

Which Class Will Win????

2017 Halloween Candy and Prizes Collection Contest

Students/Families in **PreK- 4th Grades** are asked to donate candy or prizes to be distributed to our little Trunk or Treaters during our Trunk or Treat Event later this month.

The KCSFO will award a special Halloween treat to the class with the most participation.



Donations will be collected through Friday, October 20th
and may be delivered to each classroom.

The winner will be announced at our Trunk or
Treat event.

The Third Annual KCSFO



**October 24th, 2017
(Rain Date October 26th)**

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.

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 **4th 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 24th (Rain Date Thursday October 26th) 6 -7pm

Cars may arrive at 530pm for set-up. Lot will be closed at 555pm 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.

Email Bridget.lasecki@gmail.com with questions



Registration Form

(Only necessary for those supplying Trunks)

If you'd like to decorate your trunk or tailgate and come 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 20th**!

Participation Requirements:

- Decorate your vehicle using a theme, avoiding gory or scary themes as event is for PK to 4th grade children.
- Event date **Tuesday October 24th (Rain Date Thursday October 26th) 6 -7pm**
- Cars should arrive at **530pm** for set-up. Lot will be closed at **555pm** 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 expected to stay with parents or advisors at the vehicles as the trick-or-treating activity is for **Pre-K to 4th grade students only**.
- 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.

Questions - contact Bridget Lasecki at Bridget.Lasecki@gmail.com

TRUNK OR TREAT REGISTRATION FORM

Return to KCS by October 20th, 2017

Name: _____

Phone: _____ email: _____

Student/Grade or School Group: _____

Please join us for

Kingston Catholic School's
2017 AUCTION



NOVEMBER

18th
2017

Saturday | 6 PM

Best Western Plus

503 WASHINGTON AVE | KINGSTON, NY

Reserve your tickets today & join us for a night of fun!

\$85 Couple | \$45 Single

Cut this portion and return to Kingston Catholic School with your payment or call (845) 331-9318 with any questions.

Name: _____

Number of guests attending: _____ Total amount enclosed \$ _____

(Please make checks payable to Kingston Catholic School)



Winter Coat Drive

Fall is upon us and winter is right around the corner.....

As we change over our closets, please set aside any ***coats, hats, gloves, snow pants/suits and scarves*** that you no longer need.

During the month of October, Kingston Catholic School will accept your donations and deliver them to Family of Woodstock.

Thank you for your donation. It is greatly needed and appreciated.



Kiwanis Club of Kingston 2nd Annual Shoe Drive

SHOES – SLIPPERS – FLIP-FLOPS – SANDALS – STEEL TOES
– BOOTS – HIGH HEELS – GOLF SHOES – SNEAKERS –
SOCCER – BALLET/TAP ETC!

Donate any gently worn, used or new shoes to Kingston
Kiwanis Foundation to benefit this organization!

There is a drop off box in the foyer of Kingston Catholic
School (both locations).

Collection will be until the end of October

*The Kiwanis Club does many community minded activities
such as donation of dictionaries to 3rd graders in schools
in the area, scholarships for high school students and
host an annual holiday dinner for senior citizens.*



KINGSTON CATHOLIC HOT LUNCH MENU
Week of October 16, 2017

NAME(S) & GRADE(S) _____

MONDAY

Pizza,
Veggie, Dessert

Yogurt,
Veggie, Dessert

TUESDAY

Turkey Sub
Veggie, Dessert

Yogurt, Veggie
Dessert

WEDNESDAY

Pasta Primavera,
Veggie, Dessert

Yogurt, Veggie,
Dessert

THURSDAY

Chicken Tenders,
Veggie, Dessert

Bagel W/Cream Cheese
Veggie, Dessert

FRIDAY

No School

- Each lunch is \$4.00.
- 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

KINGSTON CATHOLIC SCHOOL
WEEKLY SCHEDULE FOR Early Drop Off

Early Drop off time is 7:45am
The Cost is \$15 per week
Broadway Campus Only

FAMILY NAME _____

October 16, 2017

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
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 16, 2017

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
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:



Kingston Catholic School Aftercare Receipt

Family Name: _____ Child's Name: _____

Week Of: _____ # of Days Used: _____

Amount Paid: _____ Cash _____ Check (Check #: _____)

Middle School Dance Team!



The dance program at KCS started back in 2010 and has been growing ever since! We like to focus on the basics of jazz, ballet, hip-hop, contemporary, and tap. By learning the basics, the dancers are able to grow in many different dance styles.

Meet our Instructors:

Lindsey Albert has been dancing for 22 years and has been teaching dance since 2010. Lindsey has taught at KCS, Petite Productions, Dutchess County Community College, and The College of Saint Rose. Lindsey is a senior at Saint Rose completing her degree in Early Childhood and Special Ed. Dance and teaching are passions of Lindsey's and she can't wait to share them with you and your family.

Corinne Shultis has been dancing since the age of 5 and has been part of the KCS Dance Team for the past 5 years. Corinne has previous experience teaching dance, cheer leading, and gymnastics. She is a recent graduate from Mount Saint Mary College with a degree in Mathematics. Corinne currently teaches high school math and biology.

Nicole Tarcza has joined the instructional team this year and we couldn't be more excited! Nicole has been on the stage and in the spotlight ever since she was young and hasn't stopped. Nicole is a recent graduate from The College of Charleston with a degree in Theater Arts. Welcome Nicole!

If your dancer is interested in joining the dance team here is what you need to know!

Dance will begin on September 13th and run each Wednesday from 3:00-4:30.

During their class, dancers will learn proper stretching techniques, skills to help with balance and flexibility; they will work on their stamina, and performance skills.

Dancers should wear clothing that is proper for our school and moving, kicking, and stretching. Yoga pants, leggings, shorts with tights, t-shirts, tank tops, or any other clothing that is form fitting is acceptable so instructors are able to see dancers' lines and form. Dancers should wear tan jazz shoes, if they do not have jazz shoes yet, please wear sneakers and order tan jazz shoes ASAP!

Price for Team is \$60/month for an hour and a half class.
(The fee includes dance team t-shirt.)

Child Name and grade: _____

Parent name and phone number: _____

Student allergies (if any): _____

We cannot wait to start a wonderful dance year with your stars!

With Appreciation,

Lindsey Albert, Corinne Shultis, and Nicole Tarcza

Please make check out to: 5-6-7-8 Productions



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 – 7:30pm

Boys League Grades 3rd – 8th

Tuesday Nights 6:00pm – 7:30pm

Pre-K (4+) and Kindergarten

Friday Nights 5:30pm – 6:15pm

1st and 2nd Grades

Friday Nights 6:15pm - 7:00pm

The seasons will begin on:

Girls – Monday, December 4th

Boys – Tuesday, December 5th

Pre-K-2nd Grade – Friday, December 8th

**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 ****
Call of email Walter Gaceta at (845) 340-9170 ext 107 or Walter.Gaceta@archny.org for more info

ULSTER COUNTY CYO Intramural Basketball 2017 - 2018 REGISTRATION

Female ☐

Male ☐

Player's Name: _____

Street Address: _____

City, State & Zip: _____

Telephone No's.: _____

***Adult Email: *** _____

Date of Birth: _____

School: _____ Grade in 2017/2018: _____

Catholic ☐ Non-Catholic ☐ Parish: _____

T-SHIRT SIZE

YOUTH	Small <input type="checkbox"/>	Medium <input type="checkbox"/>	Large <input type="checkbox"/>	Extra Large <input type="checkbox"/>
ADULT	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 # _____

PARENT VOLUNTEERS ARE NEEDED - CAN YOU HELP

Coach ☐

Score Keeping ☐

Referee ☐



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

Speed & Agility Program

Speed ★ Agility ★ Strength ★ Conditioning



Endurance ★ Power ★ Quickness ★ Reaction

- Prepare kids of their respective sports in a competitive environment with drills that focus on athletic movements and conditioning for boys and girls in grades 3rd through 8th, utilizing a variety of equipment such as plyometric boxes, agility ladders, hurdles, and weighted ropes

**** Monday October 16th, Wednesday October 18th and Friday, October 20th from 6pm to 7:15pm ****

Sessions will be in the 3rd floor gymnasium of the Catholic Charities Community Center

Cost: \$35 per child

Registration can be done online at www.ulstercyo.net or mail registration from back to Ulster CYO 6 Adams St. Suite 3, Kingston NY

Player's Name: _____

Street Address: _____

City, State & Zip: _____

Telephone No's.: _____

***Adult Email: *** _____

Date of Birth: _____ Grade in 2017/2018: _____

School: _____ Parish: _____

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

YOUTH	Small <input type="checkbox"/>	Medium <input type="checkbox"/>	Large <input type="checkbox"/>	Extra Large <input type="checkbox"/>
ADULT	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 Speed & Agility Program. I understand that there is a risk of injury to my child/children as a participant in the CYO Speed & Agility 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 Speed & Agility 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 Speed & Agility 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 Speed & Agility Program activities, and that I and/or my child/children will be dismissed from the program if we fail to abide by CYO Speed & Agility Program rules.

PHOTO AUTHORIZATION

I hereby consent to the taking of photographs, movies or videos of my child/children by CYO Speed & Agility 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 Speed & Agility 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.

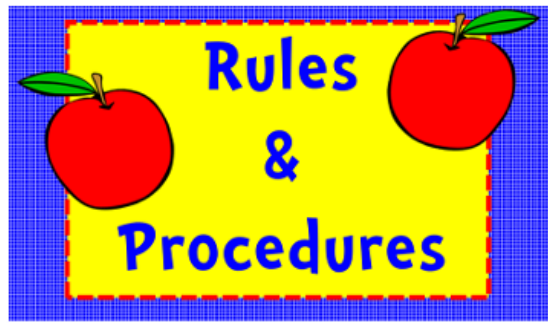
Parent or Guardian Signature: _____

Registration Fee: \$35.00 per Child for Speed & Agility Clinic payable to **Ulster County CYO**

Registration Fee Paid \$ _____ CASH or CHECK # _____

**** Registration can also be found online at www.ulstercyo.net**

**For questions or more information, please contact Walter Gaceta at
(845) 340-9170 ext. 107 or Walter.Gaceta@archny.org**



Drop off & Pick up

AM- Drop off time begins at 8 am in the back parking lot – teachers will be on duty at that time.

-After 8:20, it is necessary for you to come to the front door and sign your child in at the office. *No one will be allowed in the back door.* Do not leave your child in the parking lot alone.

PM- Cars and walkers dismiss at 2:45 p.m. in the back parking lot only. As it gets very congested at dismissal, please pick up your child and exit the parking lot. Students may be dismissed from the office in the event of an emergency or scheduled appointment. If your child has an appointment that necessitates early pick up on a given day, please send a note to your child's teacher that morning.

Also – if your child is going home in a manner different than usual i.e., if they normally take a bus, but are being picked up, a note must be sent to your child's teacher stating this. If a child is being picked up by someone other than the parent, a note must be written stating who is picking up.

Pre-K - When dropping off your Pre-K student, please use the back door. Pre-K students will be released from the back parking lot at dismissal

Please be aware that sometimes it is not possible to answer the phone during dismissal which is from 2:50 until 3:10p.m. (or until dismissal is over). If you need to contact someone in the office because you are running late, leave a message on the answering machine. We are able to hear your message.

Thank you for your assistance and cooperation!