball Program to secure and administer treatment, including hospitalization, for all of the above named persons. I also understand and agree to abide by any restrictions placed on my or my child/children's participation in CYO Intramural Basketball Program activities, and that I and/or my child/children will be dismissed from the program if we fail to abide by CYO Intramural Basketball Program rules.*

**PHOTO AUTHORIZATION**

*I hereby consent to the taking of photographs, movies or videos of my child/children by CYO Intramural Basketball Program or its designated representatives in connection with any advertising. I also grant the right to edit, use and reuse said products for any and all purposes selected by the CYO Intramural Basketball Program and release any and all rights, title and interest we may have in such photographs, movies or videotapes, finished pictures, reproductions, copies of negatives of the same in connection with such uses.*

Parent or Guardian Signature: \_\_\_\_\_

Registration Fee: **\$35.00** per Child for Intramural Basketball Program payable to **Ulster County CYO**

Registration Fee Paid \$ \_\_\_\_\_ CASH or CHECK # \_\_\_\_\_



# St Mary's CYO BASKETBALL

## 2019-2020 Registration for TRAVEL BASKETBALL

**Female** \_\_\_\_\_

**Male** \_\_\_\_\_

Player's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #'s: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

**ALL NOTIFICATIONS WILL BE DONE VIA EMAIL**

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade in 2019/2020: \_\_\_\_\_

Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_ Parish: \_\_\_\_\_

### **UNIFORM SIZE (There will be a \$25.00 refundable uniform fee)**

**Youth**      Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Extra Large \_\_\_\_\_

**Adult**      Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Extra Large \_\_\_\_\_

I hereby give my consent for my child (named above) to participate in the St. Mary's CYO Travel Basketball League for the 2019/2020 season.

Parent or Guardian Signature: \_\_\_\_\_

Please submit 2 separate checks payable to St. Mary's CYO

Registration Fee: \$110.00 for the traveling season

Uniform Fee: \$25.00 refundable uniform fee

Registration Fee Paid \$ \_\_\_\_\_ Cash or Check # \_\_\_\_\_

Uniform Fee Paid \$ \_\_\_\_\_ Cash or Check # \_\_\_\_\_

If you have any questions about the upcoming season, please contact Tony Black at (845) 706-5804 or email your questions at [Ablack1@hvc.rr.com](mailto:Ablack1@hvc.rr.com)