

Dear K-8 families,

We are excited to celebrate Catholic Schools Week next week.

Wednesday, February 1 is Student Appreciation Day.

On this day, all students may be out of uniform if they wear the following class colors:

Grades Kindergarten and 8 wear red

Grades 1 and 7 wear orange

Grades 2 and 6 wear yellow

Grade 3 wear green

Grade 4 wear blue

Grade 5 wear purple

No-uniform passes are not needed for this special day, but please do adhere to the no-uniform day dress code, as noted on page 43 of the Parent/Student Handbook.

We are also excited to announce that all students will be able to tour the Ice Castle in downtown Stillwater next Wed., Feb. 1- for free! All students will be transported by bus to the Ice Castle and back to SCCS during St. Croix Catholic's reserved timeframe of 1:30 - 3:00 pm. Due to limited space, only staff will be chaperones; we cannot include any parent chaperones. To ensure your child(ren)'s reservation, please return the attached field trip permission form by Friday, January 27.

Please contact Sr. Mary Juliana, O.P.. srmaryjuliana@stccs.com or 651.439.5581 x238 with any questions about our Student Appreciation Day. We look forward to celebrating the gifts each child brings to our school.

St. Croix Catholic School
621 S. Third Street
Stillwater, MN. 55082
651-439-5581

FIELD TRIP
Parental/Guardian Consent Form and Indemnity Agreement

Field Trip Subject: CSW Student Appreciation MN Standard: _____

Participant's Name _____

Birth Date _____ Gender _____

Parent/Guardian's Name _____

Home Address _____

Home Phone _____ Work Phone _____

Date of Event Wednesday, February 1st

Destination Ice Castle

Individual(s) in Charge SCCS Teachers

Estimated Time of Departure Grades will leave in 15 minute intervals beginning at 1:15PM

Estimated Time of Return Between 2:00 PM and 3:00 PM

Mode of Transportation MN Central School Bus

Student Dress **No Uniform required** Uniform required

Student Cost (if applicable) NO COST

Ratio of Adults to Students _____

I, _____, grant permission for _____
(Parent or Guardian's Name) (Child's Name)

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify St. Croix Catholic School and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against St. Croix Catholic School or the Archdiocese by myself, my child or others, that arise out of any behavior by my child at the event or activity described above. I also agree to pay reasonable attorney fees or expenses incurred by St. Croix Catholic School and the Archdiocese in defense of such a claim/lawsuit.

Medical Information:

Medication my child is taking at present _____

Family Health Plan carrier and number _____

Family Doctor _____ Phone Number _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above number, contact:

(Name and Telephone Number)

As parent or guardian, I agree to all of the above stated considerations and conditions.

(Signature)

(Date)