



St. Gerard School Athletics

Hello St. Gerard 5-8 grade girls Parents:

Welcome to the St. Gerard Athletic Program. This is the registration form for your child to play **Girls Basketball for the 2019 Season**. The registration fee is \$145.00 and will be collected in two separate checks of \$45.00 and \$100.00. The \$100.00 check will not be cashed but held until you fulfill your scheduled assignments of working 2 concessions and/or admissions shifts. Sign-ups are done on line and you will receive an email once the site is open for this. It is **Your Responsibility to schedule a time to work**. Should you not work the required 2 shifts, the \$100.00 check will be deposited by our Treasurer. Please check the appropriate box below.

1. () I will work admissions and /or concessions or gym set up/cleanup to receive my \$100.00 check back.

2. () I do not wish to work. You may deposit the \$100.00 check now.

Please make checks payable to: ST. GERARD ATHLETICS.

Because of eligibility requirements we need to know: PARISHIONER, (YES - NO)

School _____ Religious Ed _____ GRADE _____

PLEASE REMEMBER: There is a \$10.00 late fee charged to all registrations received after the registration date for that sport

Student/Player Name _____ Gender M F Grade _____

Parent/Guardian Name _____ Phone Number _____

E-Mail Address _____ for coaches to contact.

Is there any information a doctor should know to treat your child? _____

Date of Last Tetanus Shot _____

Name of Medical Insurance _____ Policy Number _____

Name of Family Doctor _____ Telephone Number _____

In case of an emergency, I give my permission to a doctor and trained medical personnel to treat my child.

Parent/Guardian Signature _____ Date _____

Please contact Pat Malacina at 517-230-7380 if you have any questions.

St. Gerard Girls Basketball Registration and skills testing for 2019 – Mark the Date!

Basketball registration and skills testing for girls in grades 5 through 8 who attend St. Gerard School or regularly attend St. Gerard Religious Education will be held as follows:

5th grade Girls' registration and skills testing 5:00 pm on January 14 2019

6th grade Girls' registration and skills testing 6:00 pm on January 14 2019

7th grade Girls' registration and skills testing 7:00pm on January 14 2019

8th grade Girls' registration and skills testing 7:00pm on January 14 2019

Skills testing for each grade level will take approximately 1.5 hour or less. Skills testing for 7th and 8th grade will combined and will last 1.5 hours

Please remember to bring to registration a **completed Basketball registration form**, a **copy of a current physical form dated after April 15, 2018**, and **2 checks: One for \$45 each to cover registration, and one for \$100.00 to cover concessions/Admissions shifts (check will be returned to you after you work the required 2 shifts)** made out to St Gerard Athletics. There is a mandatory \$10 late fee for all registrations received after January 14th. If you have any questions please contact the St Gerard Athletic Director, Pat Malacina, at 230-7380. Girls will not be permitted to practice until all required documents and payments are received.

Note Please do not bring the original copy of the physical. A copy will do. If your Daughter played Volleyball we have her physical and will not need another copy.

There will be grade specific parent meetings during skills testing. You are highly encouraged to attend.

Season starts January 14th with Games starting the week of January 28th

Tournament TBA.

December 20, 2018

Mr. Rick Peiffer will make copies (DVD Format) of the Christmas Program available to any who may be interested. If you would like a copy, please complete the following information and return to school by Friday, January 11th, 2019.

The cost is \$15.00 and due when you place your order. Please make checks payable to ST. GERARD SCHOOL. Return your check and this form in an envelope marked "VIDEO".

NAME: _____

STUDENT NAME: _____

TEACHER NAME: _____

DAYTIME TELEPHONE NUMBER: _____

Send us your best pictures for the yearbook!!!!!!

Our yearbook photographers can't be everywhere, so we need your help. If you take any pictures at school events this year, please share the best ones with us!

We need photos of scouts, NJHS, field trips, service projects, classroom events, Christmas Program, etc

Here is how to upload your photos:

1. Go to images.balfour.com
2. Our project number is 918578 and password is yearbook
3. Enter your contact information so we know who sent the picture
4. Select an image (in .jpg format) from your computer
5. Add captions so we know what grade the children are in and a description of the photo
6. Click "Begin Upload" and your images will upload

The yearbook staff will review all photos and determine final yearbook content.

We can not guarantee that all submissions can be used in the book.

If you have any questions, email LynnBloomer@yahoo.com

Thank You,

Lynn Bloomer (and yearbook staff)

7th - 8th - 9th Grade Dance

Saturday, January 12, 2019
7:30-10:00pm



(entrance cut off time is 8pm)

Lansing Catholic High School Cafeteria

7th & 8th Graders - Cost is \$3 and you must bring the signed permission slip



LANSING CATHOLIC
HIGH SCHOOL
501 Marshall Street Lansing, MI 48912

DANCE PERMISSION SLIP

(Student First & Last Name) _____ has my permission to attend the dance on Saturday, January 12, 2019 at Lansing Catholic High School from 7:30pm-10:00pm. My child and I understand that only modest attire is to be worn and only dancing and other behavior befitting young Christians will be allowed.

Parent Signature

Phone number (that can be called during the dance)

Student Grade Level

School

ALL students should be picked up by 10pm, please do not wait to be called to pick up your student.

This is a closed dance, only students from our Catholic schools AND with a signed permission slip can attend this dance. Parents should drop students off between 7:30pm-8pm only, after 8pm no one will be admitted without prior permission from Mr. Moore, LCHS Principal, at doug.moore@lansingcatholic.org.

If we have inclement weather on Sat., Jan. 12, 2019, please email or call LCHS Admissions Coordinator, Mrs. Gavin, at karen.gavin@lansingcatholic.org or 517-267-2102 between 5pm and 7pm. If the dance is cancelled, the voicemail message at that number will indicate that the dance is not being held.



Dear Principals, Art Teachers, & Counselors:

For over 50 years, the Saturday Morning Art (SmART) program has been a part of the Department of Art, Art History and Design's Art Education degree program, which affords pre-service art education majors the opportunity to interact and work with school-age children. This creative program serves to broaden and enrich the art and educational experiences of all involved and is designed to expand SmART participants' artistic and problem solving skills, as well as their aesthetic and cultural awareness and sensitivity.

Therefore, we are pleased to announce the upcoming Spring 2019 SmART session; open to students ages 7 through 18. Participating students gain experience with a range of visual art media and methods such as ceramics, drawing, painting, photography, printmaking, and sculpture. The spring program provides 6 class sessions of instruction and an exhibition day for everyone to celebrate the artistic creations of the students. Enclosed you will find information to pass on to students and parents. Please feel free to make additional copies as necessary.

There is a non-refundable materials fee of **\$70.00** per child for the Spring 2019 semester. Interested students should send a completed enrollment application and five required forms by **Friday, January 25, 2019**. Payment can be made by credit or debit card on our website <http://www.art.msu.edu/community/smart/>. (The payment link will secure your student's place in the program. **Cash or check are not accepted forms of payment.**) Enrollment is on a first-come first-serve basis, so please encourage students to enroll early, as space is limited. More specific information on the SmART program can be found in the enclosed materials or at <http://www.art.msu.edu/community/smart/>.

We thank you for your support of the SmART program. If you have any questions, please contact the Department of Art & Art History at 517-355-7610 or msusmart@msu.edu.

Sincerely,

A handwritten signature in cursive script that reads "Jill McKillips".

Jill McKillips
Director of Saturday Morning Art
Mckilli5@msu.edu

Like us on Facebook – "Saturday Morning Art – SmART"



Department of Art, Art History, and Design
Michigan State University
art.msu.edu

The Department of Art, Art History, and Design's Saturday Morning Art (SmART) program is part of the Department's Art Education degree program, which affords pre-service art education majors the opportunity to interact and work with school-age children, ages 7 through 18. The creative program serves to broaden and enrich the art and educational experiences of all involved and is designed to expand SmART participants' artistic and problem-solving skills, as well as their aesthetic and cultural awareness and sensitivity. The program provides 6 class sessions of instruction and an exhibition day for everyone to celebrate the artistic creations of the students.

The 2019 Spring Semester Saturday Morning Art Program will begin Saturday, **2/9/19** and continue through **Saturday, 4/27/19**. (Class dates are as follows 2/9, 2/23, 3/16, 3/23, 4/13, and 4/20 with the exhibition scheduled on 4/27/19). All classes meet from **9 a.m. to 11 a.m.** A non-refundable materials fee of **\$70.00** per child is charged for the fall semester.

7 to 8 Year Old Group – (there will be one combined class section for this age group)

Class 1 will focus on **2-D art**, such as drawing skills, painting techniques, and the printmaking process.

Class 2 will focus on **3-D art** by exploring additive and subtractive techniques with various materials such as ceramics, wood, and plaster.

9 to 11 Year Old Group – (there will be two class sections for this age group)

Class 3 will focus on **2-D art**, developing stronger skills in such areas as drawing, painting, and printmaking.

Class 4 will focus on **3-D art**, developing stronger skills in additive and subtractive techniques with various materials such as ceramics, wood, and plaster.

12 to 14 Year Old Group – (there will be one class section for this age group)

Class 5 will include both 2-D and 3-D art projects, working on expanding and refining students' artistic and creative skills.

15 to 18 Year Old Group – (there will be one class section for this age group)

Class 6 will include both 2-D and 3-D art projects, exploring the creative process on a more individual level. Projects will be more open to personal interests, incorporating visual thinking strategies to enhance the student's final artistic creations.

To ensure an appropriate and fulfilling learning experience for your child, as well as a proper teaching experience for the instructors, these age qualifications and class categories are not negotiable.

The deadline for enrollment is Friday, January 25, 2019. Enrollment is on a first-come, first-serve basis, so *please enroll as early as possible as availability is limited.* You will receive email confirmation of your enrollment prior to the first class meeting.

The application along with the four required MSU forms and link to non-refundable enrollment fee payment for SmART can be accessed at <http://www.art.msu.edu/index.php/community/smart/>

The Application, fee, and four required MSU forms are needed for enrollment! Please note, we no longer accept checks or cash for payment.

Jill McKillips
Director of Saturday Morning Art
Art Education Instructor/Advisor

www.art.msu.edu
msusmart@msu.edu
(517) 355-7610

Like us on Facebook – "Saturday Morning Art – SmART"

*The Kresge Art Center is fully accessible to persons with disabilities.
For special accommodations, please call (517) 355-7610.*



SATURDAY MORNING ART (SmART)

SPRING 2019

STUDENT INFO		PARENT/GUARDIAN INFO		
LAST NAME:		LAST NAME:		
FIRST NAME:		FIRST NAME:		
AGE:		STREET ADDRESS:		
Date of Birth:		CITY:	STATE:	ZIP:
GENDER PLEASE CHECK <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DAY PHONE:		
SCHOOL ATTENDING:		CELL PHONE:		
GRADE CURRENTLY:		EMAIL:		

CHECK WHICH SmART CLASS YOU WISH TO ENROLL					
<input type="checkbox"/> CLASS #1 2D (7-8 years)	Class #2 3D (7-8 years)	<input type="checkbox"/> CLASS #3 2D (9-11 years)	<input type="checkbox"/> CLASS #4 3D (9-11 years)	<input type="checkbox"/> CLASS #5 (12-14 years)	<input type="checkbox"/> CLASS #6 (15-18 years)
<input type="checkbox"/> Child <input type="checkbox"/> Adult S M L XL XXL	<input type="checkbox"/> Child <input type="checkbox"/> Adult S M L XL XXL	<input type="checkbox"/> Child <input type="checkbox"/> Adult S M L XL XXL	<input type="checkbox"/> Child <input type="checkbox"/> Adult S M L XL XXL	<input type="checkbox"/> Child <input type="checkbox"/> Adult S M L XL XXL	<input type="checkbox"/> Child <input type="checkbox"/> Adult S M L XL XXL

(The SmART T-shirt is included in program cost. Child sizes are Small, Medium and Large. Adult sizes are Small, Medium, Large, Extra Large, and Double Extra Large. Please check the box for a Child or Adult shirt and circle the size needed.)

Allergies/Special Needs: Please list any allergies or special needs for your child:
<ul style="list-style-type: none"> ➤ I understand that for reasons of security, in the event that my child has to leave a class session early, I will notify the instructor ahead of time to let the instructor know who will pick up my child and what time. ➤ I will inform the instructor ahead of time if my child will be leaving class with someone other than who is listed on this form as parent or guardian

Parent or Guardian Signature: _____

Application must include \$70.00 enrollment fee and the following four MSU required forms for processing:

- Signed Pick Up, Drop Off & Commuter Permission Signed Media Release Signed Medical Auth. Signed Parent Consent

The deadline for enrollment is Friday, January 25, 2019. Enrollment is on a first-come, first-serve basis, so please enroll as early as possible as availability is limited. You will receive email confirmation of your enrollment prior to the first class meeting. CLASS SIZE IS LIMITED TO 20! PAYMENTS ONLY TAKEN ONLINE! We no longer accept checks or cash as payment.

The application along with the FOUR required MSU forms and link to non-refundable enrollment fee payment for SmART can be accessed at <http://www.art.msu.edu/index.php/community/smart/> the Application and FOUR required MSU forms are needed for enrollment! Email required forms to msusmart@msu.edu or FAX to 517-432-3938 or mail to SmART 600 Auditorium Rd. Rm. 113 East Lansing, MI 48824

MICHIGAN STATE UNIVERSITY MEDIA RELEASE FORM

Participants in MSU-sponsored programs and activities may be photographed and videotaped for use in MSU promotional and educational materials. The participants are not identified by name in the materials.

I authorize MSU to record the image and voice of the subject named below and I give MSU, and all those acting with MSU's approval, all rights to use these images and voice recordings. I understand that such images and/or recordings may be used for educational and promotional purposes. This authority extends to all conventional and electronic media, including the Internet and any future media, and to any printed material.

I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any manner without compensation or liability, in perpetuity.

Print subject's name: _____

Signature of Parent/Guardian of minor participant or of participant aged 18 and up:

_____ Date: _____

_____ Date: _____

Program Saturday Morning Art Program

Dates Attending _____

MEDICAL TREATMENT AUTHORIZATION FOR MICHIGAN STATE UNIVERSITY

Your child will be involved in a Michigan State University program on the above date(s). This form must be completed and signed by a parent or guardian to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated only if the situation is urgent and does not permit delay.

Participant's full legal name:

Last First M.I.

Birth date: _____

Parent phone: day () _____ evening: () _____

Mailing Address: _____

Primary care physician's name: _____

Physician's phone: _____

Physician's address: _____

HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant _____

Policy holder's address: _____

Please attach a photocopy of both sides of your insurance card **OR** complete the information requested below.

Insurance company name and address:

Insurance company phone number: (____) _____

All policy numbers (please identify): _____

If you have HMO insurance, please list the emergency treatment authorization phone number: (____) _____

Employer's name and address:

Business phone (____) _____

INFORMATION NEEDED ABOUT PARTICIPANT: Please check yes or no. If yes, explain below or on another sheet if you need more room.

	YES	NO	
Does the participant have any chronic health problem or illness?	_____	_____	_____
Does he or she have any acute illness now?	_____	_____	_____
Has the person been treated recently for some medical problem?	_____	_____	_____
Does he or she have any allergies?	_____	_____	_____
Does he or she have any allergies to medication or local anesthetics?	_____	_____	_____
Date of his or her last tetanus shot	_____	_____	_____
List any medications he or she is now taking for treatment of any medical problem.	_____		

OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), _____, recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that the program director may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature of Parent/Guardian or of participant aged 18 and up _____

Date _____

**MICHIGAN STATE UNIVERSITY YOUTH PROGRAM
PARENT/GUARDIAN CONSENT FORM**

I grant permission for (print participant's name) _____ to participate in all educational and social activities of the following MSU program or activity:

Program name: Saturday Morning Art Program

Program dates: _____

MSU unit/department: Art, Art History, and Design

I understand that sessions may entail field trips and/or campus facility tours. I also understand that participants may engage in athletic or other recreational activities that have special risks.

I have read the session descriptions and approve of my child's selections. I accept any risks associated with the assigned sessions and selected recreational activities.

I understand that my child has a role to play as regards his or her safety and security. I will speak with my child about the need to honor safety rules and to behave responsibly.

(Please print):

(Parent or legal guardian)

Signature: _____ Date: _____

**Michigan State University Youth Programs
Pick-up, Drop-off, and Commuter Permission Form**

This form must be completed prior to the start of the MSU youth program by the parent/guardian listed as the youth participant's emergency contact for the following instances:

- The participant's parents/guardians wish for the participant to be excused from the program prior to its scheduled conclusion
- The participant's parents/guardians have arranged for the participant to be temporarily checked out of the program for another event (scheduled family gathering, medical appointment, dining off-site with a family member, etc.)
- The participant's parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program's drop-off process
- The participant's parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program's pick-up process
- The participant's parents/guardians authorize the participant to commute independently to and from the specified youth program

Participant's Name: _____

Program Name: Saturday Morning Art

Permission for Early/Alternative Release

I, _____, parent/guardian of _____, grant permission to the Michigan State University Youth Program faculty/ staff/ volunteers to release responsibility for my youth participant to the following individuals only, during the specified dates and times of the MSU Youth Program.

First Name	Last Name	Relationship to Participant	Phone Number	Date/Time of Release	Date/Time of Return

Permission for Youth Participant to Commute Independently

I, _____, parent/guardian of _____, permit the youth program participant to commute independently to and from the specified youth program.

Authorization Signature

By signing below, I acknowledge that MSU will not be responsible for the participant after the participant is excused in the one of the above ways. I also understand that the participant will not be released to any persons other than those listed above.

Parent/Guardian Signature: _____

Date of Signature: _____

Parent/Guardian Work Phone: _____

Parent/Guardian Cell Phone: _____

Parent/Guardian E-mail: _____