



HOLY SAVIOR CATHOLIC ACADEMY  
4640 E. 15<sup>th</sup> Street North  
Wichita, KS 67208  
316/684-2141; Fax 316/684-4318

August 23, 2017

Dear Parents of children in the UVS program,

Welcome to the HSCA UVS after school program!

Your 1<sup>st</sup> semester payment is due (\$60.00) per Dr. Shropshire. If you have not paid, please pay as soon as possible so your child(ren) can participate at the YMCA on Mondays and all other great benefits that UVS has to offer! If you have already paid, thank you very much!

On Mondays, the UVS group will travel with Ms. Matthews and myself by bus to the North YMCA beginning on Monday, September ??, 2017. Here are the dates that UVS will be going to the YMCA. These dates are all on Mondays.

September 25, 2017  
October 2  
October 9  
October 16  
October 23  
October 30  
November 6  
November 13  
November 27

January 22, 2018  
January 29  
February 5  
February 12  
February 26  
March 5  
March 12  
March 26

To play on the YMCA's gym floor, students must have on tennis shoes.

Thank you for your support of the UVS program!

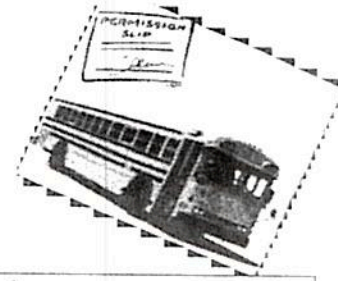
Sincerely,

Mrs. Susan Rodriguez, Lead Teacher

PLEASE SIGN & RETURN  
BOTH FORMS

Holy Savior Catholic Academy  
4640 E 15<sup>th</sup> Street North  
Wichita, Kansas 67208  
316/684-2141

UVS ONLY



To: Parents/Legal Guardian From: Dr. Shropshire, Principal  
Holy Savior Catholic Academy

We have arranged for your child/children to participate in a planned field trip to: UBUNTU VILLAGE AFTER SCHOOL PROGRAM TO THE YMCA

Trip Information:  
Unit of Study, standard or activity associated with trip  
Specific objectives of trip  
*Follow-up classroom discussion follows each field trip*

Date of Trip: Begins Sept. 25  
Departure time: 3:40p Return time: 5:30p

Type of Transportation: Bus Other Important Information:  
Cost per Student: None  
Teachers/Sponsors Supervising Trip

Reasonable care will be taken by the supervising personnel to ensure the safety of your child. However, it is essential that you, as a parent/legal guardian give written permission for your child to participate in this activity. Therefore please sign below and return to the teacher no later than Sept. 21, 2017.

Field Trip Approval: [Signature] August 16, 2017  
Principal's Signature Date

Return bottom portion of this permission – Retain top portion for your Information

PERMISSION RELEASE & WAIVER

2017-2018 – UVS-YMCA

I hereby give my express permission as apparent (legal guardian) for my child/children \_\_\_\_\_ to participate in the described field trip. I have read and completely understand the arrangements. I hereby release Holy Savior Catholic Academy, Holy Savior Catholic Church, and the Catholic Diocese of Wichita a corporation sole, and their agents, employees and principals, of any and all liability, claims demands, action and causes of action whatsoever, arising out of or related to any loss, or injury, that may be sustained by my child or children. I acknowledge receipt of this information sheet.

Parent or Legal Guardian Signature

Date

# MSASP

Middle School After School Program  
Greater Wichita YMCA



## 2017-2018 REGISTRATION FORM & FIELD TRIP WAIVER: SEPT 18-DEC 7 & JAN 16-MAY 3

### STUDENT INFO

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Grade (circle one):** 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> **Gender (circle one):** Male Female **Date of Birth:** \_\_\_\_\_

**Ethnicity (circle one):** Hispanic Non-Hispanic

**Race (circle one):** White Black/African American Native Hawaiian/Pacific Islander Asian  
American Indian/Alaskan Native Asian & White Am. Indian or Alaska Native & Black/African Am.  
Black/African Am. & White

### EMERGENCY INFO

**Name of Parent/Guardian (first & last):** \_\_\_\_\_

**Emergency Phone Number:** \_\_\_\_\_

**Please circle number of people in the household:**

1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_

**Please circle Household Income Level (include all household residents and total income from all sources):**

Number of people in the household	Please circle the Household Income Level			
1	Under \$13,700	\$13,701-\$22,850	\$22,851-\$36,550	Over \$36,550
2	Under \$16,020	\$16,021-\$26,100	\$26,101-\$41,750	Over \$41,750
3	Under \$20,160	\$20,161-\$29,350	\$29,351-\$46,950	Over \$46,950
4	Under \$24,300	\$24,301-\$32,600	\$32,601-\$52,150	Over \$52,150
5	Under \$28,440	\$28,441-\$35,250	\$35,251-\$56,350	Over \$56,350
6	Under \$32,580	\$32,581-\$37,850	\$37,851-\$60,500	Over \$60,500
7	Under \$36,730	\$36,731-\$40,450	\$40,451-\$64,700	Over \$64,700
8	Under \$40,890	\$40,891-\$43,050	\$43,051-\$68,850	Over \$68,850

\*\*\*\*\*  
I/we the undersigned, parent(s)/guardian(s) having legal custody/legal guardianship of said minor, give permission to attend any of the Middle School After-School Program activities. The said minor is physically able and mentally prepared to participate in all activities as described for said program. I/we hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities for which I/we have given my/our permission and thereby will not hold the Wichita YMCA & Wichita Public Schools liable for any injuries incurred during these activities.

- I/we do hereby grant permission for the said minor to be transported by a properly insured vehicle as required by (Kansas Law KSA 40-3107e) to and from the activities associated with the Middle School After-School Program.
- I/we do hereby grant permission for photos of my/our child to be used by the Wichita YMCA & Wichita Public Schools for promotional and educational purposes.
- I/we do hereby grant permission for student surveys to be given to my/our child pertaining the Wichita YMCA & Wichita Public Schools.

My signature below certifies that the information I have provided above is true and accurate under penalty of perjury.

**Parent/Guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_