



St. Stanislaus Kostka School

"Do not walk through time without leaving worthy evidence of your passage." Saint John XXIII

Mrs. Elena Malinconico
Principal

www.skschool.org
732-254-5819

"Temperance is simply a disposition of the mind which binds the passion."

Thomas Aquinas

September 10, 2015

Dear St. Stan's Families:

As the eleventh of September approaches, I pause and think how the children that grace our classes do not know a world where you can take a loved one to the gate of an airport, or where you do not have to practice lock downs for their safety in schools or even know the definition of terrorism. As that anniversary approaches tomorrow, we will conduct a small ceremony of remembrance; because those who do not remember are doomed to repeat mistakes.

On a much happier note, it was so delightful to see all the parents in attendance last night at back to school night. Your commitment to this school and your child's education is as important as anything they will be taught in these classrooms. As I stated last night, I am always in need of parents to promote our school, act as class parents and volunteer to help us raise awareness and funds for our school.

This Saturday, our 2015 graduates will receive the sacrament of confirmation. Our current eighth grade is knee deep in high school visits for the month of September and please don't forget next Thursday is individual picture day! Finally, please mark October 2nd on your calendar as our first school Mass of the year.

You all remain in my prayers each and every day!

In His Peace,

Elena Malinconico
Principal



To: Parents
From: Christine Trawinski
Date : September 9, 2015
RE: BINGO FACTS

Another year of Bingo is under way at St. Stan's!

**Included in your 2015/2016 work bond requirement is Bingo help.
Here are a few facts to help you fulfill this portion of your work bond.**

Work 4 full Bingos

At least 2 Bingos must be Sunday

Thursday Bingo hours 6-10pm - 3 workers needed

Sunday Bingo hours 12-4pm - 3 workers needed

Sunday Bingo Kitchen hours 10:30-2pm - 1 worker (if needed)

**No-shows and/or cancellations on the day you are scheduled will
result in a penalty of 2 additional Bingos.**

**The Bingo calendar with available dates is posted on the school
website at sskschool.org. To sign up, simply contact Christine
Trawinski at ctrawinski@sskschool.org or call/text at 732-996-0404.**

Cafeteria Duty



Four cafeteria duties are required to fulfill your work bond agreement.

Please check the lunch duty calendar located on the St. Stan's website to see if the day you would like is available.

Please text Lori Wistuba at (908)812-1926 or e-mail Lori at lwistuba@sskschool.org to schedule the days you would like to work.

Parents assigned for cafeteria duty need to be in for 10:45am. If you cannot make your scheduled shift, you must find a replacement. If you cannot find a replacement, please call, text or email Lori Wistuba.

**ST. STAN'S ATHLETIC ASSOCIATION
AGREEMENT TO PARTICIPATE**

As a member of St. Stan's basketball team, I agree to:

1. Attend all scheduled practices, games and team-scheduled events consistently, with few absences, arriving always on time.
 - a. A phone call is required to a member of the coaching staff the day of a missed game or practice.
 - b. If the player does not call, penalty is potentially one game with no playing time, seated on the bench, with the coaching staff. (The purpose of this rule is that coaches and parents are aware together of the absence – **COACHES DISCRETION depending on grade level of player**).
 - c. Player will arrive 20 minutes before game time. Player that realizes he or she will be late is required to notify a member of the coaching staff, via other teammates, phone call or e-mail.
 - d. Player that does not have a proper uniform conforming with the league rules and coaches rules, will not be allowed to participate in the scheduled event.
 - e. No earrings or jewelry allowed on the practice or game floor (no exceptions).
2. Players will conduct themselves at all times in a polite and respectable manner. Players, coaches and parents are representatives of the church and the families of St. Stan's Community.
 - a. Player will not argue calls made or not made on the floor by the referee.
 - b. Player arguing calls or receiving a technical foul for arguing with the referee will be removed from the game floor immediately by the coach. It does not matter if you are right or believe you are correct, the point is **DO NOT ARGUE** calls made by the referee. The player plays, the coach coaches, the referee refs. Technical fouls for arguing with the referee will result in the removal from the game, as well as possible further disciplinary action.
 - c. Player will not argue calls made by the referee with fans or speak with fans attending the game.
 - d. Any player using offensive language on the floor to referee, teammate, fans, opposing players or to themselves will be suspended for one game in addition to the game or practice the offenses take place. This rule carries no exceptions or explanations by the player. The player on the floor is an extension of the Church family, coaching staff as well as the entire Athletic Association. The players will conduct themselves in a respectful manner on and off the basketball floor.
 - e. Bullying is unacceptable behavior and **WILL NOT BE TOLERATED** at any time. Any player who feels they are being bullied or who witnesses bullying are to report the incident to the coach.
3. **Player must maintain consistent grades in school. A player may not play if they have a grade lower than a "C" in any subject. Reports must be produced to coaches at the coaches request at various times throughout the season.** Parents of the player should discuss this with the player and set a minimum grade to be maintained for participation in the basketball season. The coaching staff and the Athletic Association will always support the parent of the student in this area. The Athletic Association and many coaches believe that high standards should be set in this area. As the player gets closer to high school and college, these matters will be out of the player's and parent's hands. Parents should discuss report cards with the coach if a problem develops.
4. **PLAYERS ARE NOT ALLOWED TO ATTEND PRACTICE OR A GAME if they are absent from school that day (regardless of reason).** If you are not in school, you cannot participate in after-school activities.
5. Signature and date is required by the PLAYER as well as both PARENTS in order to participate in the program at St. Stan's. Parents and players should discuss these rules with one another.

Good luck and have a productive and successful season!

I have read and agree to the above terms and conditions.

Player

Date: _____

Parent

Date: _____

Parent

Date: _____

Please return this bottom portion to the coach at the first practice.

**ST. STAN'S ATHLETIC ASSOCIATION
REGISTRATION 2015-2016**

LAST NAME: _____ PARENTS' FIRST NAMES _____

ADDRESS: _____

CITY: _____ ZIP CODE _____ PHONE #: _____

CELL PHONE #: Mother _____ Father _____

E-MAIL ADDRESS: Mother _____ Father _____

CHILDREN'S NAMES	<u>Please circle one:</u>			<u>Reg. fee</u>
1. _____ DOB: _____ Grade _____	Basketball	\$ 90.00	_____	_____
2. _____ DOB: _____ Grade _____	Basketball	\$ 45.00	_____	_____
3. _____ DOB: _____ Grade _____	Basketball	\$ 45.00	_____	_____
4. _____ DOB: _____ Grade _____	Instructional Basketball/ Cheer	\$50.00	_____	_____
	SUB-TOTAL		_____	_____
	Candy		55.00	
	TOTAL (check payable to St. Stan's A.A.)	\$ _____		
	WORK BOND (2nd check postdated 3/15/16)		250.00	

In case of emergency, please notify:

Name: _____ Phone # _____

Relationship to Child: _____

I hereby understand in order to have my work bond refunded, our family must complete 20 hours of work for the association.

Parent's Signature

<u>Instructional Players Only (Grades K-2):</u>			
Shirt Size - please circle one:			
Youth Small (6-8)	Youth Medium (10-12)	Youth Large (14-16)	Youth X-Large (18-20)

ASSOCIATION USE ONLY

Registration fee paid \$ _____ Cash _____ Check _____
 Work Bond paid \$ _____ Cash _____ Check _____
 Children attend: School _____ C.C.D. _____ Other _____

ST. STAN'S ATHLETIC ASSOCIATION

No other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws or because of medical practitioner regulations (i.e; the medical practice insists on its own form); In- either- case; Section I- must- still be filled out entirely and attached to the modified/substituted form. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical .doctor, nurse practitioner, etc.)

Section I: FOR PARENT/GUARDIAN COMPLETION ONLY

Legal Name of Participant (must match birth certificate):

Last _____ First _____ Middle _____

Address: _____ State _____ Zip: _____

Telephone No: _____ Date of Birth: _____ Male _____ Female _____

Name of Primary Medical Insurance Company: _____ Policy Number: _____

Membership Number: _____ Name of Primary Insured: _____ Sport _____

(check one): Cheer _____ Basketball _____

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PARTICIPANT MEDICAL HISTORY

- | | | | |
|-----|---|------|----|
| 1. | Are there any injuries requiring medical attention? | Yes | No |
| 2. | Are there any past surgeries or scheduled surgeries? | Yes | No |
| 3. | Is the participant currently under the care of a medical practitioner? | Yes | No |
| 4. | Is the participant currently taking any medications? | Yes | No |
| 5. | Does the participant have any allergies (penicillin; bee stings, etc)? | Yes | No |
| 6. | Does the participant have asthma/require the use of an inhaler? | Yes | No |
| 7. | Is the participant diabetic /require medication for diabetes? | Yes | No |
| 8. | Does the participant currently require medication? | Yes | No |
| 9. | Does/has the participant have/had seizures? | -Yes | No |
| 10. | Does the participant wear glasses or contact lenses? | Yes | No |
| 11. | Does the participant wear a brace or other medical support device? | Yes | No |
| 12. | Does the participant have any other physical limitations or medical conditions? | Yes | No |

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space:

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it's my responsibility to obtain written permission from my child's physician on official medical stationery in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

Signature of Parent or Legal Guardian: _____

Print Name _____

Relationship to Participant _____

Section II: THIS SECTION IS TO BE COMPLETED ONLY BY A MEDICAL PROFESSIONAL

Name of Participant: _____

(Please check the following if healthy or note otherwise):

Height	Weight	Eyes
Ears	Mouth	Nose & Throat
Respiratory	Cardiovascular	Neurological
Muskoskeletal	Dermatological	Blood Pressure

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in St. Stanislaus Athletic Association Basketball or Cheer. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in basketball/cheer activities for the 2015-16 season. I am therefore clearing this individual for athletic participation without limitation.

Please place medical professional stamp here or fill out the following:

Signed _____ Date: _____

Print Name _____

Please indicate medical profession (M.D., D.O. RN., etc.) _____

Complete this section or the medical professional's stamp may be placed below.

Address _____ City _____ State _____

Telephone _____ Fax Number: _____

Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc. - This may vary by state). NO other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws or because of medical practitioner regulations (i.e. the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to the modified/substituted form.

PERMISSION SLIP

DRAMA CLUB

Mrs. Deborah Kubeck will be facilitating the after school Drama Club, which will be open to students from grades 5-8 on selected Mondays from 2:00-3:00 PM. Meeting dates will be indicated on the monthly school calendars, and times may be extended as we get closer to performance dates (parents will be notified ahead of time with any time changes). **It is important to be aware that meetings will be cancelled in the event of adverse weather conditions (snow or early dismissals).**

As per our school policy, students that are not provided with transportation home by 3:10 PM will be put into the After Care program at an hourly rate.

It is important for parents to be aware that club members will be responsible for attending all performances, including evening performances. Also, students will be required to attend all meetings unless we receive a parent note or phone call to the office stating otherwise. Students are not permitted to call home regarding club meetings. For this reason, parents are asked to look over monthly school calendars carefully to note meeting dates. In fairness to all, students who are uncooperative or not actively participating will be removed from the drama club.

Please fill out and return this sheet no later than Thursday, September 17.

I request that my child join the 2015-2016 school Drama Club. I have read and agree to the above-stated conditions.

Student's Name _____

Grade _____

Parent's Signature _____

In the event of an emergency, I can be reached at the following phone number from 2:00-3:00 PM on meeting days:



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ARTHUR J. GALLAGHER & CO.



K-12 Voluntary Student Accident Insurance

Available Coverage Options

Depending on which program your school provides, some or all of the following voluntary insurance products are available for purchase on a voluntary basis:

- \$500,000 School Time Only Student Accident Insurance
- \$500,000 'Round The Clock – 24 Hour Accident Coverage
- \$10,000 Student Life Insurance
- \$5,000 Student Dental Accident Insurance

Kids will be Kids!

1. Make sure your child is properly covered against unforeseen accidents.
2. Purchase coverage at your convenience from any computer.
3. Follow the easy step by step instructions and you're done in minutes!

These Voluntary Participation Student Accident Insurance Plans offered through your school can be purchased easily online at:

www.BollingerSchools.com



Bollinger Specialty Group

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1 973.932.2876
www.BollingerSchools.com

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Prepared. For Life.



ADVENTURE is CALLING!

Sayreville Cub Scout Pack 97

Invites Boys in 1st to 5th Grades And Their Families To Our "Join Scouts" Open House Come Learn about our Scouting Program

When: Tuesday, September 22, 7 - 8:30 p.m.
Where: Knights of Columbus, 775 Washington Road, Parlin
Contact: Chris Tricoles Recruiting Coordinator 917- 922- 9554
OR SayrevillePack97@gmail.com