



# St. Helen Catholic School

...is committed to educating the whole person to see with Christ's eyes.



August 31, 2018

## No Classes on Monday, 9/3—Labor Day

If your child will be tardy or absent, please call or email the School Office as early as possible. Parents will receive a ParentAlert message if your child(ren) is not in the classroom by the time attendance is taken.

Reporting an absence.



Eucharistic Ministers needed to serve at School Masses. If you are interested in becoming a Eucharistic Minister or are one at your parish, please email [Ms. B](#)  
Requirements: You must be in good standing with the Catholic church and be EIM certified.

**Reminder: All visitors must stop by the School Office to get a badge. First time visitors must bring their Driver's License. If your license was already scanned this school year, just follow the instructions to print your badge. All visitors must also check out.**

**Volunteer Opportunities**  
(just click on Event for more information and to sign up)

- [Grandparents Day Setup/Cleanup](#)
- [Concession Stand Help](#)  
(SHCS Home Games)
- [Parent Patrol](#)  
(spots all filled through 10/9!!)



Athletic Forms due for students in grades 5-8 that are participating in our after school sports program.

EIM Workshop to be held in the Gym on Wednesday, Sept. 5th from 7pm-9pm. Must be preregistered. No children allowed.



Thank you to the families that have already placed an order for the month of September. The order will be placed on Tuesday, 9/4 with a delivery date of Thursday, 9/6. One of the retailers that participates in this program is Lands' End, our uniform supplier. They give back 16% of every dollar to our school! Check our website for a current list of retailers that participate in SCRIP.



ST. HELEN CATHOLIC SCHOOL INVITES YOU TO

# GRANDPARENTS' DAY

PLEASE JOIN US FOR MASS HONORING YOU,  
OUR BELOVED GRANDPARENTS!

*Friday September 7, 2018  
St. Helen Catholic Church  
8:15 A.M - 9:15 A.M*

*2700 E. University Avenue  
Georgetown, TX 78626*

RECEPTION TO FOLLOW ST. RITA ACTIVITY CENTER

**CLICK HERE TO RSVP**

**St. Helen Catholic School  
Athletic Permission Form 2018-2019**

Name of Athlete: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

The following information must be completed and signed by the appropriate parent or guardian and turned in to the School Business Office before participation in student athletic activities will be allowed. If the following information is not complete, this form will be returned to you.

**Contact Information**

Name of Father: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If the persons listed above are not available in the event of an emergency, please contact:

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Insurance**

Insurance Company Name: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Effective Date of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Fee Payment**

\$75 per sport: Volleyball \_\_\_\_\_; Flag Football \_\_\_\_\_; Basketball \_\_\_\_\_; Spring- Soccer \_\_\_\_\_

(Spring - Track is only \$50 \_\_\_\_\_) TOTAL: \$ \_\_\_\_\_

FACTS Bank Draft: One payment \_\_\_\_\_ Two payments \_\_\_\_\_ Three payments \_\_\_\_\_

Check submitted with this form \_\_\_\_\_ **(if check is not received with registration form the amount will automatically be added to your FACTS account)**

**Waiver of Liability**

I/We the undersigned hereby certify that I am the parent or legal guardian of the student. I/we hereby give permission to the staff of St. Helen Catholic School and/or Austin Christian Athletic Association (ACAA) officials to seek during the period of school athletic activities, appropriate medical attention and for the student to receive medical attention and treatment to be covered under the student's insurance policy detailed below on this form. I/we agree that in case of an emergency when time or circumstances make it impractical to secure our approval, St. Helen Catholic School and/or ACAA officials are authorized to take whatever actions are deemed necessary in their best judgment to protect the health and welfare of our child. This includes, but is not limited to, securing emergency services, anesthetics, medical specialists, and hospital admissions. I/we, the undersigned, for ourselves, our heirs, our executor and administrator, waiver, release, and forever discharge St. Helen Catholic School and/or ACAA officials, its staff, officers, agents, employees, representatives, successors and assigns from any and all liability claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in student athletic activities or while at school.

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

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